

Basic Training Accreditation Procedure

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Basic Training Accreditation Procedure

Introduction

The Royal Australasian College of Physicians (RACP) is recognised by the Australian Medical Council (AMC) and the Medical Council of New Zealand (MCNZ) as an education provider and as such the RACP is responsible for developing and maintaining standards for physician workplace training in Australia and New Zealand. The RACP achieves this through its Training Setting Accreditation Program, which provides a framework for the assessment and recognition of Training Settings.

The RACP will be guided by procedural fairness and provide advice in line with this process.

Purpose

The RACP is committed to ensure the accreditation of Training Networks, Settings and Training Programs is in accordance with the RACP's accreditation policy, processes, and standards.

This process outlines how to accredit a Training Setting and assists Training Settings to ensure they adhere to the RACP's criteria, requirements, and standards.

Scope

The process describes how a Training Setting obtains ongoing accreditation. However, it does not cover the [initial accreditation process](#) or [monitoring](#). This process applies to accreditation of a Training Setting and its Basic Training Programs.

Context of Accreditation

Accreditation of Training Settings takes place in the context of a joint endeavour between colleges, Training Settings, and governing health departments, in which all parties have the shared goal of achieving high-quality specialist medical training that is responsive to the needs of the communities of Australia and Aotearoa New Zealand.

The context in which accreditation takes place is complex. It involves different legislative environments across Australia and in Aotearoa New Zealand, a variety of Training Settings, and parties that have multiple obligations. When engaging in accreditation, colleges, Training Settings, and health departments should acknowledge this complexity and respect each party's wider obligations. These include the maintenance of high standards in specialist medical practice, as well as service delivery obligations to a diverse range of communities.

Accreditation can foster communication and be the foundation for engagement, continuous quality improvement and innovation. The parties should approach accreditation in good faith, acknowledging that, in addition to its assessment role, accreditation provides an opportunity to discuss and resolve problems in a constructive manner and share information about issues for which both colleges and Training Settings have responsibilities. This will enhance outcomes for Trainees, patients and consumers and support the long-term sustainability of the specialist medical workforce.

Relevant Materials

This document should be read in conjunction with:

- [Training Provider Accreditation Policy](#)
- [AMC Model Standards and Basic Training College Specific Requirements](#)
- [Monitoring of a Training Provider](#)
- [Active Management Process](#)
- [Initial Accreditation Process](#)
- [Application of the risk framework and development of conditions: Guidance for specialist medical colleges](#)

Roles and responsibilities

The following groups are involved in the accreditation process. Throughout this document, the relevant jurisdiction and division **Training Program Committee (Aotearoa New Zealand)** or **Accreditation Subcommittee (Australia)** is referred to as the Accreditation Decision-Making Body:

Role	Accreditation responsibilities	Composition	Process for appointment
College			
Board	The Board receives any final decision regarding revocation made by the accreditation decision making body for noting.	Refer to the RACP Board's website	RACP Board Nomination and Appointment Guide
RACP Accreditation Committee	- Provides advice (as required) to the Basic Training Accreditation Decision-Making Body on accreditation matters. - Reviews cases involving Reconsideration, Reviews and Appeals where necessary. - Notes Settings who have been placed on Active Management.	Refer to the Accreditation Committee Terms of Reference	Governance of College Bodies By-law
Accreditation Decision-Making Body	- Reviews and considers proposed accreditation recommendations and Training Setting accreditation reports (as submitted by Accreditation panels) and makes accreditation decisions - Escalates any cases to the Board for noting where a Training Setting's accreditation is proposed to be refused/revoked - Monitors accredited and conditionally accredited	Refer to the Terms of Reference: Basic Training in Adult Medicine (Australia) Basic Training in Paediatrics & Child Health (Australia)	Governance of College Bodies By-law

Role	Accreditation responsibilities	Composition	Process for appointment
	Training Settings to ensure they continue to meet the accreditation standards and any conditions that have been imposed - Provides advice and support to new Training Settings - Provides advice and support to Training Settings that may have had accreditation revoked, and/or are seeking to be reaccredited - Reviews and improves the effectiveness of accreditation policies, systems and procedures - Provides advice (as required) to the Accreditation Committee on accreditation matters.	Training Program Committee – Basic Training in Adult Medicine (Aotearoa NZ) Training Program Committee – Basic Training in Paediatrics & Child Health (Aotearoa NZ)	
Accreditors	- Reviews evidence (including undertaking site visits where required) to determine whether a Training Setting meets the Accreditation Standards - Provides an overall recommendation to the Accreditation Decision Making Body on whether a training setting should be accredited - Writes the accreditation report detailing the recommended decision, performance against each standard, areas for commendation and quality improvement recommendations, and any conditions on accreditation.	An Accreditation Review Panel requires a minimum of 2 Accreditors including 1 Accreditation Lead	To be eligible Individuals must: - Be a Fellow of the RACP of the relevant division - Have at least 2 years of specialist experience - Have participated in a medical education program - not have any conditions or restrictions on registration with the Australian Health Practitioner Regulation Agency (AHPRA)²

² Any AHPRA conditions or restrictions are to be declared to Training Accreditation Services for further review and consideration by the Accreditation Subcommittee.

Role	Accreditation responsibilities	Composition	Process for appointment
			Submit an Expression of Interest to the Accreditation Decision-Making Body Once approved, Fellows must then participate in two accreditation site visits as an Accreditation Observer to gain experience in the accreditation process. Accreditors may choose to attend accreditation calibration training run by the College
Accreditation Lead (for site visits)	- Chairs team meetings - Manages any conflicts of interest - Leads the questioning of interviewees - Leads the writing of reports - Leads the development of overall recommendations and recommended accreditation decision - Escalates any identified risks to training settings - Ensures due diligence e.g. fact checking of reports.		Accreditation Leads are appointed from the existing pool of Basic Training Accreditors.
Accreditation Observer (for site visits)	- Reviewing the Accreditation Assessment Form and all supporting documentation. - Attending the preliminary meeting prior to the visit and attend the site visits virtually (or in-person if requested). - Taking notes and observe interviews and other accreditation review activities.	Observer(s) are optional.	The observer(s) can be appointed from the existing pool of accreditors.

Role	Accreditation responsibilities	Composition	Process for appointment
	The Observer's role is to observe the visit and refrain from participating or speaking during the interviews unless invited to do so by the Accreditation Panel.		
Training Accreditation Services (TAS)	- Collates documentation for the Accreditation Team - Makes arrangements to support the accreditation assessment (e.g. logistics of site visits) - Advises the Accreditation Team on the application and interpretation of the Accreditation Standards and processes - Ensures reports have appropriately addressed the Accreditation Standards and are within the scope of the college's accreditation function - Ensures the report of the Accreditation Team's assessment is submitted to the Accreditation Decision Making Body for consideration - Records minutes and outcomes of relevant meetings - Maintains an up-to-date record of Training Settings, including accreditation conditions and status.	Member(s) of College staff	Allocated through internal College staffing processes

Role	Accreditation responsibilities	Composition	Process for appointment
Training Setting			
Training Setting (DPE and/or Setting Executive)	• Liaises with college on all relevant matters such as dates, interviews, distribution of information etc. • Collates all relevant evidence to demonstrate the Setting is meeting the standards • Submits applications for accreditation/reaccreditation of the Setting • Works with College Accreditation Secretariat to support the accreditation assessment (e.g. logistics of site visits) • Meets with the accreditors as part of site visits • Provides additional information/evidence as required • Reviews the draft accreditation report and provides feedback • Communicates the outcomes of accreditation to Trainees, supervisors and other relevant stakeholders at the Training Setting • Facilitates oversight of implementation of actions to meet any conditions on accreditation • Provides monitoring submissions as defined by the college.	DPE, NDPE, Training Program Coordinator, Setting Executives, Administration Support	Determined by training setting
Supervisors, educators and other staff	• Provide information to support the accreditation assessment, including: ○ responding to relevant surveys ○ meeting with accreditors as part of site visits.	N/A	The College will work with the Training Setting Contact to identify supervisors and other staff to be involved in the

Role	Accreditation responsibilities	Composition	Process for appointment
			accreditation assessment.
Trainees	• Provide information to support the accreditation assessment, such as: ○ responding to Trainee surveys ○ meeting with accreditors as part of site visits.	N/A	College will contact trainees to complete accreditation survey and/or refer to data from previous trainee surveys. Data will be provided directly to the Training Accreditation Services team. Training Setting Contact identifies trainees to be involved in interviews.

Managing conflicts of interest in Accreditation

To support procedural fairness, conflicts of interest must be declared and managed appropriately.

Potential accreditation review panel members must disclose to the Accreditation Decision Making Body any personal or professional interests that may affect, or be perceived to affect, their ability to act impartially. Where a conflict of interest is identified, the Accreditation Decision Making Body may require the individual to withdraw from all or part of the accreditation process.

Where there is a perceived or potential conflict of interest, the RACP will disclose this to the Training Setting and seek their comments on the Accreditation Review Panel membership. In finalising panel appointments, the Accreditation Decision Making Body will consider both the declared conflict and any feedback received from the Training Setting.

If a panel member becomes aware that they may have an actual, potential or perceived conflict of interest during an assessment, they must disclose this to the Training Accreditation Services and Chair of Accreditation Decision Making Body. Training Accreditation Services and the Chair of the Accreditation Decision Making Body will determine an appropriate course of action. This may include replacing the panel member or altering responsibilities, e.g. requiring them to abstain during relevant discussions, or altering the site visit program. Any such conflicts, and the course of action taken, will be reported to the Accreditation Decision Making Body.

Members of the Accreditation Decision Making Body will declare any conflicts of interest at the beginning of meetings and may be asked to leave a meeting while that item is discussed or excuse themselves from decisions. College staff members involved in the accreditation process should also declare any conflicts of interest at the beginning of the process. Further information is contained in the College's [conflicts of interest policy](#).

Accreditation Program Overview

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

- **Network accreditation** to assess the delivery of an integrated Training Programs within a Training Network.
- **Setting accreditation** to assess the training system that supports the delivery of training.
- **Training Program accreditation** to assess the delivery of a Training Program.

Accreditation occurs every five years unless it is deemed necessary at an earlier time by the relevant accreditation decision making body.

The RACP's accreditation process operates on a collegial model where an Accreditation Review Panel consisting of RACP Fellows may consult, provide advice, and give feedback to the Training Setting.

The RACP conducts two types of Accreditation Review:

1. Comprehensive Review assesses all the Standards a Training Setting is responsible for. The RACP uses comprehensive reviews for:

- ongoing accreditation,
- initial (first time) accreditation and;
- reclassification of a Training Program.

The RACP can use one or more of the following methods to complete a comprehensive review:

- **Document review** involves an Accreditation Lead reviewing documentation provided by a Training Setting. Recommendations are made and ratified by the relevant Accreditation Decision Making Body.
- **Physical visit** involves an Accreditation Review Panel attending in person to conduct an accreditation review.
- **Virtual visit** involves an Accreditation Review Panel using video and teleconferencing technology to complete a review
- **Hybrid visit** involves an Accreditation Review Panel conducting an accreditation review using a combination of a physical visit and a virtual visit.

A risk-based approach is used determine the type of comprehensive review (site visit or document review) conducted for the accreditation of Training Settings. Under this approach, the review method is determined using a risk framework to ensure accreditation activities are proportionate, targeted, and focused on trainee and patient safety. Training Accreditation Services will now assess risk using a range of indicators, including active management status, potential breaches, concerns raised through the MTS, the date of the last site visit, high-impact accreditation criteria, and significant issues identified through external sources such as media reports. Settings assessed as low or no risk may undergo a document review, while settings assessed as medium, high, or extreme risk will receive a site visit.

2. Focus Review assesses a subset of the Standards a Training Setting is responsible for. Focus reviews are for:

- reviewing conditions and/or recommendations
- management of a [change of circumstances](#) and any [potential breach](#) of Accreditation Standards
- please see more information on focus reviews in the [monitoring or a training provider](#) process.

Recommendations from all visits and reviews are made and ratified by the relevant Accreditation Decision Making Body.

Site Visits

Site visits are used to verify information from the application form, hold interviews as well as make observations and clarify any matters raised during the review. A site visit will usually occur over a period of 4-6 hours. The site visit timetable should provide time for:

- discussions with DPE, NDPE (if required), supervisors, trainees, setting executives and other staff involved in training so they can present their views and for the Accreditation Review Panel to verify statements
- the Accreditation Review Panel to view relevant facilities
- confidential Accreditation Review Panel discussions, review and reflection.

Supervisor and other relevant staff interviews will form the bulk of the visit for a setting seeking to become accredited. The Accreditation Review Panel will explore the reasons for seeking accreditation and confirm the RACP's expectations for the training program. Trainees will also be interviewed where a setting is being reaccredited. The Accreditation Team will focus on reviewing how the training program has been running and any improvements or issues faced since the last accreditation assessment. It is important that interviewees are encouraged to give free and frank answers to questions from the Accreditation Team. Groups with different interests are interviewed separately i.e. supervisors and trainees.

The Accreditation Review Panel will limit its interactions with staff and stakeholders to only what is relevant for the accreditation assessment, ensuring that a professional perspective is maintained, and that unbiased, defensible and fair outcomes are delivered. Additional meetings may be requested to address issues that may arise during the visit.

Process Summary



Figure 1 Accreditation Cycle

Accreditation is a multi-staged evaluation process that involves an independent review to identify the level of congruence between the training provided and the Standards which identify the RACP's expectations of workplace training. The outcome of the accreditation process is to give a Training Setting an accreditation decision and to support the Training Setting to maintain compliance with the Standards between reviews. The process for accreditation of a Training Setting is outlined in Figure 1.

1. **Self-assessment** involves a Training Setting reflecting on their compliance with the Standards, preparing a written response to describe this compliance, rating its performance, identifying areas for improvement and providing supporting documentation to substantiate the response.
2. **External assessment** involves an Accreditation Review Panel assessing the Training Setting's compliance with the Standards.
3. **External validation** involves an Accreditation Decision Making Body determining a Training Setting's accreditation decision. The Decision-Making Body reviews the external assessment report and can choose to endorse or modify the recommendations when determining a Training Setting's accreditation decision.
4. **Reporting** involves the RACP releasing the accreditation report including accreditation decision to a Training Setting and placing the decision onto the RACP website.
5. **Monitoring** involves the RACP monitoring a Training Setting to ensure ongoing compliance with the standards.

[Monitoring a Training Provider](#) is covered in a separate process.

An accreditation decision is applied to a Training Network, Setting and Training Program, and it can incorporate recommendations, conditions, and commendations. The components of a decision are outlined in Table 1.

Table 1 Decision Components

	Training Network	Setting	Training Program
Accreditation Determination	●	● ³	●
Length of Accreditation	●		●
Timing and type of next reviews	●		●
Classification			●
Duration of Training			●
Proviso (optional)	●		●

³ Setting profile captures the profile for each additional campus

Assessment of the criteria

The RACP will use information gathered from the Self-Assessment Forms, surveys, documentation review, data analysis and the site visit to assess and evaluate the Training Setting and the Training program against each criterion in the standards.

Each criterion will be assessed and given one of the following findings:

Finding against criterion	Definition
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.

Table 2 Assessment of Criteria

It is noted that new settings may not be able to meet all accreditation criteria because they do yet have trainees at the setting, or for other relevant reasons. Where colleges accredit networks or programs, these criteria will apply, recognising that various settings may contribute to meeting the criteria overall.

The Accreditation Review Panel will record the rationale for its decision and any other comments in the draft report. The accreditation report may include conditions, recommendations and commendations.

Conditions are a qualification attached to the granting of accreditation at a Training Setting which requires action within a defined timeframe. Conditions are action-oriented, detail the evidence that must be provided, and outline how the Accreditation Decision Making body will assess the action taken by the provider. The severity of a condition is determined by the impact non-compliance will have on patient or trainee safety, and the ability of the trainee to achieve their learning objectives. The RACP may:

- define a time by which the condition must be met
- reduce the accreditation cycle length
- modify or limit trainee work activity
- change the training duration length or Training Setting classification
- limit trainee numbers and/or trainee type
- refuse or revoke accreditation.

Recommendations are intended to support continuous improvement. Unlike conditions, Training Settings are not required to act on a recommendation, however acting on the recommendation demonstrates a commitment to quality improvement.

Commendations may also be made where the Training Setting is significantly exceeding the minimum requirements for accreditation. The RACP may share the commendations with other Training Setting to promote best practice.

Decision-making process

Accreditation decisions are made under the following principles:

- Accreditation is focused on the Training Setting's ability to deliver the Training Program and to provide a safe learning environment for Trainees.
- Accreditation findings and decisions relate to the accreditation standards and do not extend to areas outside of this scope.
- Accreditation decisions will be risk based and proportionate.
- A consistent approach is used for assessing risk and determining the accreditation outcomes and any subsequent actions, using the risk assessment framework for accreditation (see Accreditation Risk Matrix and Risk Rating Outcomes below).
- Where an urgent response to an issue is required to protect a trainee's health and safety, the college will communicate the matter appropriately to the accredited training setting/provider to allow for all parties to meet their workplace health and safety obligations. If this includes actions that affect the trainee's employment (for example, removing the trainee from the risk by providing immediate leave, moving the trainee to another setting), the parties will cooperate and coordinate actions to allow this to occur, noting that the agreement of the college, employer and trainee will be needed.

Accreditation Risk Matrix and Risk Rating Outcomes

In alignment with the [Application of the risk framework and development of conditions: Guidance for specialist medical colleges](#), the RACP uses a risk-based approach to accreditation. The Accreditation Risk Matrix and Accreditation outcomes guides the accreditation assessments, outcomes, decision making and routine monitoring requirements.

Where a training setting has a finding of 'met' for all criteria within the standards, accreditation will be granted.

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 2). The outcome of this assessment will guide the college's response and accreditation decision. The Accreditation Risk Matrix (Figure 2) 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 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

Table 3 Risk Matrix

The RACP will use the risk rating in the Accreditation Risk Matrix to help guide the accreditation approach, outcome and monitoring requirements (see Table 5 Risk Rating Outcomes below).

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

Risk Rating	Approach	Outcome	
		New Settings	Existing Settings
Low	• 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	• 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	New setting: Do not grant accreditation (accreditation is	Not	Conditionally

	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).	accredited (refused)	accredited
Extreme	New setting: Do not grant accreditation (accreditation is refused). Existing setting: Move to revoke accreditation. • Outline what requirements must be met in the future to be considered for accreditation/reaccreditation, including timeframes for showing progress. • Note: For existing settings, colleges may take an active management approach with the training setting to help it take immediate steps to lower the risk which in turn moves the setting back to a conditionally accredited pathway rather than revocation. The situation should be carefully deliberated between the college, training setting and training provider, noting that each case will be different.	Not accredited (refused)	Not accredited (revoked)

Table 4 Risk Rating Outcomes

Accreditation outcomes

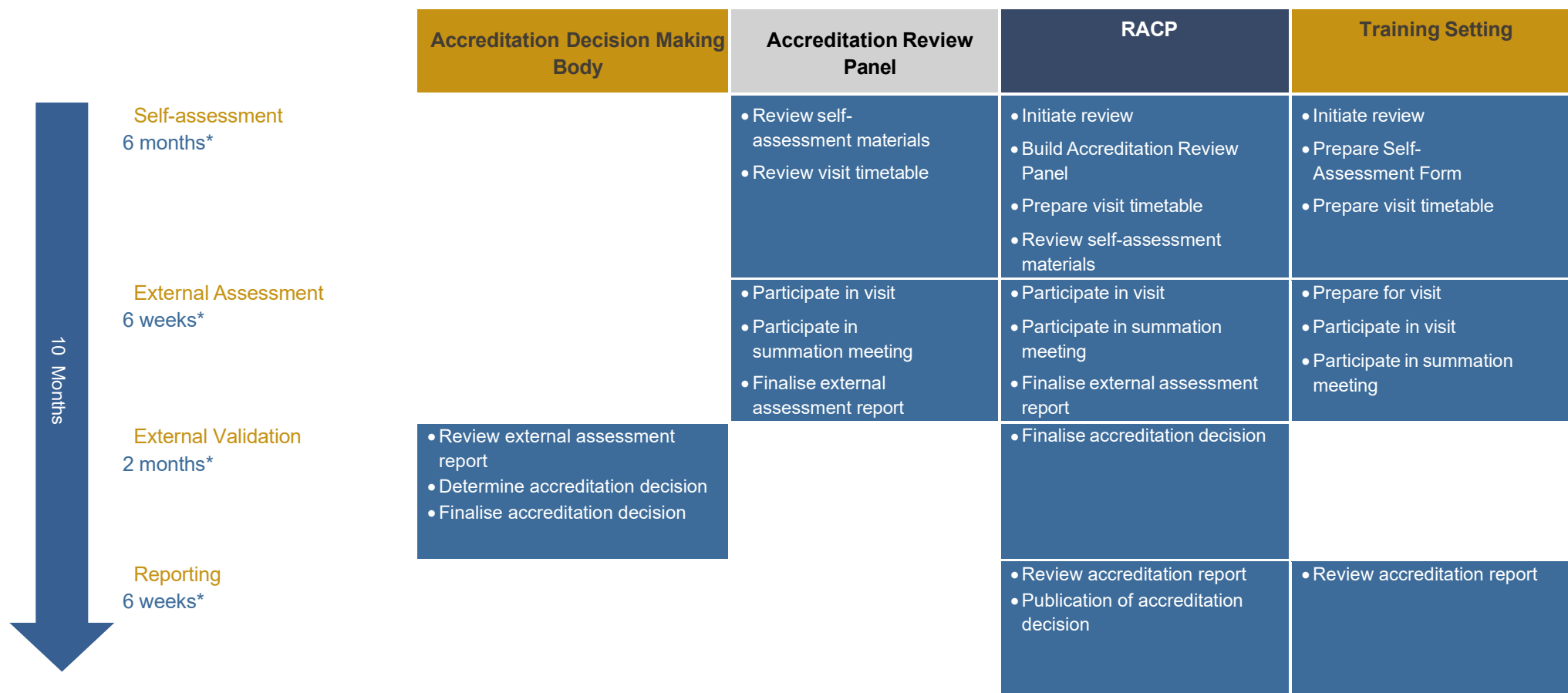
The period for which accreditation will be granted is outlined below.

Outcome	Alignment to risk framework	Duration of accreditation awarded and any other impacts
New training settings		
Provisionally accredited	A new training setting that: - meets all of the accreditation criteria OR - does not meet all of the accreditation criteria but has the potential to meet them once trainees are in place. The overall risk assessment is rated as low or medium with conditions required.	Provisionally accredited for up to 12 months, subject to satisfactory routine monitoring submissions. The setting can appoint trainees but will be subject to an assessment within 12 months that will include confirming if any conditions have been met. At this point, training settings will be considered an 'existing training setting' for accreditation purposes. If no trainees are appointed within 12 months, the college will decide if provisional accreditation status should lapse or remain in place for a further period of time. If lapsed, the college will determine if the setting is required to submit a new accreditation application before trainees can be appointed.
Not accredited (refused)	A new training setting that does not meet all of the accreditation criteria. The overall risk assessment is rated as high or extreme.	Accreditation not granted. Any requirements that must be met in the future will be outlined. Once requirements have been met, the setting may be required to submit a new accreditation application providing assurance that it continues to meet all other accreditation criteria at the time of reapplication.
Existing training settings		
Accredited	An existing training setting that: - meets all of the accreditation criteria OR - does not meet all of the accreditation criteria but the overall risk assessment is rated as low and it has been determined conditions are not required.	Accredited for five (5) years, subject to satisfactory routine monitoring submissions.

Outcome	Alignment to risk framework	Duration of accreditation awarded and any other impacts
Conditionally accredited	An existing training setting that: does not meet all of the accreditation criteria and the overall risk assessment is rated as low, medium or high with conditions required.	Accredited for five (5) years depending on the severity of the risk and: - conditions being addressed within the defined timeframe - satisfactory routine monitoring submissions - meeting any other specific monitoring requirements.
Not accredited (revoked)	An existing training setting that: does not meet all of the accreditation criteria and the overall risk assessment is rated as extreme with conditions required. <i>Note: this accreditation outcome should only be applied in the final accreditation report if, since the initial accreditation assessment was undertaken, steps to actively manage the training setting to a conditionally accredited pathway have been unsuccessful.</i>	Accreditation not granted. Feedback and timeframes for reconsidering reaccreditation will be provided, including what criteria the training setting needs to address. The date the accreditation will be revoked will be set. Prior to this, trainees may continue to complete their training term at the setting unless their safety is at immediate risk. From the revocation date: - trainees at the setting will not be able to count training towards their training program unless specific arrangements are made - no new trainees can be appointed. A new application for accreditation must be submitted once requirements have been met (the setting must also be continuing to meet all other accreditation criteria at the time of submitting the application).

Table 5 Accreditation Outcomes

Process Overview⁴

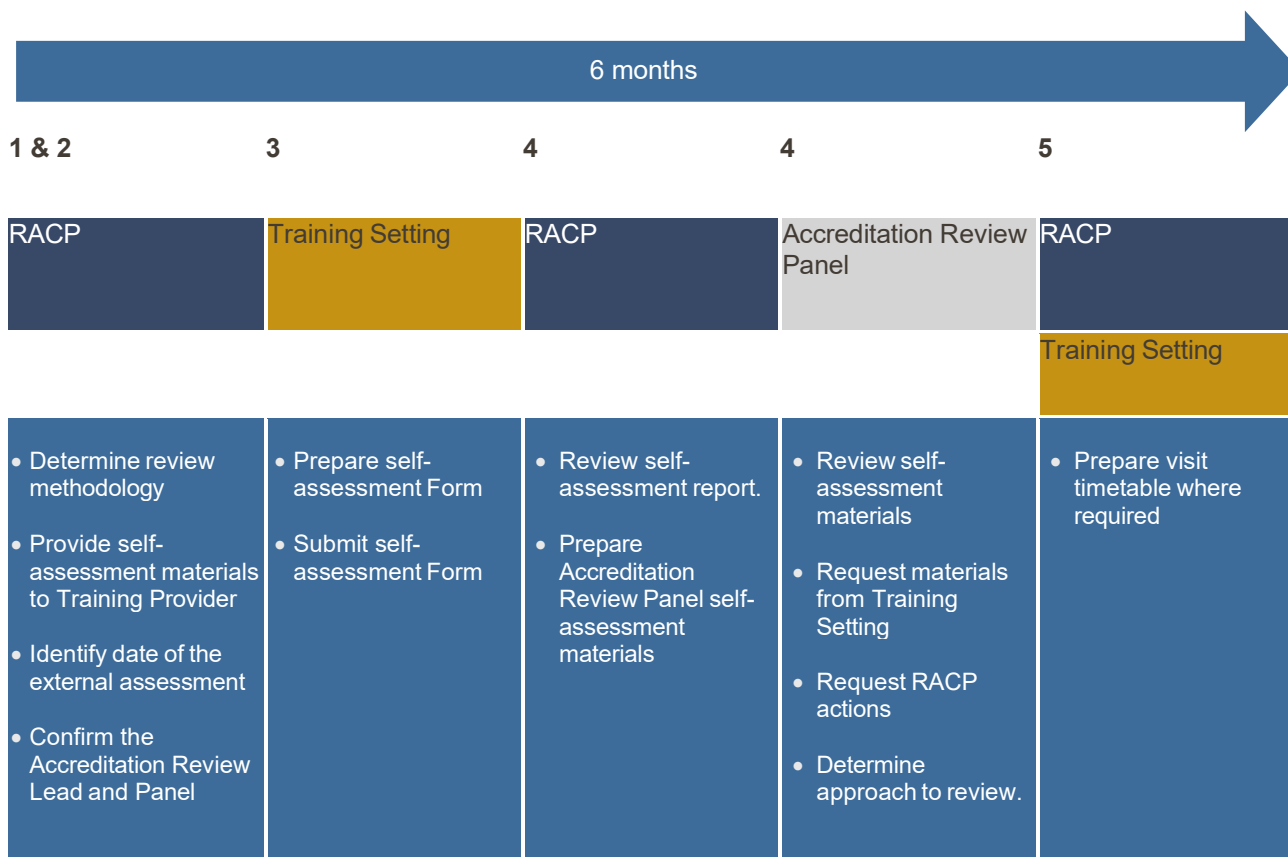


*the timeframe indicated represents an approximate only.

⁴ The process overview identifies the document subsections where the stakeholders have a role.

Process Description

Self-assessment



1. Initiate review

- 1.1. Using the risk-based framework, the RACP and its Accreditors will determine the type of comprehensive review (document review or site visit) conducted for accreditation of a Setting⁵⁶.
- 1.2. Approximately six months⁷ before the submission of self-assessment materials, the RACP informs the Training Setting of the review and provides self-assessment materials for completion.
- 1.3. The RACP advises the relevant jurisdictional health department of the accreditation schedule.

2. Confirm the Accreditation Review Panel

- 2.1. Once the dates for the external assessment have been finalised, the RACP confirms the Accreditation Review Panel to undertake the external assessment of the Training Setting.
- 2.2. For document reviews, the RACP identifies an Accreditation Lead⁸ to undertake the

⁵ If a document review is being undertaken, the timing of the external assessment occurs later in the process following receipt of the self-assessment.

⁶ Any cultural factors and sensitivities must be considered prior to an accreditation review and for all visiting and involved parties.

⁷ For a focus review the provision of self-assessment materials by the RACP can range from one to six months.

⁸ An accreditation lead is usually a member of the relevant Accreditation Decision Making Body.

external assessment.

2.3. For site visits, the RACP informs the Training Setting of any potential conflict of interest within the Accreditation Review Panel⁹.

2.4. For site visits, the RACP organises the Accreditation Review Panel logistics.

3. Prepare self-assessment form

3.1. A Training Setting completes a [Self-Assessment Form](#) for reaccreditation of a Training Setting by:

3.1.1. preparing a written response to describe compliance with each criterion and requirement, rating its performance (see Table 2) and providing supporting documentation to demonstrate how the Setting is meeting the accreditation standards.

3.1.2. describing its progress on any open recommendations, conditions, and quality initiatives.

3.1.3. The DPE and Setting Executive authorise the Self-Assessment Form and submit it to accreditation@racp.edu.au (Aus) or accreditation@racp.org.nz (NZ) electronically with all mandatory evidence attached.

3.2. A Training Setting can contact the RACP for guidance when completing the Self-Assessment Form.

3.3. Once submitted, the RACP acknowledges receipt of the form.

4. Review of self-assessment form

4.1. The RACP reviews the self-assessment form and evidence provided by the Training Setting, along with any data about the Training Setting held by the college. This may include trainee survey data, prior monitoring submissions, complaints received and other relevant correspondence.

4.2. The Accreditation Review Panel may request that the Training Setting clarifies details or provides additional information.

4.3. The RACP collates the self-assessment form, previous accreditation reports, decision notification letters and supporting documentation and provides it to the Accreditation Review Panel to contextualise the review.

4.4. The Accreditation Review Panel review the collated materials and where required requests further information from a Training Setting and actions¹⁰ by the RACP.

4.5. For document reviews, the self-assessment report is reviewed by the Accreditation Lead.

5. Prepare visit timetable¹¹

5.1. Where a Site Visit is required, the RACP creates an outline of the accreditation visit timetable¹². The visit timetable is sent to the Training Setting to identify the appropriate

⁹ Training Providers are informed of the Accreditation Review Panel ahead of time to ensure that there is no conflict of interest

¹⁰ This usually occurs in document reviews when the Accreditation Review Panel wishes to validate the materials received by conducting for example surveys, interviews or focus groups.

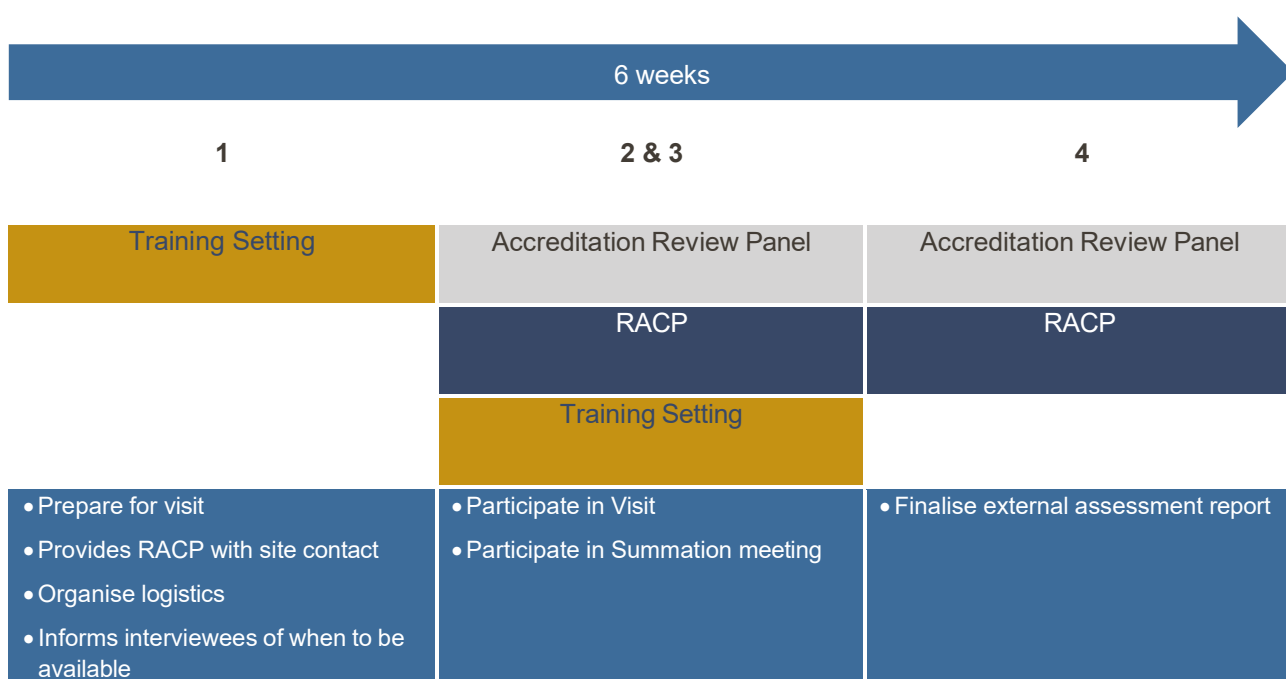
¹¹ An accreditation visit timetable is not usually developed for a document review. It occurs when the Accreditation Review Panel request additional actions which involve interviewing Training Provider staff and/or other stakeholders.

¹² By following the procedure "Preparing a Visit Timetable"

persons to be interviewed as well as the location of each meeting. Each schedule will vary depending on the availability of interviewees and issues identified by the Accreditation Team prior to the visit.

- 5.2. The RACP finalises the timetable and releases the visit timetable to the Accreditation Review Panel.

External Assessment



6. Prepare for visit

- 6.1. A Training Setting commences appropriate preparations for a site or virtual visit. This may include:

- 6.1.1. organising interview rooms, video, and/or teleconferencing facilities
- 6.1.2. providing site maps and internet access for the Accreditation Review Panel
- 6.1.3. catering for those involved in the visit (at the cost of the Training Setting)
- 6.1.4. ensuring interviewees are available for the visit and are aware of their interview time
- 6.1.5. informing the RACP of any issues with interviews or logistics as soon as possible.

7. Participate in visit

- 7.1. A Training Setting ensures interviewees are present, aware of their interview time and actively participating during the visit.
- 7.2. The Accreditation Review Panel interviews educators, Trainees and staff involved in training and as required, reviews documentation, assesses infrastructure and

educational resources, and observes Trainees¹³.

7.3. During the visit, the Accreditation Review Panel collects information and commences the process of completing the external assessment report.

7.4. The RACP supports the Accreditation Review Panel to complete the external assessment and works with the Training Setting to facilitate completion of the timetable.

8. Participate in summation meeting

8.1. Near the conclusion of the visit, the Accreditation Review Panel, supported by the RACP, prepares its preliminary findings.

8.2. The Accreditation Review Panel findings can include:

8.2.1. strengths of the training offered and any achievements since the Training Setting's last review

8.2.2. areas requiring improvement. It includes any improvement where the Accreditation Review Panel believes the Accreditation Decision Making Body may place a condition on the Training Setting

8.2.3. the Accreditation Review Panel's accreditation decision recommendation to the RACP.

9. Finalise external assessment report

9.1. In 10 business days following the visit, the Accreditation Review Panel completes the external assessment report.

9.2. The Accreditation Review Panel:

9.2.1. rates the Training Setting's performance and describes their compliance for each criterion and requirement

9.2.2. Using the Risk Based Matrix Framework, the Accreditation Review Panel may assign recommendations or conditions

9.2.3. comments on quality initiatives

9.2.4. identifies areas requiring commendation and improvement

9.2.5. provides an overview of how the Training Setting is progressing

9.2.6. Using the Risk Based Matrix Framework, recommends an accreditation outcome.

9.3. The Accreditation Lead reviews and approves the completed report and submits it to the RACP.

9.4. The RACP reviews the external assessment report for completeness. If it is found to be incomplete, the RACP works with the Accreditation Lead to modify and finalise the report.

9.5. To ensure procedural fairness, where an adverse finding is proposed (such as conditions and/or recommendations) the college will then notify the training setting of the

¹³ The review of documentation, observation of trainees, assessment of infrastructure and educational resources occurs in physical visits. For a virtual visit, photos can be requested to assess infrastructure and educational resources

proposed decision, providing a copy of the draft report as well as any reasons for its proposed decision. The Training Setting is given the opportunity to factually check the report¹⁴.

9.5.1. The Training Setting has 10 business days to review the draft report and to provide a response.

9.5.2. The Training Setting may highlight any factual inaccuracies and submit any additional evidence to be considered.

9.6. The Training Setting and/or the College may wish to discuss the draft report to further explore the issues and propose possible solutions.

10. Communication Protocol (if required)

10.1. Where, following discussion with the Training Setting; the College is considering a decision that:

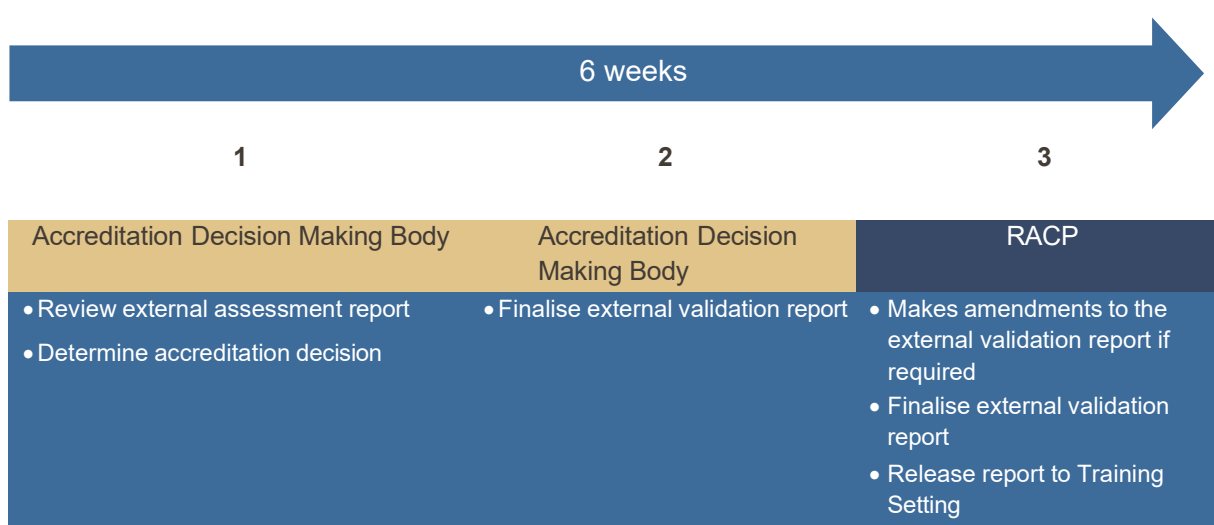
- Would result in accreditation being revoked;
- Trainees are to be withdrawn from the accredited setting
- is likely to significantly impact the Training Setting's ability to provide services to patients and the public.

The College must act in accordance with the [Communication Protocol for accreditation of specialist medical training sites/posts in Australian public hospitals and health facilities](#) and inform the nominated contact point of the accredited organisation and jurisdiction.

10.2. The RACP has an [active management process](#) for managing Settings' non-compliance with Accreditation Standards where concerns have major or severe impacts.

10.3. Any responses from the Training Setting and jurisdiction will be included in the final report to the Accreditation Decision Making Body and Accreditation Review Panel (where required) before making a final decision.

External Validation



¹⁴ The report can include key findings, executive summary, and accreditation report.

11. Review external assessment report

- 11.1. The RACP releases the external assessment report to Accreditation Decision Making Body members to individually review the report.

12. Determine accreditation decision

- 12.1. The external assessment report with the proposed decision, conditions, recommendations and commendations is added to the next Accreditation Decision Making Body meeting.
- 12.2. The RACP requests the Accreditation Lead to attend the meeting.
- 12.3. The Accreditation Decision Making Body discusses the review and the external assessment report with the Accreditation Lead. The Body may endorse or modify the report and any proposals, noting it should not change the text of the report without agreement of the Accreditation Review Panel. The Body may also determine:
 - 12.3.1. feedback to be provided about quality initiatives
 - 12.3.2. whether open recommendations and conditions have been met
 - 12.3.3. a Training Setting's accreditation outcome (See Table 3)
 - 12.3.4. each commendation, recommendation, and condition to be added to the decision
 - 12.3.5. how a condition will be assessed¹⁵

13. Finalise external validation report

- 13.1. The RACP captures the Accreditation Decision Making Bodies' decision and prepares the external validation report. The report contains:
 - 13.1.1. The endorsements from the external assessment report;
 - 13.1.2. A summary of the [Reconsideration, Review and Appeals Policy](#) and process including links to application documents and applicable fee structures
- 13.2. The external validation report is reviewed by the Accreditation Decision Making Body Chair or Accreditation Lead for accuracy. If any inconsistencies are identified, the RACP makes the amendments before the report is finalised.
- 13.3. The Accreditation Review Panel will then finalise the report and accreditation decision.
- 13.4. The final report will include acknowledgement of any responses to the draft report, including how feedback has been considered in the making of the final decision

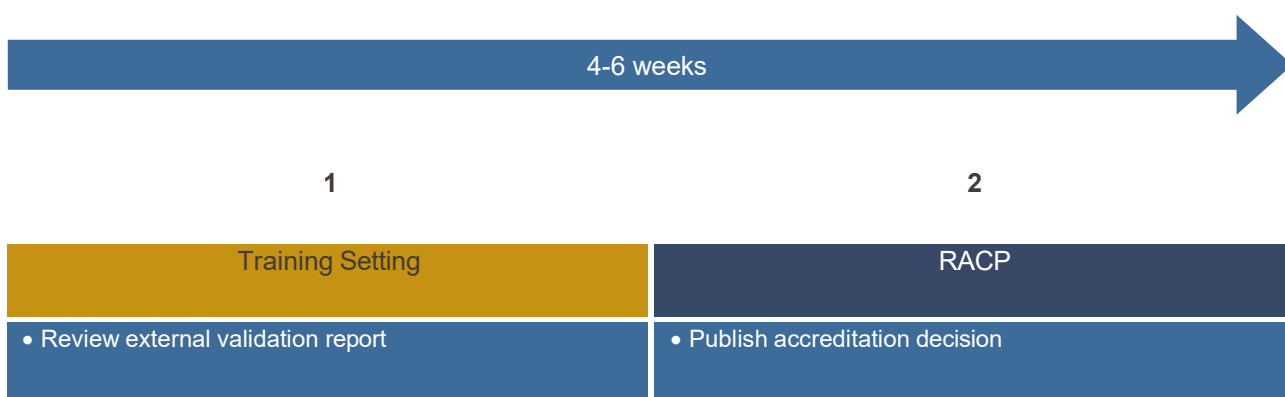
14. Communicating the final decision

- 14.1. The finalised report and notification letter is sent to the Training Setting via email to the following contacts:

¹⁵ Any conditions and recommendations will be assessed through a focus review.

Stakeholder and order of notification	Timeline for provision of the final report
DPE, Setting Executive and NDPE (if required)	To be provided once final decision is made by Accreditation Decision-Making Body. Includes information on the College's policy/process to review an accreditation decision (see 9.2).
Relevant jurisdictional health department (e.g. NSW Health)	To be provided once the training setting and provider have had time to prepare advice to the health department if required. Noting for potential decisions to revoke accreditation, the jurisdictions will already have been informed earlier as per process.

Reporting



15. Review accreditation report

- 15.1. The Training Setting reviews the findings and commences actions required by the RACP.
- 15.2. The Training Setting has 28 working days to lodge an appeal about the accreditation decision with the RACP via the [Reconsideration, Review and Appeals Policy](#)

16. Publication of accreditation decision

- 16.1. The RACP publishes the Training Setting's accreditation decision on the RACP website (See [Basic Training Accredited Settings](#))

Policy/process to review an accreditation decision

The RACP is committed to ensuring procedural fairness in the accreditation process. Concerns regarding a proposed accreditation decision should, wherever possible, be identified and resolved before a final accreditation decision is made.

This may include informal discussions between the College and the Training Setting regarding the

accreditation findings, areas of concern, and actions that could be implemented to address those concerns before the accreditation decision is finalised.

When resolution cannot be achieved during the accreditation process and a Training Setting does not agree with the accreditation decision, it may seek review of the decision in accordance with the [Reconsideration Review and Appeals Process By-Law](#).

Accreditation decisions that are subject to review under the policy include:

- refusal to grant provisional accreditation
- refusal to grant accreditation to an existing Training Setting (reaccreditation)
- the period for which accreditation is granted
- the imposition of a new accreditation condition
- the terms of an accreditation condition (including timeframe to remedy a condition).

Where the Setting applies for a review of an accreditation decision, both parties should aim to resolve the matter at the earliest possible stage of the process.

Other complaints about accreditation (not related to the accreditation decision itself) may be covered under the college's [complaints policy](#) for example, if the Training Setting considers the accreditation decision to be appropriate, but the processes were not timely or were inefficient.

Trainees impact by accreditation being revoked

Please see the RACP [active management process](#) for further information.

The college will work with the relevant training setting/training provider to develop a plan and support pathway for impacted trainees and any other relevant matters as soon as the setting/provider receives the draft report outlining there is a possibility of accreditation being revoked. The plan will consider how any actions resulting from the accreditation being revoked will support duty of care and continuity of training for trainees, as well as impacts on the service delivery obligations of the training provider.

Lapsed and voluntary withdrawal from the accreditation Process

A Training Setting can withdraw from the accreditation process at any stage, up until a final accreditation decision has been made by the Accreditation Decision Making Body. All requests to do so must be made to the college in writing.

If an existing accredited training setting has no trainees for a period of time (e.g. 12 months), the college will decide with the training setting as part of monitoring activities if the accreditation status should lapse or remain in place for a further period of time. If lapsed, the college will determine if the setting is required to submit a new accreditation application before trainees can be appointed.

Training settings can also choose to lapse or voluntarily withdraw from being an accredited training setting. This may be because their circumstances have changed/they feel they are

no longer able to meet the standards, or they no longer want to provide training.

Confidentiality

The accreditation process is confidential to its participants. To undertake its accreditation role, the RACP requires detailed information from Training Settings. This may include sensitive or commercial-in-confidence information such as plans, budgets, appraisals of strengths and weaknesses and other confidential information.

Members of Accreditation Review Panels, Accreditation Decision Making Bodies, Board and RACP staff must maintain confidentiality of all material provided by Training Settings for the purpose of accreditation of their programs.

The confidentiality of individuals participating in accreditation activities, including Trainees, supervisors, staff members, must be respected. Where practicable, feedback should be gathered from a range of individuals to enable information to be aggregated and reduce the likelihood of identifying individuals. This may not always be possible in smaller Settings, and professional judgment will be exercised to balance confidentiality with the need to report information relevant to accreditation outcomes.

Obligations to protect individuals from serious and imminent harm or work health and safety obligations may require identifying information to be disclosed in certain circumstances.

Information collected through the accreditation process is to be used only for the purpose for which it is obtained, unless disclosure is otherwise required by law.

Draft and final accreditation decisions will remain confidential until the final decision has been shared with the stakeholders and uploaded on the RACP website (with exceptions of steps identified in '*Trainees impacted by accreditation being revoked*' and '*Communicating the final decision*').

Raising a concern about an accredited Training Setting

Any individual who is concerned that an accredited Training Setting is not meeting the accreditation standards can:

- Speak to a member of college staff or relevant college representative (e.g. Fellow, Trainee representative)
- Raise a concern using the college's complaint management process (See [Complaint Management Policy](#))
- Report a potential breach via the [online form](#). This report can be completed anonymously. The college will review these concerns using the [Monitoring of a Training Provider](#) process.

Data and reporting

The RACP submits collated Training Setting accreditation data to the Australian Medical Council (AMC) and Medical Council of New Zealand (MCNZ) annually which will be further collated with data from the other specialist medical colleges and shared with jurisdictional health departments. Some data will be published on the AMC's website.

Training

All Accreditation Decision Making Bodies, Accreditors and Accreditation team members will receive training from the college to ensure accreditation process and policies are understood and delivered appropriately. An annual Calibration Day will be held for accreditors to refresh their knowledge of accreditation processes and ensure consistency in accreditation activities.

For Further Information

if you have any questions or need more information about accreditation, please contact:

Australia

145 Macquarie Street

Sydney NSW 2000

accreditation@racp.edu.au

+61 2 9256 5444

New Zealand

4th Floor, 99 The Terrace

Wellington 6011

accreditation@racp.org.nz

+64 4 472 6713

Definitions

Accreditation	Accreditation is a cyclic multi-staged evaluation process, which uses a set of standards and an independent review to identify the level of congruence between practice and standards. Accreditation provides assurance that the Training Setting has met the Standards and provides quality training.
Accreditation Standard	Defines the outcome that must be achieved at the training setting. A standard consists of a series of criteria which are the measurable components of the standard.
Accredited	Official college approval that a specialist medical training setting has met/substantially met the required accreditation standards.
Accreditation Decision Making Body	A collective term for RACP Committees with delegated responsibility to make accreditation decisions.
Accreditation Cycle	A standard period (5 years) at the conclusion of which accreditation will lapse unless a comprehensive review is completed
Accreditation Review	An assessment completed by the RACP to determine and monitor compliance with the standards.
Accreditation Review Panel	A group of Accreditors which assess a Training Setting's compliance with the Standards and prepares an external assessment report which outlines their findings and recommendations.
Accreditor	A person trained to participate in external assessments of a Training Setting on behalf of the RACP.
Capacity to Train	The ability of Training Settings to deliver a breadth and depth of high-quality training so trainees, on entry to the profession, are competent and independent practitioners who perform their duties to a high standard.
College	An organisation accredited by the Australian Medical Council to provide specialist medical education and training. Where a

college arranges another body to carry out all, or some, of its accreditation functions, the term 'college' includes that other body in so far as it carries out those functions.

Commendation	A training setting's area of strength relevant to the delivery of the training program
Condition	A qualification attached to the granting of accreditation at a training setting which requires action within a defined timeframe.
Criteria	Items or actions that are required to meet the Standards.
External Assessment	A stage of the accreditation cycle where an Accreditation Review Panel assesses a Training Setting's compliance with the Standards.
External Assessment Report	A report written by the Accreditation Review Panel for an Accreditation Decision Making Body which outlines the findings of the external assessment.
External Validation (Accreditation) Report	A report which outlines the final accreditation decisions made by an Accreditation Decision Making Body.
Fellow	A medical practitioner who has successfully completed a recognised medical specialty training program and has been awarded fellowship of the college
Initial Accreditation	A process a Setting or Training Network goes through to be accredited by the RACP, so they offer physician training.
Jurisdictional health department	An Australian State or Territory government department, or ministry, reporting to a minister for health, or the Aotearoa New Zealand Ministry of Health, as well as government in general.
Model Standards	Standards that are to be used as a model for each college's accreditation standards. collective term for criteria, requirements, and provisions.

Physician	A doctor who has completed further training in a medical specialty to diagnose and manage complex medical problems. A paediatrician is a physician who specialises in the treatment of infants, children, and adolescents.
Procedural fairness	A legal principle to act fairly without bias (real or apprehended) in administrative decision making. It includes the right to a fair hearing, including the opportunity to respond to allegations. Steps associated with ensuring procedural fairness include: • providing the affected person with reasonable notice that an adverse decision may be made, including details of any issues being discussed and the information available to the decision maker. • an opportunity for the affected person to directly address the issue/s being decided on. • ensuring that conflicts of interest are declared and managed appropriately.
Proviso	A qualification attached to the accreditation decision. This could be a condition and/or recommendation.
Quality Initiative	A quality improvement activity being completed by the Training Setting to improve training.
Recommendation	A non-mandatory action to improve trainee experience and/or outcomes at the training setting.
Rotation	Placement of a trainee within or across a service unit for a fixed period for the purposes of training.
Self-assessment Form	A report written by the Training Setting to the Accreditation Review Panel or Accreditation Committee which outlines their compliance with the Standards.
Supervisor	An appropriately qualified and trained medical practitioner, senior to the trainee appointed, approved or accredited by a college, who guides the trainee's education and/or on the job

training on behalf of the college. The supervisor's training and education role will be defined by the college, and may encompass educational, support and organisational functions. Colleges may or may not appoint the main supervisory role. Colleges frequently define a number of supervisory roles.

Supporting Documentation

Documentation that demonstrates a Training Setting is compliant with the Standards.

Trainee

A doctor in training completing a specialist medical program.

Training Network

A collective of Training Settings, with a formal agreement, that work together to manage and deliver an Integrated Training Program.

Training Program

The curriculum, the content/syllabus, and assessment and training that leads to independent practice in a recognised medical specialty or field of specialty practice, or in Aotearoa New Zealand, in a vocational scope of practice. It leads to a formal award certifying completion of the program.

Training Setting

The entity legally responsible for the administration of the training setting. This may be a government provider (government department), statutory corporation (local health district, statutory hospital, statutory health service), a for-profit corporation, a not-for profit corporation (charity), a partnership (a general practice partnership), or any other entity legally responsible for the training setting.

Training Setting

The place or position accredited, or applying for accreditation, by the college. This includes sites, posts, practices and networks (which are composed of multiple settings). Where colleges accredit networks or programs, these standards will apply, recognising that various settings will contribute to meeting the standards overall.

Visit

A collective term for an accreditation Review Panel undertaking an accreditation review onsite and/or by video and conferencing technology

Workplace

The place where work is carried out for a health service and includes any place where a trainee goes or is likely to go, while at work.