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Active Management Process

For Accreditation Committees

Version 0.12

Effective January 2024

Pursuing Training Excellence

Active Management Process

Purpose

The document outlines the College's process in relation to concerns received that indicate non-compliance with the Training Provider Accreditation Standards and/or Basic Training Program Accreditation Requirements, have a major impact on trainees and the quality of Basic Training at Settings, and fall outside of the standard monitoring processes. This process enables evidence-based decision making and provides transparency for all relevant parties throughout the process.

This increased monitoring is driven by the need for the College to provide assurance to the Australian Medical Council (AMC) and the Medical Council of New Zealand (MCNZ) that Training Providers and their Basic Training Programs will continue to meet or substantially meet the Training Provider Standards. The intention of this process is to be a supportive and collaborative mechanism that maintains focus on progress and provide touch points to discuss challenges.

Applicability

The process applies to Settings accredited under the RACP Training Provider Standards and Basic Training Program Accreditation Requirements and used by RACP staff, RACP bodies and delegates in managing accreditation decisions and the stages of active management. It applies to concerns determined to have a **major impact** as outlined in the Monitoring of a Training Provider document, being serious impact on *'training, patient safety and/or trainee and educator safety or wellbeing'*. For concerns determined to have a minor or moderate impact, this is managed in accordance with standard monitoring processes.

Examples of major impacts include:-
- Heavy workload;
- Unsafe working conditions and/or unsafe rostering;
- Lack of supervision;
- Reports of bullying, harassment, discrimination and/or racism;
- Media articles or survey results that indicate major impact or high risk/s;
- Potentially severe impacts on trainee and supervisor health and wellbeing.
- Potentially severe reports of risks to patient safety.

Relevant Abbreviations

The process contains acronyms throughout the document:-

- AMAF – Active Management Assessment Form;
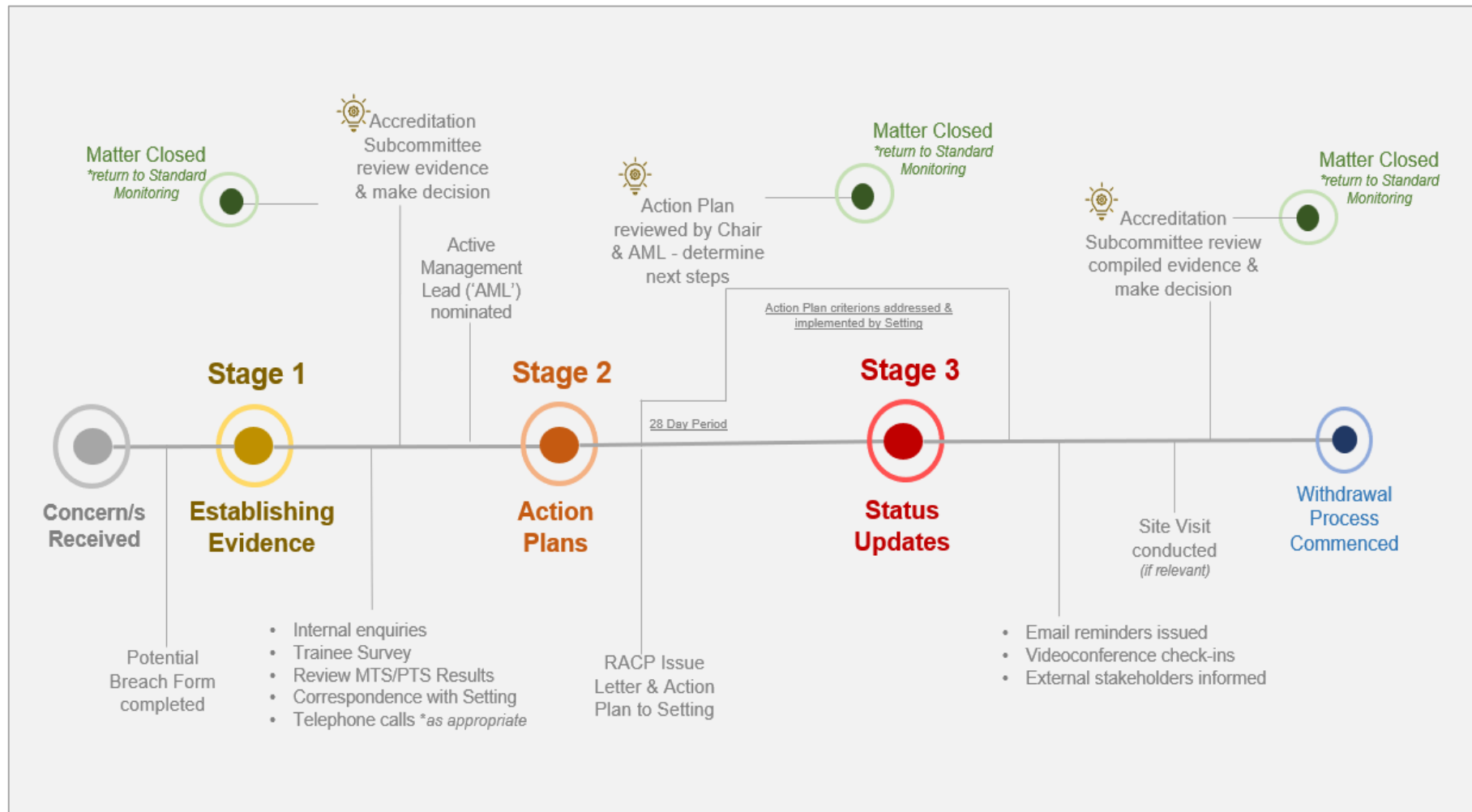- AML – Active Management Lead

Other Resources

The process correlates to the following additional resources:-

o [Training Provider Standards](#)
o [Basic Training Program Accreditation Requirements](#)
o [Monitoring for a Training Provider](#)
o [Potential Breach Form](#)
o [RACP Complaints Management Policy](#)
o [Complaint Management Procedure](#)
o [Reconsiderations, Reviews & Appeals Process](#)

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

Stages of Active Management

Outline of Active Management Stages

This section details the necessary steps to be undertaken within each stage of the active management process.

Prior to commencing Stage 1, Training Accreditation Services staff will:-

- *Acknowledge receipt of the concern/s received;*
- *Request the reporter completes Potential Breach Form or confirm completion on their behalf*
- *Confirm consent for completed Potential Breach Form to be shared with other relevant parties *establishment of concern/s may be limited if reporter wishes to remain anonymous*
- *Assess impact level against the Monitoring of a Training Provider process – minor or moderate impacts return to standard monitoring procedures. If determined to be <u>major</u>, then proceed with Stage 1 – Establishing Evidence.*

Stage 1: Establishing Evidence

1. Training Accreditation Services conduct internal enquiries relevant to the concern/s received to establish any available evidence, depending on the nature of the concern/s received this may include:-

    1.1 Review reporter/s details and status on college administration systems: trainee contact details, training location, training status, hospital accreditation details *(where applicable).*

    1.2 Review internal records and correspondence regarding the relevant Setting stored in accreditation server folders and accreditation outlook mailbox records to identify if similar concern/s have been historically raised and review previous accreditation decisions made.

    1.3 Review historical accreditation documents including Setting timelines, notification letters and previous accreditation reports.

    1.4 Review any available Physician Trainee Survey ('PTS'), Medical Training Survey ('MTS') or other relevant trainee survey results.

    1.5 Review accreditation stakeholder excel list for current Setting contact details and roles.

    1.6 Training Accreditation Services Senior Management (Senior Executive Officer and/or Accreditation Manager) are informed of the concern/s received.

2. Training Accreditation Services staff notify other relevant internal RACP teams (as per <u>Appendix 1</u>) using <u>Email Template A</u> regarding the concern/s received.

3. With reference to the collated and established evidence, Training Accreditation Services staff complete the first section of 'Stage 1: Establishing Evidence' of the Active Management Assessment Form ('AMAF') and make one of the following status advice recommendations:

    - Impact is major and active management processes should be followed.
    - Impact is minor or moderate and concerns should revert to standard monitoring processes.
    - Any other action/s necessary including additional enquiries i.e. phone/video conference with the Director of Physician/Paediatric Education ('DPE'), Setting Executive Team or other Setting contacts or Trainee/s.

4. The completed AMAF and any established evidence is emailed to the Chair of the respective Basic Training Accreditation Committee for review and decision:-

    - To accept the Training Accreditation Services staff recommendation/s; or
    - To alter or provide alternate recommendation/s.

4.1 If the Chair determines, based on the available evidence, no impact is identified, then the matter should be closed.

4.2 If the Chair determines, based on the available evidence, the impact is minor or moderate then the matter is returned to standard monitoring under the Monitoring of a Training Provider process.

4.3 If the Chair determines, based on the available evidence, the impact is major then Training Accreditation Services staff draft Letter Template A and following Chair's approval of the letter, is issued to the Setting requesting a letter of reply within a two-week period.

5. At the time that the letter is issued to the Setting, a Trainee Survey is also conducted by Training Accreditation Services staff and closes after a two-week period.

6. Following receipt of the letter of reply from the Setting, all correspondence and Trainee Survey results are compiled, the next section of 'Stage 1: Establishing Evidence' of the Active Management Assessment Form ('AMAF') is completed and Training Accreditation Services make one of the following status advice recommendations:

   - Impact remains major and active management process continues.
   - Impact is minor or moderate and should revert to standard monitoring processes.

7. The completed AMAF is emailed to the Chair of the respective Basic Training Accreditation Committee for review and decision:-

   - To accept the recommendation/s by Training Accreditation Services; or
   - To agree on alternative recommendation provided by Training Accreditation Services in item 6.

   7.1 If the Chair determines, based on the available evidence, the impact is minor or moderate then the matter is returned to standard monitoring under the Monitoring of a Training Provider process.

   7.2 If the Chair determines, based on the available evidence, the impact remains major then the matter proceeds to the next step.

8. The completed AMAF, potential breach form and any available evidence is placed on the agenda for decision at the next scheduled Basic Training Accreditation Committee meeting OR if the next scheduled meeting is more than four weeks away then an Out of Session videoconference meeting is scheduled with the Accreditation Committee.

   8.1 The Accreditation Committee reviews the item and with specific reference to evidence used, determines that the:

   - Impact is minor or moderate and concerns revert to standard monitoring processes.
   - Impact is major and matter proceeds to Stage 2 – Action Plan.
   - Impact is severe and should be escalated to the Withdrawal Process.
   - The agreed decision by the Accreditation Committee is recorded in the AMAF by Training Accreditation Services staff.

   8.2 The Accreditation Committee determine the current accreditation status of the Setting and/or Training Program/s based on any condition and/or recommendations in place, and this is recorded in the AMAF by Training Accreditation Services. If based on established evidence, the accreditation status is changed i.e. from Accredited to Accredited with Conditions.

8.3 The Accreditation Committee nominates an Active Management Lead ('AML') to assist with the active management process.

8.4 Within five business days from the Accreditation Committee meeting, Training Accreditation Services Staff finalise the minutes extract regarding any Active Management item/s and circulate this extract to the Chair/s for approval.

9. Once the minutes extract from the Accreditation Committee meeting is approved, Training Accreditation Services draft the relevant notification letter to the Setting:-

9.1 If the Committee determined the impact is minor or moderate and the matter reverts to standard monitoring processes then:-

9.1.1 Training Accreditation Services draft Letter Template B and following approval by the Chair, is issued to the Setting advising the Active Management Process is now closed.

9.1.2 Training Accreditation Services also issue Email Template B to internal stakeholders as per Appendix 1 advising the Active Management Process is now closed.

9.1.3 Training Accreditation Services update the AMAF to note this decision.

10. Once the letter is issued to the Setting and if the accreditation status has been changed, Training Accreditation Services update any relevant record keeping systems including and the College 'Accredited Settings' weblist.

10.1 If the Committee determined the impact is major and the matter proceeds to Stage 2 – Action Plan then proceed to step 10 below.

10.2 If the Committee agreed the impact is severe and matter should be escalated to the Withdrawal Process then proceed to step 34 below.

Stage 2: Action Plan

11. Training Accreditation Services draft Letter Template C and Action Plan Template and issue to the Chair and AML's for approval:-

11.1 Prior to issuing the letter to the Setting, Training Accreditation Services contact the Director of Physician/Paediatric Education by phone outlining the outcome of the Accreditation Committee meeting and informing them that correspondence will be issued.

11.2 Once the letter is approved by the Chair and AML and contact has been made with the necessary stakeholders, then the letter is issued to the Setting by email.

12. If the accreditation status has been changed following the Committee's decision then following issue of the letter, Training Accreditation Services update any relevant record keeping systems and the College 'Accredited Settings' weblist.

13. The letter issued to the Setting requests completion of an Action Plan within a 28-day period with written responses to the conditions and/or recommendations specified against areas of non-compliance to the Training Provider Standards and/or Basic Training Accreditation Requirements as established in Stage 1. The Setting is asked to propose how and by what timeframe they will achieve compliance.

14. Training Accreditation Services staff issue Email Template C to internal and external stakeholders as per Appendix 1, the Setting is now under Stage 2 of active management.

15. The Action Plan is received from the Setting and reviewed by Training Accreditation Services staff to ensure all criterions have been addressed and any supporting documentation is provided. Training Accreditation Services staff then email the Action Plan with any supporting documentation and the updated AMAF to the Chair and AML with the following recommendations for review:
    - Proceed to Stage 3 with Status Update reviews to take place within certain time frames i.e. 4 month document review, 8 month document review and/or 12 month site visit; and/or
    - Other Stakeholder engagement necessary eg: additional trainee surveys, wellbeing videoconferencing conference, phone call check-ins with DPEs/Setting Executive etc.
    - The matter is closed and returned to standard monitoring process.

16. The Chair and AML review the documents and confirm if they:
    - Accept the Training Accreditation Services staff recommendation for next steps; or
    - Alter the recommendation to the options outlined in pt 15.
    - Their decision is supported by specifying the evidence used to determine the recommendation and this is recorded in the AMAF.

17. Following the Chair & AML's recommendations, Training Accreditation Services staff draft Letter Template D to the Setting with the agreed outcome and any review timelines. The letter is approved by the Chair and AML then issued to the Setting by email.

18. If the accreditation status has been changed following the Committee's decision then following issue of the letter, Training Accreditation Services update any relevant record keeping systems and the College 'Accredited Settings' weblist.

19. The Accreditation Committee are provided with the submitted Action Plan and recommendations made by Chair and AML at the next scheduled meeting with a verbal update of same.

Stage 3: Status Updates

20. Where a site visit is required, Training Accreditation Services staff facilitate this in accordance with standard operating procedures.

21. If further stakeholder engagement or enquiries are recommended by the Chair & AML, Training Accreditation Services staff will facilitate the logistics of videoconferences check-in's or conduct trainee surveys etc.
    - The Chair and AML use the Videoconferencing Question Guide during any videoconferences;
    - Meeting notes taken by Training Accreditation Services during any video/phone conferences and circulated to all attendees following the meetings for factual verification purposes.

22. Training Accreditation Services staff issue Email Template D to the Setting within one month prior to each active management timeline milestone with reminder of documentation due dates.

23. Documentation is required for each active management milestone. Upon receipt of this documentation, this is sent to the Chair and AML for review including specific reference to the evidence used in determining the recommendation. The Chair and AML will determine the following:
    - Sufficient action has been taken to meet the milestone and active management proceeds in line with the review timeline.
    - Some progress has been made, however further action required prior to the next milestone.
    - Insufficient/no action has been taken and recommendation of withdrawal of accreditation is escalated to the Accreditation Committee as an Out of Session videoconference for consideration.
    - The AMAF is updated with the recommendation/s recorded.

24. Upon review of each active management milestone by the Chair and AML, Training Accreditation Services staff prepare Letter Template E and following the Chair and AML's approval, is issued by email to the Setting notifying them of the findings.

25. Upon review of each active management milestone by the Chair and AML, Training Accreditation Services staff issue Email Template E to external stakeholders as per Appendix 1, advising of the decision.

26. Once all active management milestones have been completed, and excluding escalation of withdrawal recommendations, all relevant correspondence and documentation is provided to the Basic Training Accreditation Committee at the next scheduled meeting *OR* if the next scheduled meeting is more than four weeks away then an out of session videoconference meeting is scheduled.

27. The Accreditation Committee is asked to determine the following:
    - The active management milestone/s have been met, partially met or not met;,
    - If the milestone/s have been met or partially met, determine if the matter can be closed and returned to standard monitoring procedures.
    - If the milestone/s have been partially met or not met with insufficient progress made by the Setting and continued non-compliance with the Standards, the Accreditation Committee is to determine if the matter is referred to the Withdrawal Process.

28. Any decision made by the Accreditation Committee is to be supported by specifying the evidence used to determine the recommendation and this is recorded in the AMAF.

29. Within five business days from the Accreditation Committee meeting, Training Accreditation Services Staff finalise the minutes extract from any Active Management item/s and circulate to the Chair/s for approval.

30. Training Accreditation Services issue brief with attached copy of approved minutes by the Chair of the Accreditation Committee to the parent body Basic Training Committee and College Education Committee for noting.

31. Training Accreditation Services staff draft Letter Template F to the Setting with the agreed outcome and once approved by the Chair and AML, is issued to the Setting by email.

32. Training Accreditation Services staff issue Email Template F to external stakeholders as per Appendix 1 advising of the decision.

33. If the accreditation status has been changed following the Committee's decision then following issue of the letter, Training Accreditation Services update any relevant record keeping systems and the College 'Accredited Settings' weblist.

Withdrawal Process

34. If it is determined by the Accreditation Committee in the stages above, that the impact is severe and the matter should be escalated or referred for Withdrawal, and further consultation with the Accreditation Committee is necessary then Training Accreditation Services arrange an urgent Out of Session meeting with the respective Accreditation Committee for ratification.

35. If the Accreditation Committee agrees to recommend the matter for withdrawal of accreditation then the parent body (relevant Basic Training Committee) is informed of this decision:-
    - Training Accreditation Services staff issue a brief including a copy of the minutes extract from the Accreditation Committee meeting to the Secretariat of the parent body for voting at the next scheduled meeting *OR* if the next scheduled meeting is more than four weeks away then it is requested to be circulated as Out of Session.
    - The brief outlines to the parent body that the Accreditation Committee have recommended to withdraw accreditation from the Setting.

36. If the parent body ratifies the Accreditation Committee's decision to withdraw accreditation, then a brief is issued by Training Accreditation Services Staff to the RACP Board for noting:-
    - Training Accreditation Services staff issue a brief to the Secretariat of the Board, which includes a copy of minutes extract from the parent body Committee meeting for noting at the next scheduled meeting *OR* if the next scheduled meeting is more than four weeks away then is requested to be circulated as Out of Session.
    - The brief outlines to the RACP Board the Accreditation Committee's recommendation to withdraw accreditation from the Setting and ratification by the parent body.

37. Following ratification by the parent body and confirmed noting by the RACP Board, Training Accreditation Services staff draft Letter Template G and following approval by Chair and AML, is issued to the Setting by email advising of withdrawal.

38. Immediately following the issue of this letter, Training Accreditation Services also:
    - Update the 'Accredited Settings' weblist on the RACP College website by removing the Setting from this list accordingly.

- Update CAS by archiving the record and adding notes outlining the reason for withdrawal.
- Issue Email Template G to the current trainees at the Setting advising of the withdrawal.
- Issue Email Template H to external stakeholders advising of the decision.
- Issue Email Template I to internal stakeholders advising of the decision.

Appendix 1: Internal & External Stakeholder Involvement

Stakeholders	Stage 1	Stage 2	Stage 3	Withdrawal
RACP Training Accreditation Services *plans, coordinates and manages accreditation cycles, liaises with fellows, accreditors, Setting contacts, Committee Members and implements accreditation programs.*	• Liaise with reporter regarding Potential Breach Form • Conduct internal enquiries & establish evidence. • Conduct trainee survey/s. • Issue Email Template A: *Informing of Potential Breach.* • Complete Stage 1 AMAF section with recommendations. • Letter Template A - optional: *draft & issued based on Chair's decision and conduct Trainee Survey.* • Letter Template B - optional: *draft & issued based on Committee decision.* • Email Template B - optional: *informing matter is now closed.* • Complete AMAF with recommendations • Liaise with Chair to correspond with Setting • Provide brief to Accreditation Committee for review & decision. • Update accreditation status records, if required.	• Letter Template C: *draft and issue with Action Plan Template, liaise with Chair for same.* • Contact DPE by phone advising decision and next steps. • Update accreditation status records, if required. • Issue Email Template C: *Informing of Stage 2 status.* • Review Action Plan, update AMAF and make recommendations to Chair and AML for decision. • Letter Template D: *draft and issue with agreed outcome and any review timelines.* • Provide Action Plan to Accreditation Committee for noting.	• If applicable, facilitate and organise site visit • If applicable, facilitate further engagement including videoconferences, trainee surveys and take notes. • Issue Email Template D: *within 1 month prior to each milestone.* • Review & issue milestone documentation to Chair & AML. • Letter Template E: *draft and issue following each milestone review.* • Issue Email Template E: *Informing of status following each milestone.* • Provide Brief to Accreditation Committee for final decision, draft minutes and notification letters. • Issue brief to Basic Training Committee and College Education Committee. • Letter Template F: *draft and issue following decision.* • Issue Email Template F: *Informing of status.*	• If necessary, organise an urgent Out of Session video meeting with Accreditation Committee meeting for withdrawal decision. • Issue brief with minutes to parent body Committee for voting. • If accepted by parent body, then issue brief to RACP Board. • If confirmed by RACP Board, then draft and issue Letter Template G. • Update accreditation status records, if required. • Issue Email Templates G, H and I advising of withdrawal decision.
RACP Training Support *provides advice to trainees experiencing difficulty, facilitates and administers the trainee support pathway.*	• Email Template A: *Informed of Potential Breach reported* • Email Template B - optional: *informed matter now closed.* • Liaise with TAS in supporting trainees where necessary.	• Email Template C: *Informing of Stage 2 status.* • Liaise with TAS in supporting trainees where necessary.	• Email Template E: *Informing of status following each milestone.* • Liaise with TAS in supporting trainees where necessary.	• Email Template I: *Informing of withdrawal* • Liaise with TAS in supporting trainees where necessary.
RACP Basic Training *coordinates and manages annual cycles of trainee registration, training time and compliance with training requirements.*	• Email Template A: *Informed of Potential Breach reported* • Email Template B - optional: *informed matter now closed.* • Liaise with TAS in supporting trainees where necessary.	• Email Template C: *Informing of Stage 2 status.* • Liaise with TAS in supporting trainees where necessary.	• Email Template E: *Informing of status following each milestone.* • Liaise with TAS in supporting trainees where necessary.	• Email Template I: *Informing of withdrawal* • Liaise with TAS in supporting trainees where necessary.
Chair of Accreditation Committee *responsible for leadership of the College Body, facilitating accreditation reviews and communications with Parent Body and/or Board.*	• Review Stage 1 AMAF sections and determine next steps • Review & approve correspondence to Setting • Letter Template A - optional: *Review & approve* • Letter Template B - optional: *Review & approve.* • Lead discussion at Accreditation Committee meeting • Review & approve minutes following meeting	• Review & approve correspondence and Action Plan • Liaise with AML and provide decision for next steps • Provide verbal update on Action Plan and status to Accreditation Committee	• Attend and conduct with AML, any further engagement meetings. • Review documentation received upon each milestone and make determination of next steps. • Liaise with Training Accreditation Services staff in drafting correspondence. • Provide update on status to Accreditation Committee,	• Review minutes and correspondence in relation to withdrawal decision.

Role				
Accreditation Committee *oversees the accreditation for Training Network, Training Setting and Basic Training Program/s. Monitor, review and interpret accreditation criteria.*	• Review Brief and documents provided by TAS and determine next steps. • Nominate AML and Member/s to fulfill the duties associated with that role upon nomination.	• Review & approve correspondence and Action Plan • Liaise with AML & provide decision for next steps • Provide verbal update on Action Plan and status to Accreditation Committee	Once all active management milestones are completed, all documentation is reviewed for final decision.	Attend meetings to discuss and determine referral for Withdrawal decision.
Basic Training Committee *Ensures oversight in the implementation of College Education Policy in the Basic Training program/s including accreditation, supervision and examinations.*				• Review Brief from Accreditation Committee and ratify decision to proceed with withdrawal process (where applicable) • Vote on referral for withdrawal
President of Division Councils *Represents and connects Fellows and trainees in Australia and Aotearoa New Zealand through its Council, committees, and associated committees.*			Email Template F: *Informing of status.*	Email Template H: *Informing of withdrawal*
State Committee Chair *Australian state and territory committees represent their trainees and Fellow residents across educational, professional development and advocacy issues.*			Email Template F: *Informing of status.*	Email Template H: *Informing of withdrawal*
College Education Comittee *Peak body responsible for developing and overseeing College-wide education policy and improving both new and amended training and education programs.*		Email Template C: *Informing of Stage 2 status.*	Email Template F: *Informing of status*	Email Template H: *Informing of withdrawal*
RACP Board *Governs and supports the RACP Governance by representing College members and guiding decision-making.*			Notified of any recommendations for withdrawal process, as ratified by the Basic Trainee Committee.	• Review Brief from Accreditation Committee and ratify decision to proceed with withdrawal process (where applicable) • Vote on referral for withdrawal

Training Network/s & Network Governing Bodies *Supports high quality training and education to physicians.*		Email Template C: *Informing of Stage 2 status.*	Email Template F: *Informing of status* Network Director of Physician/Paediatric Education are also invited to attend site visit review if scheduled.	Email Template H: *Informing of withdrawal*
Local Health District *Management of public hospitals, healthcare clinics and institutions. Promote, protect and maintain the community's health.*		Email Template C: *Informing of Stage 2 status.*	Email Template F: *Informing of status*	Email Template H: *Informing of withdrawal*
State Health Minister *Supports the promotion, management, development and maintenance of Australian State health and wellbeing systems and legislation.*		Email Template C: *Informing of Stage 2 status.*		Email Template H: *Informing of withdrawal*