



National Health
Practitioner
Ombudsman

Processes for progress

Part one: A roadmap for greater transparency
and accountability in specialist medical training
site accreditation

October 2023

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Foreword

I am pleased to present this report on my review's findings regarding specialist medical training site accreditation processes in the National Registration and Accreditation Scheme (the National Scheme). The review was commissioned by Health Ministers to consider the fairness and transparency of accreditation processes, including complaint and appeal processes. Health Ministers requested that the review give particular attention to the processes of specialist medical colleges (colleges) in accrediting training sites.

Effective accreditation of Australia's specialist medical training sites supports quality and safe patient care. Australia is fortunate in being highly regarded for the quality of its specialist medical practitioners and training.

However, increased pressure on Australia's health system due to COVID-19 appears to have exacerbated known issues with processes related to specialist medical training site accreditation.

The complex arrangements underpinning accreditation in the National Scheme have created an environment where gaps have emerged in the accountability mechanisms for processes related to the accreditation of specialist medical training sites. For example, the accreditation of specialist medical training sites is not a recognised accreditation function under the Health Practitioner Regulation National Law (the National Law).

Concerns also continue to be raised regarding specialist medical training site accreditation standards and requirements, and their ability to respond appropriately to immediate workforce needs and broader workforce planning undertaken by jurisdictional health departments across Australia.

These circumstances give impetus to ensuring specialist medical training site accreditation processes are people-centred, transparent, fair, responsive and accountable.

This report outlines my review's findings on key processes related to specialist medical training site accreditation. My review has outlined five priority areas for improvement:

1. Enhancing accountability and transparency in accreditation standards
2. Ensuring fairness and transparency in accreditation processes and assessments
3. Clarifying and strengthening monitoring processes for accredited training sites
4. Developing an appropriate framework for:
 - assessing and managing concerns about accredited training sites
 - managing non-compliance with the accreditation standards, including processes for making adverse changes to a training site's accreditation status (such as placing conditions on, suspending or withdrawing accreditation).
5. Ensuring grievances about accreditation processes and decisions are managed fairly and transparently.

My review has focussed on delivering practical, outcome-focussed recommendations to provide a roadmap for progress. In recognition of capacity and time constraints, recommendations have been graded by priority.

On 1 September 2023, Health Ministers issued a policy direction to clarify expectations regarding the accreditation of specialist medical training sites. The policy direction included that the Australian Health Practitioner Regulation Agency (Ahpra) and the Medical Board of Australia (the Medical Board) require the Australian Medical Council (the AMC) to work with jurisdictions and colleges on an implementation plan for the review's suggestions for reform. This recognises that a collaborative and coordinated approach is necessary to successfully implement the review's recommendations. I have also welcomed recognition by colleges and health jurisdictions of the importance of working together to achieve positive change.

I thank those who have engaged with the review to ensure its findings are accurate and the recommendations tailored to support practical and meaningful improvements. I look forward to continuing to work together to achieve fair and positive change in specialist medical training site accreditation processes.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Richelle McCausland', written in a cursive style.

Richelle McCausland

National Health Practitioner Ombudsman
National Health Practitioner Privacy Commissioner

Summary of recommendations

A roadmap for greater accountability and transparency in specialist medical training site accreditation standards

1. The AMC should work with colleges to establish a procedure for the development of specialist medical training site accreditation standards.
2. The AMC should work with colleges to ensure specialist medical training site accreditation standards are outcome-centric and evidence-informed with measurable and achievable attributes.
3. The AMC should work with colleges to map specialist medical training site accreditation standards against other key existing standards and relevant legislative requirements in the health system to align and streamline assessments.
4. The purpose and format of specialist medical training site accreditation reports should be reviewed, and these reports should be made available to relevant health jurisdictions.
5. Comparative data about the accreditation of specialist medical training sites should be made publicly available annually.
6. Where responsibility for the accreditation of specialist medical training sites has been assigned to an entity other than a college, the same obligations should exist and must be followed.

Enhancing fairness and transparency in specialist medical training site accreditation processes and assessments

7. The AMC should work with colleges and health jurisdictions to set procedural requirements for assessments undertaken against the specialist medical training site accreditation standards.
8. Policies and processes operationalising the specialist medical training site accreditation standards should be accurately and appropriately documented. Colleges should ensure these documents are accessible, made publicly available, and supported by appropriate staff training.
9. Accreditation frameworks, standards and policies should clarify obligations to ensure procedural fairness in the accreditation of specialist medical training sites.
10. Colleges should ensure training sites are provided with notice of a proposed accreditation decision and given a reasonable opportunity to respond before a final decision is made that is adverse to a training site.

Strengthening monitoring of accredited specialist medical training sites

11. The AMC should work with colleges to clarify obligations regarding monitoring of accredited specialist medical training sites.

12. Colleges should clarify how specialist medical training sites are monitored during the accreditation cycle in relevant standards and policies with reference to how concerns about a training site will be managed.

A framework for identifying and managing non-compliance with the specialist medical training site accreditation standards

13. The AMC should work with colleges and other relevant stakeholders to develop a framework for managing concerns about accredited specialist medical training sites.
 - (a) The framework should clarify how concerns related to bullying, harassment, racism and discrimination at an accredited specialist medical training site should be assessed and managed based on agreed and articulated roles and responsibilities.
 - (b) The framework should also clarify how concerns about health practitioner performance or misconduct at an accredited specialist medical training site should be assessed and managed, including relevant referral and escalation pathways.
 - (c) Once developed, the framework should be made publicly available and implemented with appropriate staff training.
14. All concerns regarding accredited specialist medical training sites should be recorded, and cyclically reviewed for patterns or systemic issues which may indicate non-compliance with the specialist medical training site accreditation standards.
15. Colleges should support individuals to raise concerns about accredited specialist medical training sites, including anonymously or confidentially.
16. The AMC should work with colleges and other relevant stakeholders to develop guiding principles and a risk-based framework to ensure a fair and proportionate response to non-compliance with the specialist medical training site accreditation standards.
17. Accreditation documentation should clarify the process for placing conditions on, suspending or withdrawing accreditation from an accredited specialist medical training site.

Managing grievances relating to specialist medical training site decisions and processes fairly and transparently

18. The AMC should work with colleges to ensure merits review processes for decisions relating to specialist medical training site accreditation align with the best practice principles in this report.
19. Colleges should ideally provide the reconsideration and review stages of the merits review process free of charge.
20. Merits review fees related to specialist medical training site accreditation decisions should be charged on a cost recovery basis, articulated publicly, and application fees refunded if the merits review application is successful.

21. The AMC and colleges should work together to ensure administrative complaint handling processes and associated policies are developed, implemented and made publicly available, and supported by appropriate staff training.
22. Colleges should ensure administrative complaint processes are accessible, and all complaints should be appropriately recorded and monitored.

Progressing the implementation plan for the review's recommendations

23. The implementation plan for the review's recommendations should clearly articulate milestones to evaluate progress.
 - (a) If insufficient progress has been made, Health Ministers should consider progressing with legislative reform to formally recognise the colleges' function in accrediting specialist medical training sites.
 - (b) Consideration of legislative reform should also include whether relevant specialist medical training site accreditation decisions should be subject to review by the responsible tribunal.

Contents

Foreword	3
Summary of recommendations.....	5
Contents	8
A roadmap for greater transparency and accountability in specialist medical training site accreditation.....	11
Processes for progress report	11
Understanding specialist medical training site accreditation in Australia.....	17
Accreditation functions in the National Scheme.....	17
Accreditation of specialist medical training in the National Scheme.....	19
The need to enhance accountability and transparency in accreditation processes	25
Concerns regarding competition and conflicts of interest.....	26
Issues regarding responsiveness to workforce, health care and community needs	28
Challenges related to the interconnection of specialist medical training programs and health care delivery	30
Greater accountability and transparency in specialist medical training site accreditation standards	33
Establishing a process for developing and reviewing accreditation standards	34
Ensuring fair and transparent accreditation standards	35
Enhancing transparency of training site accreditation status and reports	42
Ensuring standardised and transparent data collection and reporting	45
Clarifying the role of specialist societies	47
Enhancing fairness and transparency in specialist medical training site accreditation processes	48
Appropriately operationalising accreditation standards	48
Ensuring procedural fairness in accreditation processes.....	52
Strengthening monitoring of accredited specialist medical training sites.....	58
Developing a transparent and risk-based approach to monitoring.....	58
A framework for identifying and managing non-compliance with the specialist medical training site accreditation standards	61
Developing a framework for assessing and managing concerns about accredited training sites	61
Ensuring concerns about accredited training sites are sought and heard appropriately	70

Establishing a risk-based, proportionate approach to non-compliance with the accreditation standards.....	72
Managing grievances relating to specialist medical training site accreditation decisions and processes fairly and transparently	80
Establishing an effective merits review process	81
Strengthening reconsideration, review and appeal processes	86
Ensuring merits review fees are fair, transparent and reasonable.....	91
Establishing an efficient and fair process for managing administrative complaints.....	95
Progressing the implementation plan for the review’s recommendations	104
Considering the need for legislative change	104
Conclusion	108
Appendix 1: Best practice principles for administrative processes.....	109
People-centred.....	109
Transparent	112
Responsive.....	114
Fair	116
Accountable.....	118
Adjusting for operational requirements	119
Appendix 2: Accredited providers of specialist medical education	122
Appendix 3: Domains in specialist medical training site accreditation standards	129

Acronyms

ACCC	Australian Competition and Consumer Commission
ACD	Australasian College of Dermatologists
ACEM	Australasian College for Emergency Medicine
ACRRM	Australian College of Rural and Remote Medicine
ACSEP	Australasian College of Sport and Exercise Physicians
AHMAC	Australian Health Ministers' Advisory Council
AHWOC	Australian Health Workforce Officials Committee
Ahpra	Australian Health Practitioner Regulation Authority
AMC	Australian Medical Council
ANZCA	Australian and New Zealand College of Anaesthetists
ASQA	Australian Skills Quality Authority
CICM	College of Intensive Care Medicine of Australia and New Zealand
NHPO	National Health Practitioner Ombudsman
NRAS	National Registration and Accreditation Scheme
RACDS	Royal Australasian College of Dental Surgeons
RACGP	Royal Australian College of General Practitioners
RACMA	Royal Australasian College of Medical Administrators
RACP	Royal Australasian College of Physicians
RACS	Royal Australasian College of Surgeons
RANZCO	Royal Australian and New Zealand College of Ophthalmologists
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
RANZCP	Royal Australian and New Zealand College of Psychiatrists
RANZCR	Royal Australian and New Zealand College of Radiologists
RCPA	Royal College of Pathologists Australasia
SIMG	Specialist International Medical Graduate
TEQSA	Tertiary Education Quality and Standards Agency

A roadmap for greater transparency and accountability in specialist medical training site accreditation

Accreditation is a cornerstone of the National Scheme. It seeks to fulfil the National Scheme's public protection objective by ensuring health practitioners have the knowledge, skills and professional attributes necessary to practise their profession safely and competently in Australia. Appropriate accreditation underpins the health practitioner registration process.

The National Health Practitioner Ombudsman and National Health Practitioner Privacy Commissioner (the Ombudsman and Commissioner) has been reviewing the complaints and appeals processes of accreditation authorities and colleges (together referred to as 'accreditation organisations' in this report). The review was commissioned by Health Ministers in response to the recommendations made by Professor Michael Woods in his 2017 Review of Accreditation Systems within the National Registration and Accreditation Scheme (the Accreditation Systems Review).¹ The scope of the Ombudsman and Commissioner's was broadened by Health Ministers to also include consideration of the procedural aspects of accreditation processes to ensure fairness and transparency.

Further, Health Ministers accepted the Accreditation Systems Review's recommendation that the Ombudsman and Commissioner's jurisdiction be extended to include oversight of the administrative actions of accreditation authorities and colleges in relation to some functions.

Processes for progress report

Health Ministers requested that the review give particular attention to the processes of colleges in relation to the accreditation of specialist medical training sites. Part one of the review therefore focusses on the findings and recommendations regarding specialist medical training site accreditation.

The review continues to assess a range of different accreditation processes which support the exercise of accreditation functions under the National Law. The review's broader findings in relation to the accreditation of programs of study and education providers, and the assessment of overseas qualified practitioners, will be outlined in a subsequent report.

Review process

The reviewer is Richelle McCausland, the Ombudsman and Commissioner. Assistance was provided by NHPO staff, including Alice Henderson, Lara Beissbarth and Katrina Howlett.

¹ Professor Michael Woods, Independent review of accreditation systems within the National Registration and Accreditation Scheme for health professions, November 2017

The Ombudsman and Commissioner is an independent statutory officer appointed by the Health Ministers' Meeting, which is comprised of Health Ministers from all states and territories of Australia and the Commonwealth.

Methodology

The review suggests there are five key principles underpinning effective and efficient processes, including that processes are:

- **People-centred:** Specialist medical training site accreditation can affect both individuals (such as trainees) and the broader community, including community members receiving healthcare at accredited training sites. A people-centred approach ensures processes are respectful and accessible and based on the needs of the individual and/or community.
- **Transparent:** It is widely accepted that organisations providing services that benefit the public should be open and transparent about their processes. Providing information about all relevant processes can reduce uncertainty for individuals, assist in managing expectations, and create greater accountability for the organisation's staff.
- **Responsive:** Responsiveness ensures that matters are dealt with as quickly as possible and escalated where appropriate. Proportionate and appropriate processes are built on a commitment to timeliness.
- **Fair:** When people believe an organisation's processes are fair, they are more likely to trust in the organisation and accept its decisions. For processes to be fair, and perceived to be fair, all matters must be managed equitably, and in line with the organisation's stated policy and the principles of procedural fairness.
- **Accountable:** All staff must clearly understand their roles and responsibilities in relation to a process to ensure accountability. Public reporting on relevant processes and ongoing monitoring and evaluation is similarly important for accountability.

Further detail about the review's five key principles is outlined in Appendix 1.

The review's assessment of complaint and appeal processes is largely based on principles derived from the Australian Standard AS/NZS Guidelines for complaint management in organisations (10002:2022) (the Guidelines for complaint management in organisations). The review also gave some consideration to the Commonwealth Ombudsman's Better practice guide to complaint handling (the Commonwealth Ombudsman's Guide).²

This report outlines the review's overarching findings and recommendations based on commonalities identified through the examination of each of the colleges' relevant processes. These broader findings and recommendations are generally relevant to all stakeholders. The report appendices detail the review's specific findings and recommendations regarding each of the 16 colleges. The appendices' recommendations aim to provide colleges with clear and practical guidance about how to improve key parts of their existing processes taking into account their specific circumstances. The






² Other applicable complaint handling standards and guides were also considered.

appendices are not intended to be read in isolation but should be considered alongside the overarching findings and recommendations found in the main report.

Evaluation measures

An evaluation measure is used in the analysis of each of the colleges in relation to identified key areas (see Table 1).

Table 1 – Rating scale for college processes

Adequacy of process	Symbol	Description
Fully adequate		The relevant procedural aspects were wholly adequate
Mostly adequate		The relevant procedural aspects were mostly adequate
Partially adequate		The relevant procedural aspects were partially adequate
Somewhat adequate		The relevant procedural aspects were somewhat adequate
Not at all adequate		The relevant procedural aspects were not at all adequate

Priority ratings for recommendations

The review uses a priority rating scale to assist colleges and other relevant stakeholders in implementing the review's recommendations. Recommendations are categorised as low, medium or high (see Table 2).

The priority rating scale seeks to prioritise and set out timeframes to implement recommendations based on the severity of the issue/s addressed and the potential benefit.

Table 2: Priority ratings for recommendations

Priority rating	Description
Low	Identified issue/s that the recommendation addresses do not significantly affect relevant processes Resulting recommendation will likely provide benefit Recommendation should be implemented when time permits.
Medium	Identified issue/s that the recommendation addresses significantly affect relevant processes Resulting recommendation will likely provide considerable benefit Recommendation should be implemented as soon as is practicable.

High

Identified issue/s that the recommendation addresses fundamentally affect relevant processes

Resulting recommendation will provide significant benefit or necessary compliance with the National Law

Recommendation should be implemented as a matter of urgency.

Consultation

The review considered a range of different perspectives and information through its consultation with affected stakeholders. This included considering:

- information provided by each of the colleges and the AMC about current policies and procedures
- publicly available information regarding college and AMC processes
- submissions from, and at least one virtual consultation with, representatives of each college
- consultation with a range of other stakeholders.

The review's findings are grounded in the view that documented and publicly available policies and processes are an essential mechanism to drive consistency, transparency and accountability. The review is therefore primarily based on colleges' documented policies, processes and information. It is recognised, however, that the application of policies and processes in practice may differ from that outlined in written materials.

Colleges were provided with an opportunity to respond to the review's initial college-specific findings to ensure factual accuracy and the practicality of the suggested recommendations. Feedback from colleges was considered in finalising the review's consultation paper. The consultation paper was provided to those involved in implementing the review's recommendations to receive targeted submissions on the practicality and prioritisation of the review's recommendations, other issues or suggestions which should be further considered by the review, and to identify any factual inaccuracies. The review appreciated, and has considered, the feedback provided as part of this consultation process in coming to its final findings and recommendations.

Previous reviews and reports

The review examined previous reports and reviews which have considered specialist medical training site accreditation over the past two decades. This included the:

- ACCC's determinations regarding RACS's application for authorisation of its processes in 2003 and 2006 (ACCC RACS authorisation)³
- ACCC and AHWOC's joint review of specialist medical colleges in 2005⁴
- Productivity Commission's report on Australia's health workforce in 2005⁵

³ ACCC, Royal Australasian College of Surgeons authorisation A90765, June 2003

⁴ ACCC and AHWOC, Review of Australian specialist medical colleges, July 2005

⁵ Productivity Commission, Australia's health workforce: Productivity Commission research report, 22 December 2005.

- federal parliamentary inquiry into registration processes and support for overseas trained doctors and its ‘Lost in the Labyrinth’ report in 2012⁶
- AHMAC’s commissioned ‘Accreditation of Specialist Medical Training Sites Project’ final report in 2013⁷
- AHMAC commissioned independent review of the National Scheme in 2014⁸
- Health Ministers’ commissioned Accreditation Systems Review in 2017⁹
- Commonwealth Department of Health and Aged Care’s ‘How Accreditation Practices Impact Building a Non-General Practice Rural Specialist Medical Workforce’ in 2022 (referred to in this report as the Non-GP Rural Specialist Medical Workforce Review).¹⁰

These works represent a wealth of knowledge and expertise from which the review’s findings build upon. The review recognises that colleges have participated in these past reviews and are therefore well-versed in certain identified challenges. The review has sought to bring together synergies in recommendations and insights for areas it has identified are in continued need of improvement.

Ministerial policy direction regarding the accreditation of specialist medical training sites

On 20 July 2023, Health Ministers resolved to issue a policy direction to clarify expectations for the AMC and colleges regarding the accreditation of specialist medical training sites and to direct Ahpra and the Medical Board to note these expectations when exercising their functions for the purposes of the National Law.¹¹ This decision was made following an interim update from the Ombudsman and Commissioner on the review’s findings and suggested reform options. Health Ministers recognised the critical role of colleges, but noted gaps in alignment with workforce reform priorities, and a “lack of standardisation and significant variation of accreditation processes, procedures, and timeframes between colleges.”¹² Health Ministers also recognised that accreditation decisions, including withdrawal of accreditation, “have a significant impact on the availability of medical

⁶ The Parliament of the Commonwealth of Australia, Lost in the Labyrinth. Report on the inquiry into registration processes and support for overseas trained doctors, March 2012

⁷ AHMAC, Health Workforce Principal Committee, Accreditation of Specialist Medical Training Sites Project, Final Report, 2013

⁸ Australian Health Ministers’ Advisory Council, Independent review of the National Registration and Accreditation Scheme for health professions, December 2014

⁹ Professor Michael Woods, Independent review of accreditation systems within the National Registration and Accreditation Scheme for health professions, November 2017

¹⁰ Commonwealth of Australia (Department of Health and Aged Care), How Accreditation Practices Impact Building a Non-General Practice Rural Specialist Medical Workforce, 2022

¹¹ Under the National Law, the Ministerial Council may issue Ahpra and the Boards with binding policy directions and guidance about the National Scheme. See National Law, s. 11.

¹² Health Ministers Meeting, Ministerial Policy Direction 2023-1: Medical college accreditation of training sites, 1 September 2023.

workforce at sites/locations, which in turn, has a significant impact on patients through reduced services.”¹³

The Ministerial Policy Direction was issued on 1 September 2023 (referred to as the Ministerial Policy Direction in this report).¹⁴ The Ministerial Policy Direction states:

1. *That Ahpra and the Medical Board of Australia require that:*
 - (a) *The Australian Medical Council works with jurisdictions and medical colleges on an implementation plan regarding the National Health Practitioner Ombudsman’s suggestions for reform on arrangements for training site accreditation.*
 - (b) *The Australian Medical Council works with jurisdictions and medical colleges to develop a communication protocol to clarify and confirm the roles and responsibilities of all parties in the training and supply of the medical workforce and the distribution of that workforce.*
 - (c) *The Australian Medical Council reviews existing arrangements:*
 - (i) *to achieve greater consistency of accreditation processes, policies, procedures and decisions for training site accreditation across the medical specialist colleges.*
 - (ii) *that the scope of medical college accreditation of training sites, standards and decisions is clarified to matters relevant to the delivery of high quality education and training of medical specialist trainees.*
 - (d) *The Australian Medical Council works with medical colleges on training site accreditation arrangements to reduce the impact on patient services caused by withdrawal of training site accreditation and reduced workforce. This includes developing a uniform process to be adopted by all medical colleges in relation to accreditation decisions and review processes.*¹⁵

The review recognises the significance of this binding policy direction and has sought to clarify how the review’s recommendations relate to the Ministerial Policy Direction.

¹³ Ibid.

¹⁴ It is noted that the Ministerial Policy Direction was issued after submissions had closed in response to the review’s consultation process.

¹⁵ Health Ministers Meeting, Ministerial Policy Direction 2023-1: Medical college accreditation of training sites, 1 September 2023

Understanding specialist medical training site accreditation in Australia

The National Scheme was established in 2010 through the enactment of the National Law. The National Scheme's objectives are to:

- *provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered*
- *facilitate workforce mobility across Australia by reducing the administrative burden for health practitioners wishing to move between jurisdictions or practise in more than one jurisdiction*
- *facilitate the provision of high-quality education and training of health practitioners*
- *facilitate the rigorous and responsive assessment of overseas-trained health practitioners*
- *facilitate access to services provided by health practitioners*
- *enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivered by, health practitioners.*¹⁶

In general, Ahpra supports the National Health Practitioner Boards (the Boards) to implement the National Scheme. The Boards are responsible for regulating registered health practitioners. This includes registering health practitioners, as well as handling notifications about health practitioners to determine if it is necessary to take regulatory action to protect the public.

Accreditation functions in the National Scheme

Accreditation is the primary way that the National Scheme seeks to deliver on its objective of providing high-quality education and training of health practitioners.¹⁷ Accreditation also underpins the National Scheme's role in ensuring that registered health practitioners have the necessary knowledge, skills and professional attributes to practice in Australia.

The National Law sets out five accreditation functions for the National Scheme. These are:

- developing accreditation standards for approval by a Board, where an 'accreditation standard' is the standard used to assess whether a program of study, and the education provider that provides the program of study, provide persons who complete the program with the knowledge, skills and professional attributes necessary to practise the profession in Australia
- assessing programs of study, and the education providers that provide the programs of study, to determine whether the programs meet approved accreditation standards

¹⁶ National Law, s. 3(2).

¹⁷ Australian Health Ministers' Advisory Council, Guide to the National Registration and Accreditation Scheme for health professions, July 2018

- assessing authorities in other countries who conduct examinations for registration in a health profession, or accredit programs of study relevant to registration in a health profession, to decide whether persons who successfully complete the examinations or programs of study conducted or accredited by these authorities have the knowledge, clinical skills and professional attributes necessary to practise the profession in Australia
- overseeing the assessment of the knowledge, clinical skills and professional attributes of overseas qualified health practitioners who are seeking registration and whose qualifications are not approved qualifications for the health profession
- making recommendations and giving advice to a Board about any of the above matters.¹⁸

Boards have the power to decide which entities exercise accreditation functions under the National Law. The Board for each profession must decide if an accreditation function will be exercised by an external accreditation entity or by a committee established by the Board. These external accreditation entities and committees are together known as accreditation authorities (see Figure 1).

Accreditation authorities are accountable to the Boards for the performance of accreditation functions as described in the relevant formal agreements or terms of reference between Ahpra and the accreditation authority.¹⁹

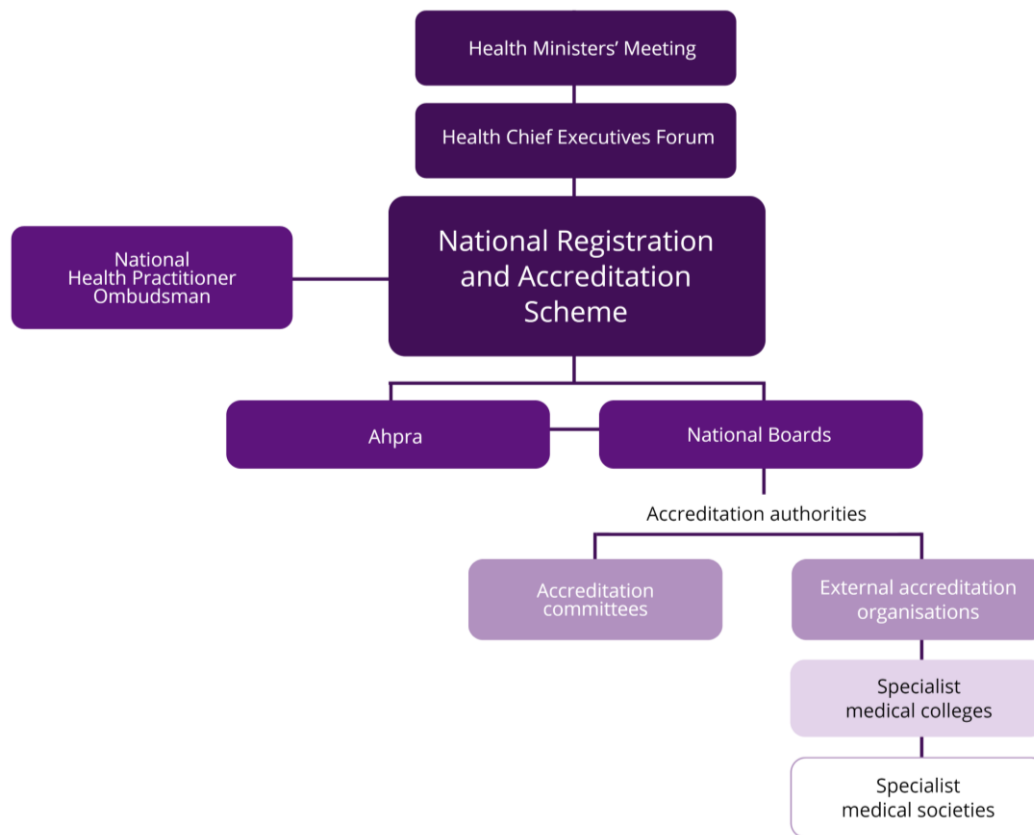
It is important to note, however, that the ‘accreditation’ processes which are the focus of this report are not formally recognised in the National Law. Colleges ‘accredit’ specialist medical training sites but this is not a formal accreditation function under the National Law. In his Accreditation Systems Review report, Professor Woods aptly described this role played by colleges as one of ‘sub’ accreditation.²⁰

¹⁸ National Law, s. 42.

¹⁹ As set out in the Health Professional Agreements. For example, Health Professional Agreement, Medical Board of Australia and the Australian Health Practitioner Regulation Agency, 2020–2025, p.11 (Accessed: <https://www.ahpra.gov.au/Publications/Health-profession-agreements.aspx>, 4 May 2022)

²⁰ Professor Michael Woods, Independent review of accreditation systems within the National Registration and Accreditation Scheme for health professions, November 2017

Figure 1: Diagram of entities involved in accreditation in the National Scheme



Accreditation of specialist medical training in the National Scheme

The Medical Board has appointed the AMC as its accreditation authority. The AMC exercises accreditation functions under the National Law, including by developing accreditation standards for approval by the Medical Board, and assessing programs of study and education providers against the standards.

The National Law provides that an accreditation authority such as the AMC may grant accreditation if it is reasonably satisfied that a program of study and the education provider:

- meet an approved accreditation standard, or
- substantially meet an approved accreditation standard and the imposition of conditions will ensure the program meets the standard within a reasonable time.²¹

The AMC must report its decision to accredit a program of study to the Medical Board. The Medical Board can then approve or refuse to approve the program of study as providing a qualification for

²¹ National Law, s. 48

the purposes of registration in the medical profession.²² This directly impacts on which medical practitioners may be eligible for registration.²³

Specialist medical accreditation standards and programs of study

The AMC's *Standards for Assessment and Accreditation of Specialist Medical Programs* (AMC Standards) outline the requirements specialist medical education providers and their programs of study must meet to be accredited.²⁴

For the purposes of specialist registration, the AMC accredits 16 colleges and their specialist education and training program/s. The Medical Board has approved these programs of study as providing a qualification for the purposes of specialist medical registration.

Colleges as accredited specialist medical education providers

Colleges' role in the National Scheme is described primarily by colleges and the AMC as that of accredited education providers delivering specialist medical training programs.

Colleges are membership-based organisations, and this underpins the delivery of their approved training program and associated training site accreditation processes. This is because members of the college, generally Fellows who have achieved specialist medical registration, volunteer their time to assist with college activities.²⁵ This includes activities related to the education program and the accreditation of training sites. Moreover, colleges generally require supervisors at training sites or training networks to be college Fellows (often with specified Fellowship experience).²⁶ Colleges' education programs are therefore oftentimes reliant on member volunteers.

While colleges also assess Specialist International Medical Graduates (SIMGs), this report is focussed on colleges' roles as accredited providers of approved specialist medical programs of study. The colleges' roles in relation to accreditation-related functions are summarised in Table 1 in Appendix 2.

Colleges' role in specialist medical training site accreditation

Generally, each college has developed its own accreditation standards and processes to 'accredit' training sites (such as hospitals or health services) to deliver their specialist medical training programs.

The process for accrediting training sites in subspecialties adds further complexity to the accreditation arrangements for specialist medical training. In some cases, the accreditation of

²² National Law, s. 49. Further, the National Board may also approve a program subject to any conditions it considers necessary.

²³ National Law, s. 53.

²⁴ AMC, *Standards for Assessment and Accreditation of Specialist Medical Programs* by the Australian Medical Council 2023, March 2023

²⁵ Commonwealth of Australia (Department of Health and Aged Care), *How Accreditation Practices Impact Building a Non-General Practice Rural Specialist Medical Workforce*, 2022, p 77.

²⁶ *Ibid*, p 55-56.

training sites is not undertaken by a college, but by a specialist society. These arrangements with specialist societies are outlined in Table 2 of Appendix 2.

Specialist medical training site accreditation standards

Colleges' specialist medical training site accreditation standards appear to have developed organically based on college expertise regarding requirements for the delivery of training programs.

Colleges largely develop and set training site accreditation standards independently. As previously noted, training site accreditation is not a recognised accreditation function under the National Law. This means that specialist medical training site accreditation standards do not require Medical Board approval.

The AMC Standards provide general guidance related to the development of the 'accreditation criteria,' which set out minimal requirements for colleges in relation to accrediting training sites. The AMC Standards require that:

The education provider has a clear process and criteria to assess, accredit and monitor facilities and posts as training sites. The education provider:

- *applies its published accreditation criteria when assessing, accrediting and monitoring training sites*
- *makes publicly available the accreditation criteria and the accreditation procedures*
- *is transparent and consistent in applying the accreditation process.*²⁷

The AMC Standards stipulate that criteria for training site accreditation should link to the outcomes of the specialist medical program, and a number of other relevant factors. It also outlines a requirement that:

*The education provider works with jurisdictions, as well as the private health system, to effectively use the capacity of the health care system for work-based training, and to give trainees experience of the breadth of the discipline.*²⁸

It is important to note that the AMC Standards do not refer to training site accreditation standards, but 'accreditation criteria' and 'accreditation procedures.' However, most colleges use the term 'accreditation standards' to describe the framework they apply to assess training sites. To reduce confusion, this report therefore uses the terminology 'specialist medical training site accreditation standards' to refer to the document which defines and outlines the expectations and criteria a specialist medical training site must meet to become accredited by a college.

The review found that while there are some consistencies in specialist medical training site accreditation standards across the specialties, the standards are not always outcome-based and transparent, and associated criteria are not always clearly evidence-informed and measurable (see 'Ensuring fair and transparent accreditation standards').

²⁷ AMC, Standards for Assessment and Accreditation of Specialist Medical Programs by the Australian Medical Council 2023, March 2023, s 8.2

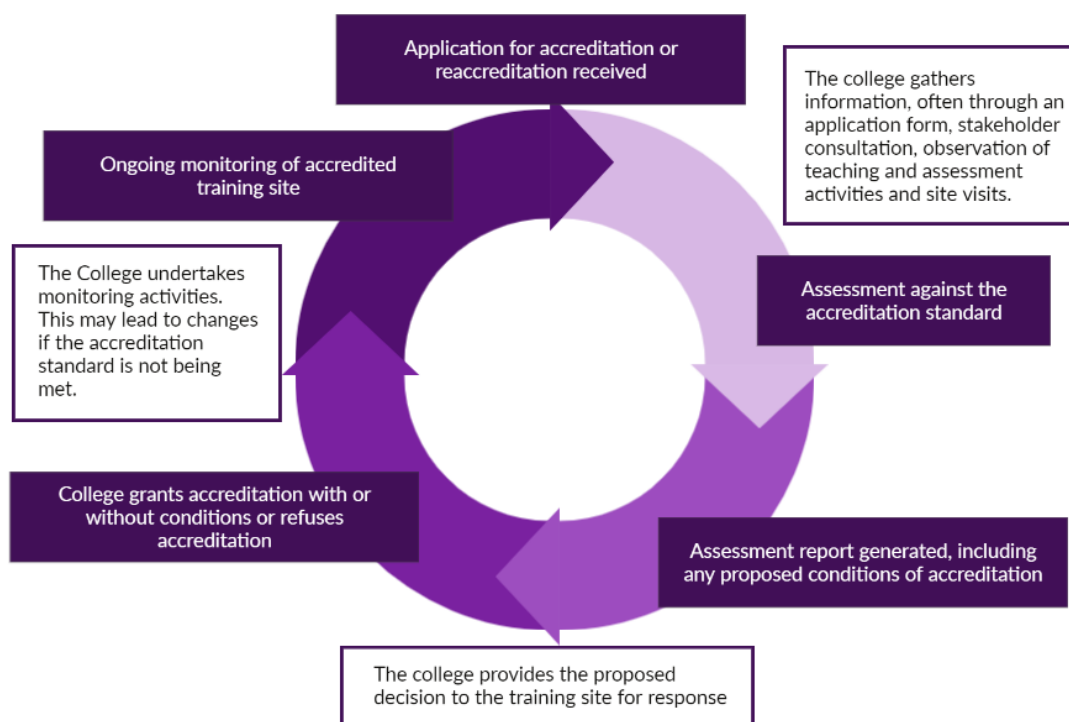
²⁸ Ibid.

Specialist medical training site accreditation process

The process for assessing training sites against the specialist medical training site accreditation standards varies between colleges. In general, however, the process involves:

1. The training site applying to the college for accreditation.
2. The college gathering information about the training site. This may be through an application form, stakeholder consultation (for example, surveys and interviews), observation of teaching and assessment activities, and a site visit/s.
3. The college assessing the training site against its accreditation standards.
4. The college preparing a report on its assessment setting out its decision, including whether any conditions of accreditation are required (see Figure 2).

Figure 2: Summary of the training site accreditation process



Monitoring of accredited specialist medical training sites

As training site accreditation is not an accreditation function under the National Law, colleges are not required by law to monitor accredited training sites in the way that accreditation authorities are required to monitor approved programs of study.²⁹

However, the AMC Standards outline some requirements regarding the monitoring of accredited specialist medical training sites. Section 6 of the AMC Standards require that education providers monitor and evaluate their program of study. It notes, for example, that:

“Education providers should develop mechanisms for monitoring the delivery of their program(s) and for using the results to assess achievement of educational outcomes... The value of monitoring data is enhanced by a plan that articulates the purpose and procedures for conducting the monitoring, such as why the data are being collected, the sources, methods and frequency of data analysis.”

It also requires colleges to apply their published accreditation criteria *“when assessing, accrediting and monitoring training sites.”*

The review observed that approaches to monitoring accredited specialist medical training sites varied considerably across colleges (see ‘Strengthening monitoring of accredited specialist medical training sites’).

Managing concerns about an accredited specialist medical training site

Standard 7.5 of the AMC Standards outline college responsibilities regarding the resolution of training problems and disputes. It outlines that colleges must support “trainees in addressing problems with training supervision and requirements, and other professional issues.” It also states that colleges must have “clear impartial pathways for timely resolution of professional and/or training-related disputes between trainees and supervisors or trainees and the education provider.”

The review found that colleges emphasised the importance of supporting trainee safety and wellbeing at accredited specialist medical training sites. However, the review observed significant variation in how colleges approached the consideration of concerns about training sites, and often a lack of formal documentation regarding the management of these concerns (see ‘Developing a framework for assessing and managing concerns about accredited training sites’).

Managing non-compliance with the specialist medical training site accreditation standards

Section 8 of the AMC Standards outline that should accreditation criteria not be met, the college’s accreditation report should give guidance so that the training site “may address any unmet requirements.” This appears to be the only reference to managing training site non-compliance with the specialist medical training site accreditation standards.

The review found that colleges’ accreditation documentation often outlined that adverse decisions may be made regarding a training site’s accreditation status throughout the accreditation cycle. This included in relation to decisions to place conditions on a training site’s accreditation or to suspend or withdraw accreditation from a training site. However, this process was not often well-defined or

²⁹ National Law, s. 50.

articulated (see ‘Establishing a risk-based, proportionate approach to non-compliance with the accreditation standards’).

Non-accreditation related college functions

The review noted that colleges undertake a range of activities which are not directly related to their roles as accredited education providers. This includes, for example, providing guidance and best practice advice in relation to the medical specialities. Membership of a college is also often promoted as an opportunity for greater representation of the speciality, access to a professional peer network, and event or training opportunities. For example, ANZCA’s website states:

“We’re your voice in the community. We work closely with governments, peak health agencies, and the community to provide advice on clinical practice and advocate for the issues that matter to you, including patient care, clinical standards and doctors’ welfare.”³⁰

In relation to access to relevant professional development opportunities, RANZCP’s website states:

“Members of the RANZCP are part of a collegiate network of psychiatrists across Australia and New Zealand, and have access to resources, programs and events that ensure the highest standard of practice in psychiatry”.³¹

The colleges’ role as representatives of their members, and their roles as accredited education providers and training site accreditation decision-makers, are therefore often inherently interconnected (see ‘Concerns regarding competition and conflicts of interest’).

³⁰ Australian and New Zealand College of Anaesthetists website, ‘Member benefits’. Accessed 24 July 2023: www.anzca.edu.au/fellowship/member-benefits.

³¹ Royal Australian and New Zealand College of Psychiatrists, ‘RANZCP Reaccreditation report to the Australian Medical Council 2022’, p 30.

The need to enhance accountability and transparency in accreditation processes

Despite its public benefit, the accreditation of specialist medical training sites by colleges is not supported by a legislative framework. Instead, training site accreditation standards and associated assessment processes have developed organically over time. Clear expectations have not been established regarding how colleges should develop and implement speciality-specific accreditation standards for training sites. The Accreditation Systems Review similarly found that the AMC's oversight role in relation to sub-accreditation functions was not clear, and its related accreditation reports did not consistently assess the efficacy of sub-accreditation criteria.³² It appears that little has changed since Professor Woods opined in 2017 that colleges undertaking sub-accreditation functions "should be subject to the same standards of efficiency, accountability, public scrutiny and cost-effectiveness as other entities."³³

A range of concerns continue to be raised across the health sector in relation to colleges' roles in accrediting specialist medical training sites. There is an acknowledged conflict of interest in practising specialist medical practitioners setting standards for their profession. This has led to concerns being raised in the past regarding potentially anti-competitive behaviour.³⁴ It can also lead to colleges facing unique pressures as both member-based organisations for their profession, and accredited education providers.

Further, the interconnectedness of training site accreditation and the delivery of healthcare means cooperation is required across the health sector to ensure patient safety and quality patient care, together with an effective specialist medical training program. Colleges' delivery of programs of study, and associated accreditation of training sites, is affected by broader and more systemic issues in the healthcare sector. It has been recognised for several years, for example, that collaborative effort to prevent bullying, harassment, racism and discrimination in the medical profession is required, and despite significant shifts, these issues continue to permeate.³⁵ In addition, decisions made by governments and health services related to resourcing and delivery of health care inevitably affect the environment in which colleges seek to safely and effectively deliver their programs of study.

Concerns have been raised by jurisdictional health departments that specialist medical training site accreditation standards are not sufficiently focussed on outcomes, and that more could be done to

³² Professor Michael Woods, Independent review of accreditation systems within the National Registration and Accreditation Scheme for health professions, November 2017

³³ Ibid.

³⁴ See for example, ACCC, Royal Australasian College of Surgeons authorisation A90765, June 2003

³⁵ Medical Board of Australia, Medical Training Survey, 2022. Accessed June 2023: www.medicaltrainingsurvey.gov.au. For further information see 'Appropriately managing concerns about bullying, harassment and discrimination at a training site'

make accreditation processes evidence-based, transparent and consistent.³⁶ Health Ministers have also noted that there is a need for better alignment with workforce reform priorities and that there is a lack of standardisation and significant variation in accreditation processes, procedures and timeframes.³⁷ Training site accreditation decisions can significantly affect access to safe and quality health care. As noted, pressures associated with the delivery of healthcare continue to be affected by, and oftentimes exacerbated by, the COVID-19 pandemic.³⁸

Taking these factors into consideration, there is an imperative for specialist medical training site accreditation processes to be people-centred, fair, transparent, accountable and responsive.

Concerns regarding competition and conflicts of interest

Concerns about competition and conflicts of interest regarding colleges' assessment and accreditation processes have been raised prior to the National Scheme's commencement and have continued to be raised since. A 2005 joint report by the ACCC and the AHWOC prior to the establishment of the National Scheme succinctly stated the nature of these concerns:

...A recurring theme is that at times colleges' processes appear to lack procedural fairness and transparency, and that they 'unreasonably' restrict entry to college fellowship. This can give rise to claims that college processes lessen competition. This may also give rise to claims that by restricting entry, college processes can effectively limit access to higher remuneration attached to specialist consulting rebates under the Australian health system.

The ACCC's 2003 determination of RACS's application for authorisation to undertake its role in relation to specialist training, from which the 2005 joint report stemmed, considered these issues in depth. The sources of potential public detriment and anti-competitive detriment that may continue to be relevant when considering college's processes include that:

- there is a conflict of interest inherent in practising health practitioners in their specialised profession setting and applying training standards
- college expertise is in its understanding of the relevant required skills and knowledge to practise the specialist profession, but may not appropriately account for the impact standards have on the availability, distribution and affordability of services
- standard setting could lead to limitation or delay in entry of new specialists
- subjectivity in assessments of training sites could inappropriately limit the entry of new specialists
- delivery of the approved program of study could affect workforce requirements, including if:
 - the length of training courses is extended beyond international comparable standards
 - the number of training site places available is limited

³⁶ See for example, recommendations made by the Commonwealth of Australia (Department of Health and Aged Care), *How Accreditation Practices Impact Building a Non-General Practice Rural Specialist Medical Workforce*, 2022.

³⁷ Health Ministers Meeting, Ministerial Policy Direction 2023-1: Medical college accreditation of training sites, 1 September 2023.

³⁸ Soren, R, 'COVID-19: impacts on health and the Australian health system', Parliamentary Library Briefing Book: Key issues for the 47th Parliament, June 2022.

- if specialists providing training or undertaking specialist assessments are not employed by the college, or offer their services pro bono, this could limit the number of trainee placements, contribute to delay in assessments and make it more difficult to establish formal accountability and transparency requirements.

Ultimately, the ACCC's determination was that authorisation would be granted to RACS's 2003 role in relation to training site accreditation, subject to conditions to reduce uncertainty regarding whether the public benefit outweighed potential public detriment. Essentially, it was agreed that colleges serve the public interest in setting standards for specialities in the medical profession, but that conditions were necessary to ensure accreditation-related processes involved greater accountability, transparency and engagement with relevant jurisdictions and consumers. It was recognised that the pro-bono services provided by RACS Fellows have significant public benefit. RACS's expertise was also recognised as providing public benefit, particularly given alternative models of specialist medical training were not widely available.

Colleges' role in delivering specialist training has evolved and improved since the time of the ACCC's determination. However, some of the fundamental elements described remain the same. The public benefit colleges provide in setting standards for the medical specialities continues. Further, colleges oftentimes submitted to the review that their accreditation services generally rely on a volunteer workforce of college members, and this pro-bono work saves costs for the profession. Likewise, some of the causes of concern expressed by the ACCC continue to be relevant today. Colleges' role in accrediting training sites is described primarily by colleges and the AMC as that of accredited education providers delivering specialist medical training programs. However, each college is currently the only education provider in Australia whose approved program of study leads to specialist registration with the Medical Board in the college's particular speciality.³⁹ Comparatively, the accreditation of education providers in other health professions has led to diversity in institutions and organisations being accredited to provide an approved program of study. In the dental profession, for example, the Dental Board of Australia has approved five accredited programs of study as leading to specialist registration as an orthodontist.⁴⁰ Similarly, the Podiatry Board of Australia has approved two accredited programs of study as leading to specialist registration as a podiatric surgeon.⁴¹

There are undoubtedly broader forces which affect the availability of specialist medical training sites, and the environment in which training is undertaken. This includes, for example, workforce pressures (particularly due to the COVID-19 pandemic), funding and resourcing arrangements and the other complexities associated with maintaining a strong rural and remote health force. Similarly,

³⁹ The RACGP and ACRRM have accredited other providers as meeting the standards needed to demonstrate the requirements to meet the relevant Fellowship requirements. This has led to other providers delivering training, though RACGP and ACRRM determine that this meets the standard required of its training program.

⁴⁰ This includes the Doctor of Clinical Dentistry in Orthodontics program delivered by The University of Queensland, the University of Western Australia, the University of Adelaide, the University of Melbourne and the University of Sydney. Accessed August 2023: www.ahpra.gov.au/Accreditation/Approved-Programs-of-Study.aspx

⁴¹ This includes the Fellowship of the Australasian College of Podiatric Surgeons program delivered by the Australasian College of Podiatric Surgeons and the Doctor of Podiatric Surgery program delivered by the University of Western Australia. Accessed August 2023: www.ahpra.gov.au/Accreditation/Approved-Programs-of-Study.aspx

governmental decisions and resourcing allocation can affect workforce needs. This notwithstanding, positioning colleges as education providers only does not reflect the complexities and realities of how specialist medical training and registration is achieved in Australia. As noted, colleges currently develop their own specialist medical training site accreditation standards. The number of specialist medical practitioners in Australia is therefore in part determined by colleges' decisions, including those related to:

- setting eligibility requirements for trainees to undertake the program, and training sites to become accredited
- which training sites are accredited, and therefore the number of trainees who can complete the program.

The availability and accessibility of training sites can be particularly challenging for the smaller specialities within the medical profession. As noted in the Non-GP Rural Specialist Medical Workforce Review, the limited number of training sites particularly affects the dermatology and neurosurgery specialities.⁴²

In this context, the review suggests that there is an even greater need for college accreditation processes to be transparent, responsive and accountable (see 'Establishing a process for developing and reviewing accreditation standards').

Issues regarding responsiveness to workforce, health care and community needs

The review is aware of concerns that current specialist medical training site accreditation processes do not allow for appropriate consideration of relevant health care and workforce needs,⁴³ or the consumer perspective.⁴⁴ Decisions related to training site accreditation can have wide-ranging impacts, including on access to health care and the provision of safe and quality care. As outlined in the Ministerial Policy Direction, "accreditation decisions, including withdrawal of accreditation, have a significant impact on the availability of medical workforce at sites/locations, which in turn, has a significant impact on patients through reduced services."⁴⁵ Specialist medical trainees are generally an essential component of health service delivery, particularly given the current workforce pressures being experienced in Australia. This is especially true in regional, rural and remote areas. Specialist medical training site accreditation processes are therefore relevant to a complex set of community and healthcare needs.

To enter specialist medical training programs, applicants generally need to have completed an AMC accredited program of study, and most often are required to have undertaken additional work

⁴² Commonwealth of Australia (Department of Health and Aged Care), How Accreditation Practices Impact Building a Non-General Practice Rural Specialist Medical Workforce, 2022; Health Ministers Meeting, Ministerial Policy Direction 2023-1: Medical college accreditation of training sites, 1 September 2023.

⁴³ Ibid.

⁴⁴ See for example, ACCC, Royal Australasian College of Surgeons authorisation A90765, June 2003

⁴⁵ Health Ministers Meeting, Ministerial Policy Direction 2023-1: Medical college accreditation of training sites, 1 September 2023.

experience as a registered medical practitioner. In practice, this means that prospective trainees are already working in the medical profession, including in hospitals and other health services. Comparatively, programs of study related to other non-specialist professions generally require students to undertake short-term placements and they are not required to have completed other accredited programs of study as a prerequisite. This means that specialist trainees generally hold more responsibilities in relation to providing healthcare while undertaking their training. Changes to trainee staffing can therefore have substantial workforce impacts.

Similarly, as some colleges submitted to the review, colleges' ability to respond to workforce needs and emerging accreditation issues are affected by, and interconnected with, decisions made by governments and health services. This includes in relation to the allocation of funding and resources. In accrediting training sites, colleges must also engage with broader systemic issues the healthcare system is facing, such as a recognised need to address bullying, harassment, racism and discrimination in the medical profession.

The review also acknowledges the unique complexities and challenges associated with ensuring the safe and effective delivery of healthcare in regional, rural and remote areas where access to specialist services is generally more limited.

This connection between health care delivery and specialist medical training site accreditation, however, is not well-recognised in, or supported by, accreditation processes. Jurisdictional health departments have expressed concern, for example, that there is not a clear exchange of specialist training data by colleges to respond to supply and demand workforce issues.⁴⁶ Similarly, colleges do not appear to receive sufficient information about workforce requirements.⁴⁷ The review recognises that the exchange of information related to workforce needs and requirements requires two-way dialogue, and collaboration between health jurisdictions and colleges. However, it appears that specialist medical training site accreditation processes have not evolved sufficiently to embed consideration of broader community and workforce needs.

Several reviews have been undertaken, and recommendations have been made, to support improved decision-making in this area. Pre-National Scheme reviews, such as the previously mentioned ACCC RACS authorisation, examined ways to improve engagement between colleges and consumers, relevant jurisdictions and state and territory Health Ministers. At the heart of the conditions and recommendations outlined by the ACCC was that there should be an opportunity for the community at large, and health services in particular, to be involved in decisions affecting issues of mutual concern. Recommendations included, for example, introducing mechanisms to:

- encourage consumer involvement in college processes
- ensure Health Ministers and jurisdictions can consult with colleges on matters of mutual concern, including communicating workforce needs and any proposed limits on, and distribution of, training sites

⁴⁶ Commonwealth of Australia (Department of Health and Aged Care), *How Accreditation Practices Impact Building a Non-General Practice Rural Specialist Medical Workforce*, 2022.

⁴⁷ Ibid.

- increase participation by the jurisdictions or Health Ministers in training site accreditation decisions, including ensuring appropriate representation on relevant assessment committees and, for example, requesting any nominations for training site accreditation on an annual basis.

The Non-GP Rural Specialist Medical Workforce Review similarly made a number of recommendations to improve the impartiality, transparency and consistency of relevant accreditation processes, including the appointment of jurisdictional representatives and/or independent observers in accreditation assessments such as site visits, desktop reviews or virtual accreditation assessments.⁴⁸

Most recently, as outlined in the Ministerial Policy Direction, Ahpra and the Medical Board are to require the AMC to work with jurisdictions and colleges to develop a communication protocol to “clarify and confirm the roles and responsibilities of all parties and supply of the medical workforce and the distribution of that workforce.”⁴⁹ The review understands that this communication protocol is currently under development.

The review also notes that the Ministerial Policy Direction requires Ahpra and the Medical Board to require that the AMC works with colleges on “training site accreditation arrangements to reduce the impact on patient services caused by withdrawal of training site accreditation and reduced workforce. This includes developing a uniform process to be adopted by all medical colleges in relation to accreditation decisions and review processes.”⁵⁰

The review’s limited scope prevents further analysis of the design of specialist medical training site accreditation. Instead, the review has sought to explore and recommend practical process-based improvements which could be made to improve transparency and accountability in existing specialist medical training site accreditation processes. These improvements have the potential to provide a clearer framework for engagement between colleges and affected stakeholders (see ‘Ensuring fair and transparent accreditation standards’ and ‘Appropriately operationalising accreditation standards’).

Challenges related to the interconnection of specialist medical training programs and health care delivery

Another related challenge is the complexity associated with a training site’s role as an accredited specialist medical training site, and also a health service provider (and oftentimes an employer). In this context, trainees and supervisors are participants in a college’s program of study but are delivering health care for the relevant health service and are generally also employees of the health service. This can lead to competing demands and expectations for those participating in, delivering, and hosting specialist medical training programs. Colleges’ role in accrediting and monitoring training sites therefore requires careful consideration of the relative responsibilities of all involved parties.

⁴⁸ Ibid, Recommendation 8

⁴⁹ Health Ministers Meeting, Ministerial Policy Direction 2023-1: Medical college accreditation of training sites, 1 September 2023.

⁵⁰ Ibid.

Colleges' specialist medical training programs are mostly delivered by college designated supervisors, most often college Fellows. Supervisors are responsible for trainees at oftentimes lengthy placements but are not employed directly by the college. Supervisors generally undertake their roles without additional financial incentives, and as part of their employment at a health service.⁵¹ This means that colleges have less control over the delivery of their program of study than most other education providers because they are generally not direct employers of supervisors delivering the program.

Some aspects of ensuring a training site meets the accreditation standards are outside of the colleges' control but can affect educational outcomes. As outlined in the AMC's Standards:

*While the education provider sets the educational requirements for completion of the specialist medical program, trainees are also part of the training and delivery system of the health service that employs them.*⁵²

The AMC's Standards recognise this tension in a number of different areas, including in relation to the intersection between:

- the employer's requirements and policies related to conduct in the workplace and the program of study –
Effective management of specialist medical programs requires education providers to understand the intersection of their policies and the requirements of the employer and the implications for specialist medical training and education, for example in supervision and trainee welfare including discrimination, bullying and sexual harassment.
- the employer's requirements related to trainee's duties, working hours and supervision in the workplace and the program of study –
The duties, working hours and supervision of trainees should be consistent with the delivery of high quality, safe, culturally safe, patient care. Ensuring trainees can meet their educational goals and service delivery requirements within safe hours of work is the responsibility of all parties. ...it essential that the institutions and health services involved in medical training and education are appropriately resourced to support training, educational experience and supervision. It recognises this is not a matter over which individual education providers have control.

The AMC Standards also acknowledge that there are matters of mutual interest to colleges, training sites and jurisdictions, including: "teaching, research, patient safety, clinical service and trainee welfare."⁵³ It outlines that areas which require particular co-operation between colleges, health services and jurisdictions to achieve positive outcomes include ensuring:

- fair and reasonable processes for trainee intake based on the capacity of the education provider

⁵¹ Commonwealth of Australia (Department of Health and Aged Care), How Accreditation Practices Impact Building a Non-General Practice Rural Specialist Medical Workforce, 2022.

⁵² AMC, Standards for Assessment and Accreditation of Specialist Medical Programs by the Australian Medical Council 2023, March 2023

⁵³ Ibid.

- trainee safety and wellbeing, including in relation to addressing discrimination, bullying and sexual harassment in the workplace
- quality, safe and culturally safe care, including in relation to ensuring appropriate resourcing, defined duties for staff and trainees, reasonable working hours, and quality and appropriate supervision.

The AMC Standards acknowledge for example, that:

*Effective consultation should include a formal mechanism for establishing high-level agreements concerning the expectations of the respective parties and should extend to regular communication with the jurisdictions.*⁵⁴

However, the review did not find evidence of high-level agreements or formal mechanisms outlining relevant roles and responsibilities in relation to specialist medical training site accreditation. Without clear articulation of the relative roles and responsibilities of the employer and/or training site, jurisdictional health department, and the college, gaps or misunderstandings in accountability are likely inevitable. Similarly, clear escalation pathways are needed to respond to concerns in areas where responsibilities may overlap. Breakdowns in these escalation pathways could lead to serious issues being overlooked and for patient safety to be negatively affected. This includes, for example, the management of serious issues related to bullying, harassment, racism and discrimination at an accredited training site, or allegations of professional misconduct or poor performance. The review's recommendations are therefore focussed on ensuring that relevant accreditation processes seek to clarify associated roles and responsibilities of involved parties (see 'Strengthening monitoring of accredited specialist medical training sites'). The review acknowledges that the communications protocol (which is currently in development) is likely to assist in clarifying respective roles and responsibilities.

The centrality of specialist medical training site accreditation standards when managing emerging issues at a training site also cannot be understated. The review found that there was not a clear articulation of how most colleges identified and responded to non-compliance with accreditation standards. A more fundamental shift is therefore necessary to recognise that specialist medical training site accreditation standards are fundamental to accreditation-related decisions, such as decisions to suspend or withdraw accreditation (see 'A framework for identifying and managing non-compliance with the specialist medical training site accreditation standards').

⁵⁴ Ibid.

Greater accountability and transparency in specialist medical training site accreditation standards

Accreditation standards are central to the specialist medical training site accreditation process because they articulate what is required for the program of study to be delivered safely and effectively. Accreditation standards should codify colleges' expectations in a practical and measurable way to ensure training sites having a clear understanding of their obligations. Relatedly, accreditation standards should provide a framework for considering concerns about training sites. This is because substantiated concerns may indicate non-compliance with the accreditation standards which must be managed accordingly.

The review opines that some current concerns about specialist medical training site accreditation processes likely stem from, or are exacerbated by, the lack of transparency and accountability in how accreditation standards are developed, approved and implemented. Given accreditation standards are the foundation for the accreditation of training sites, improvements in this area are likely to have wide-ranging effects. As a result, this section of the report details a comprehensive roadmap for improving specialist medical training site accreditation standards (see Figure 3).

Figure 3: Summary of steps to strengthen specialist medical training sites accreditation standards



Establishing a process for developing and reviewing accreditation standards

The review found that gaps exist in the accountability mechanisms for developing and approving specialist medical training site accreditation standards. As noted previously, each college largely develops and sets accreditation standards and processes independently. The AMC's Standards provide minimal requirements that education providers need to comply with in relation to accrediting training sites. While colleges are required to publish their accreditation criteria, and apply it transparently and consistently, the criteria are not reviewed or approved by another body.

Similarly, the Medical Board has not established requirements related to specialist medical training site accreditation. While the Boards and Ahpra have an established 'Procedure for the development of accreditation standards', this is based on the National Law's definition of an accreditation standard. The procedure therefore does not relate to the specialist medical training site accreditation standards.

The review recognises that the current approach to accountability is based on the view that the accreditation of specialist medical training sites is undertaken as part of the colleges' role as accredited education providers. However, as detailed previously, specialist medical training site accreditation processes can have a significant impact on patients' access to health care and the provision of safe and quality care. This gives greater impetus to ensuring obligations in relation to training site accreditation are clearly established.

The review recommends introducing a procedure for developing specialist medical training site accreditation standards. The review recognises that a collaborative approach is required to develop this procedure, taking into consideration the various different perspectives of affected stakeholders. Affected stakeholder should at a minimum include National Scheme entities such as the AMC and colleges; the Medical Board and Ahpra; participants in specialist medical training programs such as trainees, supervisors and training site representatives; health services and jurisdictional health departments; community members and consumer representatives.

The procedure should outline procedural requirements for the development of specialist medical training site accreditation standards. At a minimum, the procedure should include the following elements:

- the type of impact assessment needed when proposing to develop or change a specialist medical training site accreditation standard
- the types of consultation which should be undertaken when proposing to develop or change a specialist medical training site accreditation standard
- the steps which should be taken when proposing to develop or change a specialist medical training site accreditation standard, including relevant procedural fairness considerations
- how a proposed specialist medical training site accreditation standard or proposed changes to an existing standard are approved, and by which entity
- how specialist medical training site accreditation standards should be documented and made publicly available

- when, and how, specialist medical training site accreditation standards are reviewed.

The review recognises that a procedure for the development of specialist medical training site accreditation standards will require oversight from the AMC. It is therefore appropriate that the development of the procedure is led by the AMC, with input from affected stakeholders.

Recommendation one	Priority rating
The AMC should work with colleges to establish a procedure for the development of specialist medical training site accreditation standards.	High

Ensuring fair and transparent accreditation standards⁵⁵

Once a procedure for developing specialist medical training site accreditation standards has been co-created, it naturally follows that the existing accreditation standards should be reviewed and updated in line with this procedure.

The review observed that there are significant differences in how existing specialist medical training site accreditation standards are expressed across the specialities, and the types of indicators which are used to measure whether the standards are being met. Efforts have previously been made to provide for a more uniform approach to specialist medical training site accreditation standards. The Accreditation of Specialist Medical Training Sites Project sought agreement on a national accreditation guide for specialist training, and three domains to support the accreditation of training sites.⁵⁶ The three domains are:

1. Promoting the health, welfare and interests of trainees
2. Ensuring trainees have the appropriate knowledge, skills and supervision to deliver quality patient care
3. Supporting a wide range of educational and training opportunities aligned to the curriculum requirements.

The AMC Standards outline support for this consistent approach to determining the criteria for the accreditation of training sites.⁵⁷ The AMC Standards also recognise that accreditation criteria for training sites should be linked to specialist medical program outcomes. The domains are not, however, framed with respect to the desired outcomes of the specialist medical training program. The domains are instead descriptive of the areas of need, rather than the outcomes sought.

The review found that only four colleges have updated their specialist medical training site accreditation standards to mirror these domains (see Appendix 3). All colleges do, however, appear

⁵⁵ This analysis excludes consideration of the RACGP which accredits the training site as a GP practice, prior to accrediting as a training site.

⁵⁶ AHMAC, Health Workforce Principal Committee, Accreditation of Specialist Medical Training Sites Project, Final Report, 2013

⁵⁷ AMC, Standards for Assessment and Accreditation of Specialist Medical Programs by the Australian Medical Council 2023, March 2023

to cover aspects of the domains in their accreditation standards. For example, all colleges have requirements related to supervision or supervisors. Similarly, ensuring trainee health and welfare, and supporting wide-ranging training opportunities generally appear in colleges' accreditation standards, though in varied forms. It therefore appears that while there may be general agreement on the domains for specialist medical training site accreditation standards, there is not a consistent approach to defining the domains, or how the associated criteria are assessed or measured. It was also sometimes unclear to the review how certain criteria had been developed against which to assess training sites, and the evidentiary basis for these criteria.

One of the key domains in the AMC Standards, for example, is to 'promote the health, welfare and interests of trainees.' Examination of the interpretation of this domain by the review found that all colleges' accreditation standards include information related to the training site ensuring the health and wellbeing of trainees. However, there was significant variation in how this aspect of the accreditation standards was described.

ACEM's accreditation standards, for example, include the domain 'Promotes the Health, Welfare and Interests of Trainees.' The domain is supported by two standards related to 'Governance, safety and quality assurance' and 'Infrastructure, facilities and educational resources.' Each standard is then supported by criteria and requirements. ACEM's accreditation standards are based on the 'suggested strategies' the training site could use to demonstrate it has achieved the standards, and examples of evidence that could be provided to demonstrate the requirements are being met. Examples of evidence to meet the requirements range from 'feedback from internal or College trainee surveys that demonstrate that the site is meeting this requirement' to a 'description of the facilities provided to trainees for teaching and learning activities.'

RANZCR incorporates this domain in its accreditation standards for clinical radiology training sites, though it phrases it as a 'goal': 'The Training Site promotes the welfare and interests of trainees.' The goal is supported by six standards, which are underpinned by relevant criteria. The standards range from providing effective organisational structures for the management of trainees to providing a "physical environment, resources and amenities that enable trainees to perform their work and to engage in learning and teaching activities." Each criterion has specific requirements that must be met, and other 'guidelines.' Examples of evidence to meet the criteria range from the specific, such as 'rosters are distributed in a timely manner' to the broad, such as 'The training site provides duty rosters that balance the service needs of the training site with safe working hours for trainees.'

RANZCOG's accreditation standards do not explicitly reference the domain. Its accreditation standards are comprised of six standards, which are underpinned by criteria and sub-criteria. Its sixth standard is most comparable with the domain's objective and is called: "Workplace Culture, Registrar Staffing, Safe Working Hours, Leave Arrangements and Assistance for Rural Rotations." The first of its seven criteria broadly states: "A supportive, harmonious workforce culture and team environment is evident."

These examples illustrate the complexities associated with the inconsistent approach to colleges' interpretation of a core domain of specialist medical training site accreditation standards.

The review recognises that speciality-specific accreditation criteria will be necessary in some circumstances. However, it suggests that there are areas where there is scope for colleges to standardise relevant standards and criteria. Achieving uniformity in key areas of training site accreditation standards across colleges would likely have multiple benefits, including reducing duplication for both colleges and training sites in the accreditation process, and enhancing consistency in training site accreditation decision-making across the specialities.

The review notes that this is consistent with the Ministerial Policy Direction for the Medical Board and Ahpra to require the AMC to review existing arrangements to “achieve greater consistency of accreditation processes, policies, procedures and decisions for training site accreditation across the medical specialist colleges.”⁵⁸

Determining the purpose and appropriate performance measures and attributes of accreditation standards

While it is outside the review’s scope to consider the relative merits of current accreditation standards and associated criteria, it is important that there is a shared understanding about the purpose of specialist medical training site accreditation standards, and associated requirements for the selection of domains and criteria.

The primary purpose of specialist medical training site accreditation standards is to set requirements a training site must meet to deliver the college’s approved program of study. Generally, there are three types of standards which colleges could set for training sites:

- minimum standards, which set the threshold that must be met for the training site to provide the training program
- normative or typical standards, which are based on the training site delivering good quality training (which are above the minimum requirements)
- aspirational standards, whereby the standards are something to be continually worked towards.⁵⁹

It was not always clear to the review that the standards set by colleges provided a clear threshold about the minimum requirements training sites must meet to be accredited to provide the college’s program of study. The Non-GP Rural Specialist Medical Workforce Review similarly raised concerns about a disparity between the purpose of training site accreditation, and existing standards for accreditation. It stated:

Accreditation standards and practices are predominantly ‘one size fits all’, often ‘checklist’ based and not contextualised to link and value rural training opportunities for well-rounded specialty training experiences and training outcomes.

⁵⁸ Health Ministers Meeting, Ministerial Policy Direction 2023-1: Medical college accreditation of training sites, 1 September 2023.

⁵⁹ This conceptualisation of different standards is drawn from Deloitte Access Economics’ Review of the impact of the TEQSA Act on the higher education sector, 2017. Accessed September 2023: www.education.gov.au/higher-education-reviews-and-consultations/resources/review-impact-teqsa-act-final-report

The Non-GP Rural Specialist Medical Workforce Review goes on to suggest that:

“...differences in infrastructure, caseload and case mix in rural health services can still potentially deliver a good educational outcome. There may still be core and non-core training requirements in a variety of contexts, so that there are still quality educational outcomes.”⁶⁰

In general, it is important that there is a shared understanding about the type of standards colleges are setting for training sites. The review notes that the Ministerial Policy Direction outlined that Ahpra and the Medical Board require the AMC to review existing arrangements to ensure the scope of the standards is “clarified to matters relevant to the delivery of high quality education and training of medical specialist trainees.”⁶¹ This emphasises the need to clarify the threshold requirements of the standards as they relate to the delivery of colleges’ programs of study. The review therefore suggests that there may be benefit in considering whether standard setting could encompass mandatory requirements and non-mandatory requirements (which may be more aspirational in nature).

Shifting to outcome-centric and evidence-informed accreditation standards

The Accreditation Systems Review considered the role of accreditation standards in the National Scheme in the context of the benefits of, and wide-ranging support for, competency-based approaches to accreditation. The review concluded that an outcome-based approach to setting accreditation standards was necessary.⁶² Professor Woods opined that:

An outcome-based approach, with an emphasis on competence, provides flexibility to respond to changes in community needs, technology and innovations in health practices.”⁶³

The more recent Non-GP Rural Specialist Medical Workforce Review similarly stressed the importance of ensuring that the accreditation of training sites moves towards outcomes-based accreditation. It found that:

Applying a cookie-cutter approach to accreditation creates barriers; some health services will fall short because they are different, and therefore, tailoring and flexibility is needed in the accreditation system to progress towards outcomes-based accreditation...

There needs to be greater flexibility for accrediting outcomes rather than numbers or completing checklists when assessing rural health services. Accreditation based on case numbers is simplistic and resource intensive for health services. Some standards are quite easy to meet, particularly for large

⁶⁰ Commonwealth of Australia (Department of Health and Aged Care), How Accreditation Practices Impact Building a Non-General Practice Rural Specialist Medical Workforce, 2022, p 53

⁶¹ Health Ministers Meeting, Ministerial Policy Direction 2023-1: Medical college accreditation of training sites, 1 September 2023.

⁶² Professor Michael Woods, Independent review of accreditation systems within the National Registration and Accreditation Scheme for health professions, November 2017, Chapter 5

⁶³ Ibid, p 75

*metropolitan health services, but they do not necessarily equate to good quality training and educational outcomes.*⁶⁴

The review acknowledges that a primarily outcome-based focus could allow for greater flexibility in how training sites can demonstrate that they meet the requirements of the standards. This is particularly relevant for sites located in regional, remote and rural locations, where resourcing and health delivery often differs from that in metropolitan locations.

The Accreditation Systems Review considered the relative appropriateness of input and process-based indicators to demonstrate that an accreditation standard has been achieved. On this, Professor Woods wrote:

To ensure relevance and consistency across professions, it is proposed that elements within accreditation standards must be measurable, purposeful, underpinned by strong evidence, supported by wide-ranging consultation and peer review and be consistent with achieving the National Law objectives.

The Accreditation Systems Review recommended:

*Accreditation authorities should focus on outcome-based approaches when developing new, or revising existing, accreditation standards. Where input or process based indicators are deemed necessary, they should be justifiable, non-restrictive and consistent with achieving the National Law objectives.*⁶⁵

The review suggests that the basic principles outlined in the Accreditation Systems Review should similarly apply to the development of effective specialist medical training site accreditation standards. It is important that an outcome-centric and evidence-informed approach underpins the development of the standards, and the selection of relevant attributes.

In response to the review's consultation report, some colleges submitted that it would be challenging to comply with the proposed recommendation that the standards should be achievable and measurable. This is concerning because the review suggests that standards should be designed to set the minimum requirements a training site must meet to be able to deliver the college's training program. If the minimum requirements are not measurable and achievable, it is difficult to see how training sites could demonstrate compliance. To enhance accountability, it is important that the standards have robust and measurable attributes which are informed by evidence.⁶⁶

⁶⁴ Commonwealth of Australia (Department of Health and Aged Care), How Accreditation Practices Impact Building a Non-General Practice Rural Specialist Medical Workforce, 2022, p 53

⁶⁵ Ibid, p 77

⁶⁶ Brand, C, Ibrahim, J, Cameron, P, Scott, I, 'Standards for health care: a necessary but unknown quantity,' The Medical Journal of Australia, Vol 189, Issue 5, 2008. Accessed August 2023: www.mja.com.au/journal/2008/189/5/standards-health-care-necessary-unknown-quantity

Mapping specialist medical training site accreditation to existing health service-related standards

In addition, it appears there is scope for colleges to leverage existing health service-related standards and legislative requirements to accredit training sites more efficiently and effectively.

Some colleges' specialist medical training site accreditation standards require the training site to meet the requirements of other accrediting standards or bodies such as:

- the Australian Commission on Safety and Quality in Health Care Standard
- an accreditation relevant to the type of health service, such as accreditation by the Australian Council on Healthcare Standards
- another college's training site accreditation standards, or a post graduate medical council's standards. The review notes that some colleges already jointly accredit training sites.

Several colleges' accreditation standards also require compliance with other relevant legislation or regulations, including compliance with:

- federal and state laws and regulations related to workplace health and safety
- national safety and quality health service standards, such as the Australian Medical Association's National Code of Practice, Hours of Work, Shift Work, and Rostering for Hospital Doctors
- college or Board guidelines and policies (including in regard to safe practice, supervisor requirements, and health practitioner registration).⁶⁷

The co-existence of multiple standards and legislative requirements related to specialist medical training sites increases complexity in conducting accreditation assessments. Duplication of processes is likely to lead to significant administrative burden and duplication of effort for training sites. This burden is especially great for health services seeking accreditation or reaccreditation for multiple specialist medical training programs. In addition, as previously outlined, it is clear that commonalities between specialist medical training site accreditation standards are not well-recognised. Training sites, therefore, may be required to provide different types of evidence to demonstrate compliance with a similar, if not the same, training outcome to many colleges. This creates an unnecessary administrative burden for training sites, and likely leads to increased work for colleges, and subsequently lengthier accreditation processes.

The review suggests that a collaborative approach to recognising and capitalising on commonalities in existing standards and legislative requirements could reduce unnecessary red tape. It may be that if a training site can demonstrate compliance with another relevant standard or legislative framework, assessment of certain criteria may no longer be necessary.

The review recognises that this approach would require evaluating other entities' standards and legislative requirements to determine comparability and appropriateness, and developing appropriate interfaces with relevant accrediting bodies. In response to the review's consultation report, one college, for example, raised concerns that it has found some training sites are not

⁶⁷ This analysis excludes consideration of the RACGP which accredits the training site as a GP practice, prior to accrediting as a training site.

complying with certain other accreditation requirements when undertaking its training site accreditation process. Consideration of this approach would therefore require further examination of how identified issues of non-compliance with other accreditation standards or legislative requirements would be reported and managed. On balance the review suggests that undertaking this work is likely to deliver long-term benefits.

A collaborative approach to achieving improvements

The review recognises that efforts to update specialist medical training site accreditation standards require adequate time and resourcing. The review's consultation with colleges regarding the proposed recommendations in relation to updating accreditation standards suggests that there is broad support for a collaborative approach. In response to the review's consultation paper, for example, RACS advised the review that it is currently working with the Council of Presidents of Medical Colleges (CPMC) on an initiative to develop a hospital training post accreditation framework. The project aims to streamline accreditation processes, including through a technology solution. It was also emphasised in several colleges' submissions to the review that timely implementation of the review's recommendations will be dependent on broad-scale collaboration with those involved, including health jurisdictions, training sites and the AMC.

The review agrees that there is significant benefit in a collaborative approach to updating existing accreditation standards, including in relation to agreed administrative and procedural elements, and common domains. Colleges generally appeared to support such an approach, though some acknowledged the challenges associated with coordinating collaboration across colleges.

Several colleges expressed a willingness to share relevant resources, such as existing policies and processes, to assist in the development of what could be referred to as a 'model' standard. Some colleges emphasised, however, that the unique requirements of their speciality must also be reflected in the standards. To this end, the review recognises that there is an opportunity for a collaborative approach to developing model specialist medical training site accreditation standards which could then be adapted based on each college's specific circumstances.

Some colleges suggested it was important that efforts to address the review's recommendations align with existing AMC accreditation mechanisms and processes. Several colleges raised concerns with the review that accountability for implementation of the review's recommendations regarding the requirements of specialist medical training site accreditation standards should sit with the AMC as their accrediting body. Some colleges expressed concern about their responsibilities to implement the review's recommendations alongside their existing obligations to comply with the AMC's accreditation requirements.

The Ministerial Policy Direction outlines that Ahpra and the Medical Board require that the AMC reviews existing arrangements related to specialist medical training site accreditation to ensure

greater consistency, and to clarify the scope of accreditation standards.⁶⁸ This represents a synergy with the review’s recommendations in relation to updating existing accreditations standards.

The AMC is due to undertake its planned review of the AMC Standards in November 2023. This timing is opportune to consider implementation of the review’s recommendations in relation to specialist medical training site accreditation standards.

The review recognises that a successful implementation plan for its broader recommendations will also require cooperation and coordination between the AMC, colleges, the Medical Board, Ahpra, health jurisdictions and those affected, including training sites and trainees (see ‘Progressing the implementation plan’).

Recommendations two and three	Priority rating
The AMC should work with colleges to ensure specialist medical training site accreditation standards are outcome-centric and evidence-informed with measurable and achievable attributes.	High
The AMC should work with colleges to map specialist medical training site accreditation standards against other key existing standards and legislative requirements in the health system to align and streamline assessments.	Medium

Enhancing transparency of training site accreditation status and reports

The review noted that most colleges publish a list of accredited training sites on their website, along with information about when accreditation is due to expire. The review welcomes the transparency of this approach and recommends that all colleges ensure this information is publicly available.

The review observed, however, that there are opportunities to further enhance transparency in relation to specialist medical training site accreditation. For example, the AMC publishes its accreditation reports regarding education providers and programs of study, including reports on colleges’ programs of study. These accreditation reports include:

- an in-depth assessment across all accreditation standards
- the period of accreditation granted
- any monitoring requirements or accreditation conditions
- the year accreditation will expire (and if the education provider is seeking an extension of time before the next accreditation assessment).⁶⁹

⁶⁸ Health Ministers Meeting, Ministerial Policy Direction 2023-1: Medical college accreditation of training sites, 1 September 2023.

⁶⁹ AMC, Accreditation reports, AMC website. Accessed January 2023: www.amc.org.au/accreditation-and-recognition/accreditation-reports

The review supports the AMC's transparency in making accreditation reports publicly available on its website. Publishing accreditation reports allows the public and relevant stakeholders to learn more about colleges' programs of study, and how colleges continue to meet the required accreditation standards. In addition, this gives further impetus for colleges to comply with the accreditation standards, as information about required monitoring requirements or accreditation conditions is made publicly available.

Other health-related regulatory bodies appear to take a similar approach to ensuring this type of information is publicly available. Ahpra and the Boards, for example, maintain a publicly available and searchable register of all health practitioners who are registered to practise in Australia. The register includes information about each practitioner's registration status, including if there are conditions on their registration⁷⁰ or if they have been suspended. In addition to providing up-to-date information about registered health practitioners, the Boards also publish links to disciplinary decisions regarding practitioners on the register. A database of health practitioners who have had their registration cancelled or have been disqualified or prohibited from practising is also publicly available.⁷¹

Further, the Aged Care Quality and Safety Commission publishes a range of information about accredited aged care services related to performance and non-compliance. The Commission's regulatory strategy outlines that it considers publishing the outcomes of regulatory activities to support greater transparency and accountability:

*We use education, information and targeted communications to support our regulatory objectives, including publishing outcomes of our regulatory activities to support greater transparency and accountability.*⁷²

Information it publishes includes:

- performance reports for residential services following a site audit or a review audit
- accreditation decisions for residential services
- directions to devise a plan for continuous improvement
- information regarding Notice of Non-Compliance
- information on all sanctions imposed.⁷³

The Commission also maintains a register of non-compliance and regulatory actions.⁷⁴

⁷⁰ It is noted that the details of conditions related to a practitioner's health (such as psychiatric care or drug screening) are not usually published on the register of practitioners.

⁷¹ Ahpra, Register of practitioners, Ahpra website. Accessed January 2023: www.ahpra.gov.au/registration/registers-of-practitioners.aspx

⁷² Aged Care Quality and Safety Commission, Regulatory Strategy, PRO-ACC-0041 v2.1, February 2020

⁷³ Aged Care Quality and Safety Commission, Aged care services performance. Accessed June 2023: www.agedcarequality.gov.au/aged-care-performance

⁷⁴ Aged Care Quality and Safety Commission, Non-compliance register. Accessed June 2023: www.agedcarequality.gov.au/aged-care-performance/non-compliance-register

The review suggests that greater transparency regarding training site accreditation reports is likely to provide public benefit.

However, in response to the review's consultation report, concerns were raised by both colleges and health jurisdictions regarding the review's consideration of whether specialist medical training site accreditation reports should be made publicly available. Concerns were commonly raised that the privacy and confidentiality of individuals relevant to training sites could or would be compromised through publishing accreditation reports. The review recognises the seriousness of these concerns, particularly given its understanding of the vulnerability of certain individuals who may provide information to colleges as part of the accreditation process, and the potential for individuals not to raise concerns about a training site if confidentiality cannot be assured. However, the review also recognises that there are established means to protect and maintain privacy and confidentiality. This may include, for example, redacting or deidentifying information prior to publication. Further, the review suggests that the format of accreditation reports could be considered to ensure reports are streamlined and the information they contain relates solely to the college's assessment of the training site against the specialist medical training site accreditation standards. This could help to ensure that the scope of published accreditation reports is appropriate, and that publicly available information relates to the college's assessment against the accreditation standards (rather than, for example, the specific concerns raised by an individual).

Another common concern raised with the review was that making accreditation reports public could have impacts for the health services involved, including that publishing the reports could cause reputational damage and exacerbate existing workforce or accreditation-related issues. Further, it was suggested that public scrutiny of decisions could lead to increased pressure for training sites, and adversely affect their ability and willingness to respond to constructive recommendations for improvement. The review accepts that publishing accreditation reports could affect how colleges engage with training sites and health services, and the types of information that may be shared with colleges.

The review suggests that training site accreditation reports relate to whether a training site is accredited to deliver the college's program of study and does not reflect an assessment of the overall performance of the training site in delivering patient care. Publishing the accreditation report of a training site could, however, lead to changes in public perception about that training site and subsequently have broader recruitment impacts, which could affect healthcare delivery. On the other hand, the review recognises the centrality of transparency to enhancing accountability and the inherent benefits of public scrutiny. The review therefore recognises the public benefit that could stem from publication of accreditation reports.

On balance, the review recommends that, as a starting point, the purpose and format of specialist medical training site accreditation reports should be reviewed, and where possible, standardised across colleges. The report's content should be focussed on the college's assessment of the training site against the accreditation standards. Review of the report's structure should consider the report's scope, and how information should be presented to demonstrate whether or not the standards are met. Consultation on the proposed format for these reports should be wide-ranging given the potential impacts that changes may have for training sites and health jurisdictions. The review

suggests that consideration of the report’s purpose and format could be undertaken simultaneously with the review’s other recommendations related to updating the accreditation standards.

With regard to increasing transparency of accreditation reports, the review recommends that initially specialist medical training site accreditation reports should be made available to relevant jurisdictional health departments to ensure there is transparency regarding accreditation processes and outcomes. Ideally, once the purpose and format of the reports have been clarified, these reports should be made publicly available.

Recommendation four	Priority rating
The purpose and format of specialist medical training site accreditation reports should be reviewed, and these reports should be made available to relevant health jurisdictions.	Medium

Ensuring standardised and transparent data collection and reporting

There is currently no standardised, regular and public reporting on the accreditation of specialist medical training sites. Aggregated data related to accredited training sites across Australia, for example, is not publicly available. The Medical Board does, however, publish the results of its annual Medical Training Survey which provides some comparative data regarding specialist medical trainee experiences.⁷⁵

The data collection and reporting requirements for colleges have previously been well-articulated. The conditions imposed on RACS as part of the ACCC’s authorisation clearly outlined relevant metrics for accreditation-related activities.⁷⁶ The 2005 Review of Australian specialist medical colleges by the ACCC and AHWOC also recommended that these metrics should apply to all colleges.⁷⁷

The review suggests that colleges, at a minimum, should make data publicly available on an annual basis regarding the accreditation of specialist medical training sites. Ideally, this data should be aggregated across the colleges to enable comparative analysis. The data should include, at a minimum, the:

- number of applications received to become an accredited training site, or reaccredit a training site
- outcome of accreditation and reaccreditation applications, including whether accreditation was granted, granted with conditions or not granted
- number of accredited training sites where conditions have been placed on accreditation or accreditation has been suspended or withdrawn
- time taken to complete applications for accreditation, and reaccreditation, of a training site

⁷⁵ Medical Board of Australia, Medical Training Survey, 2022. Accessed June 2023: www.medicaltrainingsurvey.gov.au

⁷⁶ ACCC, Royal Australasian College of Surgeons authorisation A90765, June 2003

⁷⁷ ACCC and AHWOC, Report to Australian Health Ministers. Review of Australian specialist medical colleges, 2005

- number of concerns received about accredited training sites, and the outcome of these concerns (including whether the concerns were substantiated or not and any resulting consequences in relation to non-compliance with accreditation standards)
- number of merits review applications received about accreditation decisions related to training sites, and the outcome of these applications.

Ensuring the use of consistent terminology

The review observed that the use of terminology related to accreditation in the National Scheme is not consistent. The diversity of language used to describe accreditation functions, and colleges' sub-accreditation functions, likely increases confusion for individuals and entities engaging with, and delivering, these functions. This confusion would also likely extend to information published related to comparative data on the accreditation of specialist medical training sites, and associated reports.

The importance of ensuring there is a 'shared language' for accreditation in the National Scheme has been recognised by the Independent Accreditation Committee, established by Ahpra's Board. The committee's workplan includes the deliverable of creating a "glossary of common terminology and shared language relevant to accreditation across National Scheme entities, TEQSA and health services."⁷⁸ The review agrees that standardising and simplifying this terminology is important to ensuring accreditation functions can be better understood.

In particular, the review suggests that consistent terminology should be agreed on to describe the following key concepts:

- **Accredited training site:** The name of a location where a trainee is undertaking a college's approved program of study. The review has used the term 'training site' to refer to these locations. However, colleges have used a range of different terms, including 'training post', 'training program', 'training unit', 'training rotation' and 'training position.'
- **Specialist medical training site accreditation standard:** As noted, the AMC Standards do not refer to specialist medical training site accreditation standards, but 'accreditation criteria' and 'accreditation procedures.' However, most colleges use the term 'accreditation standards' to describe the framework they use to assess training sites.

Recommendation five	Priority rating
Comparative data about the accreditation of specialist medical training sites should be made publicly available annually.	Medium

⁷⁸ Accreditation Committee, Initial Workplan, Agreed 2 March 2022. Accessed February 2023: www.ahpra.gov.au/About-Ahpra/Who-We-Are/Agency-Management-Committee/Accreditation-Advisory-Committee.aspx

Clarifying the role of specialist societies

Accountability in specialist medical training site accreditation is further complicated when the accreditation of training sites is undertaken by a specialist society, rather than a college. For example, RACS has assigned its accreditation role in relation to orthopaedic surgery training sites to the Australian Orthopaedic Association. As Professor Woods expressed, this leads to a further removal of the level of accountability for accreditation functions.⁷⁹

The review recommends that, at a minimum, colleges should require specialist societies to comply with all relevant standards, frameworks and reporting requirements when assigning responsibility for training site accreditation. The review’s recommendations throughout this report are designed to improve accountability mechanisms and ensure greater transparency of accreditation processes, and this will likely have a positive flow-on effect in relation to the processes of specialist societies. However, an additional comprehensive review of the role of specialist societies in training site accreditation may be necessary in the future.

Recommendation six	Priority rating
Where responsibility for the accreditation of specialist medical training sites has been assigned to an entity other than a specialist medical college, the same obligations should exist and must be followed.	Medium

⁷⁹ Professor Michael Woods, Independent review of accreditation systems within the National Registration and Accreditation Scheme for health professions, November 2017, p. 152.

Enhancing fairness and transparency in specialist medical training site accreditation processes

It is widely accepted that organisations providing services that benefit the public should be open and transparent about their processes. Accreditation processes underpin the effective implementation of, and ongoing compliance with, the colleges' training site accreditation standards.

Providing information about all specialist medical training site accreditation processes can help reduce uncertainty and inconsistency in decision-making, and can also assist in setting expectations for training sites. Further, it creates greater accountability for college staff and those responsible for assessing whether a training site meets, or is compliant with, the accreditation standards.

Once the existing specialist medical training site accreditation standards have been reviewed and updated as recommended, the review recommends that colleges should then ensure their accreditation processes are accurately documented, accessible, and made publicly available.

Appropriately operationalising accreditation standards⁸⁰

Notwithstanding the concerns identified regarding specialist medical training site accreditation standards, the review found that colleges generally included sufficient information about their accreditation processes in relevant accreditation policy and/or guidance documents. The review concluded that most colleges had partially adequate (7), mostly adequate (5) or somewhat adequate (2) processes for training site accreditation (see Table 3).

Table 3: Adequacy rating for procedural aspects of specialist medical training site accreditation

Adequacy rating	Number of specialist medical colleges which achieved this rating
Adequate	0
Mostly adequate	5
Partially adequate	7
Somewhat adequate	2
Not at all adequate	0

⁸⁰ Please note that due to the development of ACRRM and RACGP's policies at the time of the review, these colleges do not form part of the review's analysis in relation to this section of the report.

The review found that two colleges did not have a publicly available training site accreditation policy for all relevant training programs. The review is concerned that without a policy in place, the accreditation process lacks transparency and risks an inconsistent approach to undertaking accreditation. The review also noted that some colleges had internal procedures outlining the accreditation process, but these processes were not detailed in its publicly available accreditation policy.

The review found that some colleges combined their training site accreditation standards and accreditation-related policies. The review suggests that it would be beneficial for colleges to distinguish the accreditation standards from the supporting policy and procedure documentation. In addition to making relevant information easier to locate and navigate, separating the content may have practical benefits from a governance perspective. For example, the consultation and approval processes required for revising the accreditation standards are likely to be different and more onerous compared with the processes required for updating accreditation-related policies and procedures.

Given the variation in college approaches to policies which operationalise accreditation standards, the review believes there would likely be benefit in the AMC better setting expectations on the requirements of accreditation assessment processes. The review recommends that there should be a particular focus on determining:

- how accreditation decision-makers should be appointed
- how accreditation decision-making committees should be constituted, including requirements related to consumer representation and legal or regulatory expertise
- managing conflicts of interest stemming from assessment processes
- the ideal methods used to guide assessments against the accreditation standards, including any requirements regarding desktop reviews or site visits
- ensuring procedural fairness throughout the assessment process (see ‘Ensuring procedural fairness in accreditation processes’)
- the framework used to manage instances where a training site partially meets the accreditation standards, such as placing conditions on accreditation
- the length of time for which accreditation can be granted
- how accreditation decisions are communicated to the training site.

The review notes that this is also consistent with the Ministerial Policy Direction related to developing a uniform process in relation to accreditation decisions.⁸¹

Enhancing transparency of key steps in accreditation processes

The review found that while colleges often had information related to specialist medical training site accreditation processes on their website or in a relevant policy, the practical steps in accreditation processes were not always clearly outlined. The review observed that ten colleges provided limited

⁸¹ Health Ministers Meeting, Ministerial Policy Direction 2023-1: Medical college accreditation of training sites, 1 September 2023.

publicly available information about all aspects of the process related to accrediting training sites. In addition, the review found that five colleges also did not provide sufficient publicly available information about all relevant reaccreditation processes. For example, the review found that key information about how accreditation or reaccreditation decisions are made, the possible outcomes of the process, and its expected timeframes were not always outlined. Failure to provide information about the key steps of the accreditation process is problematic because it does not sufficiently set expectations for those involved or provide them with the opportunity to engage with the process more proactively. The review recommends that ten colleges update one or more aspects of their relevant accreditation policy, or in one case create a policy, to include key information about:

- how to submit an application for accreditation and reaccreditation, with reference to the applicable forms, who should complete the application form and the relevant contact details for submitting the application
- the assessment process, including steps involved in accrediting new training sites and reaccrediting existing training sites, including how the assessment is undertaken (whether this involves a paper-based assessment and/or a site visit)
- the roles and responsibilities of those involved in the process, including all relevant decision-makers
- expected timeframes for key stages of the application and assessment process, including for example, a paper-based review or site visit
- the possible outcomes from decisions made in these processes, including adverse decisions such as not granting accreditation, or granting provisional, or conditional accreditation
- the process for notifying training sites of accreditation decisions, including that the training site will be provided with written reasons for the decision
- the complaints and merits review pathways available to training sites regarding an accreditation decision.

It is also important that appropriate staff training is provided to ensure that the relevant accreditation processes and policies are understood and delivered appropriately.

Similar recommendations were also made in relation to policies for reaccreditation to five colleges.

Increasing accessibility of information

The review found that information about the accreditation process for specialist medical training sites was not always clearly accessible on college websites. The review determined that ten colleges provided limited information on their website, or it was difficult to locate information on their website, about the training site accreditation process for all relevant programs of study. The review identified three colleges which provided limited publicly available information about reaccreditation processes on their website. This included information about how to apply, the steps in the process, possible outcomes and relevant links to key policies.

There are many stakeholders who may wish to access information about training site accreditation and reaccreditation, such as Fellows, supervisors, trainees, accredited training sites, training sites seeking accreditation and other health-related bodies such as jurisdictional health departments.

The review recommends that nine colleges update their websites to ensure that information about training site accreditation is easily accessible. The review suggests a focus on ensuring that there is clear information about:

- how to apply for accreditation or reaccreditation, with a link to the relevant application form/s
- the standards against which training sites are assessed
- the steps involved in accrediting or reaccrediting training posts and possible outcomes
- links to relevant policies and documentation
- merits review pathways regarding accreditation decisions
- administrative complaint pathways regarding accreditation processes.

Finally, the review found variation in how colleges present information about training site accreditation. It is important that colleges use various formats to make accreditation processes clear for all stakeholders. The review observed that some colleges had, for example, created flowcharts to map the key stages of the accreditation process or published a 'frequently asked questions' (FAQ) section on its website answering common questions that may be raised by training sites or other stakeholders. The review encourages all colleges to present training site accreditation information in accessible and engaging ways.

Recommendations seven and eight	Priority rating
The AMC should work with colleges and health jurisdictions to set procedural requirements for assessments undertaken against the specialist medical training site accreditation standards.	Medium
Policies and processes operationalising the specialist medical training site accreditation standards should be accurately and appropriately documented. Colleges should ensure these documents are accessible, made publicly available, and supported by appropriate staff training.	Medium

Ensuring procedural fairness in accreditation processes

Procedural fairness is a legal principle which means acting fairly in administrative decision-making. Put simply, procedural fairness includes the right to a fair hearing (including the opportunity to respond to allegations) and unbiased decision-making (real or apprehended).⁸² Steps associated with ensuring procedural fairness in processes include:

- providing reasonable notice to the affected person that an adverse decision may be made, including notice of the issue/s that is being decided on, and the substance of 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.

Procedural fairness in the National Scheme

The National Law requires that specific procedures are followed to ensure procedural fairness in some areas of regulatory decision-making. For example, there are certain notification-related procedures, such as the ‘show cause’ process required prior to immediate action being taken in relation to a practitioner’s registration, which explicitly support procedural fairness principles. Division 7 of Part 8 of the National Law outlines the requirements related to a Board taking immediate action to place conditions on, or suspend, a practitioner’s registration. Immediate action is one of the most severe regulatory actions available to the Boards and can only be taken in instances where a Board believes it is necessary to protect the public from a serious risk or it is otherwise in the public interest. Section 157(1) of the National Law specifies that prior to taking immediate action, a Board must:

- give the practitioner notice of the proposed immediate action
- invite the practitioner to make a submission to the Board, within the time stated in the notice.

It is acknowledged that procedures related to accreditation-related functions are not as explicitly outlined in the National Law. In addition, specialist medical training site accreditation is not recognised in the National Law. However, the review suggests that all administrative decision-makers have general obligations to ensure procedural fairness as a common law duty. As outlined in the NHPO’s Review of confidentiality safeguards for people making notifications about health practitioners, administrative bodies and regulators have a common law duty to act fairly in making decisions that may affect the rights, interests and legitimate expectations of individuals.⁸³

This obligation to provide procedural fairness in relevant decision-making is recognised by Ahpra and the Boards. Ahpra’s regulatory guide, for example, states:

As administrative decision-makers, the Boards and their delegates owe duties to afford procedural fairness to people affected by their decisions (usually, health practitioners registered under the National Law).

⁸² Kioa v. West (1985) 159 CLR 550.

⁸³ NHPO, Review of confidentiality safeguards for people making notifications about health practitioners, March 2020

Ahpra’s regulatory guide also provides comprehensive information about how procedural fairness is embedded in regulatory decision-making processes. Importantly, it recognises that certain circumstances may require more to be done to ensure procedural fairness, including if:

- the decision being made is final (not a preliminary or interim decision)
- there are no or limited appeal rights available to the affected person
- the hearing or result of the decision will be public
- the matter is particularly serious.⁸⁴

The review is not aware of any publicly available information which similarly outlines the obligation to ensure procedural fairness in relation to accreditation, or sub-accreditation functions. The Quality Framework for the Accreditation Function (the Quality Framework), for example, does not mention the term ‘procedural fairness,’ though it does refer to the need for processes to be ‘fair and consistent.’⁸⁵ The AMC’s Standards, too, include only one reference to procedural fairness in relation to the third stage of the required merits review process.⁸⁶ It is therefore generally open to colleges to determine the necessary steps to ensure a process is fair. Some colleges, for example, have independently developed policies which relate to procedural fairness or have embedded procedural fairness principles in certain accreditation processes.

To ensure consistently fair processes, the review recommends that accreditation frameworks, standards and policies should clarify colleges’ obligations to ensure procedural fairness in the accreditation of specialist medical training sites.

Recommendation nine	Priority rating
Accreditation frameworks, standards and policies should clarify obligations to ensure procedural fairness in the accreditation of specialist medical training sites.	Medium

Embedding the ‘fair hearing’ rule in specialist medical training site accreditation

In particular, the review found that improvements could be made to ensure training site accreditation decision-makers adhere to the ‘fair hearing rule.’ This relates to ensuring that the person (or organisation) who is affected by the decision is given the appropriate opportunity to be heard before a decision is made that will affect their interests. The review recognises that the training site’s delivery of services may be affected by an accreditation decision and in these circumstances, it is particularly important that the training site is given the opportunity to respond to a proposed accreditation decision. The review suggests that the broader implications of an

⁸⁴ Ahpra, Regulatory Guide, 2023

⁸⁵ Health Professions Accreditation Collaborative Forum and Ahpra, Quality Framework for the Accreditation Function, August 2018

⁸⁶ AMC, Standards for Assessment and Accreditation of Specialist Medical Programs by the Australian Medical Council 2023, March 2023

accreditation decision need to be considered to ensure a proportional and responsive decision is made.

Adverse decisions related to accreditation or reaccreditation⁸⁷

The review found that eight colleges did not specify in the relevant publicly available policy that it allowed for a response from the training site if the decision-maker proposed not to accredit a training site or to accredit a training site with conditions. The review was pleased to observe that one college updated its relevant process following consultation on the review's preliminary findings.

Providing training sites with an opportunity to review and respond to a proposed accreditation decision (generally through the provision of the draft accreditation report) supports procedural fairness in college decision-making. This is particularly important in circumstances where a college decides:

- not to provisionally accredit, accredit or reaccredit a training site
- not to accredit a training site following a period of provisional or conditional accreditation
- to accredit a new training site with conditions, or during the reaccreditation process.

This step provides training sites with an opportunity to clarify any errors of fact or to provide additional relevant information before a final decision is made. This may reduce the likelihood of a training site later seeking a merits review of an accreditation decision on the basis of an error of fact or information not being considered.

The review's suggested step should involve the college notifying the training site of the proposed accreditation decision, including the information relied on and the reasons for the proposed decision. The training site should be provided with reasonable time to review the proposed accreditation decision and provide a response for consideration before a final decision is made.

The review recommends that eight colleges update their relevant accreditation policies and documentation to outline that a training site is provided with the opportunity to respond before a final decision is made to grant conditional accreditation, or not to grant accreditation.

Adverse changes to a training site's accreditation status

As detailed later in this report, the review found that colleges generally did not articulate a clear process for making changes to the accreditation status of a training site, such as imposing conditions on, suspending or withdrawing accreditation (see 'Strengthening processes for placing conditions on, suspending or withdrawing accreditation'). Importantly, it was not often clear to the review from the available documentation that training sites would be provided with the opportunity to respond to a proposed decision to impose conditions on, suspend or withdraw accreditation. The review found, for example, that many colleges did not clearly outline the relevant process for changing a training site's accreditation status, and therefore the right to a fair hearing was also not outlined.

⁸⁷ Please note that due to the development of ACRRM and RACGP's policies at the time of the review, these colleges do not form part of the review's analysis in relation to this section of the report.

The review recommends that 14 colleges update their relevant accreditation documentation to clarify that a training site will be provided with the opportunity to respond to a proposed decision to impose conditions on, suspend or withdraw accreditation before a final decision is made. It is important, however, that this recommendation is read in conjunction with the review's findings regarding the establishment of an appropriate risk-based framework for managing non-compliance with the specialist medical training site accreditation standards (see 'Establishing a risk-based, proportionate approach to non-compliance with the accreditation standards').

Procedural fairness in the context of immediate trainee safety concerns

Some colleges submitted to the review that they would not support ensuring the right to a fair hearing if they became aware of immediate safety risks to a trainee. In these circumstances, some colleges opined that providing the training site with an opportunity to respond to the college's proposed decision would unreasonably delay action being taken. One college, for example, said that it had the right to withdraw accreditation from a training site immediately.

The review acknowledges the seriousness of college concerns in relation to ensuring trainee safety and wellbeing at a training site. The review agrees that immediate safety risks to trainees should be managed with urgency. This should include, for example, supporting the individual trainee to access the relevant supports or services to ensure their personal safety and ensuring that any associated immediate hazards or threats are minimised or removed which could lead to harm of other individuals.

There are also, however, broader questions colleges need to consider in relation to immediate safety risks, including whether the immediate safety risk:

- indicates non-compliance with the accreditation standards by the training site
- indicates non-compliance with the assigned roles, responsibilities and obligations of those delivering the college's program of study (such as a supervisor)
- requires formal reporting or referral, such as to Ahpra and the Medical Board, or to another appropriate entity, such as the police.

The nature of the immediate safety risk to the trainee needs to be carefully considered so the most appropriate steps are taken to ensure each individual trainee's safety. Responding to immediate threats to trainee safety is not solely the responsibility of the college as the provider of the trainee's education program. For example, in relation to certain allegations, it may be appropriate for the trainee to be supported to contact the police. If the safety concerns relate to the trainee's wellbeing or mental health, it may be appropriate for the college to support the trainee to access crisis support services. In addition, if the immediate safety concerns relate to the trainees' workplace, relevant workplace health and safety mechanisms are available to address immediate safety risks, including relevant employee support services and leave provisions. It is important that trainee safety concerns are considered in context to ensure that appropriate escalation pathways are identified, and appropriate supports can be accessed. In these circumstances, trainees should also be empowered to make decisions about what steps would be best to ensure their immediate safety.

Importantly, relevant occupational health and safety legislation outline the rights and obligations of employers and employees. Employers have a responsibility to manage workplace risks which could cause trainees physical or psychological harm and must take reasonable and practical steps to avoid placing workers at risk. In these instances, immediate safety concerns in the workplace should wherever possible be reported to the workplace directly, and/or to the relevant workplace health and safety regulator.⁸⁸ This is because workplace health and safety regulators are empowered to ensure workplaces fulfil their obligations to provide a safe workplace.

Given immediate safety risks to trainees likely involve multiple actors, oftentimes with differing responsibilities, the review recognises that there is a need for enhanced collaboration to ensure an appropriate response. These issues are further addressed later in the report, see ‘Addressing complex and serious concerns related to individuals at accredited training sites.’ The previously mentioned communications protocol will also likely assist in ensuring appropriate coordination and escalation of identified concerns.

In this context, a decision about a training site’s accreditation status may not be the first, or only, way to address immediate threats to an individual trainee’s safety. However, the review recognises there may be circumstances where a college needs to take action in relation to trainee safety where the issues relate to non-compliance with the accreditation standards. For example, if the immediate safety risk relates to substantiated serious non-compliance with the accreditation standards, there may be a need for the college to act swiftly through making an accreditation decision.

In instances of non-compliance, however, colleges must also ensure that accreditation decisions are risk-based and proportionate. For example, it may be that a college could remove a trainee from a training site to ensure their safety while it further investigates the non-compliance issue. Similarly, it may be necessary to support trainees to locate to an alternative training site while identified non-compliance issues are remediated. These issues are further addressed later in the ‘Establishing a risk-based, proportionate approach to non-compliance with the accreditation standards’ section of the report.

Regarding whether training sites should be provided with the opportunity to respond before an accreditation decision is made in these circumstances, the review notes that there appears to be different approaches to considering procedural fairness in the health sector in relation to immediate risks to patient safety. Ahpra and the Board’s obligations related to taking immediate action regarding a practitioner’s registration do not preclude procedural fairness, though it may affect how it is provided. For example, Ahpra’s regulatory guide outlines that in urgent situations the stated time for a response from a health practitioner to the proposed notice to take immediate action “may be a matter of hours.”⁸⁹ The Aged Care Quality and Safety Commission’s Compliance and enforcement policy, however, outlines that if the Commission is satisfied a provider’s non-compliance puts

⁸⁸ Certain workplace incidents must also be reported by the workplace to the relevant workplace health and safety regulator.

⁸⁹ Ahpra, Regulatory Guide, 2023

consumers at immediate and severe risk it “can and will take compliance action without first affording the provider an opportunity to respond.”⁹⁰

The review recognises the imperative of ensuring trainees remain safe. However, managing immediate threats to the health and safety of a trainee are not necessarily inconsistent with also ensuring procedural fairness. Instead, colleges should aim to ensure that a ‘reasonable person’ would believe that a ‘reasonable opportunity’ was provided for the affected party to be heard given the circumstances.⁹¹

On balance, the review suggests that providing a limited form of procedural fairness through, for example, allowing a short time for a response to a proposed decision, is preferable to excluding procedural fairness. As examined later in this report, the review found that many colleges did not have an established risk-based framework for examining non-compliance to assist them to assess what would constitute an immediate risk. In these circumstances, it is particularly important that there is a reasonable opportunity provided for a training site to respond to the proposed accreditation decision.

Recommendation 10	Priority rating
Colleges should ensure training sites are provided with notice of a proposed accreditation decision and given a reasonable opportunity to respond before a final decision is made that is adverse to a training site.	High

⁹⁰ Aged Care Quality and Safety Commission, Compliance and enforcement policy, Version 2.2, 14 July 2021

Strengthening monitoring of accredited specialist medical training sites

The AMC Standards require specialist medical education providers monitor and evaluate their programs of study. This includes regular review of training and education programs, and that supervisors and trainees contribute to the monitoring process.⁹² However, the AMC Standards provide limited guidance about the purpose of monitoring accredited training sites and how monitoring should be undertaken. They state, for example, that: “Education providers should develop mechanisms for monitoring the delivery of their program(s) and for using the results to assess achievement of educational outcomes.”

In comparison, the National Law requires accreditation authorities (such as the AMC) to monitor approved program/s of study and the relevant education provider to ensure they continue to meet the approved accreditation standards.⁹³

Developing a transparent and risk-based approach to monitoring⁹⁴

Although it is clear that colleges have an obligation to monitor the performance of training programs, the review found that there is not a consistent approach to monitoring. Monitoring appears to be undertaken to varying degrees across the colleges.

The review found that eleven colleges provided limited publicly available information about how training sites are monitored during the accreditation cycle. The review observed that some colleges’ publicly available information did not indicate that the college was complying with the AMC’s requirement to regularly review their program/s of study.

The review determined that some colleges did, however, have established policies and processes in relation to monitoring accredited training sites. Colleges which document monitoring activities often appear to undertake a mid-cycle desktop audit or review to monitor accredited training sites. RACP, for example, assesses compliance with the accreditation standards on an annual basis. Given the accreditation cycle for training sites is generally five years, cyclical review appears to be a reasonable step to ensure the training site continues to comply with the accreditation standards.

The review also found that some colleges detailed further monitoring activities that may be undertaken during an accreditation cycle, such as regular surveys of trainees and supervisors to obtain feedback about the training site. ACEM’s accreditation process guide, for example, highlights

⁹² AMC, Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs by the Australian Medical Council 2015.

⁹³ National Law, s. 50.

⁹⁴ Please note that due to the development of ACRRM and RACGP’s policies at the time of the review, these colleges do not form part of the review’s analysis in this section of the report.

that it may review annual site census data, trainee placement surveys, examination reports and workplace-based assessment reports.⁹⁵

RANZCO's Monitoring and Evaluation Framework outlines additional monitoring activities RANZCO may undertake during the accreditation cycle. This includes an end-of-term post feedback survey from trainees, an annual trainee survey and an annual survey of all supervisors and tutors involved in the training program. Its accreditation policy outlines that training posts must notify RANZCO if there is a material change to the training post that may adversely impact its ability to meet the accreditation standards.

The review recommends that 13 colleges provide greater clarity in accreditation documentation about the monitoring activities that may be undertaken during the accreditation cycle. Explaining and sharing information about monitoring activities will assist in managing the expectations of training sites during the accreditation cycle, particularly as monitoring activities may result in an adverse change to the accreditation status of a training site. Clearly articulating these activities in the relevant accreditation policies also promotes consistency in the performance of monitoring functions across colleges.

Strengthening the process for managing concerns identified through the monitoring process

Monitoring activities may identify concerns that a training site is no longer meeting the accreditation standards.

The review found that some colleges provided guidance about what actions may be taken if it was identified during the course of monitoring activities that the site may not be meeting the accreditation standards, such as commencing an investigation or undertaking a mid-cycle or ad hoc review. However, the review observed that 12 colleges did not outline a clear process for how concerns identified through monitoring activities would be managed.

The review recommends that colleges provide greater clarity in accreditation documentation regarding:

- the process that is followed if a college identifies concerns while undertaking monitoring activities that the training site may not be meeting the accreditation standards, such as undertaking an unscheduled accreditation review or a site visit (see 'Developing a framework for assessing and managing concerns about accredited training sites')
- possible outcomes for training sites if it is established that the accreditation standards are not being met, such as changing the accreditation status of the training program (see 'A framework for identifying and managing non-compliance with the specialist medical training site accreditation standards').

⁹⁵ The review noted that information about ACEM's monitoring activities for Category A training sites, which are accredited for a five-year cycle, was not currently included in the relevant guide. It recommends ensuring these monitoring activities similarly applied to Category A sites.

Positively, several colleges informed the review that they were already in the process of developing a policy for monitoring accredited training sites in response to the review's preliminary findings and consultation process.

Given the significant variation in colleges' processes for monitoring accredited specialist training sites, the review suggests that there is an opportunity to clarify and set expectations regarding colleges' monitoring obligations. There should be more rigor around the monitoring process, which should be documented and involve multiple data sources and appropriate cyclical timeframes. Ideally, the results of monitoring activities should also be publicly reported on. The co-development of guidance regarding the necessary requirements of the monitoring process would ensure consistent approaches to monitoring are documented across the colleges and ultimately lead to greater transparency and accountability.

Recommendations 11 and 12	Priority rating
The AMC should work with colleges to clarify obligations regarding monitoring of accredited specialist medical training sites.	High
Colleges should clarify how specialist medical training sites are monitored during the accreditation cycle in relevant standards and policies with reference to how concerns about a training site will be managed.	High

A framework for identifying and managing non-compliance with the specialist medical training site accreditation standards

There are a number of ways that colleges may become aware of concerns which could indicate that a training site is no longer meeting the specialist medical training site accreditation standards. This may include during a scheduled:

- accreditation or reaccreditation process, including, for example, at a site visit
- review of conditions on a training site's accreditation or following a period of provisional registration.

In these cases, concerns would generally be considered as part of an accreditation assessment report, alongside the proposed decision in relation to the training site's accreditation status.

However, concerns may also be raised outside of the accreditation cycle (that is, outside formal accreditation processes or scheduled reviews). For example, concerns may be:

- identified through monitoring activities
- raised with the college by an individual at any time during the accreditation cycle.

The review found that colleges' approaches to responding to concerns that a training site is no longer meeting the accreditation standards varied. In particular, it appeared that colleges often did not have well-defined processes for:

- managing concerns raised directly with the college about an accredited training site
- making an adverse change to a training site's accreditation status (such as placing conditions on accreditation or suspending or withdrawing accreditation).

Developing a framework for assessing and managing concerns about accredited training sites⁹⁶

It is important that colleges have a clear framework for receiving, assessing and managing concerns about accredited training sites. Concerns may indicate a systemic issue within a training site impacting on its ability to meet the specialist medical training site accreditation standards. Other concerns, however, may not be within the colleges' jurisdiction, and it is important that appropriate pathways are developed to refer concerns to the most appropriate entity.

⁹⁶ Please note that due to the development of ACRRM and RACGP's policies at the time of the review, these colleges do not form part of the review's analysis in this section of the report.

The review found significant opportunities for improvement in colleges' processes for assessing and managing concerns about accredited training sites. The review determined that a large proportion of colleges did not have adequate processes for managing these concerns (5) or somewhat adequate processes (4) (see Table 4).

Table 4: Adequacy rating for the process for managing concerns about accredited training sites⁹⁷

Adequacy rating	Number of specialist medical colleges which achieved this rating
Adequate	0
Mostly adequate	3
Partially adequate	2
Somewhat adequate	4
Not at all adequate	5

The review found that a small number of colleges had well-developed, documented approaches to receiving and responding to concerns which indicated an accredited training site may no longer be meeting the accreditation standards. RANZCOG's Accreditation Intervention Framework, for example, outlines different approaches that may be undertaken in response to concerns identified about an accredited training site. The Framework is focused on the early resolution of issues and providing opportunities for training sites to address deficiencies before formal processes are commenced. RANZCOG outlines the possible actions that may be taken if concerns are identified at a training site, including sending a letter to the training site seeking a response in relation to the issues or concerns, or undertaking a progress report or situational analysis report. If the issues raised about the training site are significant or arise from the progress report or situational analysis report, RANZCOG may undertake an accreditation site visit. These processes may result in a review of the accreditation status of the training site.

During the course of the review, RACP also refined its approach to managing a potential breach of the accreditation standards through its Monitoring a Training Provider Policy. A potential breach is defined as anything that may affect the way a training provider meets the accreditation standards. Examples of a potential breach provided in the policy include:

- bullying, harassment and discrimination
- changes to supervision or rostering that may affect training
- any incident or circumstance that could impact the training provider's integrity or capacity to deliver services and/or training programs
- concerning responses from surveys
- media articles.

⁹⁷ Please note that due to the development of ACRRM and RACGP's policies at the time of the review, these colleges do not form part of the review's analysis in this section of the report.

After receiving notice of a potential breach, RACP seeks a response from the training provider, and may also undertake a trainee survey to verify the impact of the potential breach. RACP then assesses the concern and the response from the training provider to determine the appropriate response.

ACEM's accreditation process guides outline that if it receives a concern related to a training site's accreditation which may indicate it is no longer meeting the relevant accreditation requirements, it will undertake a focused investigation. This process involves ACEM assessing the performance of the training site in relation to the applicable accreditation requirements, requesting a response from the training site regarding the issues identified, and may involve ACEM conducting a focused site visit.

The review found, however, that six colleges did not have a published policy outlining how it would manage concerns raised about an accredited training site, or concerns identified as part of its monitoring activities. The review recommends that these colleges develop a policy and procedure for managing concerns about accredited training sites in line with the best practice principles outlined in this report, with particular consideration given to how this information is recorded and fed into monitoring activities.

The review observed that an additional five colleges managed concerns about accredited training sites under a general complaints policy, which often covered all operational matters. The review generally found, however, that these policies did not appropriately consider the complexities associated with managing concerns about accredited training sites. Colleges are acting in their role as accredited education providers when assessing and managing concerns of this nature. It is therefore important that this process is distinct and clearly articulated. The review recommends that these colleges update relevant complaints policies, or create a separate policy, to clearly establish how concerns about accredited training sites not meeting the accreditation standards are managed.

The review also recommends that relevant accreditation documentation related to raising a concern about an accredited training site is made publicly available.

Strengthening the assessment and management of complex and out-of-scope concerns

While it is necessary for colleges to consider all concerns raised in relation to whether a training site is meeting the accreditation standards, some concerns about training sites may be outside of the colleges' scope to consider. This is a result of the complexities associated with training sites being health care providers and employers, as well as accredited specialist medical training sites.

Employers, for example, have responsibilities to ensure a safe working environment, and to prevent harms such as bullying, harassment, racism and discrimination in the workplace. Some issues raised with colleges may also require urgent referral to another more appropriate entity, such as Ahpra and the Medical Board.

It is important that all colleges have an established process for assessing whether concerns raised with it are within its scope, and the extent to which it can reasonably substantiate concerns. This is particularly relevant in regard to concerns about the conduct or performance of individuals at training sites, where compliance with other regulatory or legislative requirements often apply. In this

context, the position of colleges in accrediting and monitoring training sites requires careful consideration taking into account the relative responsibilities of all involved parties.

Appropriately managing concerns about bullying, harassment, racism and discrimination at a training site

The seriousness and importance of addressing bullying, harassment, racism and discrimination in the medical profession cannot be understated. The Medical Board's 2022 Medical Training Survey, for example, found that 30 per cent of trainees had witnessed, and 22 per cent said they had experienced, bullying, harassment, discrimination and/or racism in their workplace in the last 12 months.⁹⁸

The review recognises that colleges have a vital role in ensuring a safe and positive trainee experience at accredited training sites. The Non-GP Rural Specialist Medical Workforce Review found, for example, that feedback was "overwhelmingly" complimentary regarding colleges "increased focus on trainee wellbeing, experience and patient safety."⁹⁹ Colleges' commitment to addressing and preventing bullying, harassment, racism and discrimination are evidenced in both accreditation standards, and oftentimes in a specific policy.

However, colleges' position in relation to receiving and managing concerns of this nature is challenging. This is primarily because, while colleges accredit training sites, there are also a number of other legislative and regulatory frameworks that apply when responding to workplace issues at a training site. This includes in relation to:

- Employers and employee's workplace rights and obligations. As a result, unresolved workplace issues could include, for example, entities such as the Fair Work Commission or a relevant WorkSafe entity.
- Human rights considerations. The Human Rights Commission, for example, is empowered to investigate and conciliate complaints about discrimination and human rights.
- Profession-specific obligations. The Medical Board's Good medical practice: a code of conduct for doctors in Australia, for example, outlines that concerns about discrimination, bullying or sexual harassment may require a notification to be made to the Medical Board. It specifies that concerns should be referred to the Medical Board if "*there is ongoing and/or serious risk to patients, students, trainees, colleagues or healthcare teams (in addition to mandatory reporting obligations).*"¹⁰⁰

⁹⁸ Medical Board of Australia, Medical Training Survey, 2022. Accessed June 2023: www.medicaltrainingsurvey.gov.au

⁹⁹ Commonwealth of Australia (Department of Health and Aged Care), How Accreditation Practices Impact Building a Non-General Practice Rural Specialist Medical Workforce, 2022.

¹⁰⁰ Medical Board, Good medical practice: a code of conduct for doctors in Australia, October 2020.

The AMC Standards summarise the challenges that trainees may experience:

*Trainees may experience difficulties that are relevant to both their employment and their position as a trainee, such as training in an unsafe environment, discrimination, bullying and sexual harassment.*¹⁰¹

However, the role of colleges in responding to these types of concerns is complicated by the AMC's suggestion that colleges have additional responsibilities to 'advocate' for an appropriate training environment. The AMC Standards state:

*While education providers do not have direct control of the working environment, in setting standards for training and for professional practice, including training site accreditation, they have responsibilities to advocate for an appropriate training environment.*¹⁰²

It is therefore not surprising that college approaches to managing allegations related to these matters are diverse and appear to have developed organically.

In 2020 RACS commissioned an independent review into its complaints process for matters related to discrimination, bullying and sexual harassment. The reviewer, Counsel Jane Seymour, opined that:

*"The College does not have adequate powers to effectively and efficiently conduct investigations of complaints, other than in respect of its own employees and contractors...Where the College is not the employer and does not control the workplace of the complainant, respondent and/or witnesses, it faces significant hurdles in seeking to conduct a sound, defensible and prompt fact finding investigation."*¹⁰³

The RACS reviewer found that:

- the College had difficulty obtaining timely responses from those involved when it had "no direction or control" over them as an employer or otherwise
- its 'quasi' investigations were not able to meet the minimum standards of procedural fairness or the expectations of participants
- complainants and respondents were "confused and dissatisfied" with the process and outcomes.¹⁰⁴

The RACS reviewer outlined two possible options for dealing with serious allegations relating to discrimination, bullying and sexual harassment. The first option outlined that should the college refer serious matters to an external entity, the college should not take further action unless or until it is advised by the external entity of the outcome of the matter. The review agrees that this is a sensible approach given the concerns about the specialist medical colleges' lack of investigative powers.

¹⁰¹ AMC, Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs by the Australian Medical Council 2015.

¹⁰² Ibid.

¹⁰³ Jane Seymour, External Review – Complaints. Discrimination, bullying and sexual harassment. 2020 Report to the CEO of the Royal Australasian College of Surgeons, December 2020

¹⁰⁴ Ibid.

The RACS reviewer suggested that the alternative option would be for the college to adapt its existing code of conduct breach processes to respond to serious allegations relating to discrimination, bullying and sexual harassment. It was noted, however, that there is significant complexity in managing investigations of this nature due to the need to obtain information from complainants, respondents and witnesses, as well as documents, records and other corroborative evidence. The review agrees.

In response, RACS has implemented a revised approach to handling concerns related to discrimination, bullying and sexual harassment which appropriately restricts the College's role, including by:

- filtering out concerns that need to be handled by another body
- using only informal resolution options if the College can handle the concern internally, including facilitating access to support services as needed
- ensuring that the College does not make determinations about the allegations raised (because that would require an investigative process).

The review found that some other colleges similarly recognised that issues related to bullying, discrimination and harassment should first be raised with the employer where possible. The review noted that some colleges had developed policies related specifically to bullying, discrimination and harassment, and generally detailed in some form that the college has "limited" investigative powers for issues in another employer's workplace. There was also recognition in these policies that individuals should be encouraged to raise concerns with external bodies if needed, such as the Human Rights Commission, Fair Work Commission or a relevant WorkSafe entity.

However, the review generally found that colleges' processes for managing concerns which were deemed within its scope, were also not always clear. Some colleges, for example, stated that the college may facilitate a mediation between the affected parties, either through engaging a complaint resolution service, legal representative or independent mediator.

As discussed further below, the review recommends that this diversity in the approach taken by colleges is addressed through the development and implementation of a framework which clarifies how concerns about bullying, harassment, racism and discrimination should be assessed and managed.

Appropriately managing conduct-related concerns

The review also observed differing approaches to how colleges deal with concerns raised with them about the conduct and/or performance of individuals at training sites, including both trainees and supervisors. For example, ANZCA has a 'Notifications management policy', which explains that the college will accept and assess concerns raised about Fellows, trainees and SIMGs in relation to issues such as 'professional standards including poor clinical standards or outcomes'.¹⁰⁵ In contrast, ACD has taken the position that it does not have the authority to investigate concerns it receives about the

¹⁰⁵ Australian and New Zealand College of Anaesthetists is guided by its 'CP28(G) Policy on management of notifications 2022.' Accessed 13 April 2022: www.anzca.edu.au/resources/corporate-documents/anzca-notification-and-management-of-complaints-an.pdf

clinical care provided by dermatologists; individuals are instead referred to Ahpra and local health complaints commissioners.¹⁰⁶

In general, the review has concerns regarding colleges accepting complaints about the conduct and performance of trainees and supervisors. These concerns are an extension of the issues outlined in relation to colleges considering allegations of bullying, harassment, racism and discrimination, and include whether colleges:

- have adequate powers to conduct effective and efficient investigations
- should instead refer individuals raising concerns to the entity with the primary legal responsibility for the matter and/or legislative powers to investigate and consider the matter.

It is particularly problematic if colleges accept conduct and performance complaints that are very serious in nature, if they do not have the appropriate powers to compel those involved to provide relevant information. This could result in confusion about the process and also add an unnecessary burden for those who may need to share sensitive (and potentially distressing) information with multiple entities. Moreover, delay in referring these matters to entities in the National Scheme which do have formal investigative powers could lead to significant risks both to those involved, and to patient safety in instances where regulatory action may be needed to protect the public.

It is acknowledged that, where allegations about a trainee's or a supervisor's conduct or performance are at the less serious end of the spectrum, it may be appropriate for a college to explore informal resolution options with the relevant parties. However, as a general rule, colleges should refer allegations regarding conduct or performance issues to Ahpra (and the Boards) or the relevant health complaints entity. The primary role of these entities by law is to consider and, if necessary, to take regulatory action regarding issues of this nature. It may also be appropriate for certain matters to be referred to police if the alleged conduct potentially constitutes a criminal offence.

Addressing complex and serious concerns related to individuals at accredited training sites

The review recommends that in order to effectively respond to the issues identified above, a framework for assessing and managing concerns about an accredited training site should be developed and implemented which specifically addresses concerns raised about bullying, harassment, racism and discrimination, and performance and conduct-related concerns at training sites. The framework should clearly detail in what circumstances it is appropriate to refer matters to another entity and clarify the responsibilities of entities involved in more common referral pathways. To achieve this, the framework should document agreed thresholds for the types of conduct or performance issues which would require referral to the training site or employer, Ahpra and the Medical Board, or other relevant entities.

¹⁰⁶ Australasian College of Dermatologists, 'How can I make a complaint?' webpage. Accessed 13 April 2022: www.dermcoll.edu.au/community/how-can-i-make-a-complaint

The framework should also consider how concerns may relate to a training site's compliance with the accreditation standards. It may be that patterns of behaviour, such as repeated allegations of bullying and harassment, may affect a training site's ability to continue to meet the accreditation standards. It is therefore important that relevant mechanisms are considered by the framework to ensure that if concerns are received and referred to an external entity, that entity's decision, or the outcome of the matter, are provided to the college where possible. Relevant memorandums of agreement (MOUs) between colleges and Ahpra, for example, could help clarify when it is appropriate for a college to refer a matter to Ahpra and how the outcome of such a referral would be communicated. These feedback loops are necessary to ensure colleges have mechanisms to be alerted to situations where training sites may no longer be meeting the accreditation standards. However, careful consideration is required due to inherent privacy and confidentiality issues in sharing information of this nature.

Further, the framework should consider whether colleges have any additional obligations as education providers if concerns relate to a person directly delivering the college's training program. This should include, for example, considering the agreements between colleges and supervisors regarding the stated role of a supervisor in relation to the education program. There is benefit in ensuring that relevant agreements detail expected professional conduct and performance, and the associated consequences if this agreement is breached. There may also be benefit in including information about the sharing of relevant information about the supervisor's registration status or regulatory history in such agreements.

In summary, the framework should consider the following key areas:

- managing instances where there is an immediate threat to safety
- ensuring appropriate referral processes to external entities
- managing concerns related to a person delivering the college's program of study
- managing concerns which may indicate a training site is not meeting the accreditation standards
- managing potential breaches in a college's code of conduct.

Managing instances where there is an immediate threat to safety

It is essential that the framework considers how concerns that there is an immediate threat to the safety of a trainee or any other individual at an accredited training site will be managed. This should include a process for:

- assessing whether there is an immediate threat to the safety of a trainee or person delivering the college's program of study
- managing immediate threats to safety, including relevant supports that are available or provided.

Ensuring appropriate referral processes to external entities

In relation to external referrals, guidance should be provided regarding the:

- assessment of concerns to determine whether the college has an obligation to refer the matter to, or to encourage the individual raising the concern to approach, another entity

- referral of concerns to another entity such as the police (if the alleged conduct potentially constitutes a criminal offence)
- articulation of employment responsibilities, and when referral to the employer may be appropriate based on workplace rights and obligations
- articulation of the threshold for making a notification about a registered practitioner to Ahpra and the relevant Board (including in relation to bullying, harassment, racism and discrimination)
- receipt of the outcome of an external entity's investigation or consideration of a matter, and the appropriate mechanisms for the college to respond (see 'Managing concerns which may indicate a training site is not meeting the accreditation standards').

Managing concerns related to a person delivering the college's program of study

The framework should also consider how concerns may be addressed if they relate to a person delivering the college's program of studying, including the process for:

- assessing and determining whether a person delivering the college's program of study who is the subject of a concern, such as an appointed supervisor, has acted within the relevant role, responsibilities and obligations of the training program
- managing and implementing relevant outcomes if it is unsubstantiated or substantiated that a person delivering the colleges' program of study has not acted within the relevant role, responsibilities and obligations of the training program.

Managing concerns which may indicate a training site is not meeting the accreditation standards

As previously articulated, colleges should ensure all concerns about accredited training sites are:

- recorded and considered as part of the colleges' ongoing monitoring processes
- cyclically reviewed to determine whether patterns or systemic issues are evident. This data could also be aggregated by the AMC to identify system-wide issues which may require more collaborative resolution to achieve.

The framework should also include reference to how concerns will be assessed and managed if they suggest that a training site is not complying with the relevant accreditation standard (see 'Establishing a risk-based, proportionate approach to non-compliance').

Managing potential breaches in a college's code of conduct

Colleges may also wish to consider their obligations further in relation to breaches of their code of conduct by members. The review notes, however, the complexity associated with this issue, particularly given some practitioners may have successfully completed training with a college, but do not hold membership with it.

At a minimum, the review suggests that colleges should clearly outline in relevant policies and procedures how it will handle potential breaches of its code of conduct while an external entity is investigating a matter, and how the outcome of the matter will be dealt with. In the case of matters being dealt with by Ahpra and the Medical Board, it would be helpful if the grounds, and mechanism, for the exchange of information is clearly articulated in an MOU or agreement with Ahpra.

Recommendations 13 and 14	Priority rating
<p>The AMC should work with the colleges and other relevant stakeholders to develop a framework for managing concerns about accredited specialist medical training sites.</p> <p>(a) The framework should clarify how concerns related to bullying, harassment, racism and discrimination should be assessed and managed based on agreed and articulated roles and responsibilities.</p> <p>(b) The framework should also clarify how concerns about health practitioner performance or misconduct at an accredited specialist medical training site should be assessed and managed, including relevant referral and escalation pathways.</p> <p>(c) Once developed, the framework should be made publicly available and implemented with appropriate staff training.</p>	High
All concerns regarding accredited specialist medical training sites should be recorded, and cyclically reviewed for patterns or systemic issues which may indicate non-compliance with the specialist medical training site accreditation standards.	Medium

Ensuring concerns about accredited training sites are sought and heard appropriately

Individuals need to be aware of the ability to raise concerns about an accredited training site that is no longer meeting the accreditation standards. Colleges must provide clear guidance about how to raise a concern and allow individuals to raise concerns in variety of ways, such as by an online form, email, phone or post. Similarly, college staff must first be aware of, and then understand and apply, the relevant policy for it to be effectively implemented. The review therefore recommends that colleges ensure that their policy and procedure for managing concerns about training sites is supported by:

- providing various ways for individuals to raise a concern about an accredited training site
- staff training to ensure awareness about how to identify and manage concerns in line with the documented process.

Setting expectations about how the colleges will manage concerns about training sites will assist in building confidence that concerns related to non-compliance with the accreditation standards will be managed appropriately. Moreover, it will also assist those involved to understand which types of concerns may be more appropriately raised with another entity.

Ensuring acceptance of confidential and anonymous concerns

Accepting anonymous and confidential concerns about accredited training sites is consistent with the Australian Privacy Principles (APPs). In particular, APP 2 states that: “Individuals must have the option of not identifying themselves, or of using a pseudonym, when dealing with an APP entity in relation to a particular matter.” Put simply, individuals should be able to exercise control over their personal information and how much is disclosed to others.

‘Anonymous’ concerns are where a person does not identify themselves at all when raising concerns. ‘Confidential’ concerns are where the person’s identity is known to the entity receiving the concern, but the person does not want their identity to be shared with others.

The review acknowledges the sensitive nature of potential concerns which may be received in relation to training sites. Trainees, for example, may be fearful of adverse outcomes from raising concerns and may wish to contact a college on an anonymous or confidential basis for numerous reasons. This may include to:

- mitigate risks to their career progression if their expression of dissatisfaction is not well-received
- help preserve their ongoing relationship with the college or the training site (for example, where a trainee may wish to raise concerns about a supervisor or training site where they work)
- mitigate risks to their health and safety, or risks of intimidation or harassment.

It is important to recognise that these concerns may be perceived or actual. Accepting concerns on an anonymous and confidential basis would, however, help to remove potential or perceived barriers to reporting concerns.

However, the review also notes that there can be challenges associated with managing anonymous and confidential concerns. In relation to anonymous concerns, the main issue is generally that the person cannot be contacted to provide further information or clarification about their concern if they do not provide contact details. This means that if the quality of the information provided is not sufficient, the concerns may not be able to be appropriately considered. For concerns received confidentially, there are different challenges, primarily related to how the college handles the personal information provided. This includes concerns about:

- incidental identification of the person because of the nature of the allegations
- legal requirements to disclose identifying information about the person
- unintentional disclosures of identifying information due to administrative errors.

It is important that colleges welcome anonymous and confidential concerns but set realistic expectations for those who choose to raise concerns in these ways. Colleges need to provide clear guidance about the limitations associated with raising concerns anonymously or confidentially. Similarly, relevant staff members managing anonymous and confidential concerns must be provided with appropriate training regarding deidentification and relevant privacy-related issues.

Complying with privacy and confidentiality obligations

Relatedly, colleges must ensure that those who are raising concerns about a training site are informed about how the information they share with the college will be used, stored and disclosed. The review recognises that colleges may engage with individuals involved in a training program, such as trainees and supervisors, in other capacities that are not related to training site accreditation. This may lead to an individual seeking to share, or inadvertently sharing, information about a training site which indicates it is not meeting the accreditation standards. The person may not understand the ways in which this information may need to be used, stored and disclosed by the college.

Colleges must therefore clearly outline, from the outset of its engagement with individuals, their monitoring obligations in relation to accredited training sites, and how they will manage information which suggests non-compliance with the accreditation standards. This is particularly important for individuals who are delivering a program of study at a training site, and trainees being placed at a training site. Similarly, it is important that colleges ensure those raising concerns are aware of instances where the college may be obliged to share personal information, such as if there is an immediate threat to safety or if required to do so by law.

Recommendation 15	Priority rating
Colleges should support individuals to raise concerns about accredited specialist medical training sites, including anonymously or confidentially.	Medium

Establishing a risk-based, proportionate approach to non-compliance with the accreditation standards¹⁰⁷

The review recognises that it may be necessary for colleges to make an adverse change to the accreditation status of a training site outside of a scheduled accreditation review if it is substantiated that the training site is not meeting the accreditation standards. Adverse changes affecting an accredited training site may include the college deciding:

- that immediate changes are necessary to ensure trainee safety, such as removing a trainee temporarily from a training site, or removing a supervisor's training privileges
- to impose conditions on the accreditation of a training site
- to suspend a training site's accreditation
- to withdraw accreditation from a training site.

As noted, the AMC Standards do not currently outline relevant principles or responsibilities in relation to responding to concerns that a training site is no longer meeting the accreditation standards. The review found that colleges generally did not appear to have clearly documented

¹⁰⁷ Please note that due to the development of ACRRM and RACGP's policies at the time of the review, these colleges do not form part of the review's analysis in this section of the report.

processes for managing non-compliance with the specialist medical training site accreditation standards.

Understanding best practice in non-compliance mechanisms

The review observed that approaches to non-compliance in the health and education sectors are oftentimes risk-based frameworks, with a focus on determining a proportionate and appropriate response.

The National Scheme's established regulatory principles for regulating Australia's registered health practitioners apply such an approach. There are eight regulatory principles with have "been designed to encourage a culturally safe and responsive, risk-based approach to regulation across the professions."¹⁰⁸ Principle four outlines:

In all our work we:

- a) identify the risks that we need to respond to*
- b) assess the likelihood and possible consequences of the risks*
- c) respond in ways that are culturally safe, proportionate, consistent with community expectations and manage risks so we can adequately protect the public, and*
- d) take timely and necessary action under the National Law.¹⁰⁹*

Similarly, Ahpra and the Accreditation Committees of five Boards¹¹⁰ have established a risk framework to manage non-compliance of accredited programs of study.¹¹¹ The framework's principles include:

- *Regulatory responses should only be applied where necessary to ensure accreditation standards are met and be in proportion to the identified level of risk.*
- *Matters that pose the highest level of risk are given the highest priority and attention.*
- *The level of risk is the main driver for resource allocation and the level of oversight by each accreditation authority, reducing the burden on low risk providers.¹¹²*

The framework applies an overarching risk level for accredited programs based on the likelihood and confidence that an education provider will meet the accreditation standards (see Table 5).

¹⁰⁸ Ahpra, 'Regulatory principles for the National Scheme,' September 2021.

¹⁰⁹ Ibid.

¹¹⁰ Five Board have established accreditation committees: the Aboriginal and Torres Strait Islander Health Practice, Chinese medicine, medical radiation practice, paramedicine and podiatry boards.

¹¹¹ Ahpra and Accreditation Committees, Guidelines for risk-based accreditation decision-making, June 2022

¹¹² Ibid.

Table 5: Program risk file diagram from the accreditation risk framework¹¹³

		Consequence Students will not be provided with the competencies and professional capabilities to allow them to register as health practitioners				
Likelihood		Insignificant	Minor	Moderate	Major	Catastrophic
Level of confidence in the education provider and program Likelihood of the education provider being unable to deliver programs that meet the accreditation standards	Almost certain	Low	Medium	High	Extreme	Extreme
	Likely	Low	Medium	High	High	Extreme
	Possible	Low	Low	Medium	High	High
	Unlikely	Low	Low	Low	Medium	Medium
	Rare	Low	Low	Low	Low	Low

The framework then outlines that the appropriate regulatory response is determined as proportionate to the level of risk for that program. It details potential responses that can be tailored based on the risk-level of the program (see Table 6).

¹¹³ Ibid.

Table 6: Regulatory responses from the accreditation risk framework¹¹⁴

Low risk programs	Medium risk programs
Routine monitoring.	<ul style="list-style-type: none"> • The Accreditation Committee may request further information/clarification with an education provider following review of routine monitoring. • Establishing monitoring requirements or imposing conditions against the accreditation standards (specific monitoring).
High risk programs	Extreme risk programs
<ul style="list-style-type: none"> • Establishing specific monitoring requirements in addition to routine monitoring, which may include a monitoring visit. • Imposing conditions against accreditation standards. • The Accreditation Committee may request a meeting (either in person or by videoconference) with senior representatives of the education provider to clarify expectations. • Further investigation with an education provider following which, the Accreditation Committee may recommend that the education provider ceases to enroll students until matters of concern are resolved. • Imposing an end date on accreditation. 	<ul style="list-style-type: none"> • The Accreditation Committee will request an urgent meeting (either in person or by videoconference) with the education provider to further investigate the specific matters of concern. • The Accreditation Committee may end accreditation. At this stage, legal advice will be sought on the relevant risks and it will be proportionate to the risk to the public. • The Accreditation Committee will provide advice to the National Board about possible regulatory impacts on registration outcomes.

Risk-based approaches to managing non-compliance with accreditations standards also appear to be prevalent in other related sectors. The Aged Care Quality and Safety Commission is responsible for accrediting, assessing and monitoring aged care services in Australia. In relation to non-compliance with the Aged Care Quality Standards, the Commission's 'Responding to non-compliance with the Aged Care Quality Standards' Regulatory Bulletin states:

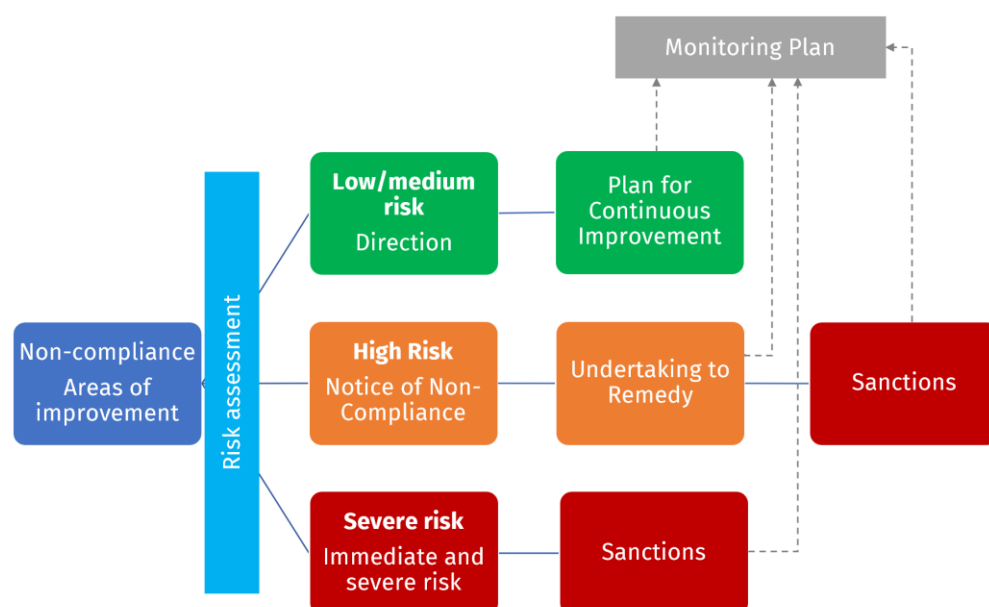
- *The Commission's response to non-compliance is proportionate to the level of assessed risk and the potential consequences of that risk for consumers.*

¹¹⁴ Ibid.

- The Commission has a consistent approach to assessing risk across all providers. A risk assessment considers harm to consumers and trust of providers to inform the way the Commission organises and conducts assessments and determines the regulatory approach to non-compliance.
- The Commission may take administrative actions or enforceable regulatory actions in managing non-compliance.
- The Commission determines the form and frequency of performance assessment or monitoring contact with the provider in developing a risk-based monitoring plan.

The Commission's Bulletin identifies how non-compliance issues are identified, and describes a graded regulatory response based on the level of risk associated with non-compliance. Low to medium risks could likely result in administrative action to remedy identified issues, high or severe risks could likely result in enforceable regulatory action, and risks to consumers could result in sanctions (see Figure 4). The result of a sanction, or failure to comply with a sanction, may be removal of accreditation.¹¹⁵

Figure 4: Aged Care Quality and Safety Commission's diagram of its risk-based management of non-compliance¹¹⁶



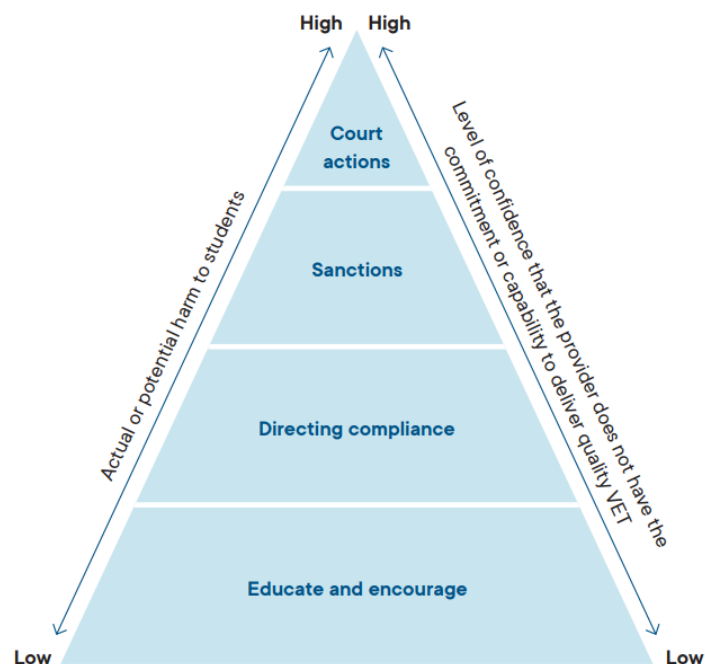
The Australian Skills Quality Authority (ASQA) similarly approaches non-compliance with its accreditation standard according to risk. ASQA is the national regulator of vocational education and training. ASQA's Regulatory Risk Framework outlines that it responds to non-compliance

¹¹⁵ Aged Care Quality Standards, Regulatory Bulletin: Responding to non-compliance with the Aged Care Quality Standards v2, February 2020. Accessed July: www.agedcarequality.gov.au/sites/default/files/media/rb_2019-04_responding_to_non-compliance_with_the_acqs.pdf

¹¹⁶ Ibid.

“proportionate to the level of risk.”¹¹⁷ The Framework outlines that ASQA decides to take action based on consideration of its assessment of consequence, likelihood and relevance, which determines the use of “escalating regulatory tools” necessary to “promote and ensure compliance” (see Figure 5).

Figure 5: ASQA’s diagram of its graduated approach to use of escalating regulatory tools to promote and ensure compliance¹¹⁸



Developing a risk-based approach to non-compliance with specialist medical training site accreditation standards

The absence of a similar risk-based approach to non-compliance in relation to specialist medical training site accreditation presents a number of issues. Principles for managing non-compliance are necessary to support consistent decision-making. Without principles and a documented framework for managing non-compliance, there is a risk that different individuals within a college would make different decisions based on different perceptions of the college’s role and responsibilities in relation to non-compliance.

From a training site’s perspective, an established non-compliance process and underpinning principles are necessary to effectively set expectations and to ensure procedural fairness. Training sites must understand their ongoing obligations to meet the accreditation standards, and the likely outcomes if they do not do so. However, it is also important that training sites are given an

¹¹⁷ Australian Skills Quality Authority, Regulatory Risk Framework – Effective and integrated management of risk, Version 1.1, April 2021. Accessed January: www.asqa.gov.au/sites/default/files/2021-07/regulatory-risk-framework.pdf

¹¹⁸ Ibid.

appropriate opportunity to respond to concerns about their compliance with the standards, and with any resulting proposed regulatory action.

As noted previously, training site accreditation oftentimes supports a health service in delivering care, and the consequences of changes to a training site’s accreditation status can therefore negatively affect patient care more broadly. A proportionate and risk-based approach to determining the appropriate response to non-compliance would support health services to continue to deliver care, whilst also ensuring that identified risks are adequately managed.

The review therefore recommends that a non-compliance framework is developed, along with relevant regulatory principles, to guide responses to non-compliance with specialist medical training site accreditation standards. The review suggests that this framework should consider the benefits of adopting a risk-based approach to managing non-compliance, which relies on the use of escalating tools to address the relative severity of the risk.

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

Strengthening processes for placing conditions on, suspending or withdrawing accreditation¹¹⁹

Non-compliance with the relevant specialist medical training site accreditation standards requires remediation, and changes to the accreditation status of a training site may be necessary if the accreditation standards are not being met. However, the review found that it was often unclear in what circumstances a college may place conditions on, suspend or withdraw the accreditation of a training site, or the process for doing so. The review found that 14 colleges did not outline a clear process for placing conditions on, suspending or withdrawing accreditation from training sites in relevant accreditation documentation. Naturally, the review therefore found that 14 colleges provided limited publicly available information about the process for placing conditions on, suspending or withdrawing accreditation from a training site.

However, the review found that some colleges had more developed processes to this area. For example, RANZCP’s Removal of Accreditation Policy outlines the process for removing accreditation from a training program, training post or formal education course. In relation to a training program, the Removal of Accreditation Policy stipulates that accreditation can only be removed following an accreditation assessment by its Accreditation Committee. Following the accreditation assessment, if the Accreditation Committee recommends removing accreditation, it drafts an accreditation report recommending removal of accreditation. If the Education Committee supports the Accreditation Committee’s recommendation for the removal of accreditation, a working group is established to

¹¹⁹ Please note that due to the development of ACRRM and RACGP’s policies at the time of the review, these colleges do not form part of the review’s analysis in this section of the report.

develop a plan of action for removing accreditation. This plan and the recommendation for removing accreditation is provided to the RANZCP Board for endorsement. The Board makes the final decision as to whether accreditation is removed from the training program.¹²⁰

Given the serious implications for training sites and trainees if a college decides to suspend or withdraw accreditation, it is important that there is a clear process in place outlining the steps involved and possible outcomes. This should include in circumstances where immediate safety risks have been identified due to non-compliance, or where there is repeated non-compliance with the accreditation standards. This information should be publicly available to assist trainees and supervisors who may be impacted by the decision and to enhance the transparency of colleges' processes. As accreditation decisions can also be subject to merits review, it is important that colleges have a robust and well-documented process that can be relied on to support its decision-making if challenged.

The review recommends that 14 colleges ensure there is a clear and documented process for placing conditions on and suspending or withdrawing accreditation from an accredited specialist medical training site. At a minimum, colleges should provide clarity about the:

- circumstances in which accreditation may have conditions placed on it, or be suspended or withdrawn, for example, if concerns are substantiated that the training site is not meeting the relevant accreditation standards
- roles and responsibilities of decision-makers
- steps involved before a final decision is made, including any required consultation with affected stakeholders and the opportunity for the training site to respond to the proposed decision
- expected timeframes for key stages of the process, including for example, a paper-based review or site visit
- merits review pathways available to the training site regarding an accreditation decision and administrative complaint pathways.

The review notes that this recommendation is consistent with the Ministerial Policy Direction that Ahpra and the Medical Board require the AMC to work with colleges on training site accreditation arrangements to reduce the impact on patient services caused by withdrawal of training site accreditation and reduced workforce.

Recommendation 17	Priority rating
Accreditation documentation should clarify the process for placing conditions on, suspending or withdrawing accreditation from an accredited specialist medical training site.	High

¹²⁰ The review notes, however, that this policy relates to the withdrawal of accreditation only, and not other potentially adverse changes to the accreditation status of a training site, such as placing conditions on accreditation or suspending accreditation. The policy therefore does not relate to the management of non-compliance with the accreditation standards more broadly.

Managing grievances relating to specialist medical training site accreditation decisions and processes fairly and transparently

Grievance processes provide mechanisms for individuals to have their concerns heard, and for action to be taken to remedy unfair, inefficient or ineffective outcomes or processes. Grievance processes can benefit both those receiving, and those providing, a service. These benefits range from restoring trust with individuals who have had a negative experience with an organisation, to identifying ways to improve services to provide better outcomes for both individuals and the organisation/s involved.

The review's analysis in this section of the report revolves around two grievance processes: merits review and administrative complaint handling. A merits review involves the decision-maker assessing a decision to determine whether it is the correct or preferable decision; that is, the process is focused on the merits of the decision that has been made. An administrative complaint, on the other hand, refers to an expression of dissatisfaction regarding the way a matter has been handled. This may include concerns about service delivery (such as staff conduct and the quality of the service), concerns about the management of a matter (such as delay and not responding to communications), and concerns about the organisation's policies and processes and how they have been applied.

Many organisations with decision-making functions understand the need for merits review processes. However, the impact and benefits of administrative complaint handling work may not be as obvious or well understood by some organisations. Effective complaint management has the potential to influence much more than just an organisation's reputation. For example, research on the return on investment in relation to complaint management systems indicates that there can be substantial financial returns to organisations when effective complaint management is delivered, particularly when extended benefits are generated (through improvements to people, processes and products).¹²¹

The review found that while some colleges have taken proactive steps to ensure their merits review and complaints processes are promoted and accessible, it is likely that not all grievances are being heard or captured by all colleges. The review found that colleges did not always appear to understand the differences between the types of grievance processes which should be made available regarding specialist medical training site accreditation.

The review has therefore sought to clearly define the differences between:

- colleges identifying and managing concerns about accredited training sites (see 'Developing a framework for assessing and managing concerns about accredited training sites')

¹²¹ Society of Consumer Affairs Professionals (SOCAP) and the University of Newcastle, Return on investment of effective complaints management report, March 2018, p. 54.

- merits review processes for college decisions related to specialist medical training site accreditation (see ‘Establishing an effective merits review process’)
- administrative complaint processes for colleges’ delivery of education programs, including in relation to specialist medical training site accreditation processes (see ‘Establishing an efficient and fair process for managing administrative complaints’).

While the review recognises the distinctions between the types of grievances outlined above, the difference may not always be clear to those with a grievance. For example, someone who believes that a policy should be changed may also believe it was misapplied when a decision was made in relation to their matter and therefore that an incorrect decision was made. It is for this reason that it is particularly important that colleges focus on understanding what a person is seeking from raising a grievance. If the person wants a decision to be changed or overturned, a merits review process is likely preferable. However, if a person would like to ensure service delivery or a process or policy is improved, the administrative complaints process is likely more suitable.

It is similarly important for colleges to recognise that the outcome of an administrative complaint may necessitate a merits review of a decision. For example, if an administrative complaint results in a finding that a procedural error was made, a merits review may be required to ensure the decision was fair and reasonable. In this sense, the complaint and merits review processes are sometimes interlinked, and flexibility may be required to ensure the dissatisfied person’s concerns are appropriately addressed.

The review suggests that all grievance processes should seek to address concerns as early and as informally as possible. While each college’s environmental and operational context affects how processes are implemented, all grievances must be appropriately prioritised, escalated and assessed.

Establishing an effective merits review process¹²²

Section 1.3 of the AMC Standards outlines specialist medical education providers’ responsibilities regarding merits review. It specifies that the education provider must have:

*...reconsideration, review and appeals processes that provide for impartial review of decisions related to training and education functions. It makes information about these processes publicly available.*¹²³

The AMC Standards provide more specific guidance around what makes a strong appeal process, including:

- an appeals committee with some members who are external to the education provider, as well as impartial internal members
- procedural fairness, timeliness, transparency and credibility (including requiring that written reasons for decisions are issued).

¹²² Please note that due to the development of RACGP’s policies at the time of the review, RACGP does not form part of the review’s analysis in this section of the report.

¹²³ AMC, Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs by the Australian Medical Council 2015.

The AMC Standards also outline a comprehensive set of grounds for merits review, or what it terms an ‘appeal.’ The AMC’s grounds stem directly from the ACCC RACS authorisation¹²⁴ and include:

- an error in law or in due process in the formulation of the original decision
- relevant and significant information, whether available at the time of the original decision or which became available subsequently, was not considered or not properly considered in the making of the original decision
- irrelevant information was considered in the making of the original decision
- procedures that were required by the organisation’s policies to be observed in connection with the making of the decision were not observed
- the original decision was made for a purpose other than for which the power was conferred
- the original decision was made in accordance with a rule or policy without regard to the merits of the particular case
- the original decision was clearly inconsistent with the evidence and arguments put before the body making the original decision.

The review found that all colleges appeared to provide a merits review process. In line with the AMC Standards, colleges generally refer to the merits review process as one of ‘reconsideration, review and appeal’ (described as an ‘RRA process’).¹²⁵

The review found that most colleges had adopted each term respectively to denote a three-stage merits review process. It was either implied or explicitly stated by most colleges that reconsideration is the first stage of the RRA process, followed by review, and then appeal.¹²⁶

The review found that the reconsideration process for most colleges involved the original decision being reconsidered by the original decision-maker, which was empowered to affirm, vary or set the decision aside. It was then most common for the college to establish a review committee or panel (which does not include the original decision-maker) to review the reconsidered or original decision. The review committee or panel generally included those who have oversight of the original decision-maker (for example, a college CEO or relevant committee). Finally, the appeal stage generally involved a merits-based review of the original, reconsidered or reviewed decision. All colleges referred to the decision-maker in an appeal as an ‘Appeals Committee.’

The review found, however, that there was significant diversity in how colleges interpreted the AMC’s requirements. In particular, the review found that RRA processes often did not specifically reference consideration of decisions related to specialist medical training site accreditation. Colleges reported that most review, reconsideration and appeal applications are received from SIMGs and do not relate to specialist medical training site accreditation decisions.

¹²⁴ ACCC, Royal Australasian College of Surgeons authorisation A90765, June 2003.

¹²⁵ While most colleges adopt this language, there was not uniformity in the meaning of this terminology, nor the structure or content of related policies and processes.

¹²⁶ RANZCP refers to the initial stage of its merits review process as the review stage, followed by the reconsideration stage.

Understanding best practice in merits review processes

A merits review involves the decision-maker assessing a decision to determine whether it is the correct or preferable decision. The decision-maker in a merits review is often said to ‘stand in the shoes’ of the original decision-maker to decide whether to affirm, vary or set aside the original decision and make a fresh decision. Often, a belief that a decision made by a college is incorrect, and should be changed, would lead to an application for a merits review.

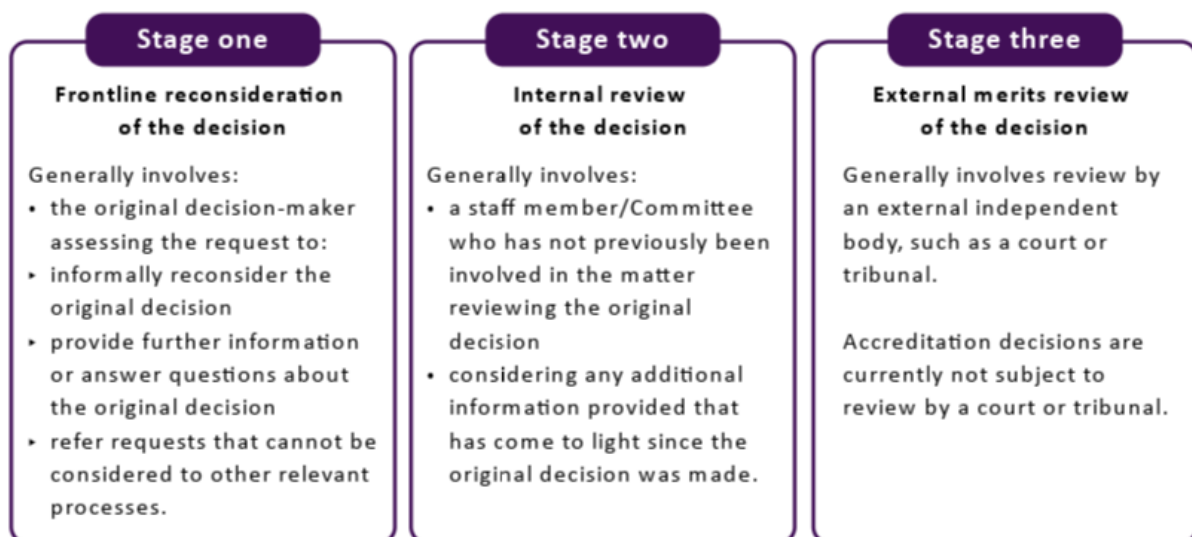
Generally, the review suggests that the colleges’ merits review process should involve three stages:

1. frontline reconsideration
2. internal review
3. external review (see Figure 6).

An additional fourth stage relates to the college’s role in monitoring grievances with a view to continuously improving processes and identifying and addressing any potential systemic issues.

The review refers to people who apply for a merits review as ‘applicants.’

Figure 6: Summary of merits review process



Stage one: Frontline reconsideration

Given merits review processes can be complex, time consuming and expensive, it is important that the original decision-maker or contact person representing the decision-maker, attempts to directly address initial dissatisfaction with a decision wherever possible. The informal resolution of concerns at this stage in the process can reduce unnecessary burden or further consideration of a matter by both the individual and the college.

Frontline reconsideration of a decision often occurs naturally when the applicant responds to the original decision-maker’s correspondence informing them of a decision. For example, an applicant

may reply to a decision letter saying they disagree with its findings and question whether certain information has been appropriately considered. The range of options available at this time are broad. The decision-maker, or contact person, can:

- address concerns about which information had been considered in making the decision
- explain the specific circumstances of the matter, including what factors were considered and the reasons for the decision
- agree to consider new information provided by the person
- agree to re-consider (or arrange for the reconsideration of) the decision, or an aspect of the decision. This may ultimately result in the original decision-maker affirming, varying or setting aside the decision and making a fresh decision.

Ideally, decision-makers should ensure they appropriately explain their decision, and make themselves, or an appropriate contact person, available to discuss the decision wherever possible.

The review recognises, however, that while it is ideal that concerns about the merits of a decision are initially heard and addressed by the original decision-maker or contact person, this step may not always be appropriate. A decision not to raise concerns with the original decision-maker should not prevent an applicant from accessing stage two of the merits review process where there is a reason for doing so. There are a range of reasons why it may not be appropriate for an applicant to raise concerns with the original decision-maker, including concerns about a conflict of interest. As the Administrative Review Council recommends, it is important that stage one of the merits review process is offered as a “choice rather than a requirement.”¹²⁷

The review recommends that stage one of the merits review process should be free of cost, as it is designed to be a quick and informal process.

Stage two: Internal review

Dissatisfaction which cannot be resolved (or was not raised by the applicant) at stage one of the merits review process should be escalated to an appropriate internal review process.

It is essential that internal review decision-makers have the power to consider a range of different decisions related to the accreditation of specialist medical training sites which will, or are likely to, affect an individual.

Internal review decision-makers must have the same powers to make a decision as the original decision-maker. The Administrative Review Council’s best practice guidelines in relation to Commonwealth agency decisions advise that organisations should seek to ensure those conducting an internal review are organisationally distinct from the original decision-maker, and do not directly supervise the original decision-maker on a day-to-day basis.¹²⁸ The independence of the decision-maker for an internal review process is central to ensuring the review remains objective and

¹²⁷ Administrative Review Council, Report to the Attorney General. Internal Review of Agency Decision Making, Report No 44, 2000

¹²⁸ Ibid.

impartial. Where possible and practical, an internal review should be undertaken by a staff member or committee that was not involved in making the original decision, and is senior to the original decision-maker.

In addition to considering the grounds on which the application for review has been made, the internal review process should also allow for the consideration of new information which has become available or has been provided by the applicant since the time of the original decision. The Administrative Review Council recommends that an internal review should involve consideration of information not available to the original decision-maker when they made their decision because the aims of the internal review process are best met when new information is sought and considered.¹²⁹ The review notes that the overarching purpose of the internal review process should be to ensure that the correct or preferable decision is made, regardless of when the relevant information became available.

Ideally, internal review should be offered free of charge. Fees can create a barrier to apply for an internal review and can deter people from accessing the process.¹³⁰ This is contrary to the recognised benefits of providing an internal review process.

Stage three: External review

The review suggests that the third stage of a merits review process should generally comprise of external review. An external review should involve an appropriate independent body, such as a tribunal or court, considering the merits of the accreditation-related decision.

External review supports the impartiality and independence of the final stage of the merits review process, as the organisation which made the decision does not have any authority in its review. Importantly, the organisation which made the decision would generally have had two attempts to resolve dissatisfaction with the decision (at the reconsideration and review stages of the merits review process) before the external review stage.

External merits review by a tribunal is not, however, available in relation to accreditation decisions made by accreditation authorities. As previously noted, specialist medical training site accreditation is not recognised under the National Law. There are therefore also no formal external merits review options available for decisions made by colleges related to the accreditation of specialist medical training sites. This issue is discussed further in the section ‘Considering legislative change to provide for external merits review of training site accreditation decisions.’

¹²⁹ Ibid.

¹³⁰ Administrative Review Council, Report to the Minister for Justice. Better Decisions: Review of Commonwealth Merits Review Tribunals, 1995

Strengthening reconsideration, review and appeal processes¹³¹

The review notes that the colleges' three-stage merits review process is broadly aligned with the best practice principles outlined in this report. As a result, the review concluded that most colleges had partially adequate processes for merits review of accreditation decisions (12) (see Table 7). However, colleges' RRA processes vary, and there is inconsistency and diversity in the stated grounds for merits review, how decision-makers are empowered, and the information considered in these processes.

Table 7: Adequacy rating for appeal processes for accreditation decisions

Adequacy rating	Number of specialist medical colleges which achieved this rating
Adequate	0
Mostly adequate	3
Partially adequate	12
Somewhat adequate	0
Not at all adequate	0

Clarifying the types of accreditation decisions which are subject to merits review

Most colleges appeared to accept RRA applications from individuals whose interests have been “directly and adversely affected” by a decision, are “dissatisfied” with a decision, and apply within the specified timeframe. However, the review observed a lack of clarity around the types of accreditation decisions that were subject to merits review in the RRA policies of 15 colleges. Often, the types of decisions related to training site accreditation which could be reviewed were not well-articulated. This could lead to confusion for both the college and potential applicants about the policy's scope.

The Administrative Review Council's guidance is that administrative decisions should be subject to merits review if the decision will, or is likely to, affect the interests of a person.¹³² The review considers there are a range of accreditation decisions related to specialist medical training site accreditation that should be subject to merits review processes. These include decisions to:

- refuse to grant accreditation or reaccreditation to a training site
- impose or change a condition on a training site's accreditation, or refuse to change or remove a condition imposed on a training site's accreditation
- suspend a training site's accreditation
- withdraw a training site's accreditation.

¹³¹ Please note that due to the development of RACGP's policies at the time of the review, RACGP does not form part of the review's analysis in this section of the report.

¹³² Administrative Review Council, What decisions should be subject to merits review?, July 1999, page 5

The review recommends that 15 colleges update their relevant merits review information to clarify the types of accreditation decisions that can be subject to merits review.

Ensuring fair and reasonable grounds for merits review

As previously noted, the AMC Standards outline several grounds for appeal. The review found that these grounds were comprehensive and sufficiently reflect reasonable grounds for merits review. However, the review found that five colleges' grounds for appeal did not align with the AMC Standards or were not explicitly described. In addition, ten colleges did not specify the grounds for merits review at the reconsideration and/or review stages, or did not clarify that the grounds for merits review at these stages aligned with the AMC Standards.

The AMC Standards only specify that its stated grounds for merits review relate to 'appeals.' The review therefore suggests that there is benefit in clarifying that these grounds for merits review apply to all stages of the merits review process, including the reconsideration and review stages. This would assist in clarifying the purpose of the reconsideration and review stages for both applicants and colleges. Following this, the review also recommends that ten colleges update their RRA policies to ensure the grounds for review in the AMC Standards apply to all stages of the RRA process.

Clarifying information which can be considered in the merits review process

Ideally, each stage of the merits review process should allow for the consideration of new information which has become available or has been provided by the applicant since the time the original decision was made. This is because the overarching purpose of the merits review process should be to ensure that the correct or preferable decision is made, regardless of when the relevant information became available.

Many colleges specified that their merits review processes would consider information such as all original material and documentation, all additional material and documentation provided, and any additional material and documentation considered relevant to the decision-makers. Two colleges, however, specified that some merits review processes would not involve consideration of new information, that is, information not provided as part of the original decision-making process. The review recommends that these colleges allow for the consideration of new information which has become available or has been provided by the applicant after the original decision was made.

Clarifying decision-makers' roles and responsibilities

A merits review decision-maker is generally empowered to decide whether to affirm, vary or set aside the original decision and make a fresh decision. This is why the decision-maker in a merits review is often said to 'stand in the shoes' of the original decision-maker.

The review found that eight colleges did not clearly define the roles and decision-making powers of those involved at each stage of the merits review process. It was not always clear from relevant policy documents, for example, who the decision-maker was in the review process, or how an appointed 'review committee' was constituted. Outlining the responsibilities and respective powers of decision-makers is essential for those involved in the merits review process, including applicants

and college staff. If it is not clear what decision-makers are empowered to decide on, applicants cannot fully understand how their application will be progressed. Similarly, without clearly articulated decision-making powers, there is potential for misunderstanding in the application of a college's merits review policy, and inconsistency in decision-making.

The review also found that there was significant variation in colleges' reconsideration, review and appeal processes regarding the powers assigned to decision-makers. For example, several colleges outlined that the Appeals Committee can decide to:

- confirm the decision which is the subject of the appeal
- revoke the decision which is the subject of the appeal and refer it back to the appropriate body or committee for the making of a fresh decision (on such terms and conditions as the Appeals Committee may determine)
- revoke the decision which is the subject of the appeal and make an alternative decision.

However, some colleges specified that if a decision to revoke a decision was made, it would need to be referred to another body for a final determination (such as by the college Board). As outlined in this report, a merits review involves the decision-maker assessing a decision to determine whether it is the correct or preferable decision. It should therefore be open to the decision-makers at any stage of the merits review process to affirm, vary or set aside the original decision and make a fresh decision. The review recommends that eleven colleges update their RRA process documentation to ensure that the roles and responsibilities of decision-makers are clarified for all stages of the merits review process.

Ensuring the independence and impartiality of the third stage merits review

The review suggests that the third stage of a merits review process should generally be one of external review. This stage is most closely aligned with colleges' 'appeal' stage.

In line with the AMC Standards, Appeal Committee membership for most colleges generally included up to 5 or 6 people, including those who are part of the college, but were not involved in the decision-making process (such as Fellows), and those external to the college. Some colleges specified that certain members needed to have either specialised skills (for example, to act as a legal representative) or knowledge and expertise related to the application being heard.

The review commends the AMC and colleges for seeking to ensure greater accountability of decision-making through an appeals process. However, as suggested by the review, the ideal third stage of a merits review process generally does not involve the organisation which made the decision having any authority in the review of the decision. The review of a matter by internal members would be undertaken as part of the review stage, or second stage, of the merits review process. This issue is discussed further in the section 'Considering legislative change to provide for external merits review.'

The review recognises that colleges generally appear to constitute appeals committees in line with the AMC Standards. The review therefore recommends that the AMC considers how it describes the third stage of the merits review process in its Standards.

The review suggests that if colleges are required to offer an appeal process, all colleges should make it clear in relevant accreditation documentation how the decision-makers are appointed and the powers they are assigned. Clarifying how committee members are appointed, and their required skills and experience, is essential to ensuring that the process is transparent, and therefore to increasing trust in the committee's impartiality.

The review noted that some colleges included in their merits review policy that the college's CEO is either the secretariat for, or attends, meetings of the appeals committee. In the context of the requirements for impartiality and independence of appeal decisions, the review recommends that colleges reconsider this decision or better outline the intended purpose of the CEO's role. One college submitted to the review that the CEO's involvement in the appeal process is due to the high level of corporate risk that appeal decisions carry. The importance of the independence and impartiality of the appeals committee, however, cannot be understated. As outlined above, colleges' current merits review processes generally require appellants to have:

- made a reconsideration application (internal review by the original decision-maker)
- made a review application (internal review by a decision-maker not involved in the original decision)
- paid a fee, most commonly over \$5,000, for consideration of the matter by the appeals committee.

College merits review policies generally emphasise the robustness and impartiality of the appeal process. This appears to be linked with the higher fee applicants are charged. Applicants may reasonably therefore assume that the appeal decisions have a higher level of independence and impartiality. The involvement of the CEO in appeal proceedings, however, could influence the decision-making of the appeals committee given their leadership role. In addition, the suggestion that oversight of the appeal process is necessary suggests that it is not truly independent or impartial.

Ensuring written notice of decisions and reasons for the decision

Ensuring applicants are provided with reasons for a decision is central to making the decision-making process transparent and accountable. Clearly explaining how and why a decision is made may assist an applicant to accept a decision, particularly during the reconsideration and review stages, and may inform their decision on whether to proceed to the next stage of the merits review process. In particular, consideration of the reasons for a decision may assist the applicant to decide whether to highlight any procedural or factual errors in the decision if they decide to continue through the merits review process. From the decision-maker's perspective, reasons for a decision are similarly essential. Documenting how evidence was considered and weighed helps to ensure that the decision-making process is impartial, fair and based on available information.

The review found that while some colleges specified that an applicant would be provided with the reasons for a decision at all stages of the merits review process, this was not always the case. The review noted that in some instances, there were different requirements stipulated for providing reasons for a decision, particularly at the reconsideration and review stages. Some colleges used the

phrase, for example, that decision-makers should “endeavour to provide the applicant with reasons for the decision.” In other instances, colleges specified that “[t]he Review Committee is not required to furnish the applicant with reasons for the decision.”

To ensure the merits review process is transparent and accountable, the review recommends that six colleges update their merits review policies to specify that the applicant will be provided with written notice of the decision and reasons for the decision at the conclusion of each of the reconsideration, review and appeal stages of the merits review process. This should occur in circumstances where the original decision is overturned or changed, as well as if the original decision is upheld.

Ensuring merits review processes are visible and accessible

The review has suggested that there are significant opportunities for colleges to increase the visibility and accessibility of the merits review process for those dissatisfied with a decision regarding training site accreditation. Making information about the merits review process readily available on colleges’ websites, including links to relevant policies and forms, increases transparency. Publishing this information on relevant areas of the website will also assist in managing expectations about the types of decisions that are subject to merits review processes, and what can be achieved through these processes. This information should also be documented in relevant policies and procedures.

The review found, for example, that the merits review process available to training sites in relation to training site accreditation was regularly not mentioned on colleges’ websites or in some cases the relevant accreditation policy. It is important that this information is readily accessible and includes:

- an overview of the merits review process, including the types of accreditation decisions that are subject to this process and possible outcomes
- the range of ways to submit an application, including for example, by email, post and online form
- instructions for submitting an application, with links to the relevant application forms and policies, and contact information
- any applicable fees
- an FAQ section answering common questions that may be raised by training sites about the merits review pathway.

The review observed that many colleges did not appear to provide opportunities for people to easily access relevant forms and information from their website. For example, seven colleges did not provide an application form for people to use to apply for a reconsideration, review or appeal.

To make these processes more accessible to training sites, the review recommends that these colleges ensure relevant forms are publicly available and easily accessible on their website and include:

- direction about how to submit the application, with relevant contact information such as an email and postal address (and ideally, a phone number for applicants to use if they wish to discuss their application)
- targeted questions for applicants to complete, such as details of the decision that is the subject of the application, the grounds for merits review they are raising, and the outcome they are seeking.

Providing more direction in relevant application forms will assist applicants to provide the necessary information to progress their application. Encouraging applicants to outline the outcome they are seeking will also provide colleges with the opportunity to informally resolve concerns if appropriate or manage expectations about the outcomes that may be achieved through the relevant process.

Recommendation 18	Priority rating
The AMC should work with the colleges to ensure merits review processes for decisions relating to specialist medical training site accreditation align with the best practice principles in this report.	High

Ensuring merits review fees are fair, transparent and reasonable¹³³

The National Scheme operates on a cost-recovery basis with each Board meeting the costs for the professions they regulate. However, the issue of funding and cost effectiveness in regard to accreditation has been the subject of previous concern.

The Accreditation Systems Review found that accreditation funding processes were “administratively cumbersome” and made three key recommendations regarding the funding of accreditation functions, including that funding principles should be developed to guide accreditation authorities in setting their fees and charges.¹³⁴ The review agrees with the Accreditation System Review report’s recommendation that there should be greater transparency about the National Scheme’s cost recovery principles, and has found that little has changed since Health Ministers accepted this recommendation in part in 2017.¹³⁵ It is critical that information is publicly available regarding the associated costs of National Scheme activities, and that there is transparency regarding the rationale for these charges. For this report’s purposes, however, it is important to recognise that cost recovery underpins the charging of fees in relation to the National Scheme. This arguably extends to colleges undertaking sub-accreditation functions, such as the accreditation of specialist medical training sites. Colleges’ merits review processes can also apply to a range of accreditation-related decisions, including those regarding a college’s assessment of an overseas qualified practitioner. These issues will therefore be considered further in the review’s subsequent report.

The review found there was significant diversity in how colleges charge fees for merits review processes. Only three colleges charge a fee for every stage of the merits review process. Five colleges charge a fee for the first ‘reconsideration’ stage of the merits review process and six colleges charge for the second ‘review’ stage (see Table 8). RACMA, however, charges one fee for both reconsideration and review. Initially, RANZCOG was one of only two colleges to charge a fee for the

¹³³ Please note that due to the development of RACGP’s policies at the time of the review, RACGP does not form part of the review’s analysis in this section of the report.

¹³⁴ Michael Woods, Australia’s Health Workforce: strengthening the education foundation, 2017

¹³⁵ Health Ministers agreed that the Independent Accreditation Committee should provide advice to Ahpra to inform the further development of funding principles, without imposing excessive costs on accreditation authorities that would need to be recovered from registrants or education providers.

reconsideration stage and not the review stage. However, following consultation on the review's preliminary findings RANZCOG no longer charges for reconsideration and has introduced a fee for review. All colleges charge a fee for the appeal stage of the merits review process.

The review found that colleges often provided a schedule of fees, which included merits review process fees. However, some colleges did not always provide sufficient information about the fees associated with their review, reconsideration or appeal processes.

Table 8: Fees for merits review categorised by statement in the colleges' relevant policy¹³⁶

College	Reconsideration fee charged	Review fee charged	Appeal fee charged
ACD	-	-	\$5,000
ACEM	-	\$250	\$4,980
ACRRM	\$600	\$1,200	Determined on an individual basis
ACSEP	-	-	\$5,342
ANZCA	-	-	\$1,000
CICM	-	-	\$1,000
RACMA	\$847		\$4,983
RACP	-	\$1,199	\$7,180
RANZCR	\$1,000	\$1,000	\$5,150
RANZCOG	-	\$900	\$6,766
RACDS	\$260	\$610	\$6,954
RANZCP	\$1,000	-	\$4,000
RCPA	Not specified	Not specified	Up to three times the subscription payable by a fellow for the current year
RANZCO	-	-	\$5,000
RACS	-	-	\$10,600

As detailed previously, the review suggests that ideally the reconsideration and review stages of the merits review process should be offered free of charge. Stage one, or reconsideration, is designed to be a quick and informal process, and should ideally be natural in the course of providing a decision. The review found that most colleges already provide this process free of charge.

¹³⁶ Please note that due to the development of RACGP's policies at the time of the review, RACGP does not form part of the review's analysis in this section of the report.

While the review recognises that the second stage, or ‘review’ stage, requires the college to commit resources to undertaking an internal review of a decision, the review suggests this is a reasonable expense for the college to bear as part of its day-to-day activities. Fees can create a barrier to apply for an internal review and can deter people from seeking a review.¹³⁷ This is contrary to the recognised benefits of providing an internal review process. The review found that seven colleges already provide this process free of charge.

In response to the review’s consultation report, several colleges submitted concerns regarding the suggested removal of reconsideration and review fees. Some colleges argued that the fee was necessary to ‘deter’ frivolous applications, and that removing this barrier could lead to an increase in merits review applications which would be associated with additional resourcing needs. The review suggests, however, that examining a reconsideration or review application and determining that it does not meet the grounds for merits review is not resource intensive. The review also suggests that there is not a clear evidence base to suggest that colleges would receive an influx of review applications should the fee be removed – colleges generally reported that they receive very few merits review applications and administrative complaints. Most importantly, however, there is a public benefit in ensuring decisions can be disputed when needed and this should take precedence.

The review also recommends that all colleges provide publicly available information about merits review fees. This will help ensure applicants can make an informed decision about whether they wish to pursue the merits review pathways. In particular, the review recommends that if an appeal fee is stipulated, it should be clearly articulated. The review found that two colleges did not provide a set fee for their appeal process.

Similarly, the review found that the breadth of different fees charged for an appeal application was concerning. It is challenging to understand why the cost of appeal processes differ significantly across colleges. For example, two colleges charge a fee of \$1,000 while RACS charges the highest fee of \$10,600. The review recommends that colleges ensure appeal fees are charged on a cost recovery basis.

Ensuring fairness in appeal fee refund processes

The review found that eight colleges did not clearly specify in relevant process documentation that appeal fees would be refunded if the appeal application was successful. Some colleges, however, stipulated that the applicant would be refunded half the application fee if their application was successful.

The review recommends that eight colleges update their relevant documentation to clarify that it will refund, in full, all appeal fees if the appeal is successful.

In response to the review’s consultation paper, some colleges submitted that it was not reasonable for colleges to refund appeal fees, sometimes stating that this was not in line with accepted court or tribunal practices. Colleges also generally raised concerns about their ability to meet accreditation requirements if fees were not changed, or refunds required, given existing financial pressures. The

¹³⁷ Administrative Review Council Better Decisions: review of Commonwealth Merits Review Tribunals, 1995

review acknowledges that appeal proceedings can be costly, particularly for smaller colleges with limited resources.

However, while it is arguably reasonable to expect an applicant to cover their own costs associated with appeal proceedings, the review does not consider it is fair for colleges to require an applicant to pay a component of the college's costs if a decision is revoked or varied on appeal. This is because the success of the application generally indicates that one or more of the grounds for appeal has been established by the applicant, indicating the original decision-maker has made an error or omission when deciding the matter. Applicants have also generally already progressed through the reconsideration and review stages of the merits review process prior to their appeal application being successful and have expended significant time and effort as a result.

It is noted that the ACCC's RACS authorisation determination imposed conditions that required the refund of the application fee for successful applicants.¹³⁸ In addition, the review highlights that the current consultation on the reform of Australia's Administrative Appeals Tribunal is considering whether application fees should be refunded to successful applicants, and this reform option has been supported by the Law Council of Australia.¹³⁹

The review acknowledges, however, that some colleges raised broader concerns about how the cost recovery model applies to colleges. Several colleges submitted that merits review fees were charged on a cost recovery basis already. However, one college submitted to the review that it does not charge fees for undertaking accreditation activities, and that if it were to charge on a cost recovery basis, it would not be tenable for training sites and health jurisdictions.

The review recognises that there are complexities associated with how colleges charge for services related to the accreditation of specialist medical training sites. As acknowledged previously, colleges oftentimes rely on the pro-bono services of its members to conduct accreditation-related activities. However, colleges also generally charge fees related to the accreditation of specialist medical training sites, including training site application fees and trainee applicant fees. It is outside the review's scope to consider the funding arrangements, and cost recovery model, associated with specialist medical training sites.¹⁴⁰ These complexities, however, further highlight the importance of greater transparency about the National Scheme's cost recovery principles. As recommended by the Accreditation Systems Review, mechanisms such as Cost Recovery Implementation Statements would likely assist in ensuring greater transparency and accountability. This issue will be considered further in the review's subsequent report.

¹³⁸ ACCC, Royal Australasian College of Surgeons authorisation A90765, June 2003 p. 188.

¹³⁹ Law Council of Australia, 'Administrative Review Reform Issues Paper,' May 2023.

¹⁴⁰ These issues were considered by the Accreditation Systems Review, see Michael Woods, Australia's Health Workforce: strengthening the education foundation, 2017

Recommendations 19 and 20	Priority rating
Colleges should ideally provide the reconsideration and review stages of the merits review process free of charge.	Medium
Merits review fees related to specialist medical training site accreditation decisions should be charged on a cost recovery basis, articulated publicly, and application fees refunded if the merits review application is successful.	High

Establishing an efficient and fair process for managing administrative complaints

An administrative complaint refers to an expression of dissatisfaction regarding an organisation's:

- service delivery (such as concerns about staff conduct, the quality of the service or its accessibility)
- management of a matter (such as delay, not responding to communications, incorrect or unfair handling of a matter and the reasons for a decision not being clearly provided)
- policies and processes, and how they have been applied (such as concerns a policy or process is unfair, incorrect or inadequately explained).

In its initial consultation with colleges, the review used the terminology 'service delivery complaint' to describe an administrative complaint. It had sought to describe this type of complaint in a way that more directly related to the colleges' role as education providers. However, following consultation with a number of colleges, the review found that there was often not a clear understanding of how an administrative complaint differed from other types of grievances. The review has therefore sought to provide further information about the purpose and role of administrative complaints and use terminology which more accurately reflects this.

Recognising the role of administrative complaints in creating a fair, efficient and effective National Scheme

The National Scheme recognises the importance of administrative complaints, including through its establishment of the Ombudsman's role. Accepting and responding to administrative complaints can help to identify and address issues affecting individuals. At a system-level, administrative complaint patterns can help to identify areas where the management of the National Scheme could be improved to benefit the Australian community.

Colleges and external accreditation authorities were not, until early 2023, subject to oversight from the Ombudsman. Comparatively, Ahpra and the Boards have had this oversight from the National Scheme's commencement. The Ombudsman has worked closely with Ahpra to develop and improve the complaint handling system it administers on behalf of the Boards and accreditation committees. Ahpra's Administrative complaint handling policy and procedure applies to concerns relating to

service delivery and the policies, procedures and decisions of Ahpra, the Boards and associated committees, including accreditation committees. It states:

*The purpose of Ahpra's Administrative complaints handling policy and procedure is to listen to the concerns raised by people, respond to complaints promptly, empathetically and fairly, and ensure that we learn from issues identified in the complaints process to improve our processes, systems and services.*¹⁴¹

Ahpra's policy has been drafted to comply with the Guidelines for complaint handling in organisations and provides clear guidance about the principles underpinning the complaints process, the types of complaints that can be made, the process for managing complaints and possible outcomes.¹⁴²

Ahpra has also published overarching guidance for the management of administrative complaints related to accreditation functions being undertaken under the National Law. Its 'Management of complaints relating to accreditation functions under the National Law – a guidance document' provides specific guidance about managing some types of accreditation-related complaints in the National Scheme. This includes complaints about how an accreditation authority has carried out its program accreditation work (for example, complaints about how the authority has communicated with a stakeholder, how timely or appropriate the authority's customer service was, or a policy or process that the authority has in place).¹⁴³

Similar expectations have not, however, been effectively set regarding the requirements for colleges to accept and manage administrative complaints about the accreditation of specialist medical training sites.

Administrative complaint handling in specialist medical training site accreditation

The AMC Standards provide little guidance regarding colleges' obligations to provide administrative complaint processes. The Standards recognise, for example, that complaint services are a strategy to provide a supportive learning environment. In particular, the Standards note in relation to trainee wellbeing:

Education providers can provide a supportive learning environment by promoting strategies to maintain health and wellbeing, including mental health and cultural safety, providing professional development activities to enhance understanding of wellness and appropriate behaviours, and ensuring availability of confidential support and complaint services.

¹⁴¹ Ahpra, Administrative complaints handling policy and procedure, March 2019. Accessed July 2023: www.ahpra.gov.au/documents/default.aspx?record=WD19%2F28072&dbid=AP&chksum=EUxG7c6LcQNimpyqqLAWNQ%3D%3D

¹⁴² Ibid.

¹⁴³ Please note that this document will be further considered in the review's forthcoming report.

As detailed previously, section 7.5 of the Standards outline responsibilities in relation to the resolution of training problems and disputes and require that the education provider:

- *...supports trainees in addressing problems with training supervision and requirements, and other professional issues. The education provider's processes are transparent and timely, and safe and confidential for trainees*
- *...has clear impartial pathways for timely resolution of professional and/or training-related disputes between trainees and supervisors or trainees and the education provider.*

While the AMC Standards recognise the importance of complaint processes, the distinction between considering concerns about an accredited training site, and concerns about the colleges' accreditation processes more broadly, is not well-recognised.

The review found that administrative complaint processes appeared to be the least understood grievance process related to specialist medical training site accreditation. The review acknowledges, however, colleges' openness to considering the role of administrative complaints in the accreditation processes. Several colleges requested that the review provide further information about what was meant by an 'administrative complaint.' One college acknowledged that it had not conceptualised its role as being a service delivery provider, and that it found using this lens to be beneficial. The review welcomes this shift towards recognising the importance of receiving and managing administrative complaints.

Despite some confusion on the topic, colleges reported to the review that they received few administrative complaints. Due to the identified issues above, the review found it challenging to determine the number of administrative complaints being received and managed by colleges in relation to their sub-accreditation role. This is problematic because it is not possible to develop a clear understanding about how accreditation processes are viewed by those engaging with and being affected by them. It also means that this data cannot be used to identify specific issues which could be improved to provide a more effective and efficient process.

The review found that a significant number of colleges had somewhat adequate (8) or not at all adequate (2) processes for managing administrative complaints (see Table 9). The review found that five colleges did not have an established and documented process for managing administrative complaints. The review subsequently recommends that these colleges develop an appropriate complaint policy and process in line with the best practice principles outlined in this report. Developing and publishing this information will provide clarity to individuals wishing to make a complaint about what they can expect from the complaints process, possible outcomes and how complaint data is recorded and monitored.

Table 9: Adequacy rating for the process for managing administrative complaints

Adequacy rating	Number of specialist medical colleges which achieved this rating
Adequate	1
Mostly adequate	2
Partially adequate	3
Somewhat adequate	8
Not at all adequate	2

Some colleges informed the review that they did have complaint policies and processes which related to service delivery. However, the review found that often the scope of these policies was broad and lacked specificity about which type of service delivery complaints could be made, how complaints would be managed and by whom, and the potential complaint outcomes. The review therefore recommends that eight colleges develop a separate complaint policy, or update its current one, to manage service delivery complaints in line with the suggested principles and processes outlined below. The review also recommends that colleges which update or create a new complaints policy ensure that appropriate training is provided to staff about how to identify and manage complaints.

RACGP, however, has a sophisticated complaint handling system for managing administrative complaints that is transparent and accessible. RACGP's Complaints Policy has been drafted to comply with the Guidelines for complaints handling in organizations¹⁴⁴ and provides comprehensive information about RACGP's complaint handling process. It clearly outlines the principles underpinning the complaints process, the types of complaints it applies to, the complaint handling process and the possible outcomes. The review therefore suggests that RACGP's complaint handling system could be used to support the development of other colleges' policies and processes.

Best practice principles in administrative complaint handling

The review recommends that most colleges develop an administrative complaint policy or update an existing complaint policy to more appropriately address administrative complaints related to specialist medical training site accreditation. This report therefore provides an overview of the key stages of an ideal administrative complaint-handling process (see Figure 7), and other relevant considerations to help ensure that newly established processes comply with the associated best practice principles.

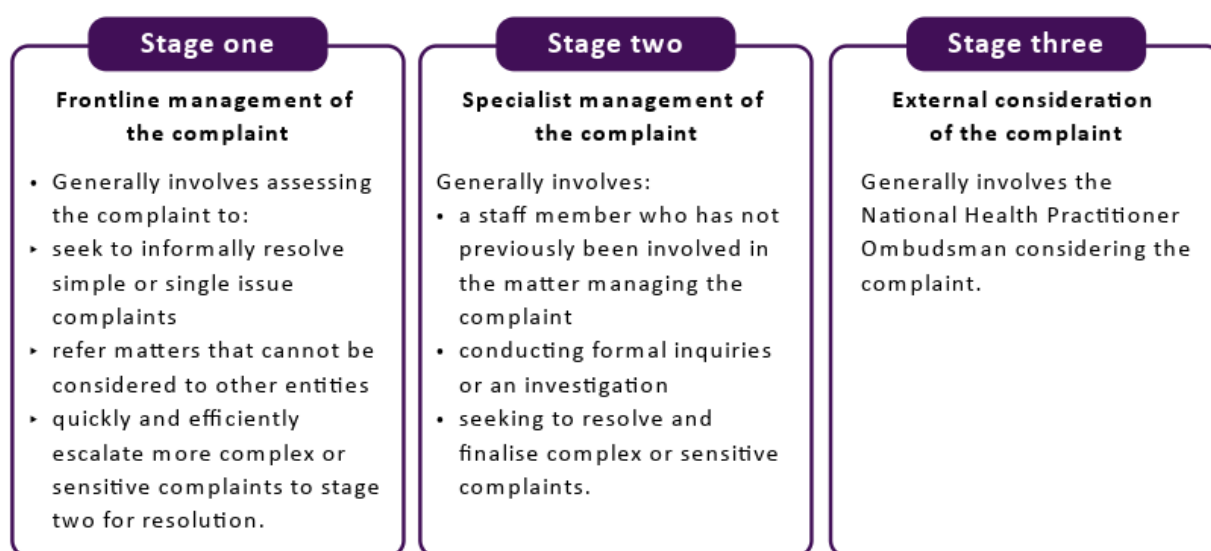
Decision-makers considering processes and administrative actions are generally charged with establishing whether there were any errors in the handling of the matter for the purpose of continuous improvement. Decision-makers are generally empowered to offer remedies to the

¹⁴⁴ ISO 10002:2018, Quality management — Customer satisfaction — Guidelines for complaints handling in organizations, 2018

complainant, such as an apology or further explanation, or to make recommendations or suggestions for improvement to the organisation regarding a specific process or policy. Sometimes the identification of an error in the handling of a matter may result in a merits review of the original decision (for example, because the failure to follow a proper process may have led to an incorrect decision). However, it is important to understand that this is not the same as deciding on the merits of the original decision. College decision-makers considering administrative complaints should not be empowered to consider whether a decision was right or wrong (that is, to decide on the merits of a decision).

The review refers to people who make complaints as ‘complainants.’

Figure 7: Summary of complaint process



Stage one: Frontline management

Frontline management generally begins by accepting and promptly acknowledging complaints. At this stage, it is important that staff set expectations for those contacting the college, or raising a concern with the person managing their matter, by clearly outlining the next steps that will be taken to consider their complaint.

Generally, frontline management will involve assessing the matter and assigning priority. The Commonwealth Ombudsman’s Guide emphasises the importance of:

- identifying whether there are sensitivities (such as time limits or media attention) that may necessitate prioritising or immediately escalating a matter
- proactively communicating with the person if a matter needs to be raised with an alternative agency or escalated internally

- asking how the complainant would like their matter resolved.¹⁴⁵

Seeking to understand the complainant's desired outcome can affect how a matter is managed or escalated in several different ways. For example, if the person is seeking a straightforward outcome such as an explanation for a decision, this suggests it can likely be resolved without escalation and perhaps even at first contact with the relevant decision-maker, or the college's frontline staff. It may also result in managing the person's expectations about what they can expect from the complaint process, including explaining why an unreasonable request cannot be met or suggesting an alternative mechanism to achieve their desired outcome.

Importantly, the complainant's desired outcome also guides decisions about whether the person is making an administrative complaint, or whether they are concerned about the merits of a decision. For example, if the person is solely dissatisfied with the merits of a decision and was seeking to have it overturned, their matter would likely need to progress through the merits review process. However, if a person raised concerns about how a decision was made or communicated, or service delivery issues, such as the length of time it was taking to consider a matter, this would more appropriately be dealt with as an administrative complaint.

Wherever possible, complaints should be addressed and responded to through frontline management. This should involve consideration of whether a remedy can be provided. Suggestions of potential remedies outlined by the Commonwealth Ombudsman's Guide include:

- listening to and acknowledging the person's experience
- providing a better explanation of a decision or action
- issuing an apology
- changing or reconsidering a decision or process
- expediting action
- removing a penalty or debt
- providing financial compensation.¹⁴⁶

When communicating the outcome of a complaint, colleges should explain how each concern raised by the complainant was considered and addressed, along with the reasons for any decisions made in relation to the complaint's outcome.

While it is generally good practice to encourage a person to raise their concerns with the frontline or person who managed their matter in the first instance, it is important to recognise that some complainants may not feel comfortable with this approach and may prefer to begin at stage two of the complaint process.

As mentioned in relation to accepting concerns about accredited training sites, it is also important that anonymous and confidential administrative complaints are accepted. Administrative complaints

¹⁴⁵ Commonwealth Ombudsman, Better Practice Complaint Handling Guide, February 2023. Accessed July 2022: www.ombudsman.gov.au/__data/assets/pdf_file/0025/290365/Better-Practice-Complaint-Handling-Guide-February-2023.pdf

¹⁴⁶ Ibid.

could also be of a sensitive nature, and complainants could similarly be hesitant to make a complaint for a range of different reasons. As noted previously, trainees in particular may be fearful of adverse outcomes if they make a complaint, such as perceptions that this could affect their career progression or ongoing relationship with the college. For this reason, the review recommends that colleges consider providing options for complaints to be made on a confidential or anonymous basis to reduce barriers for complainants wishing to raise concerns. However, clear guidance to complainants about the possible limitations associated with progressing these types of complaints should also be provided (see 'Ensuring acceptance of confidential and anonymous concerns' for more information).

Stage two: Specialist management

Complex matters which cannot be resolved through stage one of the complaint process will likely need to be escalated to another staff member or team within the college. Ideally, this staff member or committee should not have previously been involved in the handling of the matter. Sometimes, more complex or sensitive complaints may require an investigation.

It is important that investigations are undertaken in line with the principles outlined in this report, including ensuring impartiality, confidentiality and transparency. A clear explanation should be provided to the complainant about the findings and any resulting decisions.

Internal escalation of matters may be considerably different across colleges. Larger colleges, for example, may benefit from forming a complaints team to focus on the resolution of more complex or sensitive matters.

The review notes, however, that irrespective of the colleges' size, it is important that all colleges ensure there are appropriate escalation points, or stages, in relevant complaint processes. Some colleges reported to the review that they preferred to manage complaints informally, rather than having a structured and documented process. The review also found some colleges had processes whereby complaints were made directly to the CEO. This is potentially problematic because there is no ability to escalate a complaint internally if a complainant is dissatisfied with an initial response or the way it was handled. While some more complex complaints may require input from senior management, such as a CEO, the review suggests that management of complaints by executives is often not necessary initially, and may affect the ability to resolve complaints quickly.

Stage three: external review

While adopting a staged complaint process should assist with addressing concerns at an organisational level, some matters may need to be escalated externally if the complainant is not satisfied with the management or outcome of their complaint. It is important that complainants are informed about further avenues for review where appropriate. Complainants should be informed that though it is preferred that they first progress through the college's complaint process, they can access external complaint mechanisms without doing so.

Ideally, external review avenues should be clearly outlined when complainants receive a final decision regarding their complaint from the college.

External review of administrative complaints can be sought from the Ombudsman in relation to colleges' delivery of approved programs of study.

Ensuring staff are appropriately trained to identify and manage complaints

Once appropriate processes and policies have been developed, it is important that there is an organisation-wide shift to recognising complaints as central to continuous improvement. Colleges need to ensure that staff are equipped to identify administrative complaints, and the relevant appropriate escalation pathways. Staff must have clearly articulated and understood roles and responsibilities to effectively respond to expressions of dissatisfaction. Staff managing complaints also require more specialised training, including in relation to responding to and resolving complaints informally. The review recognises that staff training needs to be tailored based on the relative size and resources allocated to managing complaints in each college. Larger colleges, for example, may need to provide more comprehensive training to a larger number of staff delivering accreditation-related services. RACP, for example, has developed an online training module about complaint management that employees must complete annually. Smaller colleges, however, may need to focus resources on ensuring organisation-wide awareness of associated policies and processes, and upskilling staff with direct complaint-handling responsibilities.

Ensuring complaints are appropriately recorded and monitored

The review recommends that colleges create an internal complaints register to record complaints, including relevant complainant information and details of the complaint's outcome. It is important that colleges keep accurate records of dissatisfaction raised with them and manage this information in line with relevant legislative requirements.

Some colleges already have established processes for recording complaints. The review recommends colleges ensure that the recording of complaints extends to new administrative complaint processes as well.

The review also recommends that colleges ensure there is an established process to regularly review complaints received in relation to specialist medical training site accreditation. Complaint data is an important tool to monitor trends and systemic issues that may need to be addressed by relevant business units. The AMC may also find value in considering systemic issues raised in administrative complaints across colleges as part of its monitoring process.

Increasing visibility of the complaint process

The administrative complaint process should be visible and accessible to those who may wish to submit a complaint. The review recommends that colleges publish information about the complaint process on its website. This may be published on the 'contact us' page on its website or a stand-alone page for complaints, with a link to the relevant complaint-handling policy. This page should include information about how to submit a complaint, the complaint process and possible outcomes. Ideally, an online complaint form should also be developed to assist complainants to provide key information about their concerns and the outcome sought from the complaint process. The complaint process

should also be promoted on other key areas of the college's website that are accessed by trainees, Fellows and training sites.

The review notes that some colleges have already sought to improve the visibility of their complaint-handling processes. RANZCR, for example, has a stand-alone page on its website with key information about the complaint process and an online complaint form to assist complainants wishing to raise concerns.

Collaboration to ensure consistency in administrative complaint processes

The review recognises the benefits associated with a collaborative approach to implementing its recommendations, and the willingness of several colleges to share relevant resources, such as existing policies and processes. To this end, the review recognises that there is an opportunity for a collaborative approach to developing a model administrative complaints policy for colleges, which could then be adapted based on colleges' specific circumstances. The importance of administrative complaints could also be emphasised through relevant requirements in the AMC Standards for colleges to provide an administrative complaint process.

Recommendations 21 and 22	Priority rating
The AMC and colleges should work together to ensure administrative complaint handling processes and associated policies are developed, implemented and made publicly available, and supported by appropriate staff training.	High
Colleges should ensure administrative complaint processes are accessible, and all complaints should be appropriately recorded and monitored.	Medium

Progressing the implementation plan for the review's recommendations

This review has been undertaken at a time when Health Ministers have sought to clarify expectations of the AMC and colleges regarding the accreditation of specialist medical training sites. The Ministerial Policy Direction issued in September 2023 outlined a number of specific expectations. This included that Ahpra and the Medical Board require the AMC work with jurisdictions and colleges on an implementation plan on the Ombudsman's "suggestions for reform on arrangements for training site accreditation".¹⁴⁷

The review welcomed the Ministerial Policy Direction's focus on the importance of ensuring the review's reform suggestions are implemented.

Considering the need for legislative change

In the context of ensuring improvements are progressed, the review considered whether there would be benefit in amending the National Law to recognise the role colleges play in accrediting specialist medical training sites. An amendment to the National Law to clarify the role of specialist medical training site accreditation would provide statutory authority for colleges' current activities.

The review notes that one college expressed concern that legislative change could affect colleges' ability to set specialist medical training site accreditation standards, removing their authority in this area. The review suggests, however, that colleges currently have an unprecedented ability to independently set accreditation-related standards. The National Law requires that:

- registration standards developed by the Boards are approved by Health Ministers
- accreditation standards developed by accreditation authorities are approved by the relevant Board.

As this report has outlined, numerous reviews since the National Scheme's introduction have recommended that there is a need for greater consistency and transparency regarding the accreditation of specialist medical training sites. It may be that legislative amendment could provide a necessary mechanism to drive change.

The review notes that the most appropriate form of legislative change would need to be based on consideration of the:

- requirements to develop specialist medical training site accreditation standards
- appropriate body to approve specialist medical training site accreditation standards
- requirements to accredit or reaccredit a specialist medical training site with conditions

¹⁴⁷ Health Ministers Meeting, Ministerial Policy Direction 2023-1: Medical college accreditation of training sites, 1 September 2023.

- requirements regarding a specialist medical training site's non-compliance with the accreditation standards, including decisions to suspend or withdraw the accreditation of a training site
- formal appeal rights regarding accreditation decisions
- ability for Health Ministers to give policy directions to colleges and the AMC.

Considering legislative change to provide for external merits review of training site accreditation decisions

Given the National Law is silent on colleges' role in accrediting specialist medical training sites, it also does not outline obligations in relation to avenues for merits review of college decisions.

The review is concerned that specialist medical training site accreditation decisions are not subject to the same level of scrutiny as decisions made under the National Law, or accreditation-related decisions made by other similar regulators across the country.

Registration-related decisions subject to external merits review

The National Law provides for a number of registration-related decisions to be appealed to the appropriate responsible tribunal.¹⁴⁸ This includes a decision by a Board to:

- refuse to register a person or renew a person's registration
- impose or change a condition on a person's registration, other than a condition relating to a person's qualification for general registration in the health profession; and a condition imposed by s. 112(3)(a) of the National Law
- refuse to change or remove a condition imposed on a person's registration
- refuse to change or revoke an undertaking given by a person to the Board
- suspend a person's registration.

Other appealable decisions include:

- a decision by a panel to impose a condition on a person's registration
- a decision by a health panel to suspend a person's registration
- a decision by a health panel not to revoke a suspension of a person's registration
- a decision by a performance and professional standards panel to reprimand a person.

The National Law therefore provides for a significant number of decisions made in regard to registration and notifications to be subject to external merits review.

Other health-related accreditation processes offer external merits review avenues

The review found that decisions made by other bodies responsible for varying types of accreditation in the health and education sectors are similarly subject to external merits review.

The Aged Care Quality and Safety Commission, for example, is empowered to accredit or reaccredit residential aged care services. The Aged Care Quality and Safety Commission Rules 2018 specify that

¹⁴⁸ National Law, s. 199.

decisions made by the Commissioner are reviewable by the Administrative Appeals Tribunal, including decisions:

- not to accredit a commencing service
- not to re-accredit a recommencing service
- not to re-accredit a residential service
- to revoke the accreditation of an accredited service
- to vary an accredited service's period of accreditation
- to refuse to register a person as a quality assessor
- to refuse to register a person as a quality assessor for a further period
- to cancel a person's registration as a quality assessor.

TEQSA's decisions made under the Tertiary Education Quality and Standards Act 2011 are also subject to merits review by the Administrative Appeals Tribunal. Reviewable include decisions about:

- applications for registration in a particular provider category
- applications for course accreditation
- conditions on a registration or course accreditation
- renewing a registration or course accreditation
- removing the authority of a provider to self-accredit one or more courses of study
- shortening the period of a registration or course accreditation
- cancelling a registration or course accreditation.

The review suggests that consideration should be given by Health Ministers to whether the National Law should be amended to allow relevant accreditation-related decisions to be reviewed by the appropriate tribunal. Health Ministers would need to consider, however, the system impacts of such a change, including relationships with existing appeal mechanisms, costs and expected outcomes.

Considering legislative change in the current context

The review recognises that the substantial administrative changes recommended in this report have the potential to address the current concerns related to specialist medical training site accreditation. In addition, the Ministerial Policy Direction related to specialist medical training site accreditation has recognised the importance of ensuring an implementation plan for improvement. Colleges, too, have stated willingness to improve relevant accreditation processes. The review is therefore cognisant that the recommended increased accountability of the functions exercised by colleges may be sufficient to ensure fair, efficient and effective processes without the need for legislative change.

The review's consultation report initially proposed a 12-month timeframe for colleges to report on improvements made to training site accreditation processes prior to Health Ministers considering whether legislative change is necessary. This proposal yielded significantly different responses. Colleges generally submitted that the review's recommendations regarding the review of existing specialist medical training site accreditation standards would require significant time and effort. Some colleges highlighted the challenges which prevent more swift action, including reliance on a

volunteer workforce and the complexities associated with achieving standardisation (where appropriate) across specialist medical training site accreditation standards. Health jurisdictions, however, broadly supported a 12-month timeframe for colleges to demonstrate progress on implementing the review's recommendations.

Some colleges also did not support the consultation paper's suggestion that Health Ministers consider amending the National Law to allow relevant accreditation-related decisions to be reviewed by the appropriate tribunal. Concerns were expressed that delays in tribunal proceedings could lead to poor outcomes for trainees and training sites, and that it would add an additional burden of bureaucracy. It was also suggested that existing accountability mechanisms, such as existing legal avenues, and the Ombudsman's role in accepting complaints about the delivery of colleges' programs of study, were sufficient. However, the review suggests that accreditation decisions, like registration decisions, can have significant effects on the health practitioners involved, and also on patients and the public more broadly. The significant public impact of decision-making related to the accreditation of specialist medical training sites suggests that it should be subject to external merits review processes. The review acknowledges, however, that legislative change is a lengthy process and should not be taken unnecessarily.

In recognition of the need for both swift action to improve accreditation processes and setting realistic timeframes for implementation, the review has sought to provide greater clarity about the recommendations which lend themselves to greater collaboration and sharing of resources (see for example, Recommendation two). The review has also sought to highlight examples where college processes are well-developed and could provide valuable assistance in developing model policies and processes which could be adapted as required.

The review suggests that the implementation plan should clearly articulate milestones to evaluate progress in responding to the review's recommendations. If at the relevant milestones, it is clear that insufficient progress has been made, Health Ministers may wish to progress with legislative reform, including to enable review of accreditation-related decisions by the relevant tribunal. Health Ministers may also wish to consider commissioning the Ombudsman to conduct a follow-up review to report on improvements made by colleges in response to the recommendations made in this report.

Recommendation 23	Priority rating
<p>The implementation plan for the review's recommendations should clearly articulate milestones to evaluate progress.</p> <ul style="list-style-type: none"> (a) If insufficient progress has been made, Health Ministers should consider progressing with legislative reform to formally recognise the colleges' function in accrediting specialist medical training sites. (b) Consideration of legislative reform should also include whether relevant specialist medical training site accreditation decisions should be subject to review by the responsible tribunal. 	Medium

Conclusion

The review has found that complexity in existing accreditation arrangements in the National Scheme has created gaps in the accountability mechanisms for specialist medical training sites accreditation processes. These processes appear to have largely developed organically based on colleges' expertise in their specialist profession. In this context, the review's recommendations have focussed on enhancing and strengthening the transparency and accountability of key processes.

Continued concern about the interface between specialist medical training site accreditation standards and vital workforce and healthcare needs emphasises the importance of ensuring there are clearly defined roles, responsibilities and accountabilities in this area. The COVID-19 pandemic has placed unprecedented pressure on Australia's healthcare system and the processes which underpin it. Now more than ever, there is a need to ensure health-related processes are people-centred, transparent, fair, responsive and accountable.

This consultation report sets out the review's roadmap for improvement, building on successive reviews into accreditation in the National Scheme and the best practice examples the review has observed in college processes. The review's five priority areas for improvement stem from comprehensive analysis of each college's accreditation-related processes. These priority areas include:

1. Enhancing accountability and transparency in accreditation standards
2. Ensuring fairness and transparency in accreditation processes and assessments
3. Clarifying and strengthening monitoring processes for accredited training sites
4. Developing an appropriate framework for:
 - assessing and managing concerns about accredited training sites
 - managing non-compliance with the accreditation standards, including processes for making adverse changes to a training site's accreditation status (such as placing conditions on, suspending or withdrawing accreditation)
5. Ensuring grievances about accreditation processes and decisions are managed fairly and transparently.

The review recognises that a collaborative approach to the implementation of the review's recommendations is necessary to achieve the most positive results. The review has welcomed support from those involved in accrediting specialist medical training sites to ensure processes for progress.

Appendix 1: Best practice principles for administrative processes

Based on the unique role played by accreditation organisations in the National Scheme, the review has identified five key principles that underpin effective, efficient and fair processes. The review suggests that an effective and efficient process is:

1. People-centred
2. Transparent
3. Responsive
4. Fair
5. Accountable.

These principles have largely been derived from the Guidelines for complaint management in organisations to make them suitable for the accreditation context.

Embedding these principles will lead to the development of effective and efficient processes related to the roles of accreditation organisations. Proactively considering how these principles apply can also prevent issues arising that are likely to generate grievances.

People-centred

Consideration of the individual interacting with the organisation and their expectations is necessary at every stage to ensure processes are effective and efficient. In particular, the Guidelines for complaint management in organisations emphasise the importance of proactively putting people at the centre of efforts to seek, receive and respond to grievances. A people-centred approach helps ensure processes are respectful, accessible and easy to navigate.

Accessibility

Accreditation organisations' functions affect diverse, wide-ranging communities, from individual health practitioners to providers of approved programs of study. Organisations should seek to ensure that those who may need to access their services can do so.

Complaint and merits review processes should also seek to meet the needs of every person who contacts the organisation. Information should be provided clearly and in different formats to cater to individual engagement preferences and needs.

The characteristics of accessible processes include:

- written communication in plain English (and avoiding unnecessary jargon)
- flexible ways to contact the organisation or to make a complaint or apply for a merits review (for example, by phone, email or post)
- information about the organisation's processes in a range of different formats (such as online, in paper copy (leaflets or newsletters), or other media).

It is also particularly important that organisations consider groups or communities which may require assistance to access services.¹⁴⁹ Organisations should seek to tailor their approach to the individual if required and provide information about how to access further support if needed. This may include:

- providing access to the National Relay Service or interpreter services as required
- access to translating services where appropriate
- ensuring web accessibility
- providing additional support to people to make a complaint or apply for a merits review if needed.

Actively promoting grievance processes

People must be provided with the opportunity to make a complaint or apply for a merits review. It can be helpful for organisations to understand the decision-points in their processes that are more likely to result in grievances. In relation to accreditation organisations, for example, a negative outcome regarding the assessment of an overseas qualified practitioner may be more likely to be the subject of a complaint or application for a merits review.

Additionally, it must be clear to the person making a complaint or application for a merits review that they will not be adversely affected, or caused any detriment, if they raise concerns. This is particularly important when the person is raising an administrative complaint in relation to the processing of their matter while they await a decision on it.

Confidentiality

Accreditation organisations generally have legislative obligations to appropriately collect, use, store and disclose personal information. Those engaging with the National Scheme should be confident that information they provide will be appropriately protected.

The Australian Privacy Principles suggest that individuals should have the option not to identify themselves when interacting with organisations in the National Scheme.¹⁵⁰ Accepting anonymous and confidential complaints allows individuals who would not otherwise have come forward to express their concerns.

¹⁴⁹ Australian Standard, Guidelines for complaint management in organizations, 8.2

¹⁵⁰ National Health Practitioner Ombudsman, Review of confidentiality safeguards for people making notifications about health practitioners, December 2019

However, it is acknowledged that it may be impracticable or unlawful to deal with some matters on an anonymous or pseudonymous basis, such as applications for merits review. It may also be difficult to proceed with a confidential complaint if not enough information has been provided.

It is therefore important that the limitations of interacting with an organisation on a confidential or anonymous basis are clearly communicated at the time the matter is received, and in relevant publicly available information.

Setting expectations

It is important to take a people-centred approach when developing processes and responding to complaints and applications for merits review. Involving people in processes facilitates better understanding, helps provide procedural fairness, and assists in proactively setting expectations throughout the decision-making process.

People engaging with an accreditation process should be advised of the:

- steps in process, and what they need to do in relation to each new action taken or decision made
- expected timeframes of the overall process, key milestones, and any ad hoc actions taken
- ways they will be involved in each stage of the process
- the potential (and if possible, likely) outcome of their matter. This may not be practicable in all circumstances but should be the default position.

It is fundamentally important to set expectations about how an organisation will engage with people, and how it expects people to engage with it. Individuals interacting with the organisation must be treated professionally and with respect. Similarly, to ensure staff health and safety, individuals also have an obligation to communicate reasonably with the organisation. Polite and honest communication facilitates trust and mutual respect. Generally, these expectations should be set out at the first communication and should be publicly documented. This is commonly set out, for example, in an organisation's service charter or service standards.

Staff who accept grievances must also maintain professionalism and politeness, even in the face of potentially unfounded criticism. For many accreditation organisations, for example, those involved in accepting complaints and applications for merits review are likely to be well-acquainted with the decision-maker whose actions or decisions are being contested. In this respect, promoting a culture of respect and acknowledging that grievance processes are valuable is particularly important. Similarly, appropriate training to support staff to provide professional frontline services with is critical.

It is important, however, that staff can confidently respond to conduct that is unreasonable and unacceptable to ensure their health and safety and to reduce undue impact on the resources of the

organisation. Generally, information about the organisation’s standard response to unreasonable conduct should also be documented and publicly available.¹⁵¹

Learning from complainants and applicants

By seeking to understand peoples’ experiences with the relevant process, an organisation is put in a better position to identify opportunities to improve it. A range of different mechanisms can be used to learn more about the experiences of individuals interacting with an organisation, including online or telephone surveys. Ahpra, for example, regularly provides a survey to groups of individuals who have been through its notifications process to determine their level of satisfaction. This includes gathering information about how participants think the process could be improved.

Table 1 outlines some of the common ways the people-centred principle is applied in practice.

Table 1: Indicators of a people-centred process

Key principles	Indicators of principles in action
People-centred	Processes seek to meet the needs of every person
	Organisation is accessible by phone, email or post
	Grievance processes are made visible
	Anonymous and confidential complaints are accepted
	Support services are offered and publicly promoted as required

Transparent

It is widely accepted that organisations providing services that benefit the public should be open and transparent about their processes. Transparency is particularly important in complaint and merits review processes because the complainant or applicant may already have had negative experiences with the organisation and not trust that their matter will be managed fairly.

Providing information about all relevant processes can help reduce uncertainty for individuals, assists in managing expectations, and creates greater accountability for the organisation’s staff.

¹⁵¹ The New South Wales’s Ombudsman has published a model policy and procedure for managing unreasonable complainant conduct which provides a thorough to attempt to provide a robust, standardised and consistent model policy and procedure that organisations can use to inform and support their own UCC policy development processes.

Explaining and sharing information about grievance processes

To ensure transparency, processes need to clearly outline relevant information to those involved. Administrative complaint and merits review processes, for example, must be clearly outlined in an appropriate policy and procedure covering:

- how and where to make a complaint/application
- how the complaint or application will be managed, including:
 - who will be involved in the process (including what their roles will be)
 - when acknowledgement of the receipt of a complaint or application, and an outcome, can be expected
 - what information is required from the complainant or applicant and what information will be considered as part of the process
 - how the complainant or applicant can find out information about their complaint or application of a merits review, including its progress
 - the potential outcomes of a complaint or application for a merits review
 - what steps can be taken if the person is dissatisfied with the outcome of their complaint or application or its management (including external avenues).

It is important that organisations publicly share its policy and procedure, and supporting guides or information, with current and potential complainants and applicants. Generally, organisations in the National Scheme publish information on their website to ensure it is available to all.

Internally, it is vital that staff are well-acquainted with relevant processes, including grievance processes. Comprehensive training for frontline staff, and those who may be directly managing them, about how to manage grievances is necessary. It is also important that all staff in the organisation know how to escalate concerns if they are not best placed to respond to the matter.

Sharing progress on matters

A lack of transparency about how a matter is progressing can cause significant concern and stress. A transparent process ensures that those involved are provided with adequate information about how their matter is progressing. For this to occur, all matters must be tracked effectively from start to finish. The Standards, for example, indicate that ‘an up-to-date status should be made available to the complainant upon request and at regular intervals, at least at the time of pre-set deadlines.’¹⁵² It is also advisable to include this information when setting expectations about service delivery for staff to ensure they assume responsibility for providing these progress updates.

Table 2 outlines how the principle of transparency can be seen in action.

¹⁵² Australian Standard, Guidelines for complaint management in organizations, 8.5

Table 2: Indicators of a transparent process

Key principles	Indicators of principles in action
Transparent	Accreditation functions are supported by relevant standards, policies and processes
	Standards, policies and processes related to accreditation are publicly available
	Information about accreditation and grievance processes are made available
	A published service charter outlines expectations about progress updates and key milestones of processes

Responsive

Responsiveness ensures that matters are dealt with as quickly as possible and escalated where appropriate.

In particular, grievances should be resolved as early as possible. As the Commonwealth Ombudsman's Guide outlines, "complaints should be handled in a way that is proportionate and appropriate to the matter being complained about."¹⁵³ This helps to ensure that the organisations' resources are used effectively and reduces unnecessary stress and effort for the complainant or applicant. Generally, simple matters (such as a misunderstanding) can be effectively dealt with at the first point of contact. Complex matters which are likely to require significant resources and the involvement of multiple people, however, should be appropriately escalated. In practice, responsiveness therefore requires a focus on early resolution. To ensure that early resolution is prioritised, frontline staff must have the necessary skills and training to address concerns raised at the first point of contact.

It is also critical that staff are aware of the accreditation organisation's jurisdiction when first receiving a matter, complaint or application for a merits review. Health practitioner regulation is complex, and it has been well-documented that practitioners, consumers and other relevant organisations can find it difficult to navigate the various regulatory processes.¹⁵⁴ Staff must therefore be equipped to understand which matters can be managed by the organisation, and which matters must be referred to others or a suggestion for an alternative organisation to contact provided. For example, health practitioners who are concerned about the conduct of a colleague at a training site may need to be referred to Ahpra to make a notification. Similarly, members of the public who make complaints about the broader regulatory environment, may need to be referred to relevant health policy-makers.

¹⁵³ Commonwealth Ombudsman, Better practice guide to complaint handling,

¹⁵⁴ See, for example, the Senate Community Affairs References Committee, Complaints mechanism administered under the Health Practitioner Regulation National Law, May 2017

Timeliness

Proportionate and appropriate processes should be built on a commitment to timeliness. Timeliness underpins the individual’s participation in the process and can affect all stages of a matter’s management. If a matter takes too long to progress to a decision, people are likely to become more frustrated with the organisation, and potentially lose trust in the process. Delay can also prevent the organisation from taking actions necessary to address identified issues, which can cause problems to become larger and more intractable. In more serious matters, delay can contribute to harms being continued, or escalated.

Organisations should consider, and where possible, document, relevant timeframes in their processes. This includes the:

- acknowledgement of the receipt of a matter, such as a complaint or application
- response time to return correspondence or telephone calls
- time taken to consider or investigate a matter
- time taken to make a decision about a matter.

Continuous improvement

In terms of an organisation’s broader responsibilities, responsiveness requires the organisation to embed a commitment to continual improvement in its service delivery. As the Guidelines for complaint management in organisations emphasise, “responding to and learning from complaints is an essential part of the organisation’s commitment to continual quality improvement.”¹⁵⁵ In this respect, where issues are identified in a process, they should be addressed as soon as practicable. At the organisation-level, it is important that grievance processes are recognised as an opportunity to positively change.

Indicators of a responsive process are detailed in Table 3.

Table 3: Indicators of a responsive process

Key principles	Indicators of principles in action
Responsive	A published service charter or the relevant policy and procedure outlines the expected timeframes for process milestones
	A published service charter outlines relevant expected timeframes for acknowledging and responding to correspondence
	Appropriate escalation points are available in grievance processes
	Opportunities are identified to improve services

¹⁵⁵ Australian Standard, Guidelines for complaint management in organizations, 5.4.2

Fair

It is crucial that processes are fair and are seen to be fair. When people believe that an organisation's process is fair, they are more likely to trust in the organisation and accept its decisions.

Procedural justice suggests that the quality of someone's experiences, and not only the outcome of these experiences, affect whether they believe a process is fair.¹⁵⁶ There are generally four elements needed for someone to believe a process is fair:

- Voice – they are given the chance to tell their side of the story
- Neutrality – they believe the organisation is a neutral authority
- Respect – they are treated with dignity and respect
- Trustworthiness – they understand and accept the organisation's motivations.

Implementing each of the principles outlined in the review makes it more likely that people will believe a process is fair. The people-centred principle, for example, helps ensure that all people are treated with respect and are encouraged to share their perceptions about the situation. Similarly, transparency about a process positively speaks to both the perception that the organisation will handle matters impartially and clarifies their aims when managing a matter.

In addition to explaining the process, transparency is also necessary throughout a matter's management. It is essential that staff explain:

- how the organisation is responding, including actions it is taking throughout the process
- the reasons for any decisions made throughout the process
- the outcome of the matter and the reasons for this, including any remedies offered
- further redress mechanisms if the person is dissatisfied.

Equal application

For processes to be fair, and perceived to be fair, all matters must be managed equitably, and in line with the organisations' stated policy. If people's experiences are vastly different from the processes outlined by the organisation, their trust in the intention of the organisation is likely to be undermined. Similarly, people may question the neutrality of the process because it has not been applied to all participants.

Perceived or actual conflicts of interest in decision-making should be managed appropriately to ensure that they do not affect a process. Ideally, organisations should make their conflict of interest policy and procedure publicly available to enhance trust and transparency.

¹⁵⁶ Yale Law School, The Justice Collaboratory, 'Procedural Justice'. Accessed March 2022: <https://law.yale.edu/justice-collaboratory/procedural-justice>

Decision-making

It is imperative that decisions made throughout a process are reasonable and based on good industry practice. Grievance decisions should be made based on the available information, and without taking sides. It should be clear to the individual why the decision was made, and what information was considered in making the decision.

Accreditation organisations must also make decisions in line with the National Law, other relevant legislation, and their delegated powers (where relevant).

Procedural fairness

Ensuring that procedural fairness is afforded throughout a process is similarly important. Procedural fairness is a legal principle which requires that decisions which may affect a person's rights or interests are made without bias and after considering the affected person's response. In practice, procedural fairness generally involves ensuring that those involved in the matter are, where safe and practicable:

- given the opportunity to share their perspectives and put their case to the decision-maker
- provided with enough information to provide a sufficient response
- provided with progress updates and the outcome of the matter
- provided with reasons for why a decision was made.

Indicators of a fair process are detailed in Table 4.

Table 4: Indicators of a fair process

Key principles	Indicators of principles in action
Fair	Individuals are provided with an opportunity to respond before a final decision is made by the organisation
	A conflict-of-interest policy and procedure is published and adhered to
	Individuals are provided with reasons for decisions and access to available grievance processes
	Decisions are reasonable and based on good industry practice

Accountable

Organisations have a responsibility to ensure accountability for their operations and decisions.

Responsibility

All staff must clearly understand their roles and responsibilities in relation to a process to ensure accountability. It is essential that all staff understand how to escalate any concerns, and their legislative responsibilities.

It is important to note that for staff to deliver on these responsibilities, the organisation must provide adequate resources, training and support.

Record management

An essential accountability mechanism is recording information related to a matter. For complaints and merits reviews, for example, this includes ensuring that records contain information related to:

- the contact information of those involved
- issues or concerns raised by the complainant or applicant
- outcomes sought by the complainant or applicant
- the organisation's response to the matter
- any other relevant information.

Recording matters appropriately enables the organisation to report on the number of matters, including complaints and applications for merits review, it has received.

Monitoring and evaluation

Organisations should monitor and evaluate the performance of important processes to ensure they are meeting their objectives, and to identify opportunities for continuous improvement. As the Guidelines for complaint management in organisations outline, organisations should “regularly perform audits/reviews in order to evaluate the performance of the complaint management system,”¹⁵⁷ including by monitoring the implementation of complaint outcomes.¹⁵⁸ Where possible, the organisation should also be able to regularly analyse this information to identify “systemic, recurring and single incidents problems and trends.”¹⁵⁹ It is important to note that communicating the results of regular audits or reviews is vital to successfully improving processes. The ongoing monitoring of, and training and communication about, certain issues may be necessary to ensure long-term adoption of process-related changes.

¹⁵⁷ Australian Standard, Guidelines for complaint management in organizations, 9.4

¹⁵⁸ Australian Standard, Guidelines for complaint management in organizations, 8.9

¹⁵⁹ Australian Standard, Guidelines for complaint management in organizations, 9.2

Reporting

Public reporting on relevant processes is similarly important for accountability. Reporting can assist in demonstrating the organisation's commitment to fairness. Ahpra, for example, publishes information about the management of notification and registration matters and administrative complaints each year in its annual report. The number of complaints and applications for merits review received, and how they were finalised, can be an important performance indicator. Increases in the number or type of complaints received, for example, could indicate broader issues with the organisation's functioning. Providing further information about the changes made in response to grievances tangibly demonstrates the organisation's commitment to continuous improvement. Indicators of an accountable process are detailed in Table 5.

Table 5: Indicators of an accountable process

Key principles	Indicators of principles in action
Accountable	Decision-making powers are clearly articulated and enacted
	Regular performance reviews are undertaken
	Accreditation-related outcomes are publicly reported

Adjusting for operational requirements

The five key principles underpin all aspects of an effective and efficient process. However, the legislative and organisational context of accreditation organisations also affects how these principles are applied in practice. In particular, some accreditation organisations may receive more merits review requests due to the volume and breadth of accreditation-related decisions they make. Other accreditation organisations may be more likely to receive complaints about certain policies or processes, such as for exams.

The Guidelines for complaint management in organisations outline the importance of considering the organisation's broader operational context, and to identify and address how this may affect the development of a complaint process. This is particularly important for accreditation organisations' grievance processes because of the complexity health practitioners and the public already face when navigating the health regulatory environment to raise concerns.

There is significant diversity in the types of accreditation organisations in the National Scheme. Accreditation organisations range from organisations supported by a large workforce which undertake a range of functions, to smaller organisations with more limited resources and narrower responsibilities. It is essential to recognise the different challenges and opportunities raised by this diversity when establishing relevant processes to ensure they are responsive and proportionate.

In particular, the Guidelines for complaint management in organisations outline several different environmental factors which should be considered when establishing a complaint management system, including:

- statutory and regulatory requirements
- financial, operational and organisational requirements.¹⁶⁰

Accreditation organisations must perform their functions in accordance with relevant legislation and contractual agreements. Compliance with these obligations should be paramount for accreditation organisations.

The Guidelines for complaint management in organisations also focus on the size of, and level of engagement with, those the organisation serves. Factors the Guidelines for complaint management in organisations suggest should be considered include:

- the size and characteristics of the organisation’s customers/consumers
- nature and breadth of interactions and engagement with the public
- the amount and type of complaints and applications for merits review received.

The resourcing and scope of functions performed by accreditation organisations will necessarily affect the development of effective grievance processes. For example, smaller organisations may not receive many complaints, and may have limited resources to maintain effective grievance processes. Larger organisations may find it more difficult, however, to maintain the quality of complaint and merits review services, particularly if the volume of matters received increases.

Finally, the Guidelines for complaint management in organisations outline that organisations should consider consulting with internal and external stakeholders, and the organisations’ culture when establishing effective processes. This includes:

- the value assigned to grievances, and how they will be used to improve operations
- feedback and input from staff and other interested parties.

In addition, the Guidelines for complaint management in organisations suggest that the ongoing review of resourcing and staffing requirements is necessary. This includes in relation to the number and type of matters staff are handling, the level of training provided, the clarity of, and staff compliance with, existing processes (and associated documentation) and whether appropriate resourcing has been allocated.¹⁶¹

Adapting processes based on resources

The review has highlighted that effective and efficient grievance processes can look different for accreditation organisations based on their functions and operational context. The Guidelines for complaint management in organisations recognise that establishing a robust complaint process can be particularly resource intensive for smaller organisations. It suggests small organisations can achieve maximum effectiveness and efficiency by focussing their attention on:

- being open to complaints
- designing a clear process

¹⁶⁰ Australian Standard, Guidelines for complaint management in organizations, 6.1

¹⁶¹ Australian Standard, Guidelines for complaint management in organizations, 7.4

- making sure all staff are aware of the complaint management system
- allowing for resolution of a complaint at the lowest level possible
- acknowledging receipt of all complaints promptly
- assessing all complaints and deciding what to do with them
- managing expectations
- informing the complainant about the outcome of their complaint
- keeping a record of the complaints received, the action taken, the decisions made and the outcome
- reviewing complaints regularly to establish any trends or obvious changes the organisation could make to reduce or stop complaints occurring, improve the services provided or make people more satisfied.¹⁶²

¹⁶² Australian Standard, Guidelines for complaint management in organizations

Appendix 2: Accredited providers of specialist medical education

Table 1: Summary of accredited providers of specialist medical education in the National Scheme

Specialty recognised under the National Law	Field of speciality recognised under the National Law	Accredited provider of specialist education	Other functions exercised by accredited provider of specialist education
Addiction medicine	-	Royal Australasian College of Physicians	<ul style="list-style-type: none"> Assessing specialist training sites/posts Assessing overseas qualified practitioners seeking specialist registration
Anaesthesia	-	Australian and New Zealand College of Anaesthetists	<ul style="list-style-type: none"> Assessing specialist training sites/posts Assessing overseas qualified practitioners seeking specialist registration
Dermatology	-	Australasian College of Dermatologists	<ul style="list-style-type: none"> Assessing specialist training sites/posts Assessing overseas qualified practitioners seeking specialist registration
Emergency medicine	<ul style="list-style-type: none"> Paediatric emergency medicine 	Australasian College for Emergency Medicine	<ul style="list-style-type: none"> Assessing specialist training sites/posts Assessing overseas qualified practitioners seeking specialist registration
General practice	-	Royal Australian College of General Practitioners	<ul style="list-style-type: none"> Assessing specialist training sites/posts Assessing overseas qualified practitioners seeking specialist registration
	-	Australian College of Rural and Remote Medicine	<ul style="list-style-type: none"> Assessing specialist training sites/posts

			<ul style="list-style-type: none"> Assessing overseas qualified practitioners seeking specialist registration
Intensive care medicine	<ul style="list-style-type: none"> Paediatric intensive care medicine 	College of Intensive Care Medicine of Australia and New Zealand	<ul style="list-style-type: none"> Assessing specialist training sites/posts Assessing overseas qualified practitioners seeking specialist registration
Medical administration	-	Royal Australasian College of Medical Administrators	<ul style="list-style-type: none"> Assessing specialist training sites/posts Assessing overseas qualified practitioners seeking specialist registration
Obstetrics and gynaecology	<ul style="list-style-type: none"> Gynaecological oncology Maternal–fetal medicine Obstetrics and gynaecological ultrasound Reproductive endocrinology and infertility Urogynaecology 	Royal Australian and New Zealand College of Obstetricians and Gynaecologists	<ul style="list-style-type: none"> Assessing specialist training sites/posts Assessing overseas qualified practitioners seeking specialist registration
Occupational and environmental medicine	-	Royal Australasian College of Physicians	<ul style="list-style-type: none"> Assessing specialist training sites/posts Assessing overseas qualified practitioners seeking specialist registration
Ophthalmology	-	Royal Australian and New Zealand College of Ophthalmologists	<ul style="list-style-type: none"> Assessing specialist training sites/posts Assessing overseas qualified practitioners seeking specialist registration
Paediatrics and child health	<ul style="list-style-type: none"> Clinical genetics Community child health General paediatrics 	Royal Australasian College of Physicians	<ul style="list-style-type: none"> Assessing specialist training sites/posts Assessing overseas qualified practitioners seeking specialist registration

	<ul style="list-style-type: none"> • Neonatal and perinatal medicine • Paediatric cardiology • Paediatric clinical pharmacology • Paediatric emergency medicine • Paediatric endocrinology • Paediatric gastroenterology and hepatology • Paediatric haematology • Paediatric immunology and allergy • Paediatric infectious diseases • Paediatric intensive care medicine • Paediatric medical oncology • Paediatric nephrology • Paediatric neurology • Paediatric nuclear medicine • Paediatric palliative medicine • Paediatric rehabilitation medicine 		
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	<ul style="list-style-type: none"> • Paediatric respiratory and sleep medicine • Paediatric rheumatology 		
Pain medicine	-	Faculty of Pain Medicine (Australian and New Zealand College of Anaesthetists)	<ul style="list-style-type: none"> • Assessing specialist training sites/posts • Assessing overseas qualified practitioners seeking specialist registration
Palliative medicine	-	Royal Australasian College of Physicians	<ul style="list-style-type: none"> • Assessing specialist training sites/posts • Assessing overseas qualified practitioners seeking specialist registration
Pathology	<ul style="list-style-type: none"> • General pathology • Anatomical pathology (including cytopathology) • Chemical pathology • Haematology • Immunology • Microbiology • Forensic pathology 	Royal College of Pathologists of Australasia	<ul style="list-style-type: none"> • Assessing specialist training sites/posts • Assessing overseas qualified practitioners seeking specialist registration
Physician	<ul style="list-style-type: none"> • Cardiology • Clinical genetics • Clinical pharmacology • Endocrinology • Gastroenterology and hepatology • General medicine 	Royal Australasian College of Physicians	<ul style="list-style-type: none"> • Assessing specialist training sites/posts • Assessing overseas qualified practitioners seeking specialist registration

	<ul style="list-style-type: none"> • Geriatric medicine • Haematology • Immunology and allergy • Infectious diseases • Medical oncology • Nephrology • Neurology • Nuclear medicine • Respiratory and sleep medicine • Rheumatology 		
Psychiatry	-	Royal Australian and New Zealand College of Psychiatrists	<ul style="list-style-type: none"> • Assessing fellowship training programs to deliver the psychiatry training program • Assessing specialist training posts • Assessing Formal Education Courses mandatory for trainees in the training program • Assessing overseas qualified practitioners seeking specialist registration
Public health medicine	-	Royal Australasian College of Physicians	<ul style="list-style-type: none"> • Assessing specialist training sites/posts • Assessing overseas qualified practitioners seeking specialist registration
Radiation oncology	-	Royal Australian and New Zealand College of Radiologists	<ul style="list-style-type: none"> • Assessing specialist training sites/posts • Assessing overseas qualified practitioners seeking specialist registration
Radiology	<ul style="list-style-type: none"> • Diagnostic radiology 	Royal Australian and New Zealand College of Radiologists	<ul style="list-style-type: none"> • Assessing specialist training sites/posts

	<ul style="list-style-type: none"> • Diagnostic ultrasound • Nuclear medicine 		<ul style="list-style-type: none"> • Assessing overseas qualified practitioners seeking specialist registration
Rehabilitation medicine	-	Royal Australasian College of Physicians	<ul style="list-style-type: none"> • Assessing specialist training sites/posts • Assessing overseas qualified practitioners seeking specialist registration
Sexual health medicine	-	Royal Australasian College of Physicians	<ul style="list-style-type: none"> • Assessing specialist training sites/posts • Assessing overseas qualified practitioners seeking specialist registration
Sport and exercise medicine	-	Australasian College of Sport and Exercise Physicians	<ul style="list-style-type: none"> • Assessing specialist training sites/posts • Assessing overseas qualified practitioners seeking specialist registration
Surgery	<ul style="list-style-type: none"> • Cardio-thoracic surgery • General surgery • Neurosurgery • Orthopaedic surgery • Otolaryngology – head and neck surgery • Oral and maxillofacial surgery • Paediatric surgery • Plastic surgery • Urology • Vascular surgery 	Royal Australasian College of Surgeons	<ul style="list-style-type: none"> • Assessing specialist training sites/posts • Assessing overseas qualified practitioners seeking specialist registration
		Royal Australasian College of Dental Surgeons (in relation to Oral and maxillofacial surgery only)	<ul style="list-style-type: none"> • Assessing specialist training sites/posts • Assessing overseas qualified practitioners seeking specialist registration

Table 2: Accreditation functions assigned by specialist medical colleges to other entities

Specialty recognised under the National Law	Field of speciality recognised under the National Law	Accredited provider of specialist education	Entity assigned to assess training sites/posts against speciality-specific accreditation standards
Physician	Neurology	Royal Australasian College of Physicians	Australian and New Zealand Association of Neurologists
Physician	Nuclear medicine	Royal Australasian College of Physicians	Australian Association of Nuclear Medicine Specialists
Surgery	General surgery	Royal Australasian College of Surgeons	General Surgeons Australia
Surgery	Neurosurgery	Royal Australasian College of Surgeons	The Neurosurgical Society of Australasia
Surgery	Orthopaedic surgery	Royal Australasian College of Surgeons	The Australian Orthopaedic Association
Surgery	Otolaryngology – head and neck surgery	Royal Australasian College of Surgeons	Australian Society of Otolaryngology Head and Neck Surgery
Surgery	Plastic surgery	Royal Australasian College of Surgeons	Australian Society of Plastic Surgeons
Surgery	Urology	Royal Australasian College of Surgeons	Urological Society of Australia and New Zealand
Surgery	Vascular surgery	Royal Australasian College of Surgeons	Australian and New Zealand Society for Vascular Surgery

Appendix 3: Domains in specialist medical training site accreditation standards

Table 1: Summary of domains/standards evidenced in key specialist medical training site accreditation standards¹⁶³

College	Accreditation standard	Accreditation policy	Domains/standards
ACD	Accreditation Standards for Training Positions	Accreditation Reviews and Outcomes Guidelines	<ol style="list-style-type: none"> 1. Education and training 2. Supervision and coordination 3. Equipment, facilities and clinical support 4. Learning and working environment
ACEM	FACEM Training Program Site Accreditation Requirements	Accreditation Process Guide	<ol style="list-style-type: none"> 1. Promotes the health, welfare and interests of trainees 2. Ensures trainees have the appropriate knowledge, skills and supervision to deliver quality patient care 3. Supports a wide range of educational and training opportunities aligned to the Curriculum Framework requirements 4. Leadership and management
ACRRM	Supervisor and training post standards	Supervisor and training post accreditation guide	<ol style="list-style-type: none"> 1. Promotes the health, welfare and interests of trainees 2. Ensure trainees have the appropriate knowledge, skills and supervision to deliver quality patient care 3. Supports a wide range of educational and training opportunities aligned to curriculum requirements

¹⁶³ Please note that where colleges have more than one set of accreditation standards, the review has selected one standard to summarise for expediency.

ACSEP	Accreditation Standards	Training Practice Accreditation Regulation	<ol style="list-style-type: none"> 1. The Practice promotes the health, welfare and interests of registrars 2. The Practice ensures registrars have the appropriate knowledge, skills and supervision to deliver quality patient care 3. The Practice supports a wide range of educational and training opportunities aligned to the curriculum requirements
ANZCA	ANZCA handbook for accreditation	Policy information contained within ANZCA handbook for accreditation	<ol style="list-style-type: none"> 1. Quality patient care 2. Clinical experience 3. Supervision 4. Supervisory roles and assessment 5. Education and training 6. Facilities 7. Clinical governance
CICM	Minimum Standards for Intensive Care Units	No relevant policy	<ol style="list-style-type: none"> 1. Staffing 2. Operational 3. Structure of an ICU 4. Equipment 5. Monitoring
RACDS	Standards and Criteria for Accreditation of Regional Training Centres, Hospitals and Posts	Policy information contained within Standards and Criteria for Accreditation of Regional Training Centres, Hospitals and Posts	<ol style="list-style-type: none"> 1. Education and training 2. Clinical experience 3. Equipment and support services 4. Resources to support education and training 5. Supervision 6. Organisational support for trainees 7. Institutional responsibilities 8. Quality and safety

			9. Promoting an environment of culture and respect for staff and patients 10. Cultural competency and safety
RACGP	Standards for general practice training	Guide to RACGP Accreditation Standards for Training Sites and Supervisors	1. Standard 1.1 – Supervision is matched to the individual registrar’s level of competence and learning needs in the context of their training post. 2. Standard 1.2 – A model of supervision is developed in the context of the general practice training post to ensure quality training for the registrar and safety for patients. 3. Standard 1.3 – The practice environment is safe and supports training 4. Standard 2.1 – The registrar is selected and commences training. 5. Standard 2.2 – Registrars learn in a structured way in posts that are accredited and engaged in the teaching and learning process. 6. Standard 2.3 – The development of each registrar is optimised. 7. Standard 2.4 – The training provider delivers quality education and training. 8. Standard 3.1 – The registrar is competent to commence training. 9. Standard 3.2 The competence of the registrar is articulated and benchmarked to inform progress throughout training. 10. Standard 3.3 –The registrar is competent to commence working as an unsupervised GP in Australia.
RACMA	No publicly available	Accreditation of Training Posts Regulation	No publicly available accreditation standards.

	accreditation standards.		
RACP	Training Provider Standards for Clinical Training Programs	Training Provider Accreditation Program	<ol style="list-style-type: none"> 1. Environment and culture 2. Training oversight 3. Training support 4. Curriculum implementation
RACS	Accreditation of Hospitals and Posts for Surgical Education and Training	Training Post Accreditation and Administration Regulation	<ol style="list-style-type: none"> 1. Building and maintaining a culture of respect for patients and staff 2. Education facilities and systems required 3. Quality of education, training and learning 4. Surgical supervisors and staff 5. Support services and flexibility for trainees 6. Clinical load and theatre sessions 7. Equipment and clinical support services 8. Clinical governance, quality and safety
RANZCO	Standards for Ophthalmology Training Posts	Training Post Accreditation Policy	<ol style="list-style-type: none"> 1. Site facilities 2. Site policy framework 3. Teaching and learning facilities 4. Supervision 5. Profile of work 6. Trainees' surgical experience 7. Trainees' clinical experience
RANZCOG	Accreditation standards and guidelines for hospitals in the FRANZCOG training program	Policy information contained within Accreditation standards and guidelines for hospitals in the FRANZCOG training program	<ol style="list-style-type: none"> 1. Support for RANZCOG officers and Engagement with hospital accreditation processes 2. Appointment and support of training supervisors 3. Consultant involvement with and support for FRANZCOG trainees

			<ol style="list-style-type: none"> 4. Provision of clinical supervision and experience 5. Provision of structured education programs, teaching sessions and learning opportunities 6. Workplace culture, registrar staffing, safe working hours, leave arrangements and assistance for rural rotations
RANZCP	Training Program Accreditation Standards	Accreditation Policy and Procedure	<ol style="list-style-type: none"> 1. Training program coordination 2. Provision of required training experiences 3. Selecting, monitoring and support of trainees 4. Standard of training 5. Supervisors
RANZCR	Accreditation Standards for Education, Training and Supervision of Clinical Radiology Trainees	Policy information included in Accreditation Standards for Education, Training and Supervision of Clinical Radiology Trainees	<ol style="list-style-type: none"> 1. The Training Site promotes the welfare and interests of trainees 2. The Training Site ensures Clinical Radiology trainees have the appropriate knowledge, skills and supervision to provide quality patient care 3. The Training Site provides a wide range of educational and training opportunities for trainees that are aligned with the requirements of the Radiodiagnosis Training Program Curriculum
RCPA	Accreditation standards attached to Accreditation of sites for Training Programs policy	Accreditation of sites for Training Programs policy	<ol style="list-style-type: none"> 1. Governance and management 2. Supervision and clinical experience 3. Education opportunities