
Monitoring of a Training Provider

Version 1.4

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Monitoring of a Training Provider

Purpose & Scope

The purpose of this process is to provide transparency and outline how a Training Provider and Training Program is monitored throughout their accreditation cycles.

This monitoring process is driven by the need for the RACP to provide assurance to the Australian Medical Council (AMC) that Training Providers and their RACP Basic or Advanced Training Programs continue to meet the relevant AMC Model Standards and Basic Training College Specific Requirements.

The intention of this process is to provide a supportive and collaborative mechanism with maintained focus on progress, including touch points to solve challenges.

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 decisions¹, 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.

There are different types of monitoring throughout an accreditation cycle that ensure compliance with the AMC Model Standards and Basic Training College Specific Requirements is maintained and progress towards any conditions and recommendations can be achieved.

This document is divided into the following sections:

1. Monitoring Process Summary
2. Conditions & Recommendations
3. Focus Review
4. Progress Report
5. Change of Circumstance
6. Potential Breach
7. Escalation to Active Management Process

¹ Refer to [reconsiderations, reviews and appeals process](#) for further details.

Principles

The RACP will:

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

Other Resources

The process correlates to the following additional resources:-

- [AMC Model Standards and Basic Training College Specific Requirements](#)
- [Application of risk-based framework](#)
- [Advanced Training Standards/Criteria](#) – refer to individual program
- [Active Management Process](#)
- [Potential Breach Form](#)
- [Change of Circumstance Form](#)
- [RACP Complaints Management Policy](#)
- [Complaint Management Procedure](#)
- [Reconsiderations, Reviews & Appeals Process](#)

For any queries in relation to this document, please contact Training Accreditation Services at accreditation@racp.edu.au (AUS) or accreditation@racp.org.nz (NZ).

Accreditation Overview

The RACP's Accreditation Program provides accreditation for Training Networks, Training 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.

The RACP Accreditation Program uses site visits and/or document reviews to complete an accreditation review. The length of the accreditation cycle depends on the Training Program (usually between 3 to 5 years).

The Accreditation cycle has five stages, including a monitoring stage:



Throughout an accreditation cycle, monitoring mechanisms may be utilised to check in on progress and compliance of any conditions and recommendations placed on a Training Provider and/or Training Program, and respond to a change in circumstances, potential breach or concerns.

1. Monitoring Process Summary

Once accreditation has been granted, all Training Settings will be monitored. Monitoring:

- ensures a Training Setting is continuing to comply with the standards
- ensures the Training Setting is progressing towards meeting any conditions (the type and frequency of monitoring requirements will depend on the assessment of risk associated with non-compliance with the standards)
- helps detect any potential new issues between accreditation assessments

- provides proactive guidance to Training Settings experiencing challenges
- identifies and acknowledges high-performing settings.

The RACP undertakes the following monitoring activities:

Type of monitoring	Activity	Frequency
Routine Monitoring (all Settings)	Reviews results of annual Medical Trainee Survey (MTS) / Torohia data	Annual
	Reviews results of Trainee rotation survey data	As required
	Reviews results of Trainee/supervisor survey data/feedback reports	As required
	Reviews relevant data/information available in the RACP's internal IT systems (e.g. <i>evidence of work-based learning and assessment activities, complaints</i>)	As required
	Reviews changes at a Training Setting that could impact quality and safe delivery of training programs, including: • changes to a Training Setting's services, support, resources, infrastructure or opportunities • changes to a Training Setting's governance and management • increases in Trainee numbers and/or decreases in supervisor numbers • revisions to the Training Program • the absence of staff or roles which impact training and have been left vacant for an extended period • roster changes which alter access to supervision and/or training opportunities • anything that could impact the Training Setting's integrity or capacity to deliver the Training Program.	Responsibility of Training Setting to proactively provide this information to the RACP when it occurs, it will then be reviewed. Settings must submit a Change of Circumstance Form (see section 3).
	Reviews the Potential Breach of Accreditation Standards.	Responsibility of individuals to proactively provide this information to the RACP, it will then be reviewed. Individuals must submit a Potential Breach Form. Please see section 4.

	Requests additional monitoring progress reports from Training Setting and reviews how it is progressing with meeting conditions and recommendations.	As set out in the Accreditation Report (see section 2).
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Type of monitoring	Activity	Frequency
Additional Specific Monitoring	Reviews Training Setting data held by the RACP relevant to monitoring progress against conditions.	As required, set out in the accreditation report where possible.
	Meets with the Training Setting to assess progress against conditions.	As required
	Requests information and/or meets with the Training Setting based on a specific issue/concern that has been raised (e.g., direct feedback from training supervisors or other clinicians, lodged complaint(s), correspondence or media articles).	As required
	Reviews relevant Training Setting data.	As required
	Conducts virtual, on site or hybrid site visit(s).	- As set out in the conditions of the accreditation report - Where the RACP is not satisfied imposed conditions are being addressed within a reasonable period of time Where monitoring, data or concerns raised indicate the Training Setting may no longer be meeting the accreditation standards.
	Conducts a full, unscheduled accreditation review.	- Where the RACP is not satisfied imposed conditions are being addressed within a reasonable period of time - Where monitoring, data or concerns raised indicate the Training Setting may no longer be meeting the accreditation standards.

Monitoring outcomes

The Accreditation Decision Making Body will review information gained from monitoring activities and determine if the risk rating of a criterion should be reviewed. The Committee may also ask for additional information or monitoring activities to help inform decisions.

Based on review findings, the Accreditation Decision Making Body may decide to change a Training Setting's accreditation status:

Review Process	Outcome
If all criteria are now 'met' after review.	The Training Setting moves from 'conditionally accredited' to 'accredited'.
If one or more previously 'met' criteria are now 'substantially met' or 'not met'.	A risk assessment is conducted.
If conditions are not being addressed within the specified timeframe.	A risk assessment is conducted.

Risk assessment outcomes will inform next steps, which may include imposing further conditions, changing the timeline or scope of the existing condition(s) or moving to revoke accreditation.

An updated accreditation report will be provided to the Training Setting if there is a change to its accreditation status.

2. Conditions & Recommendations

During the accreditation decision making process, the Accreditation Decision Making Body can determine aspects of training that require improvement and apply conditions and recommendations to the accreditation decision following:

1. Comprehensive accreditation review at the end of each accreditation cycle
2. Focus Review in between accreditation cycles
3. Review of a Change of Circumstance
4. Review of a Potential Breach.

Overview: Condition

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

1. a **significant issue** which affects compliance with the standards
2. a **risk** to patient, Trainee or staff safety.

The criterion and/or requirement has a rating of “**Substantially 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 decision making body. 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:

1. an opportunity to **make an improvement** which will enhance training
2. 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 has a rating of “**Substantially met**” or “**Met**” if a recommendation is applied.

Determining Conditions or Recommendations

The Accreditation Decision Making Body rates compliance by a Training Provider against each relevant Accreditation Standard using the **rating scale below** and based on the impact of the rating, determines if conditions or recommendations are applied to the accreditation.

Rating	Description
Met	There is evidence that the criterion has been fully met.
Substantially Met	Some but not all aspects of the criterion have been met. For example, there is alignment of policy/intent but evidence of delivery is not yet available, or there is some misalignment of policy/intent that needs to be addressed.
Not Met	The criterion has not been met i.e. there is a gap or significant misalignment of outcome or policy with the criterion.

Applying the Risk-Based Framework for decision-making

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

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
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.	Not accredited (refused)	Not accredited (revoked)

	- 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.		
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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 totality 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.

Likelihood of the training setting/training provider being ABLE to implement actions to meet the criterion/criteria 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

It is recommended that Accreditation Leads 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.

Determining the Risk Rating Outcomes

Once the Accreditation Decision Making Body determines a rating for each Accreditation Standard, they then assess the impact on the quality of training, patient safety and Trainee and/or educator wellbeing and determines a timeframe for response.

The RACP classifies issues under minor, moderate and major consequences. The action taken by the RACP is determined by these classifications as follows:

	Minor	Moderate	Major
Impact	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.	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.	An issue identified which has a serious impact on training, patient safety and/or Trainee and educator safety or wellbeing.
Next Review Type and Timeframe	Likely recommendation with Progress Report or at next comprehensive review.	Likely condition and/or recommendation with Progress Report within 12 months	Likely conditions with immediate Progress Report within 3 months or escalation to Active Management Process.

Summary of Conditions & Recommendations

To maintain RACP accreditation, the Training Provider or Training Program must adequately address any conditions or recommendations within the specified timeframe.

When determining a timeframe to address the conditions and recommendations, the Accreditation Decision making Body considers:

1. The impact of the condition and recommendations and any risks if not addressed.
2. The timeframe is realistic, appropriate and achievable for the Training Provider to prepare a response, address and implement any changes.
3. the RACP's capacity to complete a review
4. Timing of the next comprehensive accreditation review.

The timeframe for addressing the condition commences when the accreditation decision is reported to the Training Provider. Any requests of an extension to a timeframe should be provided in writing to Training Accreditation Services (TAS) for consideration.

	Recommendation	Condition
Rating	Substantially Met or Met	Not Met or Substantially Met
Impact	Minor or Moderate	Moderate or Major
Timeframe	Respond within 12 – 24 months OR next Comprehensive Review	Respond within next 3- 12 months OR escalated to Active Management

3. Focus Review

A Focus Review is an accreditation review which assesses a subset of the Standards and Requirements a Training Provider is responsible for. These include conditions and recommendations. Most issues will be reviewed via a Focus Progress report. However, Trainee surveys, videoconferences or virtual site visits may also be conducted.

The timing of a focus review does not change the timing of a comprehensive review. A comprehensive review continues to remain on the accreditation cycle².

When scheduling, consideration is given to:

1. the consequence or impact of the condition and recommendation
2. the RACP's capacity to complete a review
3. the amount of time the Training Provider will require to prepare a response and implement any changes in response to the conditions and recommendations.
4. Timing of the next comprehensive accreditation review.

4. Progress Report

A Progress Report is an RACP document issued to Training Providers for completion and submission as a method of monitoring any conditions and recommendations and:-

- Allows the Training Provider to outline any progress made or planned progress to achieve compliance and it may also request specific supporting documentation.
- Often issued for non-compliance of a minor or moderate impact following the comprehensive accreditation review process or to manage a Change of Circumstance.
- Often has a timeframe to respond within 6 – 24 months from the accreditation decision.

Stages of Progress Report

A Progress Report is managed within the following stages of review:-



1. Issued to Training Provider with notification letter

- 1.1 Following a comprehensive review or other form of monitoring, the Accreditation Decision Making Body agrees to request a Progress Report from the Training Provider in response to conditions and/or recommendations.
- 1.2 The notification letter and Progress Report template are issued by email to the Training Provider for completion within the set timeframe.
- 1.3 If the accreditation status has been changed following the Decision Making Bodies' decision then following issue of the letter, TAS update any relevant record keeping systems and the [RACP 'Accredited Settings' web list](#).

² Training Setting and Basic Training accreditation is on a 5-year cycle while Advanced Training Accreditation can range from 3 – 5 years.

2. Received from Training Provider

- 2.1 The Training Provider submits the Progress Report by email to TAS along with any supporting documentation.
- 2.2 The Progress Report is reviewed by TAS to ensure responses for all conditions and/or recommendations and any requested supporting documentation have been provided. If incomplete, it is returned to the Training Provider for actioning.
- 2.3 Once reviewed, TAS acknowledges receipts and saves a copy of the documents on internal records.

3. Reviewed by Accreditation Lead (*optional)

Depending on the specialty, the Progress Report and any supporting documentation may then be issued by TAS to a nominated Accreditation Lead ('Lead') for their review and recommendation to the Accreditation Decision Making Body for the relevant program. If further information is required, it is returned to the Training Provider.

4. Reviewed by the Accreditation Decision Making Body

Copies of the Progress Report, any supporting documentation and recommendations by the Lead are provided to the Accreditation Decision Making Body at the next scheduled meeting for their review and accreditation decision. The Accreditation Decision Making Body may agree that:-

	Impact	Decision
4.1	Closed	No further monitoring required - the Progress Report is satisfactory, conditions and/or recommendations are now met, and no further monitoring is required.
4.2	Decision Deferred	Further information or evidence required – Decision deferred pending further information, supporting documentation, Trainee surveys and/or videoconferences with stakeholders (Trainees, Training Program leadership and/or the Setting Executive team).
4.3	Minor or Moderate Impact	Further monitoring required (Focus Review) – Additional Progress Report, Trainee survey, videoconference and/or supporting document to be submitted for any not met or substantially met conditions and/or recommendations - if so, Step 1 commences.
4.4	Minor or Moderate Impact	Further monitoring required (Comprehensive Review) – any conditions and/or recommendations that remain not met or substantially met are to be assessed at the time of the next comprehensive review.
4.5	Major Impact	Escalation required –conditions and/or recommendations determined to be major impact, proceed with Stage 1 - Active Management Process.

5. Reporting Decision

- 5.1 The decision made by the Accreditation Decision Making Body is recorded following each review.
- 5.2 The notification letter outlining the decision is issued by email to the Training Provider for review, noting and/or further action.

The Training Provider has 28 days to lodge a request to reconsider the decision using the [RACP Reconsideration, Review and Appeals](#) Process

- 5.3 If the accreditation status has been changed following the Committee's decision then following issue of the letter and no reconsideration request is received, Training Accreditation Services update any relevant record keeping systems and the [RACP 'Accredited Settings' web list](#).
- 5.4 The RACP publishes the Training Provider and/or Training Program accreditation decision on the RACP website. The executive summary does not contain the details of any condition, recommendation or commendation; it instead references the criteria or requirement it is against.

If conditions continue to remain unresolved and/or the Accreditation Decision Making Body determines the impact is major, it may progress to the Active Management Process

5. 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](#), [BT requirements](#) or [AT requirements](#).

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 by submitting a Change of Circumstance Form. Examples of notifiable changes include:

- a. changes to Setting's services, resources, and infrastructure
- b. changes of a Training Provider's governance and management
- c. increases in Trainee numbers and decreases in educator numbers
- d. reductions in training administrative support, infrastructure, resources, or opportunities
- e. revisions or changes to the structure of a Training Program
- f. absence of senior staff with significant roles in physician training for an extended period without a replacement
- g. rostering changes which alter access to supervision and/or exposure to training opportunities
- h. any incident or circumstance which could impact the Training Provider's integrity or capacity to deliver service and/or Training Programs.

See [Appendix 1](#) for a full list of change examples.

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 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 impacts and/or consequences for ongoing accreditation can be assessed appropriately by an accreditation committee.

The Change of Circumstance Form supports the Training Provider to:

- i. provide a description and scope of changes
- j. assess positive and negative implications of changes
- k. outline the date changes were/will be implemented
- l. provide supporting documentation to substantiate the changes
- m. authorise the changes.

Stages of Change of Circumstance

Any submitted Change of Circumstance is managed within the following stages of review:-



1. Received from Training Provider

The Training Provider submits the Change of Circumstance Form by email to TAS along with any supporting documentation. Once reviewed, TAS acknowledges receipts and saves a copy of the documents on internal records.

2. Reviewed by the Accreditation Decision Making Body

The Change of Circumstance Form and any supporting documentation is provided to the Accreditation Decision Making Body at the next scheduled meeting for review and decision.

- 2.1 The Accreditation Decision Making Body determines the impact of the outlined changes and makes one of the following determinations: -

	Impact	Decision
2.1.1	Closed	No further monitoring required: Changes noted and no further monitoring required.
2.2.2	Decision Deferred	Further information or evidence required: Decision deferred pending further information, supporting documentation, trainee surveys and/or videoconferences with stakeholders (trainees, Training Program leadership and/or the Setting Executive team).
2.2.3	Minor or Moderate Impact	Further monitoring required (Progress Report): Progress Report and/or supporting document to be submitted within a specified time regarding any of the changes determined to be conditions and/or recommendations - if so, the Progress Report process commences.
2.2.4	Minor or Moderate Impact	Further monitoring required (Comprehensive Review): Changes noted and update requested at the next comprehensive review.
2.2.5	Major Impact	Escalation required: Changes determined to be major impact and proceed with the Potential Breach or Active Management Process.

3. Reporting Decision

- 3.1 The accreditation decision made by the Accreditation Decision Making Body is recorded.
- 3.2 A notification letter outlining the decision is approved by the Chair of the Committee and issued by email to the Training Provider for review, noting and/or further action.
- 3.3 The Training Provider has 28 days to lodge a request to reconsider the decision using the [RACP Reconsideration, Review and Appeals](#) Process
- 3.4 If the accreditation status has been changed following the Committee's decision then following issue of the letter, Training Accreditation Services update any relevant record keeping systems and the [RACP 'Accredited Settings' web list](#).
- 3.5 The RACP publishes the Training Provider and/or Training Program accreditation decision on the RACP website. The executive summary does not contain the details of any condition, recommendation or commendation; it instead references the criteria or requirement it is against.

6. Potential Breach



What constitutes a Potential Breach? A potential breach is anything which may affect the way a Training Provider meets the [Standards](#), [BT requirements](#) or [AT requirements](#). 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.

The [Potential Breach Form](#) can be submitted at any stage during an accreditation cycle by an individual (e.g., a supervisor or Trainee) or may be completed by Training Accreditation Services (TAS) when concerns are received.

This process is used to report and investigate concerns of potential non-compliance with Accreditation Standards, believed to have a **major impact*** on training, patient safety and/or Trainee and educator safety or wellbeing. Examples of potential breaches include:-

- a. Heavy workload;
- b. Unsafe working conditions and/or unsafe rostering;
- c. Lack of supervision;
 - d. Reports of bullying, harassment, discrimination and/or racism;
 - e. Media articles or survey results that indicate major impact or high risk(s);
 - f. Potentially serious impacts on trainee and supervisor health and wellbeing.
 - g. Potentially serious reports of risks to patient safety.

A Potential Breach may also be activated if a Training Provider fails to notify the RACP of a change of circumstance in a timely manner.

Prior to submission, individuals should attempt to raise concerns with the Training Provider and provide sufficient time for them to act. However, if the notifier(s) believe there is significant risk to themselves or others, the RACP will accept submission with an outline of reasoning.

Reasonable steps will be taken to ensure individuals 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](#).

*Concerns determined to have a minor or moderate impact, will be managed by the Progress Report or Change of Circumstance monitoring processes.

Submitting Potential Breach Form

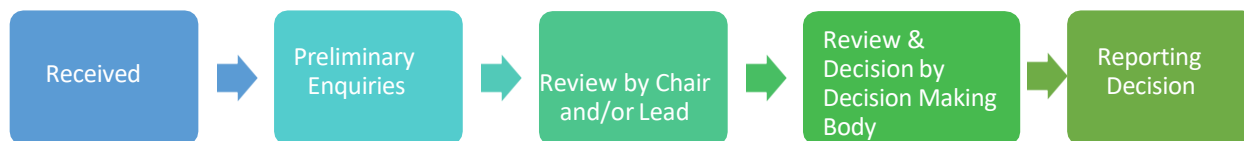
When completing a Potential Breach Form, the individuals should aim to include:-

- h. The individual's name(s) and contact details *or* select to remain anonymous³.
- i. Summary of the concern(s), including which Standards are potentially being breached, if known.
- j. Outline of any impacts on patient, trainee, and educator safety, and/or training.
- k. Any supporting documentation, where possible.
 - l. Advise if and when concerns were raised with the Training Provider and any action taken to resolve the matter locally *or* if not raised, outline the reasons for this decision.

³ If further information is required from the reporter, name and contact details are required.

Stages of Potential Breach

A submitted Potential Breach is reviewed and managed using the following process stages:-



Throughout the stages of the Potential Breach Process, TAS will liaise, collaborate and be guided by various internal and external stakeholders – see [Appendix 2](#) for more information.

1. Potential Breach Received

- 1.1 The individual completes and submits the Potential Breach Form via email to TAS along with any supporting documentation.

or

If feedback or concerns are received by email or phone, then TAS may request that the individual complete a Potential Breach Form to outline their concerns and any impacts on training (Basic or Advanced) in more detail.

- 1.2 The individual may choose to remain anonymous and if so, any of their personal details or information will be redacted on receipt of the form.
- 1.3 Once received, TAS acknowledges receipt and saves a copy of the documents on internal records. If the individual has selected to remain anonymous, redacted versions will be saved.

2. Preliminary Enquiries

Internal preliminary enquiries will be conducted by TAS to gather and establish any available evidence in relation to the concern(s) received, this may include:-

- 2.1 Review individual/s details and accreditation status on available RACP administration systems.
- 2.2 Review status of hospital accreditation period and previous accreditation decisions.
- 2.3 Review internal records regarding the relevant Setting for any previous and/or similar concerns.
- 2.4 Review any available trainee survey results.
- 2.5 Liaise with relevant internal RACP teams to clarify any points of information in relation to the concerns received.
- 2.6 Inform and consult relevant Senior Management regarding the concerns received.

3. Review by Chair and/or Accreditation Lead of Decision-Making Body

Following internal preliminary enquiries, TAS issues a copy of the Potential Breach Form, any supporting documentation or information to the Chair and/or Accreditation Lead of the relevant Accreditation Decision Making Body.

The Chair and/or Accreditation Lead is asked to review the preliminary findings and determine whether/what additional activities or information may be required to inform the Decision Making Bodies' decision:

Type	Action
Further Information required	The Chair and/or Accreditation Lead of the relevant Decision Making Body request further information, clarification or evidence from the individual regarding the reported concerns.
Following Site Visit	If the Potential Breach Form is received following a site visit, then a copy (redacted if individual(s) is/are anonymous) is provided to the Accreditation Panel who conducted the comprehensive review for their noting and inclusion in the report. All documentation is then provided to the relevant Decision Making Body for review at the next scheduled meeting for decision or an extraordinary videoconference is arranged, as directed by the Chair and/or Accreditation Lead.
Notification to Training Provider	Prior to the next committee meeting, the Letter of Potential Breach ('the letter') is drafted by TAS outlining the concerns raised, including links to specific Accreditation Standards. The letter requests a Letter of Response within a two-week period as well as any other relevant supporting documentation (e.g., RACP Bullying, Harassment & Discrimination Form). This letter of response allows Training Providers an opportunity to review and respond to the concerns raised. Prior to issuing, TAS may contact the relevant stakeholders (i.e., Setting Executive team, Director of Physician Education, Director of Paediatric Education, Head of Department or similar) to provide advanced notification of the letter. All correspondence and any relevant documentation are provided to the relevant Decision-Making Body for review and decision at the next scheduled meeting or at an extraordinary videoconference if arranged, as directed by the Chair and/or Accreditation Lead.
Trainee Survey	In addition to the Letter of Potential Breach under 2.3 above, TAS may conduct either a standard or targeted Trainee survey (targeted at current and previous Trainees within the last 12 months) which closes on receipt of the Letter of Response.

4. Review and Decision by Accreditation Decision Making Body

The relevant Accreditation Decision Making Body are provided copies of the Potential Breach Form and all supporting documentation for review and decision at the next scheduled meeting or at an extraordinary videoconference, as directed by the Chair and/or Accreditation Lead.

The Decision-Making Body refer to any available evidence and make one of the following decisions:-

Impact	Decision
Decision Deferred	Further information or evidence required – decision deferred pending further information, supporting documentation, Trainee surveys and/or videoconferences with stakeholders (e.g., Trainees, Training Program leadership and/or the Setting Executive team).
Minor or Moderate Impact	Return to standard monitoring (Progress Report) – further monitoring required with a Progress Report and/or supporting document to be submitted within a set timeframe regarding the concerns and conditions. Training Providers will be provided with a further opportunity to respond to the concerns.
Major or Severe Impact	Escalation – a breach of the accreditation standards has been substantiated, and action is required to address the breach. This is referred to the Active Management Process. Training Providers will be provided with a further opportunity to respond to the concerns. The Decision Making Body are also asked to nominate an Active Management Lead for this process.

5. Reporting Decision

- 5.1 The accreditation decision made by the Accreditation Decision Making Body is recorded, circulated and approved by the Chair within 28 days. Timelines will be communicated to the Setting.
- 5.2 The notification letter outlining the decision is approved by the Chair of the Decision-Making Body and issued by email to the Training Provider for review, noting and/or further action.
- 5.3 Prior to issuing the letter, TAS contacts the main contact from the Training Program Leadership team (i.e., Director of Physician Education, Director of Paediatric Education, Head of Department or similar) by phone outlining the outcome of the Accreditation Decision Making Body meeting and informing them that correspondence will be issued.
- 5.4 The Training Provider has 28 days to lodge a request to reconsider the decision using the [RACP Reconsideration, Review and Appeals Process](#).
- 5.5 Following the 28-day period, TAS will issue an email to any relevant internal and external stakeholders ([as per Appendix 2](#)) with a high-level status update of the Potential Breach process, including the individual that lodged the Potential Breach, if not reported anonymously.
- 5.6 If the accreditation status has been changed following the Decision-Making Bodies' decision then following issue of the letter, TAS update any relevant record keeping systems and the [RACP 'Accredited Settings' web list](#).
- 5.7 The RACP publishes the Training Provider and/or Training Program accreditation decision on the RACP website. The executive summary does not contain the details of any condition, recommendation or commendation; it instead references the criteria or requirement it is against.

7. Escalation to Active Management Process

Escalation to [Active Management](#) is undertaken when all other reasonable avenues to resolve concerns have been exhausted (e.g., if a Setting has ongoing issues that have not been addressed and/or in instances where concerns have a major/severe impact).

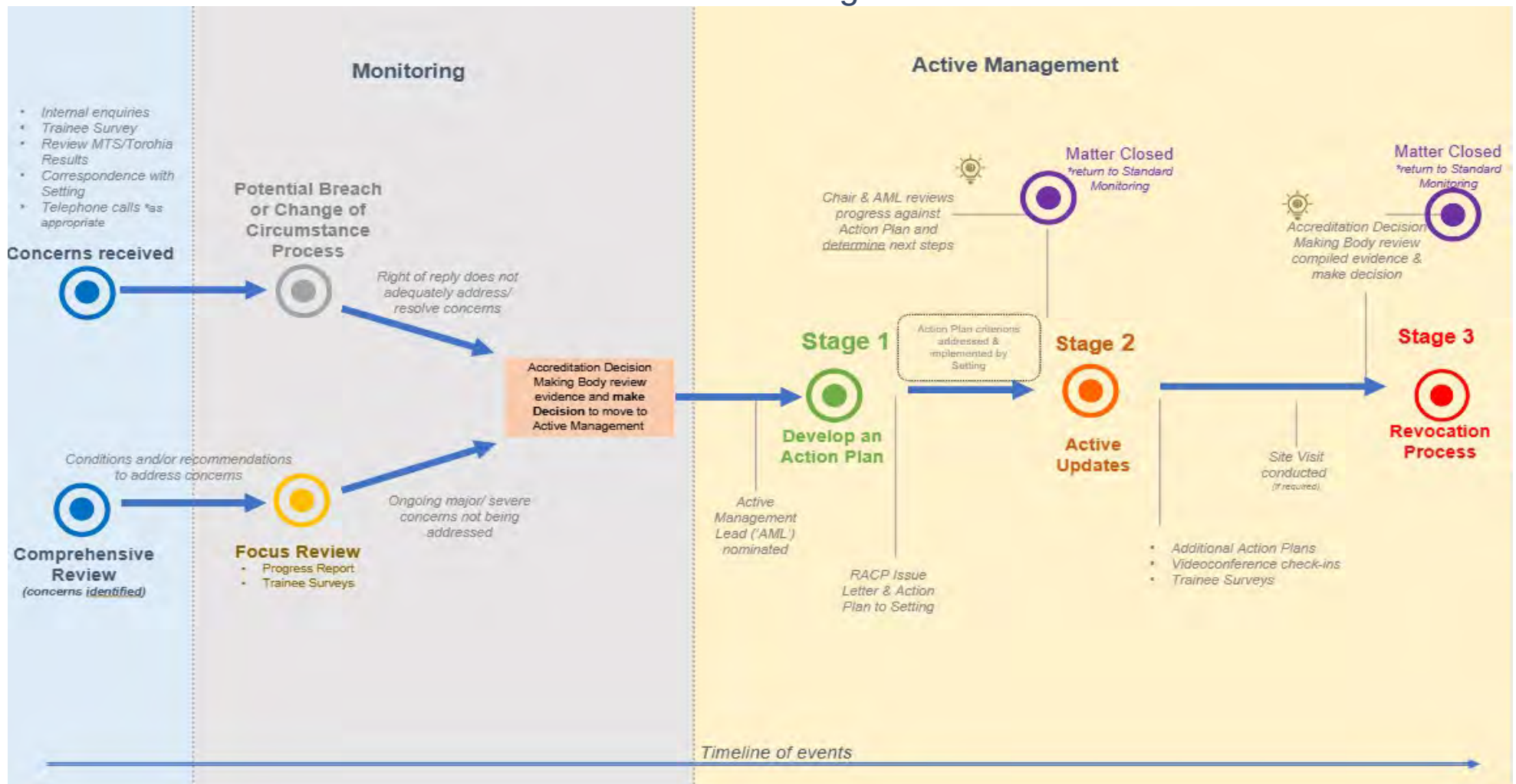
All Settings must be provided with an opportunity to review and respond to concerns before being placed on Active Management.

The Accreditation Decision Making Body may determine to escalate a Setting to the Active Management Process due to the following reasons:

- Following Potential Breach process
- Following Change of Circumstance process
- Following Focus Review (Routine Monitoring):
 - Progress Report
 - Trainee Survey
 - Videoconferences with Trainees, Setting Executive team and/or Training Program Leadership
 - Site visit
 - MTS Letter

Please see the escalation to Active Management step-by-step flow chart on the following page for further information.

Escalation to Active Management Process



Appendix 1: Change Examples - Change of Circumstances

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 or 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
New rotation plan for trainees to different accredited Setting or Training Network
Absence of medical staff with significant roles in training with no replacement for more than a month ⁴ (<i>executive staff member, Director of Medical Services, training program director, Director Physician/Paediatric Education</i>)
Conditional accreditation by another body
Change to the DPE, DAT or HOD
Change to the Setting Executive (e.g. General Manager or Director of Medical Services)
Merge 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 Training Program increases
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
Significantly changing or reducing the educational opportunities provided by a Training Program (formal education program, research, projects, exam preparations, mentorship)

Appendix 2: Potential Breach Process

Internal and External Stakeholder Involvement

Stakeholder	Type	Involvement
 Training Accreditation Services <i>RACP team that manages, plans, coordinates accreditation cycles, liaises with Fellows, accreditors, Setting contacts, Committee Members and implements accreditation programs.</i>	Internal	• Liaise with individual regarding Potential Breach Form and process. • Conduct internal preliminary enquiries including liaising with other internal teams to clarify information. • Provide information to Chair and/or Accreditation Lead for review. • Brief Accreditation Decision Making Body for review and decision. • Organise extraordinary videoconference with Accreditation Decision Making Body (if necessary). • Update accreditation status records as required. • Contact Training Provider advising of decision and next steps. • If applicable, facilitate further engagement including videoconferences, Trainee surveys and requests for information.
 Training Support Unit <i>RACP team that provides advice to trainees experiencing difficulty, facilitates and administers the trainee support pathway.</i>	Internal	• Informed of reported Potential Breach Forms (information redacted where necessary). • Liaise with TAS for preliminary enquiries. • Requested to provide support to trainees, where necessary. • Informed of any decisions and outcomes of Potential Breach.
 Training Services Team <i>RACP team coordinates and manages annual cycles of Trainee registration, training time and compliance with training requirements.</i>	Internal	• Informed of reported Potential Breach Forms (information redacted, where necessary). • Liaise with TAS for preliminary enquiries. • Requested to provide support to trainees, where necessary. • Informed of any decisions and outcomes of Potential Breach.
 Chair of Accreditation Decision Making Body or equivalent <i>Responsible for leadership of the RACP Body, facilitating accreditation reviews and communications with Parent Body and/or Board. Consultation with Accreditation Lead/s of Committee's may also be necessary.</i>	Internal	• Review Potential Breach Forms and determine next steps. • Review and approve correspondence to Training Provider. • Lead discussion at Accreditation Decision Making Body meeting. • Review and approve minutes following meeting. • Attend and conduct any further engagement meetings.
 Accreditation Decision Making Body or equivalent <i>Oversees the accreditation for Training Network, Training Setting and Basic or Advanced Training Program(s). Monitor, review and interpret accreditation criteria.</i>	Internal	• Review brief and documents of any Potential Breach provided by TAS and determine next steps. • Note update(s) and advice provided by the Chair and/or Accreditation Lead. • Provide an accreditation determination for any Potential Breach. • Nominate Active Management Lead for any escalation to the Active Management Process, if required
 Training Networks and Network Governing Bodies <i>Supports high quality training and education to physicians.</i>	External	Any relevant Training Network contacts (i.e., Network Director of Paediatric/Physician Education or similar), may be included in the notification letters to the Training Programs for their noting.
 Local Health District/Jurisdiction or Health New Zealand/Te Whatu Ora <i>Management of public hospitals, healthcare clinics and institutions. Promote, protect and maintain the community's health.</i>	External	The relevant Local Health District, Local Health Jurisdiction or Health New Zealand/Te Whatu Ora may be notified of any escalations to the Active Management Process via email.

