



National Health
Practitioner
Ombudsman

Processes for progress

College specific analysis and recommendations

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

October 2023

Appendices

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Australasian College of Dermatologists (ACD)

The Australasian College of Dermatologists (ACD) conducts the education, training and continuing professional development of specialist dermatologists in Australia.

The education and training program in dermatology delivered by ACD is accredited by the Australian Medical Council (AMC). The AMC's most recent accreditation report is dated February 2022 and the AMC website indicates that accreditation is due to expire in March 2024.¹

The ACD Training Program consists of a minimum of four years full-time training. After completing the ACD Training Program, medical practitioners can apply for registration as a specialist dermatologist with the Medical Board of Australia and Fellowship of ACD.

Accreditation of training positions

<p>Procedural aspects of training position accreditation</p> <p>The review found the procedural aspects of training position accreditation to be partially adequate. Improvements could be made to ensure procedural fairness and to clarify the steps involved in assessing applications for accreditation of new training positions and the reaccreditation process.</p>	
<p>Process for managing concerns about accredited training positions</p> <p>The review found there were somewhat adequate processes for managing concerns about accredited training positions. A policy and procedure for managing concerns about accredited positions needs to be developed to provide a clear pathway for individuals to raise a concern.</p>	

ACD is responsible for accrediting dermatology and Micrographically oriented histographic surgery (Mohs surgery) training positions in Australia.² In contrast to other specialist medical colleges, ACD accredits individual training positions, rather than a unit or department within a health service. Dermatology and Mohs surgery training positions are usually within public and private hospitals, skin and cancer foundations and private practices in Australia, which ACD refers to as training facilities.

ACD has a dedicated page for training position accreditation located within the trainee section of its website. This page provides key information about the accreditation process for dermatology and

¹ AMC website, 'Specialist medical colleges' webpage. Accessed May 2022: <www.amc.org.au/accreditation-and-recognition/assessment-accreditation-specialist-medical-programs-assessment-accreditation-specialist-medical-programs/specialist-medical-colleges>.

² ACD uses the term training position to describe the location where training is undertaken, while other specialist medical colleges use the term training site.

Mohs surgery training positions, with links to the relevant accreditation standards, policies and application forms to apply for accreditation.

Process for accrediting training positions

ACD's National Accreditation Committee (Accreditation Committee) is responsible for overseeing the accreditation and monitoring of training positions and reports to the Academic Standards Committee.

Dermatology training positions

ACD assesses dermatology training positions in accordance with the Accreditation Standards for Training Positions (Dermatology Accreditation Standards), which were last updated in May 2022. The process for accrediting training positions is detailed in the Accreditation Reviews and Outcomes Guidelines (Dermatology Accreditation Policy). At the time of the review, the Dermatology Accreditation Policy was dated December 2020, but following the receipt of the review's preliminary findings, ACD updated the policy in 2023.

For new training positions seeking accreditation, the training facility is required to apply to ACD on the relevant form. Conditional accreditation is granted upon the creation of a new training position for a set period of time. This time period is usually 12 months, during which time the position will be subject to position review checks (including teleconferences and site inspections) by an accreditation inspection team.

At the end of the period of conditional accreditation, ACD may grant full accreditation to the training position if it satisfies the minimum requirements for accreditation.

Mohs training positions

ACD assesses Mohs surgery training positions in accordance with the accreditation standards outlined in the Mohs Micrographic Surgery Training Position Accreditation Guidelines (Mohs Accreditation Guidelines). The application and assessment process for accrediting training positions is detailed in the Mohs Accreditation Guidelines. It is unclear when these guidelines came into effect, as the document is undated. Further information about the accreditation process is detailed in the Mohs Accreditation Process document (Mohs Accreditation Policy), which appears to be dated July 2017.

For Mohs surgery training positions seeking accreditation, provisional accreditation is generally granted for a period of 12 months if the Accreditation Committee determines the training position meets the accreditation standards. ACD undertakes a review of the training position via teleconference within three months of the training position being granted provisional accreditation and a site visit within six months. Following these position review checks, the Accreditation Committee may decide to:

- grant full accreditation
- grant accreditation with provisos (where accreditation is subject to set provisos being complied with within a specific timeframe)

- grant conditional accreditation (where there has been a failure to comply with provisos or minimum requirements, or a failure to pass a provisional accreditation site inspection)
- withdraw provisional accreditation.

Monitoring of accredited training positions

The Dermatology Accreditation Policy and the Mohs Accreditation Guidelines outline that training positions are subject to several position review checks during the conditional or provisional accreditation period or if the training position has been accredited with provisos. Training positions with conditional accreditation may also be subject to review during the period of accreditation as required by the Accreditation Committee. Training positions that have been granted full accreditation are not subject to any reviews during the accreditation cycle.

If ACD becomes aware of any concerns with a training position or if there is a change to the structure of a training position, the Accreditation Committee can commence an accreditation review at any time.

Managing concerns about accredited training positions

The accreditation page on ACD's website outlines that ACD may commence an unscheduled accreditation review and/or conduct a site visit if a concern is received from a fellow or trainee about an accredited training position. This is also outlined in the Dermatology Accreditation Policy and the Mohs Accreditation Guidelines, which state that the Accreditation Committee may commence an accreditation review at any time if it identifies concerns in relation to a training position.

ACD does not have a specific policy or procedure for handling concerns about accredited training positions. There is no guidance in the accreditation policies and guidelines about how to submit a concern or ACD's process for managing and responding to concerns raised.

Managing non-compliance with the accreditation standards

The Dermatology Accreditation Policy outlines that the Accreditation Committee may grant conditional accreditation to a training position if it determines the accreditation standards have not been met. The Accreditation Committee may also withdraw accreditation from a training position. This may occur following a period of conditional accreditation if the Accreditation Committee decides the accreditation standards are not being met or cannot be addressed in a reasonable timeframe and remaining accredited would have a detrimental effect on the training requirements of a trainee.

Similar to dermatology training positions, the Accreditation Committee may grant conditional accreditation or withdraw accreditation for Mohs training positions. The Accreditation Committee may also decide to accredit a training position with provisos following a period of provisional or full accreditation. A proviso is a condition or stipulation resulting from an accreditation review that the training position must meet within a specified timeframe.

Key observations

ACD has established processes for accrediting dermatology and Mohs surgery training positions. ACD has a dedicated page on its website for training position accreditation, with links to the relevant accreditation standards, process guides and application forms. The Dermatology Accreditation Policy and the Mohs Accreditation Guidelines and Policy provide key information about the accreditation process in multiple formats, with tables and flowcharts used to present information in a way that is accessible and easy to navigate.

The review identified areas where it considers ACD's accreditation processes could be strengthened, particularly in relation to how applications for accreditation and reaccreditation are managed, the process for handling concerns about accredited training positions and developing a more structured approach to monitoring training positions during the accreditation cycle.

The review found that several policies and procedures relevant to accreditation had not been reviewed or updated by ACD in a significant amount of time. The Mohs Accreditation Guidelines and the Mohs Accreditation Policy appear not to have been reviewed since 2017. Most of these policies stipulate that they will be reviewed every two years. However, this appears not to have occurred in practice. The review suggests ACD monitors and regularly evaluates the performance of its policies and processes to ensure they are meeting their objectives and to identify opportunities for continuous improvement. ACD should explore ways to ensure that this process regularly takes place. Mechanisms could include providing training for staff on key policies and assigning responsibility for policy review to a relevant staff member.

Further, the review observed that some of the ACD's policy and procedure documents were undated. For example, the Mohs Accreditation Guidelines are undated. This made it difficult for the review to determine when some policies and procedures came into effect and whether any updates had been made to the documents throughout the period of the review. This issue could similarly cause difficulties for training facilities that are trying to determine whether any changes have been made to training position accreditation requirements and procedures over time. It is important for transparency and accountability that the commencement date of a policy or procedure is made clear, together with information about whether the document has been modified and the next scheduled review date.

Providing clarity about the steps involved in making accreditation decisions

The Dermatology Accreditation Policy and the Mohs Accreditation Guidelines provide detailed information about the different types of accreditation decisions that ACD can make. However, the review found there was limited publicly available information about the initial steps involved in assessing applications for accreditation of new training positions.

After an application for accreditation is received by ACD from a dermatology or Mohs surgery training facility, the review found there was limited guidance about how the Accreditation Committee decides whether to grant conditional or provisional accreditation and if a decision can be made not to grant conditional or provisional accreditation.

The review recommends ACD update the Dermatology Accreditation Policy and the Mohs Accreditation Guidelines to provide more specific information about the steps undertaken after a new application for accreditation is received. This information should include:

- how ACD determines whether to grant conditional or provisional accreditation to a training position, including the information that is considered and the relevance of the accreditation standards
- clarity regarding the possible outcomes from the Accreditation Committee’s initial consideration of the application, including whether the Accreditation Committee can decide not to grant conditional or provisional accreditation and the options available to the training facility if this occurs
- expected timeframes for key stages of the accreditation process, such as acknowledging receipt of the application and providing notice of the accreditation decision.

While the Dermatology Accreditation Policy and the Mohs Accreditation Guidelines briefly reference the reaccreditation process, there is no guidance provided about the steps involved in reaccrediting a training position. It was unclear to the review whether training facilities are required to apply for reaccreditation at the end of the accreditation period or whether the reaccreditation process is initiated by ACD.

The review recommends ACD update the Dermatology Accreditation Policy and the Mohs Accreditation Guidelines to outline the process for reaccrediting training positions, in particular:

- whether the reaccreditation process is initiated by ACD or the training facility
- if the training facility is required to apply for reaccreditation, information about whether there is a specific form that needs to be completed and the information the training facility is required to provide with the application
- how ACD decides whether to reaccredit a training position, with reference to the information that is considered and the accreditation standards
- possible outcomes from the reaccreditation process
- expected timeframes for the key stages of the reaccreditation process.

Recommendations	Priority rating
<p>ACD should update the Dermatology Accreditation Policy and the Mohs Accreditation Guidelines to provide more specific information about the steps undertaken after a new application for accreditation is received, including:</p> <ul style="list-style-type: none"> • how the Accreditation Committee decides whether to grant conditional or provisional accreditation to a training position and the possible outcomes at this stage • expected timeframes for the key stages of the accreditation process. 	High

ACD should update the Dermatology Accreditation Policy and the Mohs Accreditation Guidelines to provide more specific information about the reaccreditation process, including:

- how the reaccreditation process is initiated
- how reaccreditation decisions are made and possible outcomes from the process
- expected timeframes for key stages of the reaccreditation process.

High

Procedural fairness considerations during the accreditation process

ACD publishes a Procedural Fairness Policy that provides guidance for decision-makers to ensure the decision-making process is fair. This policy was last updated in May 2017 and outlines that decision-makers should ensure that individuals are provided with:

- sufficient information or evidence on which the decision will be based
- a reasonable opportunity to be heard.

While the review is supportive of ACD publishing guidance for decision-makers on procedural fairness, it does not appear that these considerations and principles have been fully incorporated into the accreditation process. The Dermatology Accreditation Policy and the Mohs Accreditation Guidelines do not provide a training facility with the opportunity to respond to position review checks, provisos review checks or before a final decision is made regarding accreditation. It is understood that the training facility is provided with a report after the site inspection occurs. However, it is unclear whether it can respond to the report and findings before the Accreditation Committee makes its decision.

To ensure ACD's decision-making processes are transparent and procedurally fair to training facilities, the review recommends that ACD updates the Dermatology Accreditation Policy and the Mohs Accreditation Guidelines to introduce steps in the accreditation process to allow training facilities to respond to the findings of position review checks and proviso review checks.

The review also recommends that training facilities are provided with a further opportunity to respond if the Accreditation Committee proposes to make an adverse decision. This should occur if the Accreditation Committee is proposing:

- not to grant conditional or provisional accreditation to a new training position
- to change the accreditation status of a fully accredited training position (to grant conditional accreditation, accreditation with provisos or withdraw accreditation).

ACD should notify the training facility of the Accreditation Committee's proposed accreditation outcome, including the information relied on and the proposed reasons for the decision. The training facility should then be provided with reasonable time to review the proposed accreditation outcome and provide a response before a final decision is made by the Accreditation Committee.

In addition to promoting transparency and procedural fairness in its decision-making, the review considers that introducing these steps will provide training facilities with the opportunity to clarify any errors of fact or to provide additional information relevant to the review check or accreditation

decision. This is particularly important in circumstances where the Accreditation Committee is proposing to withdraw accreditation from a training position. In turn, this may reduce the likelihood of a training facility seeking to access ACD's merits review process after a decision has been made.

Recommendations	Priority rating
ACD should update the Dermatology Accreditation Policy and the Mohs Accreditation Guidelines to ensure training facilities are provided with an opportunity to respond to position review checks and provisos review checks.	High
<p>ACD should update the Dermatology Accreditation Policy and the Mohs Accreditation Guidelines to ensure training facilities are provided with an opportunity to respond if the Accreditation Committee is proposing:</p> <ul style="list-style-type: none"> • not to grant conditional or provisional accreditation to a new training position • to change the accreditation status of a fully accredited training position (to grant conditional accreditation, accreditation with provisos or withdraw accreditation). 	High

Transparency regarding monitoring activities that may be undertaken during the accreditation cycle

The AMC requires that education providers regularly review their training and education programs, and that supervisors and trainees contribute to the monitoring process.³ While ACD has established processes for the regular review of training positions with conditional accreditation, provisional accreditation and accreditation with provisos, training positions that have been granted full accreditation are not subject to any reviews by ACD during the accreditation cycle.

As training positions may be accredited for a period of up to five years, the review considers it is important that ACD has mechanisms in place to monitor training positions during the accreditation period to ensure the relevant accreditation standards continue to be met. The review observed that some specialist medical colleges undertake a mid-cycle desktop audit to monitor accredited training sites and undertake regular surveys of trainees and supervisors to obtain feedback about the training site. The review recommends ACD establishes a process to proactively monitor training positions with full accreditation during the accreditation cycle. ACD may wish to develop a policy and procedure for monitoring accredited training positions or include this information in the Dermatology Accreditation Policy and the Mohs Accreditation Guidelines. This should include information about the:

- monitoring activities that may be undertaken during the accreditation cycle, including how concerns and feedback received about accredited training positions will be used as part of these activities

³ AMC, Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs by the Australian Medical Council 2015.

- process that is followed by ACD if concerns are identified while undertaking monitoring activities that the training position may not be meeting the accreditation standards, such as an unscheduled accreditation review or a site visit
- possible outcomes for training positions if it is established that the accreditation standards are not being met, such as changing the accreditation status of the training program.

Sharing information about monitoring activities will assist in managing the expectations of training facilities during the accreditation cycle, particularly as monitoring activities may result in an unscheduled accreditation review and/or site visit and a change to the accreditation status of a training position.

Recommendations	Priority rating
<p>ACD should provide greater clarity in accreditation documentation about the monitoring activities that may be undertaken in relation to training positions with full accreditation during the accreditation cycle. This should include information about:</p> <ul style="list-style-type: none"> • how concerns and feedback received about accredited training positions will be used as part of these activities • the process that is followed if ACD identifies concerns while undertaking monitoring activities that the training position may not be meeting the accreditation standards, such as an unscheduled accreditation review or a site visit • the possible outcomes for training positions if it is established that the accreditation standards are not being met, such as changing the accreditation status of the training program. 	High

Establishing a clear process for managing concerns about accredited training positions

The Dermatology Accreditation Policy and the Mohs Accreditation Guidelines provide a mechanism for ACD to undertake an unscheduled accreditation review and/or site visit if concerns are identified with a training position. However, the review found ACD does not have a clear pathway for individuals to raise a concern about an accredited training position or an established process for managing these concerns.

While it is acknowledged that some concerns about training positions may be more appropriately managed by the training facility or an external agency, it is important that ACD provides a clear pathway for individuals to raise a concern about an accredited training position. It is also important that there is an established process in place for managing these concerns that is documented publicly in a policy or procedure. This is particularly relevant in the context of ACD’s monitoring function, as information about concerns may indicate a systemic issue with a training position that may impact its ability to meet the accreditation standards.

The review recommends that ACD develops a policy and procedure for managing concerns about accredited training positions in line with the best practice principles for complaint handling outlined in this report. The policy should provide clear guidance about:

- what constitutes a concern about an accredited training position that can be considered under the policy, including examples
- the role of the individual and respondent during the process, including that the respondent will be notified of the concerns and provided with an opportunity to respond before a decision is made, and that both the individual and respondent will be provided with written notice of the decision
- the key roles and responsibilities of ACD staff and committees during the process, including who is responsible for making a decision and escalation points if an individual or respondent is dissatisfied with a decision
- how concerns which allege, or appear to demonstrate, that a training position is no longer meeting the accreditation standards are assessed and managed (see 'A framework for identifying and managing non-compliance with the accreditation standards')
- the concerns which will not be assessed or managed directly by ACD, and the relevant referral pathways where possible, such as professional misconduct concerns which should be reported to Ahpra and the Medical Board of Australia (see 'Developing a framework for assessing and managing concerns about accredited training sites')
- expected timeframes for key stages of the process
- possible outcomes from raising a concern, including if concerns are substantiated that the training position is not meeting the accreditation standards (see 'Establishing a risk-based, proportionate approach to non-compliance with the accreditation standards')
- how concerns or feedback will be recorded and how this data will be used by ACD to inform its monitoring functions and reaccreditation processes.

To ensure individuals are aware of the ability to raise concerns about an accredited training position, it is recommended the policy provides 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.

The review acknowledges that some of ACD's accredited training positions may be located within small facilities. This presents an added complexity for ACD, given the sensitive nature of concerns that may be raised and fear of retribution that some individuals may feel, particularly if a trainee wishes to raise a concern about a facility where they are undertaking their training. The review considers that providing options for concerns to be made on a confidential basis may reduce barriers for individuals wishing to raise concerns. Anonymous concerns may also be accepted, however, ACD should clearly communicate the possible limitations associated with progressing anonymous concerns. Further, ACD should be transparent about the difficulties with maintaining confidentiality in circumstances where the individual may be identifiable from the subject matter of the concern.

Once ACD has finalised a policy for managing concerns about accredited training positions, it is recommended that ACD staff are provided with training to ensure they are aware of how to identify a concern, the process for managing these concerns, and how to assist individuals to access ACD's system for handling these concerns.

Ideally, ACD should create an online form to assist individuals to provide key information about their concerns and the outcome they are seeking. This will help to ensure ACD has sufficient information to respond to the concerns.

ACD should consider who may wish to raise a concern and ensure that information about the process for managing concerns is easily accessible on its website in relevant areas, such as the accreditation section and in areas accessed by trainees and fellows. It should also be promoted in relevant correspondence and training material. As training positions may be the subject of a concern, it is important that they are aware of the process and how data recording concerns and feedback will be used to inform ACD's monitoring activities and reaccreditation processes.

Concerns about accredited training positions need to be accurately recorded and appropriately stored. The review suggests that ACD creates an internal register to record concerns and outcomes and uses this data to inform its monitoring activities and reaccreditation processes.

Recommendations	Priority rating
ACD should develop and publish a policy and procedure for managing concerns about accredited training positions. Information about this process should be easily accessible on ACD's website and communicated to stakeholders.	High
ACD should develop an online form to raise a concern about an accredited training position and ensure there are mechanisms for concerns to be raised anonymously, using a pseudonym or on a confidential basis.	Low
ACD should provide staff with training after it develops a policy and procedure for managing concerns about training positions to ensure they are aware of how to identify a concern, the process for managing these concerns, and how to assist individuals to access ACD's system for handling these concerns.	Low
ACD should create an internal register to record concerns about accredited training positions and outcomes, and should use this data to inform its monitoring activities and reaccreditation processes.	Medium

Managing non-compliance with the accreditation standards

The review recognises that it is necessary for ACD to respond to a training position not complying with an accreditation standard. The Dermatology Accreditation Policy and the Mohs Accreditation Guidelines outline the different accreditation decisions that can be made by the Accreditation Committee in this regard. However, the review found that ACD's process for responding to instances where it has been substantiated that a training position is no longer meeting the accreditation standards during the accreditation cycle could be clearer.

As outlined in this report, the review suggests that colleges apply a risk-based and proportional response to non-compliance, where action is taken based on the level of risk associated with the training position's non-compliance.

The review notes that there are a range of different actions available to ACD if it is substantiated that a training position is not meeting the accreditation standards. This may range from requesting that the training facility provides an update on how it has addressed an issue, to more serious action such as making an adverse change to the accreditation status of the training position. Responses to non-compliance which are high risk may include, for example:

- imposing conditions on the accreditation of the training position
- suspending the training position's accreditation
- making immediate changes, such as removing a trainee temporarily from the training position or removing and replacing a training site supervisor
- withdrawing accreditation from the training position.

Given the serious implications for training facilities and trainees if ACD decides to make an adverse change to the accreditation status of a training position, it is important there is a clear procedure in place outlining the steps involved in the process, and the factors considered before a final decision is made. This information should be publicly available to assist trainees and supervisors who may be impacted by the decision and to enhance the transparency of ACD's processes. Similarly, it is important that ACD has a robust and well-documented process that can be relied on to support its decision-making if a decision is later subject to a merits review.

The review recommends that ACD updates the Dermatology Accreditation Policy and the Mohs Accreditation Guidelines to provide further information about how it manages non-compliance with the accreditation standards. ACD should provide greater clarity about:

- how it may identify that a training position is not meeting the accreditation standards, such as through its monitoring activities or receiving a concern about a training position from an individual
- the roles and responsibilities of the relevant bodies in making a decision in relation to non-compliance, including any proposed decision to adversely change the accreditation status of a training position
- the assessment process to determine the most appropriate decision, including the factors considered regarding the risks associated with the non-compliance and the actions available to ACD in response
- the steps involved before a final decision is made in response to non-compliance, including any required consultation with affected stakeholders
- the expected timeframes for key stages of the process
- the process for notifying training facilities of the decision, including that they will be provided with written reasons for the decision
- the complaints and merits review pathways available to training facilities regarding the decision.


The review recognises that responsibilities regarding required consultation with affected stakeholders will likely differ based on the seriousness of the risks identified, and therefore the severity of the action proposed to be taken by ACD. For example, a decision to withdraw

accreditation from a training position can have wide-ranging impacts on health services, and therefore likely requires more comprehensive consultation.

To ensure any process to make an adverse change to the accreditation status of a training position is procedurally fair, the review recommends ACD ensures the process includes a step allowing the training facility to review and respond to the proposed decision before a final decision is made and that this is clearly outlined in the Dermatology Accreditation Policy and the Mohs Accreditation Guidelines. This process should involve ACD providing the training facility with notice of its proposed decision and reasons for the decision. This step will provide the training facility with the opportunity to respond to the concerns, clarify any factual errors, or provide additional information relevant to the decision-making process. This step may also reduce the likelihood of a training facility later seeking a merits review of an accreditation decision on the basis of a factual error or information not being considered.

Recommendations	Priority rating
<p>ACD should update the Dermatology Accreditation Policy and the Mohs Accreditation Guidelines to provide further information about how it manages non-compliance with the accreditation standards. ACD should provide greater clarity about:</p> <ul style="list-style-type: none"> • how it may identify that a training position is not meeting the accreditation standards, such as through its monitoring activities or receiving a concern about a training position from an individual • the roles and responsibilities of the relevant bodies in making a decision in relation to non-compliance, including any proposed decision to adversely change the accreditation status of a training position • the assessment process to determine the most appropriate decision, including the factors considered regarding the risks associated with the non-compliance and the actions available to ACD in response • the steps involved before a final decision is made in response to non-compliance, including any required consultation with affected stakeholders • the expected timeframes for key stages of the process • the process for notifying training facilities of the decision, including that they will be provided with written reasons for the decision • the administrative complaint and merits review pathways available to training facilities regarding the decision. 	High
<p>ACD should update the Dermatology Accreditation Policy and the Mohs Accreditation Guidelines to specify that the training facility will be provided an opportunity to review and respond to the proposed decision to make an adverse change to the accreditation status of the training position before a final decision is made.</p>	High

Merits review process

<p>Merits review process for accreditation decisions</p> <p>The review found the merits review process for accreditation decisions to be partially adequate. Some improvements could be made to ensure information about the merits review process is clear, visible and accessible.</p>	
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Accreditation decisions made by ACD may be subject to merits review under the Reconsideration, Review and Appeals Policy (the Appeals Policy), which was last updated in September 2022. The procedure for managing reconsideration, review and appeal applications is outlined in the Reconsideration, Review and Appeals – Governing Procedure (the Appeals Procedure), which was last updated in September 2022. To apply for a merits review of an accreditation decision, the applicant is required to complete the Reassessment of Decision Form, which is attached to the Appeals Policy.

There is no fee to apply for a reconsideration and review of a decision. The appeal fee is set at \$5,000. If the appeal is successful, the appeal fee is refunded to the applicant in full.

The merits review process available to training facilities are promoted in the Dermatology Accreditation Policy and the Mohs Accreditation Guidelines.

Accreditation decisions subject to merits review

The review observed a lack of clarity around the accreditation decisions that can be reconsidered, reviewed or appealed through the Appeals Policy. The policy specifies, for example, that decisions regarding the accreditation of training by hospitals, units, other organisations or supervisors can be reconsidered, reviewed or appealed.

The review considers there are a range of accreditation decisions that should be subject to merits review processes. These include decisions to:

- refuse to grant provisional accreditation, accreditation or reaccreditation of a training position
- impose or change a condition on the accreditation or reaccreditation of a training position
- refuse to change or remove a condition imposed on the accreditation or reaccreditation of a training position
- suspend the provisional accreditation or accreditation of a training position
- revoke the provisional accreditation or accreditation of a training position.

The review recommends that ACD considers clarifying the types of decisions which are subject to its Appeals Policy, including the decisions referred to above. This is important to ensure that ACD’s accreditation decision-making processes are accountable and procedurally fair.

<p>Recommendations</p>	<p>Priority rating</p>
<p>ACD should update the Appeals Policy to clarify the types of accreditation decisions that can be subject to merits review.</p>	<p>Medium</p>

Clarifying the impartiality and independence of the Appeals Committee

As outlined in the best practice section of this report, the review suggests that colleges which provide an appeal process should seek to ensure that the appointed decision-makers are independent and impartial. The review noted that ACD’s Appeals Procedure outlines requirements related to the composition of its Appeals Committee which includes three non-college members and two fellows with the required specialist knowledge to consider appeals.

The review commends ACD for seeking to ensure greater accountability of decision-making through an appeals process. However, the review suggests that ACD considers clarifying how it appoints committee members, and how this leads to an impartial and independent decision-making committee. 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.

Recommendations	Priority rating
ACD should update the Appeals Policy to clarify how members of its Appeals Committee are appointed, and their required skills and experience, to strengthen the impartiality and independence of appeal decisions.	Medium

Providing reasons for merits review decisions

The Appeals Procedure outlines differing requirements relating to the provision of reasons for decisions at the three stages of the merits review process. At the reconsideration stage, it is specified that “[w]here possible, the decision maker/Committee should endeavour to provide the applicant with reasons for the decision via the Honorary Secretary.” For review applications, the Appeals Procedure outlines that “[t]he Review Committee is not required to furnish the applicant with reasons for the decision.” If the decision is changed, however, the Review Committee “should endeavour to provide reasons to the original Committee”. Lastly, at the appeal stage, the Chief Executive Officer (CEO) is required to notify the appellant in writing of the decision and reasons for the decision.

To ensure the merits review process is transparent and accountable, the review recommends ACD updates the Appeals Policy to stipulate that the applicant will be provided with written notice of the decision and reasons for the decision at the conclusion of the reconsideration, review and appeal stages. This should occur in circumstances where the original decision is overturned or changed, as well as if a decision is made to uphold the original decision.

As outlined in this report, the review considers that providing applicants with reasons for a decision is central to ensuring the decision-making process is transparent and fair. 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 seek a further review. In particular, consideration of the reasons provided for a decision may assist the applicant to decide whether they wish to highlight any procedural or factual errors in the decision which may be relevant to their application at the next stage of the merits review process.

Recommendations	Priority rating
ACD should update the combined Appeals Policy and Appeals Procedure to stipulate 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.	High

Making the merits review process more accessible

While the merits review process available to training facilities is referenced in the Dermatology Accreditation Policy and the Mohs Accreditation Guidelines, the review observed these documents provided limited practical information about how the Appeals Policy and Procedure applies to accreditation decisions. The review also found that ACD does not include any information about the merits review process available to training facilities on the accreditation page on its website.

To make information about the merits review process more accessible to training facilities, the review recommends ACD updates the accreditation page on its website to provide:

- more specific information about how the merits review process applies to accreditation decisions, including any applicable fees and that a refund will be provided if the applicant is successful
- instructions for submitting an application for each stage of the merits review process, with links to the relevant application forms
- links to the Appeals Policy and Procedure.


The review also recommends that ACD provides further information about the merits review process available to training facilities in the Dermatology Accreditation Policy and the Mohs Accreditation Guidelines. These documents present information about the accreditation process in a question-and-answer format that is easy to navigate. The review suggests ACD adopts a similar approach when updating the merits review process section of the Dermatology Accreditation Policy and the Mohs Accreditation Guidelines to answer commonly asked questions about how the merits review process applies to accreditation decisions.

To apply for a merits review of a decision, applicants are required to submit a 'reassessment of decision' form. The review suggests the title of this form may be confusing for applicants given the term 'reassessment' is not used in the Appeals Policy or Procedure. To ensure consistency, the review suggests ACD considers updating the name of this form to the 'application for a merits review form'.

The ACD may also wish to consider including an additional question on the form requesting the applicant outlines the outcome they are seeking from the merits review process. Encouraging applicants to outline the outcome they are seeking from the process may provide ACD with the opportunity to informally resolve concerns if appropriate, or manage expectations about the outcomes that may be achieved through the merits review process.

Recommendations	Priority rating
<p>ACD should update the accreditation page on its website to provide guidance about the merits review process available to training facilities, including:</p> <ul style="list-style-type: none"> • more specific information about how the merits review process applies to accreditation decisions, including any applicable fees and that a refund will be provided if the applicant is successful • instructions for submitting an application for a merits review, with links to the relevant application form/s • links to the Appeals Policy and Procedure. 	Medium
<p>ACD should update the Dermatology Accreditation Policy and the Mohs Accreditation Guidelines to provide more specific information about how the Appeals Policy and Procedure applies to accreditation decisions.</p>	Medium

Administrative complaints process

<p>Administrative complaints process</p> <p>The review found that there was a somewhat adequate process for managing administrative complaints. Improvements could be made to clarify the complaints process, including the relevant escalation points and the recording and monitoring of complaints.</p>	
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ACD manages administrative complaints in accordance with its Complaints and Grievances Policy (the Complaints Policy), which was last updated in June 2019. The Complaints Policy defines a complaint as an expression of dissatisfaction by an individual about an activity of ACD, or an individual associated with ACD. Complaints relating to an activity of ACD may include a complaint about an administrative action, procedure or decision of ACD.

The Complaints Policy encourages complainants to raise their concerns with the individual involved in the first instance. If this is not possible, non-academic complaints, such as administrative complaints, can be raised with ACD’s CEO. If the complaint cannot be resolved at this stage, the individual is directed to lodge a formal complaint with the Honorary Secretary of ACD. A complaint form is attached to the Complaints Policy, which the individual is required to complete and email to the Honorary Secretary. The Honorary Secretary is responsible for reviewing the evidence provided by the complainant and may conduct interviews with relevant parties before making a decision. The decision is then communicated to the complainant, detailing the actions taken in response to the complaint.

Key observations

ACD’s Complaints Policy covers a broad range of complaint issues. While administrative complaints fall within its scope, it also covers complaints about the professional behaviour of individuals associated with ACD, such as trainees and fellows. The review considers that professional complaints

about trainees or fellows are likely to involve different processes, responsibilities and outcomes to administrative complaints.

To make the complaints process clearer to complainants, the review recommends ACD develops a separate policy for managing administrative complaints in line with the suggested principles and processes outlined by the review. Alternatively, the review suggests ACD updates the Complaints Policy to provide greater clarity about how administrative complaints will be managed and possible outcomes from the complaints process that are applicable to this category of complaints.

The review recommends ACD considers adopting the three-stage model for complaints management outlined in this report. A stage one complaint could be defined as a complaint that can be resolved quickly by frontline staff, such as straightforward service delivery complaints. A stage two complaint would usually involve a more complex issue or a complaint that was unable to be resolved at stage one and is managed by another staff member or team within the organisation. Stage three of the complaints process involves review of the complaint by an external entity, such as the National Health Practitioner Ombudsman.

While the Complaints Policy stipulates that the complaints process is managed by the Honorary Secretary, the review was unable to locate any information on ACD's website about who the Honorary Secretary is or their role within ACD. To promote transparency in its decision-making and complaint handling, the review suggests ACD include further information in the Complaints Policy, or newly developed policy, about the roles and responsibilities of the Honorary Secretary and any other individuals or business units who may be involved in the complaints process.

Once ACD has finalised the administrative complaint handling policy or updated the Complaints Policy, it is recommended that frontline staff and those who may be directly involved in managing administrative complaints are provided with training to ensure they are aware of the complaints process, how to identify a complaint and how to assist complainants to access the complaint handling system.

Recommendations	Priority rating
ACD should develop a separate policy for managing administrative complaints or update the Complaints Policy to provide greater clarity about how administrative complaints will be managed in line with the three-stage approach to complaints management suggested in the report.	High
ACD should ensure the newly developed policy for managing administrative complaints, or the updated Complaints Policy, provides clarity about the roles and responsibilities of the Honorary Secretary and any other individuals or business units that may be involved in the complaints process.	Medium
ACD should provide complaint handling training to staff after finalising the administrative complaint handling policy or updating the Complaints Policy.	Medium

Ensuring the complaints process is visible and accessible

To ensure the complaints process is visible to those who may wish to submit an administrative complaint, it is recommended that ACD publish information about the complaints process on its website, including how to submit a complaint and the complaint handling process. This information could be published on ACD’s ‘contact us’ page or on a stand-alone page for complaints, with a link to the administrative complaint handling policy once it is finalised. The complaints process should also be promoted in other relevant areas of ACD’s website accessed by trainees and fellows.

The review noted that complainants are provided with the option to initially raise non-academic concerns with ACD’s CEO, but there are no instructions regarding how to do this. Further, formal complaints can only be submitted by email to the Honorary Secretary of ACD. To ensure the complaints process is accessible, the review recommends ACD provide greater flexibility to complainants about the way they can make a complaint, such as by phone, email or post. This information should be included in the Complaints Policy, or newly developed policy, the complaint form and on the complaints page on ACD’s website.

Recommendations	Priority rating
ACD should publish information about its administrative complaint handling process on its website.	Medium
ACD should allow people to make a complaint by phone or email, and outline this in relevant documentation.	Medium

Recording and monitoring complaints

The Complaints Policy outlines that all complaints and outcomes will be documented and filed appropriately. It is unclear, however, how ACD documents complaints and whether a complaints register is used to monitor complaint themes and outcomes. The review therefore recommends ACD develops an internal procedure to regularly review its recorded complaint data to produce complaint insights that can be fed back to the relevant business areas of ACD to improve service delivery.



Recommendations	Priority rating
ACD should create an internal complaints register to record and monitor administrative complaints and outcomes.	Medium

Australasian College for Emergency Medicine (ACEM)

The Australasian College for Emergency Medicine (ACEM) conducts the education, training and continuing professional development of specialist emergency physicians. ACEM also conducts a joint training program in paediatric emergency medicine with the Royal Australasian College of Physicians (RACP).

The education and specialist training program in emergency medicine delivered by ACEM is referred to as the FACEM Training Program and it is accredited by the Australian Medical Council (AMC). The AMC's most recent accreditation report is dated December 2021 and the AMC website indicates that accreditation is due to expire in March 2026.¹

Accreditation of training sites

<p>Procedural aspects of training site accreditation</p> <p>The review found the procedural aspects of training site accreditation to be mostly adequate. Improvements could be made to provide clarity regarding the monitoring activities that may be undertaken during the accreditation cycle and to strengthen procedural fairness in accreditation processes.</p>	
<p>Process for managing concerns about accredited training sites</p> <p>The review found there were partially adequate processes for managing concerns about accredited training sites. Improvements could be made to develop a clear pathway for individuals to raise concerns about accredited training sites and to promote this process across ACEM's website.</p>	

ACEM is responsible for accrediting emergency medicine training sites in Australia. The FACEM Training Program is primarily undertaken in accredited adult-only, paediatric-only and mixed adult and paediatric emergency departments (ED) in hospitals. ACEM also accredits emergency medicine training networks, consisting of two or more accredited training sites that have agreed to provide a co-ordinated education and training program for emergency medicine trainees.

In addition to accrediting hospital EDs and training networks, ACEM accredits special skills placements in intensive care medicine, anaesthesia critical care and other non-ED specialities. For

¹ AMC website, 'Specialist medical colleges', webpage. Accessed April 2022: www.amc.org.au/accreditation-and-recognition/assessment-accreditation-specialist-medical-programs-assessment-accreditation-specialist-medical-programs/specialist-medical-colleges.

trainees who wish to undertake part of their training at a non-ED training site, ACEM recognises training sites that have been accredited for training by the related specialist medical college.

ACEM transitioned to a new accreditation structure for the delivery of the FACEM Training Program at the start of 2022, which is comprised of four training stages. The revised accreditation structure has introduced additional accreditation requirements and changes to the level of accreditation a training site is awarded.

Process for accrediting training sites

The Accreditation Requirements Policy (AC549) (the Accreditation Policy) outlines ACEM's accreditation standards, criteria and requirements for adult, mixed and paediatric EDs seeking accreditation as a training site. The Accreditation Process Guide (AC550) (the Accreditation Process Guide) outlines ACEM's process for:

- initial accreditation and reaccreditation of training sites
- the process for conducting site inspections
- monitoring activities that may be undertaken during the accreditation cycle.

The accreditation requirements for special skills placements are outlined in the Accreditation Standards for Specialist Skills Placement (AC638) (SSP Accreditation Policy). The accreditation process for all special skills placements is outlined in the SSP Accreditation Process Guide (AC95) (the SSP Accreditation Process Guide). ACEM publishes on its website accreditation guidelines for special skills placements in intensive care medicine, anaesthesia critical care and other non-emergency department specialities.

Training sites seeking to offer training in the final 12 months of the training program, referred to as Training Stage 4 (TS4), are required to apply for specific TS4 accreditation. The accreditation requirements are outlined in the TS4 Accreditation Requirements Policy (AC808) and the accreditation process is outlined in the TS4 Interim Process Guide.

ACEM adopts a similar process for initial accreditation and reaccreditation across adult, mixed and paediatric EDs, and special skills placements. Generally, training sites seeking accreditation are required to apply to ACEM on the relevant application form. ACEM assesses the application against the relevant accreditation standards to determine if the requirements are met, partially met or not met. If ACEM determines the accreditation standards are met or partially met, provisional accreditation will be granted to the training site until a site inspection is undertaken. Following the site inspection, the inspection team will draft a report recording a rating of met, partially met or not met for each accreditation requirement, supported by reasons. If the accreditation standards are not met or partially met, the inspection team may recommend conditional accreditation. The accreditation report is then submitted to the Accreditation Subcommittee for approval and a final decision is communicated to the training site.

Monitoring of accredited training sites

The Accreditation Process Guides provide an overview of the monitoring activities ACEM may undertake during the accreditation cycle. These activities include review of the annual site census,

trainee placement surveys, examination reports and workplace-based assessment reports. If ACEM identifies concerns while undertaking monitoring activities that indicate a training site is not meeting the accreditation standards, ACEM may initiate a focused investigation. ACEM's accreditation team may also request, on behalf of the Accreditation Subcommittee, an updated Quality Improvement Plan from a training site 12 months following the provision of an accreditation outcome.

Managing concerns about accredited training sites

The Accreditation Process Guides outline that if ACEM receives notice of a concern about an accredited training site, the individual will be referred to the relevant college policies. The Accreditation Process Guides also state that ACEM may become aware of issues with a training site through its survey tools used to monitor training sites, reports that it generates and other substantiated avenues.

If ACEM determines the issues raised in a concern relate to a training site's accreditation and may indicate it is no longer meeting the accreditation standards, a focused investigation will be initiated by ACEM. This process involves ACEM assessing the performance of the training site in relation to the applicable accreditation standards, requesting a response from the training site regarding the issues identified and may also involve ACEM conducting a focused site visit. At the conclusion of the investigation, ACEM will determine whether the accreditation standards are met, partially met or not met. If ACEM decides the accreditation standards are partially met or not met, this may result in conditions being imposed on the accreditation of the training site. If the training site does not satisfactorily address the issues of concern, or implement the prescribed changes within the stated timeframe, ACEM may immediately withdraw or downgrade accreditation.

Managing non-compliance with the accreditation standards

The Accreditation Process Guides outline that training sites which fail to address the conditions on their accreditation to ACEM's satisfaction within the prescribed timeframe face withdrawal or downgrading of their accreditation. If ACEM is considering withdrawing accreditation or has withdrawn accreditation, ACEM will work with trainees to "minimise the implications of these decisions on their training." The training site and the Director(s) of Emergency Medicine Training will "communicate openly and honestly about accreditation possibilities with trainees." The Accreditation Process Guides outline that accreditation will not be withdrawn or downgraded without written notice. In relation to the management of unsatisfactory progress regarding conditions on accreditation, it specifies that withdrawal of accreditation decisions will be referred to the Council of Education for a final determination and the training site will be invited to submit further evidence as part of a show cause process.

Key observations

ACEM is responsible for accrediting a broad range of training sites to deliver the education and training program in emergency medicine. While the accreditation activities undertaken by ACEM are complex, it provides several resources to assist both training sites and trainees to navigate accreditation processes.

ACEM has a dedicated section on its website for training site accreditation. Key information about the accreditation process for the different types of training sites is presented in a simple table format with links to the applicable application forms, policies and guidelines that contain more detailed information. ACEM also provides information about maintaining accreditation, including the process for undertaking a routine site inspection and a focused inspection if issues are identified through ACEM’s monitoring activities. ‘Frequently asked questions’ (FAQs) are published on the training site accreditation page of ACEM’s website to answer key questions that training sites may have about the accreditation process.

Ensuring accreditation processes are procedurally fair

The Accreditation Process Guides outline the process for undertaking a site inspection of a training site seeking accreditation or for reaccreditation purposes. Generally, following a site inspection, the relevant inspection team will draft an Accreditation Report outlining its assessment against the accreditation standards, with a rating of met, partially met or not met for each requirement. The Accreditation Report will then be submitted to the Accreditation Subcommittee for review and approval.

The review noted the Accreditation Process Guides do not outline a step in ACEM’s decision-making process allowing a training site to respond before the Accreditation Committee decides to grant conditional accreditation or not accredit the training site. ACEM advised the review that training sites are provided with an opportunity to respond before a final decision is made by the Accreditation Committee and agreed to update the Accreditation Process Guides to outline this step.

Recommendations	Priority rating
ACEM should update the Accreditation Process Guides to outline a step allowing a training site to respond before a final decision is made to grant conditional accreditation or not accredit a training site.	High

Clarity regarding the monitoring activities that may be undertaken during the accreditation cycle

The Accreditation Process Guide provides an overview of the monitoring activities ACEM may undertake during the accreditation cycle. These activities include review of the annual site census, trainee placement surveys, examination reports and workplace-based assessment reports. The review noted that information about ACEM’s monitoring activities for Category A training sites, which are accredited for a five-year cycle, is not included in the SSP Accreditation Process Guide. It is recommended that ACEM updates the SSP Accreditation Process Guide to provide clarity about the monitoring activities that may be undertaken during the accreditation cycle.

Following consultation on the review’s preliminary findings, ACEM informed the review that SSPs are located across a broad range of sites and are highly variable in nature. ACEM advised that it is difficult to provide further clarity regarding the monitoring activities that may be undertaken without limiting its ability to ensure quality training and trainee safety. The review does not consider this recommendation would impact ACEM’s ability to monitor SSPs. This recommendation has been

framed broadly to encourage ACEM to provide examples of the different monitoring activities that may be undertaken in relation to SSPs, which may differ depending on where the SSP is located. ACEM can exercise discretion as to how information about its monitoring activities is outlined in the SSP Accreditation Guide.

The Accreditation Process Guide stipulates that ACEM may initiate a focused investigation of a training site within the accreditation cycle in response to “issues identified through the monitoring of accreditation conditions, the review of College data, or other substantiated avenues.” The review suggests that ACEM considers providing further clarification about what is meant by “review of College data” and “other substantiated avenues.”

The review acknowledges ACEM’s advice that the use of the term “other substantiated avenues” has been intentional, given the highly variable nature of information that it receives that may result in ACEM initiating a focused investigation. ACEM advised the review that this may include complaints, coronial findings or recommendations, information received by health departments or information received from training sites. The review suggests that these examples could be included in the Accreditation Process Guide without limiting other sources of information that ACEM may consider when deciding whether to initiate a focused investigation. This would assist training sites to understand their obligations, and to address areas for improvement before they are raised with ACEM. Clear criteria are also essential to ensure procedural fairness should ACEM choose to take action based on their assessment of this information. In addition, it would be beneficial for ACEM to clarify whether there is a separate process for the initiation of a focused investigation if a concern is raised that a training site is not meeting the accreditation standards.

Explaining and sharing information about monitoring activities will assist in managing the expectations of training sites involved in these processes, particularly as monitoring activities may result in ACEM imposing conditions on a training site or withdrawing accreditation. Clearly articulating these processes in the Accreditation Process Guides will also promote consistency when ACEM is performing its monitoring activities across accredited training sites.

Recommendations	Priority rating
<p>ACEM should provide greater clarity in accreditation documentation about the monitoring activities that may be undertaken during an accreditation cycle. This should include information about:</p> <ul style="list-style-type: none"> the monitoring activities that may be undertaken during the accreditation cycle, including how concerns about accredited training sites will be used as part of these activities the process if ACEM identifies concerns while undertaking monitoring activities that a training site may not be meeting the accreditation standards the possible outcomes for training sites if it is established that the accreditation standards are not being met, such as imposing conditions on the training site. 	High

Establishing a clear process for managing concerns about accredited training sites

The Accreditation Process Guides outline that ACEM may initiate a focused investigation of an accredited training site in response to receiving a concern from an individual or group of people about a training site. This generally occurs if ACEM decides the concerns raised may indicate the training site is not meeting the accreditation standards.

While ACEM provides guidance about how a focused investigation of a training site may be initiated, the review found that ACEM does not have a clear process for trainees, supervisors, fellows and other stakeholders to raise a concern about a training site. There is also no publicly available information about the process for assessing a concern before ACEM decides whether to initiate a focused investigation.

The Accreditation Process Guides state that concerns from individuals will be referred to ACEM's relevant policies. ACEM advised the review that the relevant policy in this context is its Complaints Policy, which was last updated in October 2020. The Complaints Policy outlines that it applies to concerns about the professional or ethical standards of a member, or the conduct of a member which affects the honour, good reputation, interests or work of ACEM. The review has considered this policy and notes that it is focused on concerns about the conduct of individual members and trainees, rather than concerns about the accredited training site.

While the review acknowledges that some concerns may be more appropriately managed by the training site, hospital or an external agency, it is important that ACEM provides a clear pathway for individuals to submit a concern about a training site. This is particularly relevant in the context of ACEM's monitoring function, as this data may indicate a systemic issue within a training site.

The review recommends that ACEM develops a policy and procedure for managing concerns about accredited training sites in line with the best practice principles outlined in this report. The policy should provide clear guidance about:

- what constitutes a concern about an accredited training site that can be considered under the policy, including examples
- the role of the individual and respondent during the process, including that the respondent will be notified of the concerns and provided with an opportunity to respond before a decision is made, and that both the individual and respondent will be provided with written notice of the decision
- the key roles and responsibilities of ACEM staff and committees during the process, including who is responsible for making a decision, and escalation points if an individual or respondent is dissatisfied with a decision
- how concerns which allege, or appear to demonstrate, that a training site is no longer meeting the accreditation standards are assessed and managed (see 'A framework for identifying and managing non-compliance with the accreditation standards')
- the concerns which will not be assessed or managed directly by ACEM, and the relevant referral pathways where possible, such as professional misconduct concerns which should be reported to Ahpra and the Medical Board of Australia (see 'Developing a framework for assessing and managing concerns about accredited training sites')

- possible outcomes from raising a concern, including if concerns are substantiated that the training site is not meeting the accreditation standards (see ‘Establishing a risk-based, proportionate approach to non-compliance with the accreditation standards’)
- expected timeframes for key stages of the process
- how concerns or feedback will be recorded and how this data will be used by ACEM to inform its monitoring functions and reaccreditation process.

To ensure individuals are aware of the ability to raise concerns about an accredited training site, it is recommended ACEM provides clear guidance about how to raise a concern and allows individuals to raise concerns in variety of ways, such as by an online form, email, phone or post.

The review acknowledges that ACEM may receive concerns of a sensitive nature, and that some individuals may fear retribution from raising a concern. For example, a trainee wishing to raise a concern about a facility where they are undertaking their training may be concerned about the consequences of raising a concern. The review considers that providing options for concerns to be made on a confidential basis may reduce barriers for individuals wishing to raise concerns. Anonymous concerns may also be accepted, however, ACEM should clearly communicate the possible limitations associated with progressing anonymous concerns. Further, ACEM should be transparent about the difficulties with maintaining confidentiality in circumstances where the individual may be identifiable from the subject matter.

Once ACEM has finalised a policy for managing concerns about accredited training sites, it is recommended that ACEM staff are provided with training to ensure they are aware of how to identify a concern, the process for managing these concerns, and how to assist individuals to access ACEM’s system for handling these concerns.

Ideally, ACEM should create an online form to assist individuals to provide key information about their concerns and the outcome they are seeking. This will help to ensure ACEM has sufficient information to respond to the concerns.

ACEM should consider who may wish to raise a concern and ensure that information about the process for managing concerns is easily accessible on its website in relevant areas, such as the accreditation section and in areas accessed by trainees and fellows. It should also be made visible in relevant correspondence and training material. As training sites may be the subject of a concern, it is important that they are aware of the process and how data about concerns will be used to inform ACEM’s monitoring activities and reaccreditation processes.

Concerns about accredited training sites need to be accurately recorded and appropriately stored. The review suggests that ACEM ensures this information is captured through its internal register and uses this data to inform its monitoring activities and reaccreditation processes.

Recommendations	Priority rating
ACEM should develop a separate policy and procedure for managing concerns about accredited training sites and should ensure information about this process is easily accessible on its website and communicated to stakeholders.	High

ACEM should develop an online form to raise a concern about an accredited training site and ensure there are mechanisms for concerns to be raised anonymously, using a pseudonym or on a confidential basis.	Low
ACEM should provide staff with training after it develops a policy and procedure for managing concerns about training sites to ensure they are aware of how to identify a concern, the process for managing these concerns, and how to assist individuals to access ACEM's system for handling these concerns.	Low
ACEM should ensure its internal complaints register is used to record concerns about accredited training sites and outcomes and should use this data to inform its monitoring activities and reaccreditation processes.	Medium

Managing non-compliance with the accreditation standards

The review recognises that it is necessary for ACEM to respond to a training site not complying with an accreditation standard. However, the review found that ACEM's process for responding to instances where it has been substantiated that a training site is no longer meeting the accreditation standards during the accreditation cycle was not clear. In particular, ACEM's process for determining the appropriate response to non-compliance was not clearly detailed.

As outlined in this report, the review suggests that colleges apply a risk-based and proportional response to non-compliance, where action is taken based on the level of risk associated with the training site's non-compliance.

The review notes that there are a range of different actions available to ACEM if it is substantiated that a training site is not meeting the accreditation standards. This may range from requesting that the training site provides an update on how it has addressed an issue, to more serious action such as making an adverse change to the accreditation status of the training site. Responses to non-compliance which are high risk may include, for example:

- imposing conditions on the accreditation of the training site
- making immediate changes, such as removing a trainee temporarily from the training site or removing and replacing a training site supervisor
- withdrawing accreditation from the training site.

The Accreditation Process Guides outline that accreditation may be withdrawn from a training site if it does not comply with relevant conditions or it has failed to respond appropriately to issues raised. While the review supports ACEM including information about this process in the Accreditation Process Guides, the review recommends that further information is provided about the other available responses to non-compliance with the accreditation standards.

Given the serious implications for training sites and trainees if ACEM decides to make an adverse decision in relation to non-compliance with the accreditation standards, it is important that there is a clear procedure in place outlining the steps involved in making such a decision and the relevant factors taken into consideration. This will also ensure that ACEM has a robust and well-documented process that can be relied on to support its decision-making if the matter is later subject to a merits

review. This information should be publicly available to assist training sites, trainees and supervisors who may be impacted by the decision and to enhance the transparency of ACEM's processes.

The review therefore recommends that ACEM updates the relevant accreditation documentation to provide further information about how it manages non-compliance with the accreditation standards. ACEM should provide greater clarity about:


- how it may identify that a training site is not meeting the accreditation standards, such as through its monitoring activities or receiving a concern about a training site from an individual
- the roles and responsibilities of the relevant bodies in making a decision in relation to non-compliance, including any proposed decision to adversely change the accreditation status of a training site
- the assessment process to determine the most appropriate decision, including the factors considered regarding the risks associated with the non-compliance and the actions available to ACEM in response
- the steps involved before a final decision is made in response to non-compliance, including any required consultation with affected stakeholders
- the expected timeframes for key stages of the process
- the process for notifying training sites of the decision, 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 the decision.

The review recognises that responsibilities regarding required consultation with affected stakeholders will likely differ based on the seriousness of the risks identified, and therefore the severity of the action proposed to be taken by ACEM. For example, a decision to withdraw accreditation from a training site can have wide-ranging impacts on health services, and therefore likely requires more comprehensive consultation.

The Accreditation Process Guides outline that training sites will be provided with an opportunity to respond to any identified issues at the commencement of a focused investigation. However, the review recommends that ACEM ensures training sites are provided with a further opportunity to respond before a final decision is made if ACEM proposes to make an adverse decision. This step should be clearly outlined in the relevant accreditation documentation. It will provide an opportunity for the training site to respond to the findings identified during the focused investigation, clarify any factual errors, or provide additional information relevant to the decision-making process. This step may also reduce the likelihood of a training site later seeking a merits review of an accreditation decision on the basis of a factual error or information not being considered.

Recommendations	Priority rating
<p>ACEM should update the Accreditation Process Guides to provide further information about how it manages non-compliance with the accreditation standards. ACEM should provide greater clarity about:</p> <ul style="list-style-type: none"> • how it may identify that a training site is not meeting the accreditation standards, such as through its monitoring activities or receiving a concern about a training site from an individual • the roles and responsibilities of the relevant bodies in making a decision in relation to non-compliance, including any proposed decision to adversely change the accreditation status of a training site • the assessment process to determine the most appropriate decision, including the factors considered regarding the risks associated with the non-compliance and the actions available to ACEM in response • the steps involved before a final decision is made in response to non-compliance, including any required consultation with affected stakeholders • the expected timeframes for key stages of the process • the process for notifying training sites of the decision, including that the training site will be provided with written reasons for the decision • the administrative complaint and merits review pathways available to training sites regarding the decision. 	High
<p>ACEM should update the Accreditation Process Guides to clarify that the training site will be provided with the opportunity to review and respond to the proposed decision in response to non-compliance with the accreditation standards before a final decision is made.</p>	High

Merits review process

<p>Merits review process for accreditation decisions</p> <p>The review found the merits review process for accreditation decisions to be mostly adequate. Steps could be taken to clarify the merits review process and improve its visibility and accessibility for training sites.</p>	
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Accreditation decisions made by ACEM may be subject to the Reconsideration, Review and Appeals Policy (the Appeal Policy), which was last updated in June 2021. There is no fee to apply for a reconsideration of a decision. There is an application fee of \$250 to request a review of a decision and a fee of \$4,980 to appeal a decision. The Appeal Policy stipulates that if an appeal is successful, ACEM will refund the appeal fee to the applicant.

ACEM’s Policy on Procedural Fairness provides general guidance to decision-makers about the principles of procedural fairness that should be considered when making a decision that may negatively impact on an individual or an entity. ACEM also appoints an independent external

reviewer to provide oversight of decision review processes under the Appeal Policy. The Independent External Reviewer Policy stipulates that the reviewer’s role is to oversee the conduct of ACEM’s reconsideration, review and appeal proceedings, and has no direct involvement in the decision-making process.

Key observations

Accreditation decisions subject to merits review

The review observed a lack of clarity around the accreditation decisions that can be reconsidered, reviewed or appealed under the Appeal Policy. The policy specifies, for example, that decisions regarding the accreditation of hospitals and posts for training, or supervisors of training can be appealed.

The review considers, however, that there are a range of accreditation decisions 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 the accreditation or reaccreditation of a training site
- refuse to change or remove a condition imposed on the accreditation or reaccreditation of a training site
- withdraw the accreditation of a training site.

The review recommends that ACEM considers expanding on the information contained in the Appeal Policy to include examples of the types of decisions which are subject to its Appeal Policy, including the decisions referred to above. Alternatively, the review recommends that ACEM update its training site accreditation page to include examples of the types of accreditation decisions which are subject to its Appeal Policy. This is important to ensure that ACEM’s accreditation decision-making processes are accountable and procedurally fair.

Recommendations	Priority rating
ACEM should update its Appeal Policy to clarify the types of accreditation decisions that can be subject to merits review.	Medium

Clarifying the impartiality and independence of the Appeals Committee

As outlined in the best practice section of this report, the review suggests that colleges which provide an appeal process should seek to ensure that the appointed decision-makers are independent and impartial. ACEM’s Appeal Policy outlines requirements related to the composition of its Appeals Committee which includes a chair who is considered an appropriately qualified person, two non-college members and two college members with knowledge and expertise relevant to the subject matter of the appeal.

The review commends ACEM for seeking to ensure greater accountability of decision-making through an appeals process. However, the review suggests that ACEM considers clarifying how it appoints

committee members, and how this leads to an impartial and independent decision-making committee. 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 also encourages ACEM to consider whether there is a need for the College CEO to attend meetings of the Appeals Committee, or to better outline the intended purpose of the CEO doing so.

Recommendations	Priority rating
ACEM should update its Appeal Policy to clarify how members of its Appeals Committee are appointed, and their required skills and experience, to strengthen the impartiality and independence of appeal decisions.	Medium

Visibility of the merits review process

The review found ACEM’s merits review process is clearly referenced in the Accreditation Process Guides. To further promote these pathways, the review recommends ACEM update the training site accreditation section on its website to provide further guidance to training sites about these processes, such as:

- an overview of the merits review process, including the types of accreditation decisions that are subject to the Appeal Policy and possible outcomes
- fees associated with the merits review process and the circumstances in which fees will be refunded
- links to the Appeal Policy and relevant application forms with information about how to apply for each stage of the merits review process.

Recommendations	Priority rating
ACEM should update the training site accreditation page on its website to provide guidance about the merits review process available to training sites, including: <ul style="list-style-type: none"> • an overview of the merits review process, including the accreditation decisions that are subject to the Appeal Policy and possible outcomes • fees associated with the merits review process and the circumstances in which fees will be refunded • links to the Appeal Policy and relevant application forms. 	Medium

Making the merits review process more accessible

ACEM has an application form to request a reconsideration and review of a decision that is available in the forms section of its website. The Appeal Policy outlines that applicants can apply to appeal a decision by submitting an application to ACEM. However, the review was unable to locate an application form to appeal a decision on ACEM’s website.



ACEM advised the review that an application form to appeal a decision is under development. The review suggests this form should include:

- targeted questions for applicants to complete, such as the grounds for appeal they are seeking to raise, and the outcome sought
- 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).

Once the form has been created, the review recommends ACEM ensures it is publicly available in relevant sections of its website and referenced in the Appeal Policy.

Recommendations	Priority rating
ACEM should develop an application form to appeal a decision and ensure it is publicly available.	Low


Transparency regarding merits review fees

ACEM currently charges a review fee of \$250. As per the best practice principles outlined in this report, the review recommends that ideally, review processes should be offered free of charge. The review notes that this is the approach taken by most colleges.

However, should ACEM choose to retain this fee, the review recommends that the Appeal Policy be updated to provide clear guidance that the application fee for a review will be refunded if the application is successful. This would reflect ACEM’s approach outlined in its Appeal Policy that provides for an appeal fee to be refunded if the appeal is successful.

Recommendations	Priority rating
ACEM should consider providing review of a decision free of charge. If ACEM continues to charge a review fee, the Appeal Policy should be updated to inform applicants that the application fee to apply for a review will be refunded if the review is successful.	Medium

Administrative complaints process

<p>Administrative complaints process</p> <p>The review found there was a somewhat adequate process for managing administrative complaints. A complaint process needs to be introduced for administrative complaints and information about this process needs to be visible and accessible on ACEM’s website.</p>	
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ACEM has a Complaints Policy and a Procedures for Submission and Resolution of Complaints (the Complaints Procedure) which outlines its process for managing complaints about the conduct of its members. It also has a Whistleblower Policy for reporting improper conduct of its staff and

members. ACEM does not have a policy or procedure for managing complaints about its administrative actions.

Key observations

The review found that ACEM has established processes for managing complaints about the conduct of its members and also has resources available on its website to assist those who may wish to raise a complaint.

The review recommends that ACEM develops a similar process for managing administrative complaints. As administrative complaints about ACEM are likely to involve different processes, decision-makers and outcomes to complaints about the conduct of its members, the review recommends ACEM develops a separate policy for managing administrative complaints in line with the suggested principles and processes outlined in this report. Alternatively, the review suggests ACEM updates the Complaints Procedure to include administrative complaints about ACEM. The Complaints Procedure should provide clear guidance about how administrative complaints will be managed and possible outcomes from the complaints process that are applicable to this category of complaints.

Once ACEM has finalised the administrative complaint handling policy or updated the Complaints Procedure, it is recommended that staff are provided with training to ensure they are aware of the complaints process, how to identify a complaint and how to assist complainants to access ACEM's complaint handling system.

Recommendations	Priority rating
ACEM should develop and publish a separate administrative complaint handling policy, or update the Complaints Procedure, in line with the three-stage approach to complaints management outlined in this report.	High
ACEM should provide complaint handling training to staff after finalising the administrative complaint handling policy or updating the Complaints Procedure.	Medium

Monitoring and recording complaints

ACEM advised the review that it has a mechanism to monitor and record complaints. The review recommends that ACEM ensures that its internal complaints register records administrative complaints and outcomes and that this data is used to monitor trends and systemic issues that may need to be addressed by relevant business units.

Recommendations	Priority rating
ACEM should ensure its internal complaints register records and monitors administrative complaints and outcomes.	Medium

Visibility of the complaints process and accessibility

To ensure the complaints process is visible to those who may wish to submit an administrative complaint, it is recommended that ACEM publishes information about its complaints process on its website, including how to submit a complaint and the complaint handling process. ACEM may wish to publish this information on the 'contact us' page on its website or create a stand-alone page for complaints, with a link to the complaint handling policy once it is finalised.

Ideally, ACEM should create an online complaint form to assist complainants to provide key information about their concerns and the outcome they are seeking. This would help to ensure ACEM has sufficient information to respond to the complaint.

Recommendations	Priority rating
ACEM should publish information about its administrative complaint handling process on its website.	Medium
ACEM should create a complaint form for administrative complaints and ensure this is publicly available on its website.	Low

Australian College of Rural and Remote Medicine (ACRRM)

The Australian College of Rural and Remote Medicine (ACRRM) is responsible for developing the standards for training, assessment and continuing professional development in the speciality of general medical practice.

ACRRM was established in 1997 and its rural training pathways and continuing professional development program in rural and remote medicine were established in 1998.

There are two specialist general practice fellowship programs offered in Australia by ACRRM and the Royal Australian College of General Practitioners (RACGP) that are accredited by the Australian Medical Council (AMC). The ACRRM Fellowship Training Program leads to the award of ACRRM Fellowship (FACRRM) and eligibility for specialist registration with the Medical Board of Australia. Pathways to FACRRM include the Australian General Practice Training Program (AGPT), Remote Vocational Training Scheme (RVTS), Independent Pathway (IP) and the Rural Generalist Training Scheme (RGTS). The AMC's most recent accreditation report of ACRRM is dated February 2022 and the AMC website indicates that accreditation is due to expire in March 2028.¹

Previously, ACRRM was responsible for the delivery of the IP and RGTS training programs, while regional training organisations were appointed and funded by the Federal Department of Health and Aged Care to deliver the AGPT and RVTS training program on behalf of ACRRM. The Department of Health and Aged Care contracted nine training organisations across 11 training regions in Australia to deliver the AGPT program. However, in 2017 the Department of Health and Aged Care announced that the management and delivery of the AGPT and RVTS training programs would transition to ACRRM and RACGP and training organisations would no longer be contracted to deliver the AGPT and RVTS programs.

Accreditation of training sites

As a result of the changes outlined above, ACRRM is currently transitioning to introducing a single integrated training program leading to FACRRM. The IP, RGTS and AGPT pathways are now managed under a single program by ACRRM. However, there continues to be variation in terms of eligibility for participant funding support.

¹ AMC website, 'Specialist medical colleges' webpage. Accessed May 2022: <www.amc.org.au/accreditation-and-recognition/assessment-accreditation-specialist-medical-programs-assessment-accreditation-specialist-medical-programs/specialist-medical-colleges>.

The RVTS continues to be delivered through an external body, though ACRRM accredits relevant training posts and registrars undertaking the program continue to receive training to the ACRRM Fellowship curriculum and training standards.

ACRRM was in the process of developing the policies and procedures relevant to training site accreditation when this review was undertaken. The review has therefore outlined general suggestions for ACRRM's consideration in lieu of making formal recommendations. It also suggests ACRRM considers the best practice administrative processes and the analysis and general recommendations outlined in this report.

Considerations when drafting the accreditation policy and procedure

This report provides general guidance about best practice administrative processes that ACRRM should consider when developing policies and procedures for training site accreditation. In addition to these general principles, the review suggests ACRRM's new accreditation policy and procedure should include clear information about:

- how to apply for accreditation and reaccreditation, with reference to the applicable application forms and contact information
- the steps involved in assessing a new application for accreditation and applications for reaccreditation
- expected timeframes for each stage of the assessment process
- the possible outcomes from the accreditation process.

Procedural fairness considerations

The review suggests ACRRM includes a step in the accreditation process providing training sites with an opportunity to review and respond to a draft report before a final decision is made regarding accreditation. Including this step is particularly important in circumstances where ACRRM is proposing not to accredit a training site, to accredit a training site with conditions or recommendations, or to withdraw accreditation.

Providing training sites with an opportunity to review and respond to the draft accreditation report will promote transparency in ACRRM's decision-making and provide training sites with an opportunity to clarify any errors of fact or to provide additional information relevant to ACRRM's decision-making before a final decision is made. This may also reduce the likelihood of a training site later seeking a reconsideration, review or appeal of an accreditation decision on the basis of an error of fact or information not being considered.

Monitoring of accredited training sites

It is important that ACRRM explains and shares information about how it will perform its monitoring function during the accreditation cycle to ensure training sites continue to meet the relevant accreditation standards. This will assist in managing the expectations of accredited training sites

during the accreditation cycle, particularly as monitoring activities may result in ACRRM withdrawing or limiting accreditation. The review suggests ACRRM outlines in the accreditation policy the:

- types of monitoring activities that may be undertaken during the accreditation cycle
- procedure that will be followed if concerns are identified while monitoring activities are being undertaken and the possible outcomes from this process.

Establishing a clear process for managing concerns about accredited training sites

ACRRM should ensure there is a clear process for trainees, supervisors, and other stakeholders to raise a concern about an accredited training site. This is because this information may indicate a systemic issue within a training site impacting its ability to meet the accreditation standards.

The review suggests ACRRM develops a policy and procedure for managing concerns about accredited training sites in line with the best practice principles outlined in this report, giving consideration to how information is recorded and fed into its monitoring activities.

ACRRM should provide clear guidance about how to raise a concern on its website and allow individuals to submit concerns in a variety of ways, such as via a form, email, phone or post. Ideally, ACRRM should create an online form to assist individuals to provide key information about their concerns and the outcome they are seeking to ensure ACRRM has sufficient information to respond to the matter.

ACRRM should consider who may access the process to raise a concern and ensure information is easily accessible and promoted in correspondence, training material and while it is carrying out its monitoring function. It is also important that training sites are aware of the process and how information about concerns will be used to inform ACRRM's monitoring function.

The review acknowledges that most accredited training sites are likely to be smaller medical practices in remote or regional areas, with a limited number of trainees at each site. This presents an added complexity for ACRRM, given the sensitive nature of some concerns and fear of adverse outcomes that some individuals may feel when deciding whether to raise a concern. For example, a trainee wishing to raise a concern about a training site where they are undertaking their training may fear that this will affect their relationships with staff or their supervisor, or the evaluation of their performance.

The review considers that providing options for concerns to be raised on a confidential basis reduces barriers for individuals wishing to raise concerns. Anonymous concerns should also be accepted. However, ACRRM should provide clear guidance about the possible limitations associated with progressing anonymous concerns. Further, ACRRM should be transparent about the difficulties with maintaining confidentiality in circumstances where individuals may be identifiable from the subject matter of the concern.

Process for managing non-compliance with the accreditation standards

As outlined in this report, the review suggests that colleges apply a risk-based and proportional response to non-compliance with the accreditation standards, where action is taken based on the level of risk associated with the training site's non-compliance.

The review notes that there are a range of different actions available to ACRRM if it is substantiated that a training site is not meeting the accreditation standards. This may range from requesting that the training site provides an update on how it has addressed an issue, to more serious action such as making an adverse change to the accreditation status of the training site. Responses to non-compliance which are high risk may include, for example:

- imposing conditions on the accreditation of the training site
- suspending the training site's accreditation
- making immediate changes, such as removing a trainee temporarily from the training site or removing and replacing a training site supervisor
- withdrawing accreditation from the training site.

The review therefore suggests ACRRM outlines a clear procedure for responding to non-compliance with the accreditation standards, which outlines:

- how it may identify that a training site is not meeting the accreditation standards, such as through its monitoring activities or receiving a concern about a training site from an individual
- the roles and responsibilities of the relevant bodies in making a decision in relation to non-compliance, including any proposed decision to adversely change the accreditation status of a training site
- the assessment process to determine the most appropriate decision, including the factors considered regarding the risks associated with the non-compliance and the actions available to ACRRM in response
- the steps involved before a final decision is made in response to non-compliance, including any required consultation with affected stakeholders
- the expected timeframes for key stages of the process
- the process for notifying training sites of the decision, 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 the decision.

The review recognises that responsibilities regarding required consultation with affected stakeholders will likely differ based on the seriousness of the risks identified, and therefore the severity of the action proposed to be taken by ACRRM. For example, a decision to withdraw accreditation from a training site can have wide-ranging impacts on health services, and therefore likely requires more comprehensive consultation.

The review suggests that ACRRM ensures the training site is provided with an opportunity to review and respond to a proposed adverse decision in response to non-compliance before a final decision is made, and that this step is clearly outlined in the relevant accreditation documentation. This step will allow the training site to respond to the concerns about non-compliance, clarify any factual errors, or provide additional information relevant to the decision-making process. This step may also reduce the likelihood of a training site later seeking a merits review of an accreditation decision on the basis of a factual error or information not being considered.


Ensuring information about the merits review pathways is easily accessible

The review suggests ACRRM includes information about the merits review pathways available to training sites on the training site accreditation page of its website. This will ensure information about these processes can be easily accessed and understood by training sites. It is suggested this webpage should include:

- specific information about how the reconsideration, review and appeal processes apply to accreditation decisions, including any applicable fees and whether a refund will be provided if the applicant is successful
- instructions for submitting an application for reconsideration, review and appeal, with links to the relevant application forms and policies
- a ‘frequently asked questions’ (FAQ) section answering common questions that may be raised by training sites about the merits review pathways.

The review also suggests ACRRM ensures all relevant accreditation policies and procedures include information about the types of accreditation decisions that can be subject to reconsideration, review and appeal, with hyperlinks to all related documents and policies for ease of reference.

Merits review process

<p>Merits review process</p> <p>The review found the merits review process for accreditation decisions to be partially adequate. Improvements are needed to clarify which accreditation decisions can be appealed, the roles and responsibilities of decision-makers in the merits review process, the requirement to provide reasons for merits review decisions, and the fee approach.</p>	
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Decisions made by ACRRM regarding the accreditation of training organisations, supervisors and teaching posts can be subject to reconsideration, review and appeal under the Reconsideration, Review and Appeals Policy (the Appeals Policy).

The reconsideration fee is \$600 and the review fee is \$1,200. The fee to apply for an appeal is determined on an individual basis. ACRRM’s website states that if a decision is overturned on reconsideration, review or appeal, the relevant application fee will be refunded to the applicant.

Key observations

ACRRM has an established process for managing applications for reconsideration, review and appeal that is supported by a comprehensive Appeals Policy.

ACRRM has a dedicated page on its website for reconsideration, review and appeals that is easy to navigate and provides a clear overview of each stage of the process, the application process and relevant fees.



The review outlines several recommendations where it is considered the existing approach to reconsideration, review and appeals could be strengthened to make it more transparent and accountable.

Accreditation decisions subject to merits review

The review observed a lack of clarity around the accreditation decisions that can be reconsidered, reviewed or appealed through the Appeals Policy. The policy specifies, for example, that decisions regarding the accreditation of training organisations, supervisors and teaching posts (including general practices, hospital departments, or other organisations) can be reconsidered, reviewed or appealed.

The review considers there are a range of accreditation decisions that should be subject to merits review processes. These include decisions to:

- refuse accreditation or reaccreditation of a training organisation or post
- impose or change a condition on the accreditation or reaccreditation of a training organisation or post
- refuse to change or remove a condition imposed on the accreditation or reaccreditation of a training organisation or post
- suspend accreditation of a training organisation or post
- revoke accreditation of a training organisation or post.

The review recommends that ACRRM considers clarifying the types of decisions which are subject to its Appeals Policy, including decisions referred above. This is important to ensure that ACRRM’s accreditation decision-making processes are accountable and procedurally fair.

Recommendations	Priority rating
ACRRM should update its Appeal Policy to clarify the types of accreditation decisions that can be subject to merits review.	Medium

Clarifying appropriate grounds for merits review

ACRRM’s Appeal Policy outlines that a “clear reason should be specified as to why reconsideration of the decision might be justified.” In relation to the review stage, the policy similarly requires that “a clear reason has been provided as to why the review process might be justified.” However, the grounds it sets out for applying for appeal are more thorough and align with the grounds for appeal outlined in the AMC’s Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs.

While the review recognises that the AMC’s Standards specify that these grounds relate to an appeal, the review suggests that there is benefit in clarifying that these grounds are relevant to all stages of the merits review process. Articulating the grounds ACRRM will consider when assessing an application for reconsideration and review will enhance accountability and transparency in the

merits review process. It would also help to provide guidance to applicants about the types of information they are required to supply in order to support their application.

The review recommends ACRRM considers clarifying that the specified grounds for appeal relate to all stages of the merits review process. This will assist applicants to clearly outline why they are seeking a merits review and ensure that ACRRM can appropriately consider the grounds on which the review was sought.

Recommendations	Priority rating
ACRRM should update its Appeals Policy to clarify that the grounds for seeking merits review of accreditation decisions in the reconsideration and review stages align with the AMC Standards' requirements.	Medium

Role and powers of decision-makers related to reconsideration and review applications are clearly articulated

ACRRM specifies that reconsideration of a decision is undertaken by the same committee, group or person who made the original decision. It also specifies that review of a decision is undertaken by the committee or body which has oversight of the disputed decision, or other body, as determined by the CEO.

The Appeals Policy, however, does not specify the decision-making powers which have been afforded to these bodies. In comparison, the policy outlines that the Appeals Committee may:

- 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 (upon such terms and conditions as the Appeals Committee may determine)
- revoke the decision which is the subject of the appeal and make an alternative recommendation to the Board for final determination by the Board.

As outlined in this report, a merits review involves the decision-maker reconsidering and reviewing 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. This is why decision-makers in a merits review are often said to ‘stand in the shoes’ of the original decision-maker.

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 upon, applicants cannot fully understand how their reconsideration or review application will be progressed. Similarly, without clearly articulated decision-making powers, there is potential for misunderstanding in the application of the Appeals Policy, and inconsistency in decision-making.

Recommendations	Priority rating
ACRRM should update its Appeal Policy to ensure the role and powers of decision-makers at the reconsideration and review stage of the merits review process are clearly articulated in line with the best practice principles outlined in this report.	High
ACRRM should update its Appeal Policy to ensure merits review decision-makers have appropriate powers to consider a merits review application in line with the best practice principles outlined in this report.	High

Clarifying the impartiality and independence of the Appeals Committee

As outlined in the best practice section of this report, the review suggests that colleges which provide an appeal process should seek to ensure that the appointed decision-makers are independent and impartial. The review notes that ACRRM’s Appeals Policy aligns with the AMC’s Standard in that the Appeals Committee comprises both College members (two College Fellows who were not party to the decision under appeal, and one who is a subspecialist from that particular subspeciality), and non-College members (three persons, one of whom shall be appointed by the Chair). ACRRM’s Appeals Policy also states that the College’s CEO (or nominee) will attend the hearing of the appeal but will not be part of the Appeals Committee.

The review commends ACRRM for seeking to ensure greater accountability of decision-making through an appeals process. However, the review suggests that ACRRM considers how it could clarify its policy to ensure that the appointment of committee members leads to an impartial and independent decision-making committee. 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 also encourages ACRRM to consider whether there is a need for the College CEO to attend the appeal proceedings, or to better outline the intended purpose of the CEO doing so.

Recommendations	Priority rating
ACRRM should update its Appeal Policy to clarify how members of its Appeals Committee are appointed, and their required skills and experience, to strengthen the impartiality and independence of appeal decisions.	Medium

Providing reasons for merits review decisions

The Appeals Policy outlines differing requirements relating to the provision of reasons for decisions at the three stages of the merits review process. At the reconsideration stage, it is specified that “[w]here possible, the Reconsideration Committee should endeavour to provide the applicant with reasons for the decision.” For review applications, the Appeals Policy outlines that “[t]he Review Committee is not required to provide the applicant with reasons for the decision.” If the decision is changed, however, the Review Committee “should endeavour to provide reasons to the originating

body”. Lastly, at the appeals stage, the CEO is required to notify the appellant in writing of the decision and reasons for the decision.

To ensure the merits review process is transparent and accountable, the review recommends ACRRM updates the Appeal Policy to stipulate 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 a decision is made to uphold the original decision.

As outlined in this report, the review considers that providing applicants with reasons for a decision is central to ensuring the decision-making process is transparent and fair. 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 seek a further review. In particular, consideration of the reasons provided for a decision may assist the applicant to decide whether they wish to highlight any procedural or factual errors in the decision which may be relevant to their application at the next stage of the merits review process.

Recommendations	Priority rating
ACRRM should update the Appeals Policy to stipulate 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.	High

Ensuring transparency regarding merits review fees

The reconsideration, review and appeal page on ACRRM’s website outlines the fees associated with applying for a reconsideration, review or appeal of a decision. ACRRM currently charges a reconsideration fee of \$600 and the review fee of \$1,200. As per the best practice principles outlined in this report, the review recommends that ideally, reconsideration and review processes should be offered free of charge. The review notes that this is the approach taken by most colleges. Providing reconsideration of a decision by the original decision maker should ideally be provided as a quick and informal process. Fees can create a barrier to apply for a merits review and can deter people from proceeding with an application.² This is contrary to the recognised benefits of providing a merits review process.

While ACRRM has a set fee to apply for a reconsideration and review, the appeal fee is determined on an individual basis. The Appeals Policy outlines that ACRRM’s CEO will advise the applicant of the applicable fee prior to the lodgement of the formal appeal. However, there is no guidance about how the fee amount is determined. Given the significant costs likely associated with applying for an appeal, the review considers ACRRM should be transparent about what the appeal fee is and how it


² Administrative Review Council, Report to the Minister for Justice. Better Decisions: Review of Commonwealth Merits Review Tribunals, 1995

is calculated. It could raise questions of fairness if applicants are being charged different amounts to apply for an appeal.

The review acknowledges that some appeal proceedings may be more complex than others, depending on the subject matter of the appeal. To provide clarity to applicants who may wish to access the appeal process, the review recommends ACRRM agrees on a set fee to appeal a decision or develop a schedule of fees outlining the application fee to appeal different decisions and ensure the fee details are publicly available on the reconsideration, review and appeal page of its website. The review observed that most colleges charge a set amount to apply for an appeal and this fee is published on their websites.

Recommendations	Priority rating
ACRRM should consider providing reconsideration and review processes free of charge in line with this report, and the practice of most colleges.	High
ACRRM should agree on a set fee to appeal a decision or develop a schedule of fees outlining the application fee to appeal different decisions and ensure the fee details are publicly available on the reconsideration, review and appeal page of its website.	High

Administrative complaints process

<p>Administrative complaints process</p> <p>The review found that the process for managing administrative complaints was mostly adequate. Further improvements could be made to increase the accessibility and transparency of the complaints process and to ensure complaints data is being used to support continuous improvement.</p>	
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ACRRM manages administrative complaints in accordance with its Complaints Policy, which was last updated in March 2020. ACRRM also has an internal complaints procedure document that outlines its process for addressing complaints, which was last updated in August 2021. The Complaints Policy broadly sets out a two-stage complaints process that provides mechanisms for the informal and formal resolution of complaints.

Complainants are encouraged to first raise their complaint with the individual directly involved in the matter at ACRRM. If the complainant is uncomfortable raising it directly with the person involved or if the complaint cannot be resolved at the first contact, the complainant can request to speak to the manager responsible for the program or service. If the complaint is not resolved to the complainant’s satisfaction at the local level, they can lodge a formal complaint. ACRRM has an online form to submit a complaint, or a complaint may be made in writing by post to the CEO.

ACRRM promotes its complaint handling process on the ‘contact us’ page of its website. This page includes a link to the Complaints Policy and the option to submit a complaint using a general online form.

ACRRM maintains an internal complaints register and the internal complaints document provides guidance for staff about the requirements for recording complaints. ACRRM explained staff have been provided with a series of training workshops on the Complaints Policy and complaints management system, and information is included in the onboarding online module for new staff members joining ACRRM.

Key observations

ACRRM has an established process for managing administrative complaints that is supported by a Complaints Policy, an internal guidance document for staff and a complaints management system. ACRRM's complaints process has a clear focus on early and informal resolution of complaints, with pathways for escalation if a complaint cannot be resolved in the first instance. ACRRM helps ensure staff are equipped to effectively manage complaints by providing regular training sessions on the Complaints Policy and the complaints management system.

The review outlines several recommendations where it is considered the existing complaint handling procedure could be strengthened to make it more accessible to complainants and to manage expectations about possible outcomes from the complaints process.

Ensuring complaints are appropriately recorded and monitored

ACRRM's internal complaint handling procedure outlines five levels of complaints that may be received and the internal recording requirements for each level. Level one and two complaints are classified as complaints that are received directly by a staff member on the frontline. A level three complaint is a complaint that requires escalation to a manager and levels four and five are formal complaints. The Complaints Policy stipulates that only level three to five complaints must be recorded on ACRRM's complaints register.

As noted, the review recommends the adoption of a three-stage complaints model which includes:

1. frontline management of administrative complaints
2. investigation of administrative complaints
3. external review.

The review acknowledges that ACRRM is dedicated to addressing issues raised with its members and other stakeholders and seeks to resolve concerns informally and early in the process. Currently, however, ACRRM does not record or monitor level 1 and 2 complaints that are received and managed by frontline staff. ACRRM is concerned that formally recording these complaints may undermine its ability to work collaboratively with its members and could make the process more adversarial.

While ACRRM's concerns are acknowledged, the review considers it is important that complaints raised at this initial stage in the process are recorded on ACRRM's complaints register. To gain an accurate picture of the issues raised by complainants, it is important that basic information about complaints is recorded, regardless of how the complaint is received or who manages it. The review is concerned that ACRRM may be losing valuable data if it does not record all levels of complaints.

Complaint data is important to produce complaint insights that can be fed back to the relevant areas of ACRRM to improve service delivery and ideally reduce the number of complaints received in the future. This includes complaints of a more informal nature.

It is also important and standard administrative practice for organisations to keep accurate records of their interactions with stakeholders. Having clear records will assist ACRRM if a complaint cannot be resolved by frontline staff and requires escalation. Complainants may also contact the National Health Practitioner Ombudsman to make a complaint about the handling of their matter. The NHPO requires accurate records of the complainant's interaction with ACRRM to decide the most appropriate way to resolve the matter.

The review therefore recommends that ACRRM records all complaints, including level one and two complaints that are resolved locally. ACRRM may wish to develop template wording or a script for frontline staff to assist them to explain to members or other stakeholders why complaints are recorded. This could focus on ACRRM's commitment to improving its services for stakeholders.

The review recognises that its recommendation for ACRRM to record all complaints, regardless of who managed them, may require ACRRM to provide more comprehensive training to staff regarding how to clarify whether a person would like to make a complaint (and therefore have it recorded as such).

Recommendations	Priority rating
ACRRM should record all complaints, including level one and two complaints that are resolved locally.	Medium

Making the complaints process more accessible

ACRRM promotes the ability to make a complaint on the contact us page of its website. While a link to the Complaints Policy is included on this page, the review noted there is limited information about the complaints process. To make the complaints process more accessible to those who may wish to make a complaint, the review recommends ACRRM update this page to provide an overview of the types of complaints that may be raised and the steps involved in the complaints process.

Alternatively, ACRRM may wish to create a stand-alone complaints page on its website that is visible from the homepage. This would be consistent with the webpage for the reconsideration, review and appeal pathways. The ability to make a complaint should also be outlined in other key areas of ACRRM's website that are accessed by fellows, trainees and training sites.

ACRRM has a generic online form that can be used to submit a complaint. The Complaints Policy also outlines that complaints can be submitted to ACRRM by post. To make the complaints process more accessible to individuals, the review recommends ACRRM also allow complainants to submit a complaint by phone or email. ACRRM registered concern as part of the review's consultation process that complaints received by phone pose a risk to the college as there is no objective record of the complaint, its substance or when it was received. The reviews suggests that, in line with standard administrative practice, a record of the phone conversation is generally sufficient evidence of the

complaint. The review acknowledges that it may be reasonable for ACRRM to require phone complaints to subsequently be submitted in writing, or to provide the complainant with a copy of the record of the phone conversation for verification, where there is a lack of clarity about the complaint issues. However, it is important that ACRRM caters to the differing needs of complainants by accepting complaints by phone. The review observed that most colleges accept complaints by phone or have agreed with the review’s recommendation to accept complaints by phone.

The relevant contact information for submitting a complaint by phone or email should be outlined in the Complaints Policy.

Recommendations	Priority rating
ACRRM should publish information about its administrative complaint handling process on its website.	Medium
ACRRM should allow people to make a complaint by phone or email, and outlines this in the Complaints Policy.	Medium

Transparency about the complaint handling process and possible outcomes

The review found the Complaints Policy provides limited guidance about the types of complaints that can be made and does not outline the possible outcomes that may result from the complaints process. The review considers that clearly outlining the types of complaints that fall within the scope of the Complaints Policy and the possible outcomes or ways in which a complaint may be resolved would be beneficial for complainants to manage their expectations about what can be achieved through the complaints process.

Recommendations	Priority rating
ACRRM should update the Complaints Policy to provide greater clarity about the types of administrative complaints that can be raised and possible outcomes from the complaints process.	Medium



Australasian College of Sport and Exercise Physicians (ACSEP)

The Australasian College of Sport and Exercise Physicians (ACSEP) conducts the education, training and continuing professional development of specialist sport and exercise medicine physicians in Australia and New Zealand.

The education and training program in sport and exercise medicine delivered by ACSEP is referred to as the ACSEP Specialist Training Program and it is accredited by the Australian Medical Council (AMC). The AMC's most recent accreditation report is dated November 2018 and the AMC website indicates that accreditation is due to expire in March 2025.¹

The ACSEP Training Program consists of a minimum of four years full-time training. After completing the ACSEP Training Program, medical practitioners can apply for registration as a specialist sport and exercise physician with the Medical Board of Australia and Fellowship of ACSEP.

Accreditation of training sites

<p>Procedural aspects of training site accreditation</p> <p>The review found the procedural aspects of training site accreditation to be partially adequate. Improvements could be made to ensure procedural fairness and to clarify accreditation processes, particularly the process for managing non-compliance with the accreditation standards.</p>	
<p>Process for managing concerns about accredited training sites</p> <p>The review found there were not adequate processes for managing concerns about accredited training sites. A policy and procedure needs to be introduced, including reference to how concerns are considered as part of ACSEP's monitoring process.</p>	

ACSEP is responsible for accrediting sport and exercise medicine training sites in Australia. In contrast to other medical specialties where training typically occurs in a department or unit within a health service, the majority of ACSEP training occurs within privately owned clinics run by ACSEP fellows. Trainees may also work within a non-accredited clinic, such as within a physiotherapy clinic or at a remote medical practice. For this to occur, trainees must maintain suitable off-site supervision from an ACSEP fellow.

¹ AMC website, 'Specialist medical colleges' webpage. Accessed May 2022: <www.amc.org.au/accreditation-and-recognition/assessment-accreditation-specialist-medical-programs-assessment-accreditation-specialist-medical-programs/specialist-medical-colleges>.

Process for accrediting training sites

ACSEP assesses training sites seeking accreditation in accordance with its accreditation standards, which were last updated in December 2021. The process for accrediting and reaccrediting training sites is outlined in the P005 Training Practice Accreditation Regulation (the Accreditation Regulation).

ACSEP was in the process of reviewing its accreditation processes and developing its Accreditation Handbook while the review was being undertaken. ACSEP provided the review with the updated version of the Accreditation Handbook for consideration following receipt of the review's preliminary findings.

New training sites seeking accreditation are required to complete the Application for ACSEP Training Practice Accreditation. After this application is received, ACSEP undertakes a desktop review of the application, followed by interviews with the Clinical Training Supervisors and the Practice Manager at the training site and possibly a site inspection. ACSEP's Accreditation Committee assesses the training site against the accreditation standards to determine whether the standards have been met, partially met or not met.

If the accreditation standards have been met, the training site is accredited. Provisional accreditation may be granted for 12 months. If ACSEP determines the accreditation standards have been partially met, the training site will be granted accreditation with conditions. If the accreditation standards are not met, the training site will not be accredited and the practice will be provided with feedback and recommendations for how to meet the standards.

The Accreditation Committee's recommendation and report is provided to the ACSEP Board for final approval. Following the ACSEP Board meeting, the accreditation outcome and report is provided to the training site.

Monitoring of accredited training sites

ACSEP's initial Accreditation Handbook did not have a formal process for monitoring accrediting training sites. However, the updated Accreditation Handbook specifies that ACSEP undertakes a mid-cycle review in the third year of a practice's five year accreditation cycle. It specifies that this review involves a survey being sent to current and immediate past registrars at the training site to assess their satisfaction with the post and to identify any potential issues. The Accreditation Committee also reviews patient logbook numbers to "ensure registrars are seeing a sufficient patient load to enable their training."

The Accreditation Handbook specifies that if the mid-cycle review identifies any issues, the Accreditation Committee will contact the practice and request a response. It may then undertake further investigations which "could result in a change to the accreditation status of the practice." The Accreditation Handbook outlines that the issue may also be escalated to the ACSEP Training Committee or Board if needed.

Training sites are required to notify ACSEP if there are significant changes which may affect their accreditation status.

Managing concerns about accredited training sites

ACSEP's initial Accreditation Handbook did not include a specific policy or procedure for managing concerns about accredited training sites. However, ACSEP's updated Accreditation Handbook recognises that it may receive information outside of a review cycle which "may raise concerns about registrars' safety and welfare or the practice's ability to meet accreditation standards." It specifies that should this occur, the Accreditation Committee will contact the practice for a response and may then undertake further investigations which "could result in a change to the accreditation status of the practice." The Accreditation Handbook outlines that the issue may also be escalated to the ACSEP Training Committee or Board if needed.

Managing non-compliance with the accreditation standards

ACSEP's updated Accreditation Handbook stipulates that the Accreditation Committee can withdraw accreditation from a training site if concerns are identified that indicate the training site is not meeting the accreditation standards.

Key observations

ACSEP's accreditation processes are undergoing a period of change. The accreditation standards and Accreditation Handbook have recently been updated. In light of this, the review outlines observations and recommendations for ACSEP's consideration during this time. The review also suggests that ACSEP considers the best practice administrative processes outlined in this report when further updating the Accreditation Handbook.

Clarity about the accreditation process for new training sites

The review observed the updated Accreditation Handbook provided limited information about the initial steps involved in accrediting new training sites. It was unclear to the review:

- when or why a new training site may be provisionally accredited
- whether the full 12-month period of provisional accreditation must be completed before ACSEP can make a final decision regarding accreditation, or if this may occur earlier.

The review recommends that ACSEP provides greater clarity about the initial steps involved in accrediting new training sites, including the criteria for granting provisional accreditation and when this may occur. It is important that ACSEP provides sufficient information about all stages of the accreditation process to ensure that training sites, and other stakeholders that may be impacted by an accreditation decision (such as trainees), are aware of what to expect from the process and the possible outcomes.

Recommendations	Priority rating
<p>ACSEP should ensure the Accreditation Handbook includes information about:</p> <ul style="list-style-type: none"> the steps involved in accrediting new training sites when provisional accreditation may be granted to a training site expected timeframes for key stages of the accreditation process. 	High

Procedural fairness considerations during the accreditation process

The review observed that the accreditation processes outlined in the updated Accreditation Handbook did not include opportunities for training sites to respond before a final decision is made regarding accreditation. Providing an opportunity to respond is an important step to ensure the accreditation process is procedurally fair to training sites and to promote transparency in ACSEP’s decision-making.

The review recommends that ACSEP introduces a step in the accreditation process to allow a training site to respond before a final decision is made regarding accreditation. In particular, this should occur if a decision is made:

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

This step should involve ACSEP notifying the training site of the proposed accreditation outcome, including the information relied on and the proposed reasons for the decision. The training site should be provided with reasonable time to review the proposed accreditation outcome and provide a response before a final decision is made. In addition to promoting transparency and procedural fairness in its decision-making, the review considers that introducing this step will provide training sites with the opportunity to clarify any errors of fact or to provide additional information relevant to the accreditation decision. In turn, this may reduce the likelihood of a training site seeking to access ACSEP’s merits review process after a decision has been made.

Recommendations	Priority rating
<p>ACSEP should update the Accreditation Handbook to ensure training sites are provided with an opportunity to respond before a final decision is made:</p> <ul style="list-style-type: none"> not to grant provisional accreditation to a training site not to accredit a training site following a period of provisional accreditation to grant accreditation with conditions to a new training site, or during the reaccreditation process. 	High

Clarity regarding the monitoring activities that may be undertaken during the accreditation cycle

ACSEP’s updated Accreditation Handbook outlines that ACSEP undertakes a mid-cycle review in the third year of a training site’s five-year accreditation cycle. It specifies that the review involves a survey being sent to current and immediate past registrars at the training site to assess their satisfaction and identify any potential issues. The Accreditation Committee also reviews patient logbook numbers to “ensure registrars are seeing a sufficient patient load to enable their training.”

The review commends ACSEP for formalising its monitoring processes. The review suggests that ACSEP considers providing further clarification about how the data it gathers as part of its monitoring activities is used to assess the training site’s performance, or its ability to meet the accreditation standards. This would assist training sites to understand their obligations, and to address areas of need before they are raised with ACSEP. Clear criteria are also essential to ensure procedural fairness should ACSEP choose to take action based on their assessment of this information.

The Accreditation Handbook specifies that if the mid-cycle review identifies any issues, the Accreditation Committee will contact the practice and request a response. It may then undertake further investigations which “could result in a change to the accreditation status of the practice.” The Accreditation Handbook outlines that the issue may also be escalated to the ACSEP Training Committee or Board if needed.

The review supports ACSEP’s approach to ensuring the training site is advised of, and given the opportunity to respond to, issues identified during monitoring activities. However, the review found that there was a lack of clarity about the process for assessing or investigating the identified issue, or the threshold which would need to be reached for an issue to be reported to the Training Committee or Board. Explaining and sharing information about how issues will be assessed and investigated is necessary to ensure transparency, particularly as monitoring activities may result in ACSEP imposing conditions on a training site or withdrawing accreditation. Clearly articulating these processes in the relevant documentation will also promote consistency in ACSEP’s monitoring activities across accredited training sites.

Recommendations	Priority rating
<p>ACSEP should provide greater clarity in accreditation documentation about the monitoring activities that may be undertaken during an accreditation cycle. This should include information about:</p> <ul style="list-style-type: none"> • how data gathered through the monitoring of accredited training sites will be used • how ACSEP assesses and investigates issues identified during its monitoring activities that indicate a training site is not meeting the accreditation standards, such as an out-of-cycle accreditation review • the possible outcomes for training sites if it is established that the accreditation standards are not being met, such as imposing conditions on accreditation or withdrawing accreditation. 	High

Establishing a clear procedure for managing concerns about accredited training sites

The Accreditation Handbook specifies that if any issues are identified at a training site outside of a scheduled review, the Accreditation Committee will contact the practice and request a response. It may then undertake further investigations which “could result in a change to the accreditation status of the practice.” The Accreditation Handbook outlines that the issue may also be escalated to the ACSEP Training Committee or Board if needed.

The review found, however, that ACSEP does not have a clear process for trainees, supervisors, and other stakeholders to raise concerns about an accredited training site. While ACSEP provides guidance that it may investigate an issue at a training site, the review found that there is no publicly available information about the process for assessing or investigating the concern.

ACSEP indicated to the review that it does not receive a high volume of concerns about accredited training sites. However, the review considers it is important that ACSEP provides a clear pathway for individuals to submit a concern and that there is an established process in place for managing these concerns. This is particularly relevant in the context of ACSEP’s monitoring function, as complaint data may indicate a systemic issue within a training site that could impact its ability to meet the accreditation standards.

The review recommends that ACSEP develops a policy and procedure for managing concerns about accredited training sites in line with the best practice principles outlined in this report. The policy should provide clear guidance about:

- what constitutes a concern about an accredited training site that can be considered under the policy, including examples
- the role of the individual and respondent during the process, including that the respondent will be notified of the concerns and provided with an opportunity to respond before a decision is made, and that both the individual and respondent will be provided with written notice of the decision
- the key roles and responsibilities of ACSEP staff and committees during the process, including who is responsible for making a decision, and escalation points if an individual or respondent is dissatisfied with a decision
- how concerns which allege, or appear to demonstrate, that a training site is no longer meeting the accreditation standards are assessed and managed (see ‘A framework for identifying and managing non-compliance with the accreditation standards’)
- the concerns which will not be assessed or managed directly by ACSEP, and the relevant referral pathways where possible, including for example, professional misconduct concerns which should be reported to Ahpra and the Medical Board of Australia (see ‘Developing a framework for assessing and managing concerns about accredited training sites’)
- possible outcomes from raising a concern, including if concerns are substantiated that the training site is not meeting the accreditation standards (see ‘Establishing a risk-based, proportionate approach to non-compliance with the accreditation standards’)
- expected timeframes for key stages of the process
- how concerns or feedback will be recorded and how this data will be used by ACSEP to inform its monitoring functions and reaccreditation processes.

To ensure individuals are aware of the ability to raise concerns about an accredited training site, it is recommended the policy provides clear guidance about how to raise a concern and ACSEP allows individuals to raise concerns in variety of ways, such as by an online form, email, phone or post.

The review acknowledges that ACSEP may receive concerns of a sensitive nature, and that some individuals may fear retribution from raising a concern. For example, a trainee wishing to raise a concern about a practice where they are undertaking their training. The review considers that providing options for concerns to be made on a confidential basis may reduce barriers for individuals wishing to raise concerns. Anonymous concerns may also be accepted, however, ACSEP should clearly communicate the possible limitations associated with progressing anonymous concerns. Further, ACSEP should be transparent about the difficulties with maintaining confidentiality in circumstances where the individual may be identifiable from the subject matter.

Once ACSEP has finalised a policy for managing concerns about accredited training sites, it is recommended that staff are provided with training to ensure they are aware of how to identify a concern, the process for managing these concerns, and how to assist individuals to access ACSEP’s system for handling these concerns.

Ideally, ACSEP should create an online form to assist individuals to provide key information about their concerns and the outcome they are seeking. This will help to ensure ACSEP has sufficient information to respond to the concerns.

ACSEP should consider who may wish to raise a concern about a training site and ensure that information about the process for managing concerns is easily accessible on its website in relevant areas, such as the accreditation section and in areas accessed by trainees and fellows. It should also be promoted in relevant correspondence and training material. As training sites may be the subject of a concern, it is important that they are aware of the process and how data recording concerns and feedback will be used to inform ACSEP’s monitoring activities and reaccreditation processes.

Concerns about accredited training sites need to be accurately recorded and appropriately stored. The review suggests that ACSEP ensures this information is captured through an internal register and the data is used to inform monitoring activities and reaccreditation processes.

Recommendations	Priority rating
ACSEP should develop a policy and procedure for managing concerns about accredited training sites and ensure information about this process is easily accessible on its website and communicated to stakeholders.	High
ACSEP should develop an online form to raise a concern about an accredited training site and ensure there are mechanisms for concerns to be raised anonymously, using a pseudonym or on a confidential basis.	Low
ACSEP should provide staff with training after it develops a policy and procedure for managing concerns about training sites to ensure they are aware of how to identify a concern, the process for managing these concerns, and how to assist individuals to access ACSEP’s system for handling these concerns.	Low

ACSEP should ensure its internal register is used to record concerns about accredited training sites and outcomes and should use this data to inform its monitoring activities and reaccreditation processes.	Medium
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Managing non-compliance with the accreditation standards

The review recognises that it is necessary for ACSEP to respond to a training site not complying with an accreditation standard. However, the review found that ACSEP’s process for responding to instances where it has been substantiated that a training site is no longer meeting the accreditation standards during the accreditation cycle was not clear. In particular, ACSEP’s process for determining the appropriate response to non-compliance was not clearly detailed.

As outlined in this report, the review suggests that colleges apply a risk-based and proportional response to non-compliance, where action is taken based on the level of risk associated with the training site’s non-compliance.

The review notes that there are a range of different actions available to ACSEP if it is substantiated that a training site is not meeting the accreditation standards. This may range from requesting that the training site provides an update on how it has addressed an issue, to more serious action such as making an adverse change to the accreditation status of the training site. Responses to non-compliance which are high risk may include, for example:

- imposing conditions on the accreditation of the training site
- suspending the training site’s accreditation
- making immediate changes, such as removing a trainee temporarily from the training site or removing and replacing a training site supervisor
- withdrawing accreditation from the training site.

ACSEP’s accreditation documentation makes reference to some of these options. For example:

- the Accreditation Handbook specifies that if the mid-cycle review identifies any issues, the Accreditation Committee will contact the training site and request a response. It may then undertake further investigations which “could result in a change to the accreditation status of the practice.” The Accreditation Handbook outlines that the issue may also be escalated to the ACSEP Training Committee or Board if needed
- the Accreditation Handbook also stipulates that the Accreditation Committee can withdraw accreditation from a training site if concerns are identified that indicate the training site is not meeting the accreditation standards. The review observed, however, that the Accreditation Handbook did not provide any guidance about the procedure adopted by ACSEP to withdraw accreditation from a training site.

Given the serious implications for training sites and trainees if ACSEP decides to withdraw accreditation, it is important there is an established process outlining the steps involved in making such a decision and the relevant factors taken into consideration. This information should be publicly available to assist training sites and trainees who may be impacted by the decision and to enhance the transparency of ACSEP's processes. Similarly, it is important that ACSEP has a robust and well-documented process that can be relied on to support its decision-making if a decision is later subject to a merits review.

It is recommended that ACSEP updates the relevant accreditation documentation to provide detailed information about how it manages non-compliance with the accreditation standards. ACSEP should provide greater clarity about:

- how it may identify that a training site is not meeting the accreditation standards, such as through its monitoring activities or receiving a concern about a training site from an individual
- the roles and responsibilities of the relevant bodies in making a decision in relation to non-compliance, including any proposed decision to adversely change the accreditation status of a training site
- the assessment process to determine the most appropriate decision, including the factors considered regarding the risks associated with the non-compliance and the actions available to ACSEP in response
- the steps involved before a final decision is made in response to non-compliance, including any required consultation with affected stakeholders
- the expected timeframes for key stages of the process
- the process for notifying training sites of the decision, including that the training site will be provided with written reasons for the decision
- the administrative complaint and merits review pathways available to training sites regarding the decision.

The review recognises that responsibilities regarding required consultation with affected stakeholders will likely differ based on the seriousness of the risks identified, and therefore the severity of the action proposed to be taken by ACSEP.

The review recommends ACSEP ensures the training site is provided with an opportunity to review and respond to a proposed adverse decision before a final decision is made, and that this step is clearly outlined in the relevant accreditation documentation. This step will allow the training site to respond to the concerns about non-compliance, clarify any factual errors, or provide additional information relevant to the decision-making process. This step may also reduce the likelihood of a training site later seeking a merits review of an accreditation decision on the basis of a factual error or information not being considered.

Recommendations	Priority rating
<p>ACSEP should update the relevant accreditation documentation to provide detailed information about how it manages non-compliance with the accreditation standards. ACSEP should provide greater clarity about:</p> <ul style="list-style-type: none"> • how it may identify that a training site is not meeting the accreditation standards, such as through its monitoring activities or receiving a concern about a training site from an individual • the roles and responsibilities of the relevant bodies in making a decision in relation to non-compliance, including any proposed decision to adversely change the accreditation status of a training site • the assessment process to determine the most appropriate decision, including the factors considered regarding the risks associated with the non-compliance and the actions available to ACSEP in response • the steps involved before a final decision is made in response to non-compliance, including any required consultation with affected stakeholders • the expected timeframes for key stages of the process • the process for notifying training sites of the decision, 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 the decision. 	<p>High</p>
<p>ACSEP updates relevant accreditation documentation to clarify that the training site will be provided with the opportunity to review and respond to the proposed decision in response to non-compliance with the accreditation standards before a final decision is made.</p>	<p>High</p>

Making information about accreditation processes more accessible

The review found that ACSEP provided limited information on its website regarding its accreditation processes. The training site accreditation page provides a general overview of what an accredited training site is. However, there is no information about the steps involved in accreditation, including how to apply and possible outcomes. There are also no links to the Accreditation Regulation, the accreditation standards or the Application for ACSEP Training Practice Accreditation.

The review recommends that ACSEP updates the training site accreditation page on its website to provide:

- more detailed information about how to apply for accreditation, the accreditation process and possible outcomes
- links to the Accreditation Handbook and relevant application forms
- expected timeframes for key stages of the accreditation process.


Providing this information in a format that is easily accessible on the training site accreditation page on ACSEP’s website will assist training sites to navigate the accreditation process and will also ensure that trainees, supervisors and other key stakeholders are informed about how ACSEP undertakes its accreditation functions.

The review suggests that ACSEP considers including a ‘frequently asked questions’ (FAQ) section on the training site accreditation page of its website to answer key questions that training sites, trainees or supervisors may have about ACSEP’s accreditation processes. The review observed that several specialist medical colleges presented information about the steps involved in the accreditation and reaccreditation process in a flowchart or infographic, which included expected timeframes and possible outcomes at key stages of the process. The review suggests that ACSEP consider developing a similar resource for inclusion in the Accreditation Handbook and on the training site accreditation page on its website.

The review also found the training site accreditation page was difficult to locate on ACSEP’s website. Currently, the training site accreditation page is located in the resources section of ACSEP’s website. To make it easier for training sites, trainees and supervisors to find information about training site accreditation, the review recommends that ACSEP creates a new tab on the homepage of its website for training site accreditation.

Recommendations	Priority rating
ACSEP should update the training site accreditation page on its website to provide: <ul style="list-style-type: none"> • more detailed information about how to apply for accreditation, the accreditation process and possible outcomes • links to the Accreditation Handbook and relevant application forms • timeliness benchmarks for key stages of the accreditation process. 	Medium
ACSEP should create a new tab on the homepage of its website for training site accreditation.	Low

Merits review process

<p>Merits review process for accreditation decisions</p> <p>The review found the merits review process for accreditation decisions to be partially adequate. Some improvements could be made to clarify the merits review process, ensure it is visible and accessible, and ensure fair and reasonable fees are charged.</p>	
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Key observations

Accreditation decisions made by ACSEP are subject to the P019 Reconsideration, Review and Appeals Policy (the Appeals Policy), which was last updated in December 2021. In its current form, the Appeals Policy does not list accreditation decisions as falling within its scope. However, the Appeals

Policy provides the ACSEP Board with broad discretion to allow any decision made by ACSEP to be reviewed.

There is no fee to apply for a reconsideration and review of a decision. The appeal fee is set at \$5,341.60. However, ACSEP advised the review that training sites are not required to pay an appeal fee. The Appeals Policy provides that if the appeal is successful, the applicant will be refunded up to 50 per cent of the appeal fee or such part of the fee as determined by the Appeals Committee.

Accreditation decisions subject to merits review

As noted, the Appeals Policy does not specify that decisions made in relation to training sites are subject to merits review. ACSEP acknowledged that the Appeals Policy currently only applies to decisions about examination results and advised the review that it plans to amend the policy to explicitly state that accreditation decisions fall within its scope.

The review considers there are a range of accreditation decisions 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 the accreditation or reaccreditation of a training site
- refuse to change or remove a condition imposed on the accreditation or reaccreditation of a training site
- suspend the accreditation of a training site
- revoke the accreditation of a training site.

The review recommends that, when making amendments to the Appeals Policy, ACSEP provides details about the types of accreditation decisions which are subject to the policy, including the decisions referred above. This is important to ensure that ACSEP’s accreditation decision-making processes are accountable and procedurally fair.

Recommendations	Priority rating
ACSEP should update its Appeals Policy to clarify the types of accreditation decisions that can be subject to merits review.	Medium

Clarifying appropriate grounds for review and appeal

ACSEP’s Appeals Policy outlines that a review “may only be sought in relation to the ground(s) considered in the reconsideration application.” It is not clear from the Appeals Policy whether the same grounds must be considered in an appeal application.

While the review recognises that the AMC’s accreditation standards specify the required grounds for appeal, the review suggests that it is not reasonable to require that applicants only contest a decision at each stage of the merits review process on the same grounds. This is because the reconsideration or review decision may have been based on different information or consideration of the facts. It



should therefore be open to the individual to specify the grounds on which to appeal a decision based on the specific circumstances.

Additionally, the review acknowledges that the reconsideration of a decision by the original decision-maker should not be a requirement for individuals. As outlined in the Appeals Policy, ACSEP recognises that there may be circumstances where this step is not necessary. The requirement to state the same grounds as the reconsideration decision may therefore not be relevant to all applicants.

The review recommends ACSEP considers clarifying that it is open to applicants to specify the grounds for the merits review they consider to be relevant at each stage of the process. This will assist applicants to clearly outline why they are seeking a merits review.

Recommendations	Priority rating
ACSEP should update its Appeals Policy to clarify that it is open to applicants to specify the grounds for merits review they consider to be relevant at each stage of the merits review process.	Medium

Role and powers of decision-makers related to appeal applications

The Appeals Policy specifies the Appeals Committee may:

- confirm the decision which is the subject of the appeal
- revoke the decision which is the subject of the appeal
- revoke the decision and refer the decision to the relevant Board or Committee for further consideration (upon such terms or conditions of the Appeals Committee may determine)
- revoke the decision and make recommendations to the Board on an alternative decision (save that the Appeals Committee may not exercise the power of appointment or selection of trainees to the College Training Program)
- recommend to the Board whether part or all the costs associated with the Appeals Committee should be waived.

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 decision-makers at any stage of the merits review process to affirm, vary or set aside the original decision and make a fresh decision. This is why decision-makers in a merits review are often said to ‘stand in the shoes’ of the original decision-maker.

Recommendations	Priority rating
ACSEP should update its Appeals Policy to ensure merits review decision-makers have appropriate powers to consider a merits review application in line with the best practice principles outlined in this report.	High



Clarifying the impartiality and independence of the Appeals Committee

As outlined in the best practice section of this report, the review suggests that colleges which provide an appeal process should seek to ensure that the appointed decision-makers are independent and impartial. ACSEP’s Appeals Policy aligns with the AMC’s accreditation standards in that the Appeals Committee comprises both College members (the Chairman of the College or another Board member appointed by the Board and one College fellow), and non-College members (three persons, who are nominated by the Chief Executive Officer (CEO), one of whom is the designated Chair). ACSEP’s Appeals Policy also states that the College’s CEO and College Solicitor (or their respective delegate) will attend as the Secretariat and Legal Adviser respectively, but do not form part of the Appeals Committee.

The review commends ACSEP for seeking to ensure greater accountability of decision-making through an appeals process. However, the review suggests that ACSEP considers how it could clarify its policy to ensure that the appointment of committee members leads to an impartial and independent decision-making committee. 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 also encourages ACSEP to consider whether there is a need for the College CEO to be the Secretariat of the Appeals Committee, or to better outline the intended purpose of the CEO doing so.

Recommendations	Priority rating
ACSEP should update its Appeals Policy to clarify how members of its Appeals Committee are appointed, and their required skills and experience, to strengthen the impartiality and independence of appeal decisions.	Medium

Fees associated with the merits review process and fairness considerations

ACSEP advised that accredited training sites are not currently charged a fee for reconsideration or appeals, but that the ACSEP Board is further considering the issue of charging a fee for an appeal. In considering this issue, the review highlights that the Appeals Policy currently stipulates that if an appeal is successful, the applicant will be refunded up to 50 per cent of the appeal fee or such part of the fee as determined by the Appeals Committee. While it is acknowledged that appeal proceedings can be costly for specialist medical colleges, particularly for smaller colleges with limited resources, the review considers that the appeal fee should be refunded in full to the applicant if the appeal is successful.

While it is arguably reasonable to expect an applicant to cover their own costs associated with the appeal proceedings, the review does not consider it is fair for ACSEP to require an applicant to pay a component of its costs too if a decision is revoked or varied on appeal. This is because the success of the appeal 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. The review recommends that, if an appeal fee is charged, ACSEP should update the

Appeals Policy to specify that the appeal fee will be refunded in full to the applicant if the appeal is successful.

Recommendations	Priority rating
ACSEP should update the Appeals Policy to stipulate that, if an appeal fee is charged and the appeal is successful, the appeal fee will be refunded to the applicant in full.	High

Making the merits review process more accessible

ACSEP's Appeals Policy is publicly available on its website in the policies section. However, the Appeals Policy available on ACSEP's website is not the current version and is dated 2018. To ensure stakeholders are aware of ACSEP's current procedures regarding merits review, it is recommended that ACSEP updates the policies section on its website to include the most recent version of the Appeals Policy.

The review observed that ACSEP does not have an application form to apply for a reconsideration, review or appeal of a decision. The Appeals Policy directs applicants to lodge an application for a reconsideration, review and appeal in writing to the CEO and outlines the information required to progress the application. The Appeals Policy does not provide contact details for submitting an application or specify whether an application can be made by email or post.

To make these processes more accessible to training sites, the review recommends ACSEP develops an application form to apply for a reconsideration, review and appeal of a decision. ACSEP may wish to create one application form or a separate form for each stage of the reconsideration, review and appeal process. The form/s should include:

- targeted questions for applicants to complete, such as the grounds for reconsideration, review or appeal they are seeking to raise, and the outcome sought
- 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).

Once the form/s have been created, the review recommends ACSEP ensures they are publicly available in relevant sections of its website and referenced in the Appeals Policy.

Recommendations	Priority rating
ACSEP should update the policies section on its website to include the most recent version of the Appeals Policy.	High
ACSEP should develop an application form to apply for a reconsideration, review and appeal.	Low

Improving the visibility of the merits review process available to training sites


ACSEP advised the review that it plans to update its Appeals Policy to provide more specific information about how the merits review process applies to accreditation decisions. To complement this update, the review recommends that ACSEP updates the training site accreditation page on its website to provide guidance about the merits review process, such as:

- an overview of the reconsideration, review and appeal process, including the types of accreditation decisions that are subject to the Appeals Policy and possible outcomes
- a FAQ section to provide responses to commonly asked questions and key information about how the Appeals Policy applies to training site accreditation decisions
- fees associated with the reconsideration, review and appeal pathways and the circumstances in which fees will be refunded
- links to the Appeals Policy and relevant application forms with information about how to apply for a reconsideration, review or appeal.

The review observed the Appeals Policy includes several infographics detailing the reconsideration, review and appeal process, which may be useful to include on the training site accreditation page on ACSEP’s website. The review considers that making information about the appeal pathways readily available on its website increases transparency. It may also assist in managing the expectations of training sites about the types of decisions that are subject to the Appeals Policy and what can be achieved through the merits review process.

Recommendations	Priority rating
<p>ACSEP should update the training site accreditation page on its website to provide guidance about the reconsideration, review and appeal pathways available to training sites, including:</p> <ul style="list-style-type: none"> • an overview of the reconsideration, review and appeal process, including the accreditation decisions that are subject to the Appeals Policy and how to submit an application • fees associated with the reconsideration, review and appeal pathways and the circumstances in which fees will be refunded • links to the Appeals Policy and relevant application forms (once created). 	<p>Medium</p>

Administrative complaints process

<p>Administrative complaints process</p> <p>The review found that there was a somewhat adequate process for managing administrative complaints. Improvements could be made to clarify the complaint handling procedure, including the relevant escalation process and the recording and monitoring of complaints.</p>	
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ACSEP manages administrative complaints in accordance with its Grievance Policy and Procedure (the Grievance Policy), which was last reviewed in 2018. The Grievance Policy applies to complaints about ACSEP, its staff, trainees and fellows.

ACSEP explained to the review that it does not receive a high volume of administrative complaints and that most complaints are usually dealt with directly by the CEO due to resource limitations.

Key observations

ACSEP’S Grievance Policy covers a wide range of complaint issues. While administrative complaints fall within its scope, it also covers complaints about staff, fellows and trainees. The review noted the complaint handling procedure in the Grievance Policy is largely focused on complaints about the conduct of ACSEP trainees and fellows which are managed by the Professional Standards Committee. The Grievance Policy did not specify the types of administrative complaints that can be made about ACSEP, the process for managing these complaints, the decision-maker and possible outcomes from the complaints process. An administrative complaint, for example, may refer to an expression of dissatisfaction regarding ACSEP’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).

As administrative complaints are likely to involve different processes, decision-makers and outcomes, the review recommends that ACSEP develops a separate complaints policy for managing administrative complaints in line with the suggested principles and processes outlined in this report.

The review acknowledges that ACSEP is smaller in size than other colleges and does not have the resources to appoint a complaints officer or team to manage administrative complaints. However, the review notes that, as administrative complaints are currently managed by the CEO, there is no ability to escalate a complaint internally if a complainant is dissatisfied with an initial response or the way a matter was handled. Further, this arrangement may result in missed opportunities for quick and informal resolutions. The review suggests that ACSEP considers introducing a two-step internal complaints process, as outlined in this report.

Stage one complaints could be classified as straightforward administrative complaints that can be effectively managed by frontline staff in the relevant business areas within ACSEP, with a focus on informal resolution. Stage two complaints generally involve more complex issues or complaints that are unable to be resolved at Stage one by frontline staff and could be managed by a senior staff member or the CEO. The review considers that formalising these steps would provide ACSEP with an escalation point for complaints that cannot be resolved informally or are not suitable for informal resolution.

Once ACSEP has finalised the complaint handling policy, it is recommended that staff are provided with training to ensure they are aware of the complaints process, how to identify a complaint and how to assist complainants to access ACSEP's complaint handling system. The review recognises that training may be delivered in a variety of formats as necessary to meet resourcing needs.

Recommendations	Priority rating
ACSEP should develop and publish a separate administrative complaint handling policy in line with the three-stage approach to complaints management outlined in this report.	High
ACSEP should provide complaint handling training to staff after finalising the complaint handling policy.	Medium

Monitoring and recording complaints

While ACSEP reported that it does not receive a high volume of administrative complaints, the review is concerned that it may be losing valuable data if it does not have a central mechanism to classify and record complaints. This mechanism should not be limited to recording incidents, but should record all administrative complaints ACSEP receives, and their outcomes.

It is recommended that ACSEP develops a complaint register to record administrative complaints and to produce complaint insights that can be fed back to the relevant business areas within ACSEP to improve service delivery.

Recommendations	Priority rating
ACSEP should create an internal complaints register to record and monitor complaints and outcomes.	Medium

Visibility of the complaints process

To ensure the complaints process is visible to those who may wish to submit an administrative complaint, it is recommended that ACSEP publishes information about the complaints process on its website, including how to submit a complaint and the complaint handling process. This information could be published on ACSEP's 'contact us' page or on a stand-alone page for complaints, with a link to the complaint handling policy once it is finalised.

The review recommends that ACSEP considers creating an online complaint form to assist complainants to provide key information about their concerns and the outcome they are seeking. This will ensure ACSEP has sufficient information to respond to the complaint.

Recommendations	Priority rating
ACSEP should publish information about its administrative complaint handling process on its website.	Medium
ACSEP should create a complaint form for administrative complaints and ensure it is publicly available on its website.	Low

Australian and New Zealand College of Anaesthetists (ANZCA)

The Australian and New Zealand College of Anaesthetists (ANZCA) conducts the education, training and continuing professional development of specialist anaesthetists and specialist pain medicine physicians in Australia.

The ANZCA Council (Council) has delegated certain powers and functions to the Faculty of Pain Medicine (FPM), meaning the Board of the FPM is responsible for the administration of the education, training and continuing professional development of pain medicine physicians.

The education and training program in anaesthesia delivered by ANZCA, and the education and training program in pain medicine delivered by FPM, are accredited by the Australian Medical Council (AMC). The AMC's most recent accreditation report is dated 2022 and the AMC website indicates that accreditation is due to expire in March 2029.¹

ANZCA also delivers a Diploma of Rural Generalist Anaesthesia in conjunction with the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine and a Diploma of Advanced Diving and Hyperbaric Medicine. These diplomas provide specialised training for medical practitioners and lead to certification in anaesthesia and diving and hyperbaric medicine. However, these diplomas are not a recognised specialist qualification for the purposes of registration with the Medical Board of Australia and are therefore outside the review's scope.

Generally, ANZCA and FPM's accreditation processes are similar. However, it is noted that FPM, having been in existence for a shorter period of time, has less developed governance and committee structures than ANZCA.² The review has largely focussed on the accreditation, merits review and complaints processes of ANZCA. However, the principles discussed, and recommendations made, can be applied by extension to FPM.

Accreditation of training sites


Procedural aspects of training site accreditation

The review found the procedural aspects of training site accreditation to be mostly adequate. Improvements could be made to provide greater clarity regarding monitoring activities that may be undertaken during the accreditation cycle and the process for withdrawing accreditation.



¹ AMC website, 'Specialist medical colleges' webpage. Accessed July 2023: <www.amc.org.au/accreditation-and-recognition/assessment-accreditation-specialist-medical-programs-assessment-accreditation-specialist-medical-programs/specialist-medical-colleges/>.

² AMC accreditation report, December 2012, page 20.

<p>Process for managing concerns about accredited training sites</p> <p>The review found there were not adequate processes for managing concerns about accredited training sites. A procedure for managing concerns needs to be introduced to ensure there is a clear pathway for individuals to raise concerns about an accredited training site and to ensure ANZCA has a mechanism to record and monitor these complaints to inform its monitoring function.</p>	
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ANZCA is responsible for accrediting anaesthesia and pain medicine training sites within hospitals and private practices in Australia. ANZCA also indirectly accredits intensive care units accredited by the College of Intensive Care Medicine of Australia and New Zealand to allow trainees to complete the intensive care medicine specialised study unit during the training program.

The accreditation requirements for anaesthesia training sites are outlined in Regulation 37 - Training in anaesthesia leading to Fellowship of ANZCA (FANZCA), and accreditation of facilities to deliver this curriculum (the Anaesthesia Regulation) and the ANZCA handbook for accreditation (the Anaesthesia Handbook). The accreditation requirements for pain medicine training sites are outlined in By-law 19 - Accreditation of units offering training in pain medicine (the Pain Medicine By-law) and the Faculty of Pain Medicine Accreditation Handbook (the FPM Handbook).

ANZCA has a dedicated section on its website for training site accreditation, with separate pages for each discipline providing information about the application process, training sites and supervisors, and links to the relevant accreditation handbook and regulation or by-law.

Process for accrediting training sites

ANZCA's process for initial accreditation and reaccreditation of training sites across the disciplines follows the general process outlined in this report. New training sites are required to apply for accreditation via the relevant form available on ANZCA's website. After an application is received from a training site, ANZCA:

- reviews the application to ensure all relevant information has been provided by the training site
- undertakes an on-site or virtual accreditation inspection
- drafts an accreditation report assessing the training site against the accreditation standards and ANZCA's professional documents
- provides the draft accreditation report to the training site to correct any factual inaccuracies.

The accreditation report is then referred to the relevant accreditation committee for a final decision. The committee's final decision and recommendations are provided to the training site. The training site may be granted unqualified accreditation, conditional accreditation or accreditation may not be approved. Accreditation may be withdrawn from an accredited training site if the training site is unable to comply with ANZCA's accreditation standards.

Monitoring of accredited training sites

While the accreditation handbooks do not contain specific sections outlining the monitoring activities that may be undertaken during the accreditation cycle, the monitoring process is referred to throughout the accreditation handbooks with varying levels of information provided. The review understands that a central mechanism used by ANZCA to monitor accredited training sites is the trainee opinion survey that is completed by trainees ahead of any site accreditation with results provided to the assessors as part of their assessment of the site. This survey seeks trainees' views on the training experience provided by the training site.

ANZCA advised it has a Triage Committee consisting of the Chief Executive Officer, Executive Director of Professional Affairs, Vice President and where required, the Dean of the Faculty of Pain Medicine or senior fellows from the Council and FPM Board, depending upon the issue. The Triage Committee is responsible for addressing reported or identified issues at a training site and monitoring progress against identified issues or conditions.

Managing concerns about accredited training sites

ANZCA does not have a specific policy or procedure for managing concerns about accredited training sites. However, ANZCA advised the review that it obtains feedback about accredited training sites from supervisors, trainees and hospital staff as part of its monitoring activities and the reaccreditation process. ANZCA also informed the review that the Training Accreditation Committee and the Training Unit Accreditation Committee directly receive concerns about accredited training sites, including anonymous complaints. It is understood that in some instances, concerns about accredited training sites may be considered by the Triage Committee.

ANZCA also advised the review of its Notifications Management Policy, which outlines how ANZCA and FPM manage and resolve notifications about trainees and fellows. Notifications may include concerns about professional standards including poor clinical standards or outcomes and unacceptable behaviour. ANZCA advised that these complaints and concerns can be submitted via an online portal.

Managing non-compliance with the accreditation standards

ANZCA's Anaesthesia Handbook and the Pain Medicine Handbook outline that a training site's accreditation may be withdrawn in circumstances where the accreditation standards are not being met. This decision can only be made by the Council. It is understood that concerns that a training site may not be meeting the accreditation standards may be identified during the reaccreditation process or during the accreditation cycle.

Key observations

The review found that ANZCA and FPM have established processes for accrediting training sites in anaesthesia and pain medicine. The training site accreditation section of ANZCA's website provides a comprehensive overview of the accreditation process in a format that is easy to navigate. More

detailed information can be found in the accreditation handbooks for each discipline and the relevant regulations and by-law.

The review identified some areas where ANZCA's processes and publicly available information could be strengthened to provide greater clarity to training sites about the accreditation process. The review also found that ANZCA did not have a process or policy for managing concerns about accredited training sites. The monitoring activities that ANZCA may undertake during the accreditation cycle could be more clearly communicated.

Between 2019 and 2021 ANZCA and FPM undertook an Accreditation and Learning Environment Project (ALEP) to benchmark processes against best practice and investigate how accreditation can better evaluate the clinical learning environment. ANZCA informed the review that a working group will progress the roadmap of recommendations made by the ALEP from mid-2023. ANZCA suggested that a number of the review's recommendations align with the implementation of these recommendations.

Distinguishing accreditation standards from accreditation policy and procedure

The accreditation handbooks outline the accreditation standards for each discipline, including criteria and minimum requirements, against which training sites are assessed when applying for accreditation. The handbooks also outline important information about inspection visits, outcomes of inspection visits, the duration of accreditation and withdrawing accreditation from training sites.

The review suggests that it would be better to distinguish the accreditation standards from the supporting policy and procedure documentation. The review notes that this is the approach taken by many specialist medical colleges, who have created separate documents for accreditation standards and accreditation policy and procedure. In addition to making relevant information easier to locate and navigate, separating the content may also 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 policy and procedure.

Recommendations	Priority rating
ANZCA should separate its accreditation standards from the supporting policy and procedure documentation.	Low

Clarity regarding monitoring activities that may be undertaken during the accreditation cycle

While the accreditation handbooks reference regular monitoring processes during the accreditation cycle, the review found there was limited information about the practical steps involved in monitoring training sites. For example, the accreditation handbooks do not outline the monitoring activities that may be undertaken by ANZCA and FPM during the accreditation cycle or the process followed if monitoring activities identify concerns that a training site may not be meeting the accreditation standards.

The review recommends ANZCA develops a policy and procedure for monitoring accredited training sites during the accreditation cycle or updates the accreditation handbooks for each discipline to include this information. Information should be included about the:

- monitoring activities that may be undertaken during the accreditation cycle, including how information about concerns and feedback regarding training sites will be used as part of these activities
- resulting process if ANZCA identifies concerns while undertaking monitoring activities that the training site may not be meeting the accreditation standards, such as an out-of-cycle accreditation review
- possible outcomes for training sites if it is established that the accreditation standards are not being met, such as imposing conditions on the training site or withdrawing accreditation.

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 conditions being placed on the training site, or the suspension or withdrawal of accreditation. Clearly articulating these activities in the relevant accreditation policies also promotes consistency across ANZCA’s monitoring activities.

Recommendations	Priority rating
<p>ANZCA should provide greater clarity in accreditation documentation about the monitoring activities that may be undertaken during the accreditation cycle. This should include information about the:</p> <ul style="list-style-type: none"> • monitoring activities that may be undertaken during the accreditation cycle, including how concerns and feedback received about accredited training sites will be used as part of these activities • process that is followed if ANZCA identifies concerns while undertaking monitoring activities that the training site may not be meeting the accreditation standards, such as an unscheduled accreditation review or a site visit • 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 site. 	High

Developing a clear procedure for managing concerns about accredited training sites

ANZCA obtains feedback from supervisors, trainees and hospital staff as part of its monitoring function during the accreditation cycle and as part of the reaccreditation process. It is understood that concerns can also be raised with the Training Accreditation Committee and the Training Unit Accreditation Committee. The review acknowledges ANZCA’s advice that it has an established process for receiving and managing concerns about accreditation training sites. However, the review was unable to locate a policy or procedure that accurately recorded this process. The Pain Medicine Handbook briefly outlines that concerns about a training site meeting the accreditation standards

should be directed to FPM by email and may result in an out of schedule accreditation inspection. However, a similar process is not included in the Anaesthesia Handbook.

Further, while the review acknowledges the Notifications Management Policy, it notes that it is focussed on the conduct and performance of ANZCA and FPM trainees and fellows. This policy outlines that these types of concerns are to be referred to the training site for resolution. It is unclear how a concern that a training site may not be meeting the accreditation standards could be assessed or managed under this policy.

It is acknowledged that some concerns related to a training site may be more appropriately managed by the hospital directly or an external agency. However, it is important that ANZCA provides a clear pathway for individuals, such as trainees or supervisors, to raise a concern about a training site and that there is an established process for managing these concerns that is documented in a publicly available policy or procedure. This is particularly relevant in the context of ANZCA's monitoring function, as concerns may indicate a systemic issue within a training site that may affect its ability to meet the accreditation standards.

The review recommends ANZCA develops a policy and procedure for managing concerns about accredited training sites in line with the best practice principles outlined in this report. The policy should provide clear guidance about:

- what constitutes a concern about an accredited training site that can be considered under the policy, including examples
- the role of the individual and respondent during the process, including that the respondent will be notified of the concerns and provided with an opportunity to respond before a decision is made, and that both the individual and respondent will be provided with written notice of the decision
- the key roles and responsibilities of ANZCA staff and committees during the process, including who is responsible for making a decision, and escalation points if an individual or respondent is dissatisfied with a decision
- how concerns which allege, or appear to demonstrate, that a training site is no longer meeting the accreditation standards are assessed and managed (see 'A framework for identifying and managing non-compliance with the accreditation standards')
- the concerns which will not be assessed or managed directly by ANZCA, and the relevant referral pathways where possible, such as professional misconduct concerns which should be reported to Ahpra and the Medical Board of Australia (see 'Developing a framework for assessing and managing concerns about accredited training sites')
- possible outcomes from raising a concern, including if concerns are substantiated that the training site is not meeting the accreditation standards (see 'Establishing a risk-based, proportionate approach to non-compliance with the accreditation standards')
- expected timeframes for key stages of the process
- how concerns or feedback will be recorded and how this data will be used by ANZCA to inform its monitoring functions and reaccreditation processes.

ANZCA should provide clear guidance about how to raise a concern on its website and allow individuals to submit concerns in a variety of ways, such as via an online form, email, phone or post. The review notes that ANZCA has an online portal for individuals to raise a complaint or concern. However, this portal only provides a mechanism for a complaint or concern to be raised about the professional conduct of an individual. It does not provide a mechanism to raise a concern about an accredited training site, such as a concern that a training site is not meeting the relevant accreditation standards. The review recommends that once a policy and procedure for managing concerns about accredited training sites is developed, a separate online form or portal is created for these concerns.

ANZCA should consider who may access this process and ensure that information is easily accessible in the accreditation handbooks, correspondence and relevant training material. As training sites may be the subject of a concern, it is also important that hospitals are aware of the process and how this data will be used to inform ANZCA's monitoring function. Ideally, ANZCA should create an online form to assist individuals to provide key information about their concerns and the outcome they are seeking to ensure ANZCA has sufficient information to respond.

The review acknowledges the sensitive nature of possible concerns and that some individuals may fear retribution. For example, a trainee may wish to raise a concern about a training site where they are undertaking their training but may be concerned that this could affect their career progression or supervisor's assessment of their performance. In recognition of this, the review recommends ANZCA provides options for concerns to be made on a confidential basis. This may reduce barriers for individuals wishing to raise concerns. Anonymous concerns should also be accepted. However, it is important that the possible limitations associated with progressing anonymous and confidential concerns are also clearly communicated. In particular, ANZCA should be transparent about the difficulties with maintaining confidentiality in circumstances where the individual may be identifiable from the subject matter of the concern.

Once ANZCA has finalised a policy for managing concerns about accredited training sites, it is recommended that staff are provided with training to ensure they are aware of how to identify a concern, the process for managing these concerns, and how to assist individuals to access ANZCA's system for handling these concerns.

The review also recommends that ANZCA creates an internal register to record concerns and outcomes about accredited training sites and uses this data to inform its monitoring activities and reaccreditation processes.

Recommendations	Priority rating
ANZCA should develop a policy and procedure for managing concerns about accredited training sites and ensure information about this process is easily accessible on its website and communicated to stakeholders.	High

ANZCA should develop an online form to raise a concern about an accredited training site and ensure there are mechanisms for concerns to be raised anonymously, using a pseudonym or on a confidential basis.	Low
ANZCA should provide staff with training after it develops a policy and procedure for managing concerns about training sites to ensure they are aware of how to identify a concern, the process for managing these concerns, and how to assist individuals to access ANZCA's system for handling these concerns.	Low
ANZCA should create an internal register to record concerns and outcomes about accredited training sites and use this data to inform its monitoring activities and reaccreditation processes.	Medium

Managing non-compliance with the accreditation standards

The review recognises that it is necessary for ANZCA to respond to a training site not complying with an accreditation standard. However, the review found that ANZCA's process for responding to instances where it has been substantiated that a training site is no longer meeting the accreditation standards during the accreditation cycle was not clear. In particular, ANZCA's process for determining the appropriate response to non-compliance was not clearly detailed.

As outlined in this report, the review suggests that colleges apply a risk-based and proportional response to non-compliance, where action is taken based on the level of risk associated with the training site's non-compliance.

The review notes that there are a range of different actions available to ANZCA if it is substantiated that a training site is not meeting the accreditation standards. This may range from requesting that the training site provides an update on how it has addressed an issue, to more serious action such as making an adverse change to the accreditation status of the training site. Responses to non-compliance which are high risk may include, for example:

- imposing conditions on the accreditation of the training site
- suspending the training site's accreditation
- making immediate changes, such as removing a trainee temporarily from the training site or removing and replacing a training site supervisor
- withdrawing accreditation from the training site.

Currently, ANZCA's Anaesthesia Handbook and the Pain Medicine Handbook outline that a training site's accreditation may be withdrawn in circumstances where the accreditation standards are not being met. This decision can only be made by the Council. It is understood that concerns that a training site may not be meeting the accreditation standards may be identified during the accreditation cycle or the reaccreditation process. However, the review found the handbooks lacked clarity about the steps undertaken before a decision is made to withdraw accreditation.

ANZCA advised the review that if a recommendation to withdraw accreditation is being forwarded to the Council, the site is provided with advance notice and is given the opportunity to respond to identified issues prior to the recommendation being provided to the Council. ANZCA also advised

that if accreditation has been withdrawn from a training site, ANZCA finds an alternative location for trainees to continue the training program.

Given the serious implications for training sites and trainees if ANZCA decides to make an adverse decision in relation to non-compliance with the accreditation standards, it is important that there is a clear procedure in place outlining the steps involved in making such a decision and the relevant factors taken into consideration. This information should be publicly available to assist training sites, trainees and supervisors who may be impacted by the decision and to enhance the transparency of ANZCA's processes. Similarly, it is important that ANZCA has a robust and well-documented process that can be relied on to support its decision-making if a decision is later subject to a merits review.

The review therefore recommends that ANZCA updates the relevant accreditation documentation to provide further information about how it manages non-compliance with the accreditation standards. ANZCA should provide greater clarity about:

- how it may identify that a training site is not meeting the accreditation standards, such as through its monitoring activities or receiving a concern about a training site from an individual
- the roles and responsibilities of the relevant bodies in making a decision in relation to non-compliance, including any proposed decision to adversely change the accreditation status of a training site
- the assessment process to determine the most appropriate decision, including the factors considered regarding the risks associated with the non-compliance and the actions available to ANZCA in response
- the steps involved before a final decision is made in response to non-compliance, including any required consultation with affected stakeholders
- the expected timeframes for key stages of the process
- the process for notifying training sites of the decision, 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 the decision.


The review recognises that responsibilities regarding required consultation with affected stakeholders will likely differ based on the seriousness of the risks identified, and therefore the severity of the action proposed to be taken by ANZCA. For example, a decision to withdraw accreditation from a training site can have wide-ranging impacts on health services, and therefore likely requires more comprehensive consultation. ANZCA advised the review that in circumstances where there are serious concerns at a training site, the Council retains the ability to withdraw accreditation immediately. This issue has been addressed earlier in the report.

During consultation with ANZCA, the review recommended that training sites be provided with an opportunity to review and respond to a proposed adverse decision before a final decision is made. It was suggested that this would allow the training site to respond to the concerns about non-compliance, clarify any factual errors, or provide additional information relevant to the decision-making process. This step could also reduce the likelihood of a training site later seeking a merits review of an accreditation decision on the basis of a factual error or information not being

considered. In response to this suggestion, ANZCA informed the review that the Pain Medicine Handbook has been updated to reflect this recommendation.

Recommendations	Priority rating
<p>ANZCA should update the Anaesthesia Handbook and the Pain Medicine Handbook to provide further information about how it manages non-compliance with the accreditation standards. ANZCA should provide greater clarity about:</p> <ul style="list-style-type: none"> • how it may identify that a training site is not meeting the accreditation standards, such as through its monitoring activities or receiving a concern about a training site from an individual • the roles and responsibilities of the relevant bodies in making a decision in relation to non-compliance, including any proposed decision to adversely change the accreditation status of a training site • the assessment process to determine the most appropriate decision, including the factors considered regarding the risks associated with the non-compliance, and the actions available to ANZCA in response • the steps involved before a final decision is made in response to non-compliance, including any required consultation with affected stakeholders • the expected timeframes for key stages of the process • the process for notifying training sites of the decision, including that the training site will be provided with written reasons for the decision • the administrative complaint and merits review pathways available to training sites regarding the decision. 	<p>High</p>

Merits review process

<p>Merits review process for accreditation decisions</p> <p>The review found the merits review process for accreditation decisions to be partially adequate. Improvements could be made to ensure the merits review process is transparent, accessible and suitable for accreditation decisions.</p>	
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Key observations

Accreditation decisions made by ANZCA may be subject to a merits review process consisting of reconsideration, review and appeal stages. The reconsideration and review processes are outlined in Regulation 30 (the Reconsideration and Review Policy) and the appeal process is outlined in Regulation 31 (the Appeals Policy). The Reconsideration and Review Policy and the Appeals Policy were last updated in July 2015 and are currently under review by ANZCA.

ANZCA has a joint application form to apply for a reconsideration and review, and a separate application form to apply for an appeal. ANZCA does not charge a fee to apply for a reconsideration or review of a decision. The appeal fee is capped at \$1,000.

The Appeals Policy outlines that the appeal fee may be refunded to the applicant at the Appeals Committee’s discretion. ANZCA informed the review that when determining whether to refund the appeal fee, the Appeals Committee considers whether the appeal was successful and the financial circumstances of the applicant. ANZCA confirmed the appeal fee will always be refunded to the applicant if the application is successful.

In response to consultation on the review’s preliminary findings, ANZCA advised that it will incorporate the review’s recommendations into its current review of the Reconsideration and Review Policy and Appeals Policy.

Accreditation decisions subject to merits review

The review observed a lack of clarity around the accreditation decisions that can be reconsidered, reviewed or appealed through the Reconsideration and Review Policy and the Appeals Policy. The policies specify, for example, that decisions regarding the accreditation of training by hospitals, units, teaching centres, or other persons can be reconsidered, reviewed or appealed.

The review considers there are a range of accreditation decisions that should be subject to the merits review process. These include decisions to:

- refuse to grant accreditation or reaccreditation to a training site
- impose or change a condition on the accreditation or reaccreditation of a training site
- refuse to change or remove a condition imposed on the accreditation or reaccreditation of a training site
- suspend the accreditation of a training site
- revoke the accreditation of a training site.

The review recommends that ANZCA considers clarifying the types of decisions which are subject to the Reconsideration and Review Policy and the Appeals Policy, including the decisions referred above. This is important to ensure that ANZCA’s accreditation decision-making processes are accountable and procedurally fair. ANZCA has agreed to incorporate this recommendation when it reviews the Reconsideration and Review Policy and Appeals Policy.

Recommendations	Priority rating
ANZCA should update the Reconsideration and Review Policy and the Appeals Policy to clarify the types of accreditation decisions that can be subject to merits review.	Medium

Clarifying appropriate grounds for merits review

The Reconsideration and Review Policy outlines that applicants for reconsideration should lodge their application in writing “stating reasons for the request.” There is no similar provision in relation to making a review application. The Appeals Policy sets out grounds for applying for an appeal which are thorough and align with some of the grounds for appeal outlined in the AMC’s Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs.



While the review recognises that the AMC's Standards specify that these grounds relate to an appeal, the review suggests that there is benefit in clarifying that these grounds are relevant to all stages of the merits review process. Articulating the grounds ANZCA will consider when assessing an application for reconsideration and review will enhance accountability and transparency in the merits review process. It would also provide guidance to applicants about the types of information they are required to supply in order to support their merits review application.

The review recommends ANZCA considers clarifying that the specified grounds for appeal relate to all stages of the merits review process. This will assist applicants to clearly outline why they are seeking a merits review and ensure that ANZCA can appropriately consider the grounds on which the review is sought.

Recommendations	Priority rating
ANZCA should update the Reconsideration and Review Policy and the Appeals Policy to clarify that the grounds for seeking merits review of accreditation decisions in the reconsideration, review and appeal stages align with the AMC Standards' requirements.	Medium

Clarifying the impartiality and independence of the Appeals Committee

As outlined in the best practice section of this report, the review suggests that colleges which provide an appeal process should seek to ensure that the appointed decision-makers are independent and impartial. The review notes that ANZCA's Appeals Policy outlines requirements related to the composition of its Appeals Committee which includes the Vice President of the college or another appointed Councillor, two fellows and two appropriately qualified persons who are not fellows of the college and one whom is a member of the legal profession.

The review commends ANZCA for seeking to ensure greater accountability of decision-making through an appeals process. However, the review suggests that ANZCA considers clarifying how it appoints committee members and their required skills and experience. 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.

Recommendations	Priority rating
ANZCA should update the Appeals Policy to clarify how members of its Appeals Committee are appointed, and their required skills and experience, to strengthen the impartiality and independence of appeal decisions.	Medium

Providing reasons for merits review decisions

The Reconsideration and Review Policy and the Appeals Policy outline differing requirements relating to the provision of reasons for decisions at the three stages of the merits review process. At the reconsideration stage, it is specified that "[w]here possible, the Reconsideration Committee should

endeavour to provide the applicant with reasons for the decision.” For review applications, the Reconsideration and Review Policy outlines that “[t]he Review Committee is not required to furnish the applicant with reasons for the decision.” If the decision is changed, however, the Review Committee “should endeavour to provide reasons to the original Committee”. Lastly, the Appeals Policy makes no reference to the provision of reasons for a decision and whether they are provided to the applicant.

To ensure the merits review process is transparent and accountable, the review recommends ANZCA updates the Reconsideration and Review Policy and the Appeals Policy to stipulate 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 a decision is made to uphold the original decision.

As outlined in this report, the review considers that providing applicants with reasons for a decision is central to ensuring the decision-making process is transparent and fair. 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 seek a further review. In particular, consideration of the reasons provided for a decision may assist the applicant to decide whether they wish to highlight any procedural or factual errors in the decision which may be relevant to their application at the next stage of the merits review process.

Recommendations	Priority rating
ANZCA should update the Reconsideration and Review Policy and the Appeals Policy to stipulate that the applicant will be provided with written notice of the decision and reasons for the decision at the conclusion of each stage of the merits review process.	High

Making information about the merits review process more accessible

ANZCA’s merits review process is outlined in the Reconsideration and Review Policy. The appeal process is outlined in a separate Appeals Policy. These documents are currently under review by ANZCA and were last revised in 2015. For ease of reference, the review recommends ANZCA combines these policies into one document outlining the three-step reconsideration, review and appeal process. Having one document with all key information about the merits review process will make it simpler for staff and applicants to understand and use.

The review observed that the Reconsideration and Review Policy and the Appeals Policy provide limited guidance about how to apply for a reconsideration, review and appeal of a decision.

The review recommends that ANZCA updates the Reconsideration and Review Policy and the Appeals Policy (or the combined policy) to stipulate:

- how to submit an application for a reconsideration, review and appeal, with reference to the applicable forms and contact information



- the range of ways applicants can submit their application, such as by email, post and application form.

While ANZCA has a reconsideration and review application form and an appeal application form, these forms are not referred to in the Reconsideration and Review Policy and the Appeals Policy. Instead, applicants are directed to lodge their application in writing to ANZCA’s Chief Executive Officer (CEO).

The review also found that, while accreditation decisions are subject to reconsideration, review and appeal, ANZCA does not have application forms that are suitable for accreditation decisions. ANZCA has two versions of the reconsideration and review application form and the appeal application form. One version is for trainees and the other is for specialist international medical graduates (SIMGs). It was unclear to the review which form a hospital would use to apply for a reconsideration, review and appeal of an accreditation decision. Given that the application forms for trainees and SIMGs largely contain the same information, the review suggests ANZCA develops general forms to apply for a reconsideration, review and appeal that can be used by any entity or individual seeking to review a decision. Alternatively, it is recommended that ANZCA develops application forms for reconsideration, review and appeal that are suitable for accreditation decisions.

In addition, the review noted that the existing reconsideration and review application form and the appeal application form provide limited guidance about the information an applicant is required to provide to support their application. It is recommended that ANZCA reviews these application forms to include more targeted questions for applicants to complete, such as the grounds for reconsideration, review or appeal they are seeking to raise, and the outcome being sought.

Recommendations	Priority rating
ANZCA should combine the Reconsideration and Review Policy and the Appeals Policy into one document outlining the three-stage reconsideration, review and appeal process.	Low
ANZCA should update the Reconsideration and Review Policy and the Appeals Policy (or the combined policy) to stipulate: <ul style="list-style-type: none"> • how to submit an application for a reconsideration, review and appeal, with reference to the applicable forms and contact information • the range of ways applicants can submit their application, such as by email, post and application form. 	Medium
ANZCA should develop an application form to apply for a reconsideration, review and appeal of a decision.	Low

Improving transparency regarding fees associated with the merits review process

ANZCA does not charge a fee to apply for a reconsideration and review of a decision. The appeal fee is capped at \$1,000. The appeal fee is stipulated in the Appeals Policy; however, the Reconsideration

and Review Policy does not outline that there is no fee to apply for a reconsideration and review of a decision.

The review is supportive of ANZCA’s decision not to charge a fee to access the reconsideration and review process, as this may reduce financial barriers for applicants seeking to have a decision reviewed. The review recommends that ANZCA updates the Reconsideration and Review Policy, or the combined policy, to clearly outline there is no fee to apply for a reconsideration or a review of a decision.

The Appeals Policy outlines that if the appeal is successful, the appeal fee may be refunded to the applicant at the Appeals Committee’s discretion. However, ANZCA explained to the review that the appeal fee will always be refunded to the applicant if the appeal is successful. This policy decision should be clearly communicated to applicants to allow them to make an informed decision about whether to proceed with an appeal application. The review recommends ANZCA updates the Appeals Policy to stipulate that if an appeal is successful, the appeal fee will be refunded to the applicant in full.

Recommendations	Priority rating
ANZCA should update the Appeals Policy to stipulate that if the appeal is successful, the appeal fee will be refunded to the applicant in full.	High

Ensuring information about the merits review process is visible

The Reconsideration and Review Policy and Appeals Policy are general documents that apply to a broad range of decisions made by ANZCA. The review suggests that ANZCA provides further guidance in the training site accreditation section of its website about how the merits review process applies to accreditation decisions. It is suggested that ANZCA creates a separate page within the training site accreditation section on its website to provide information about the merits review process available to hospitals, such as:

- how to apply for a reconsideration, review or appeal, with links to relevant application forms and the Reconsideration and Review Policy and Appeals Policy or the central page where ANZCA regulations are published
- an overview of the reconsideration, review and appeal process, including the types of accreditation decisions that are subject to merits review and the possible outcomes
- any fees associated with the reconsideration, review and appeal process and the circumstances in which fees will be refunded to the training site
- a ‘frequently asked questions’ (FAQ) section to provide responses to commonly asked questions and key information about how the Reconsideration and Review Policy and Appeals Policy apply to accreditation decisions.


Making this information readily available on ANZCA’s website and in its policies may assist in reducing the numbers of enquiries ANZCA receives about the merits review process. It may also



assist in managing the expectations of hospitals about what can be achieved through these processes in relation to accreditation decisions.

Recommendations	Priority rating
<p>ANZCA should update the training site accreditation section on its website to provide information about the reconsideration, review and appeal pathways available to hospitals, such as:</p> <ul style="list-style-type: none"> • how to apply for a reconsideration, review or appeal, with links to the Reconsideration and Review Policy and Appeals Policy and relevant application forms • an overview of the reconsideration, review and appeal process, including the types of accreditation decisions that are subject to reconsideration, review and appeal and the possible outcomes • any fees associated with the reconsideration, review and appeal process and the circumstances in which fees will be refunded to the training site • a FAQ section to provide responses to commonly asked questions and key information about how the Reconsideration and Review Policy and Appeals Policy apply to accreditation decisions. 	<p>Medium</p>

Administrative complaints process

<p>Administrative complaints process</p> <p>The review found that there was a somewhat adequate process for managing administrative complaints. An administrative complaints process should be formalised with regard to the best practice principles and recommendations of the review.</p>	
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ANZCA invites feedback on a ‘contact us’ page on its website. A compliment, feedback or suggestion can be submitted to ANZCA by completing a feedback form available on this page. Individuals have the option to request a response to their feedback when completing the feedback form and can provide consent for their feedback to be discussed with the relevant person or department within ANZCA that is the subject of the feedback.

ANZCA reported that it does not receive a high volume of administrative complaints and that complaints are generally managed by the CEO or relevant business unit on a case-by-case basis.

Key observations

ANZCA provides a pathway for individuals to provide feedback or suggestions about its service delivery. However, the review found there was limited guidance about how these matters are managed by ANZCA and possible outcomes from this process. Although ANZCA reported that it does not receive a high volume of administrative complaints and manages these matters on case-by-case basis, the review considers it is important that there is an established process in place that is documented in a publicly available policy or procedure.

It is recommended that ANZCA develops a complaint handling policy for managing administrative complaints in line with the three-stage model for complaints management outlined in this report. A stage one complaint could be defined as a complaint that can be resolved quickly by frontline staff, such as straightforward service delivery complaints. A stage two complaint would usually involve a more complex issue or a complaint that was unable to be resolved at stage one and be managed by another staff member or team within the organisation. Stage three of the complaints process involves review of the complaint by an external entity, such as the National Health Practitioner Ombudsman.

The review considers developing a policy for managing administrative complaints would make the process more transparent and accessible to individuals engaging with ANZCA. It would also provide guidance to ANZCA employees when responding to administrative complaints and promote consistency across ANZCA regarding complaint management to ensure the required steps in the complaints process are followed.

ANZCA advised the review it records complaints and feedback on a complaint register. The review recommends ANZCA includes information in the administrative complaint handling policy and procedure about how complaint data will be used to produce complaint insights that can be fed back to the relevant business units within ANZCA to improve service delivery.

Once ANZCA has finalised the administrative complaint handling policy, it is recommended that frontline staff and those who may be directly involved in managing complaints are provided with training to ensure they are aware of how to identify a complaint, the complaints process, and how to assist complainants to access the complaint handling system.

Recommendations	Priority rating
ANZCA should develop and publish an administrative complaint handling policy in line with the three-stage approach to complaints management outlined in this report.	High
ANZCA should provide complaint handling training to staff after finalising the administrative complaint handling policy.	Medium

Visibility of the complaints process

Once a policy and procedure for managing administrative complaints has been developed, the review recommends ANZCA updates the 'contact us' page on its website to provide further information about the complaints process and include a link to the complaints policy. The complaints process should also be promoted on other key areas of ANZCA's website that are accessed by trainees and fellows. To ensure the ability to make a complaint is clearly communicated to individuals, the review suggests ANZCA updates the terminology on its website to refer to complaints, in addition to feedback and suggestions.

ANZCA currently provides a feedback form on its website for individuals to provide feedback and suggestions. The review suggests ANZCA updates this feedback form to include more targeted questions for complainants to complete, such as the outcome being sought from the complaints

process. The review considers this information may assist ANZCA in exploring options for the early resolution of complaints and managing complainant expectations if the outcome sought is not something that can be achieved through the complaints process. In addition to the feedback form, the review recommends ANZCA provides other methods to submit a complaint, such as by email, post or phone.

The review considers that providing options for complaints to be made on a confidential basis may reduce barriers for complainants wishing to raise concerns. Anonymous complaints may also be accepted, however, ANZCA should clearly communicate the possible limitations associated with progressing anonymous complaints. Further, ANZCA should be transparent about the difficulties with maintaining confidentiality in circumstances where the complainant may be identifiable from the subject matter of the complaint.

Recommendations	Priority rating
ANZCA should publish information about its administrative complaint handling process on its website.	Medium
ANZCA should update the feedback form to include a question about the outcome being sought from the administrative complaints process and allows individuals to submit a complaint by email, post or by phone, and confidentially and anonymously.	Low

College of Intensive Care Medicine of Australia and New Zealand (CICM)



The College of Intensive Care Medicine of Australia and New Zealand (CICM) conducts the education, training and continuing professional development of specialist intensive care medicine physicians in Australia and New Zealand.

In 2001, the Joint Faculty of Intensive Care Medicine was established by the Faculties of Intensive Care within the Australian and New Zealand College of Anaesthetists (ANZCA) and the Royal Australasian College of Physicians (RACP). This created a single training program for the speciality overseen by both bodies. In 2010, the Joint Faculty of Intensive Care Medicine formally separated from ANZCA and RACP, and reconstituted itself as an independent college, CICM.

The education and training program delivered by CICM in general and paediatric intensive care medicine is referred to as the General Intensive Care Training Program and is accredited by the Australian Medical Council (AMC). The AMC's most recent accreditation report is dated August 2022 and the AMC website indicates that accreditation is due to expire in March 2029.¹

The General Intensive Care Training Program consists of a minimum of six years full-time training. At completion, medical practitioners can apply for specialist registration as an intensive care medicine physician with the Medical Board of Australia and Fellowship of CICM (FCICM).

Accreditation of training units

<p>Procedural aspects of training unit accreditation</p> <p>The review found the procedural aspects of training unit accreditation to be somewhat adequate. An accreditation policy and procedure should be developed to ensure CICM is transparent about its accreditation processes, including monitoring activities that may be undertaken during the accreditation cycle.</p>	
<p>Process for managing concerns about accredited training units</p> <p>The review found there were not adequate processes for managing concerns about accredited training units. A policy and procedure should be introduced to ensure there is a clear pathway for individuals to raise concerns about accredited training units and to ensure CICM has a mechanism to record and monitor these concerns to inform its monitoring function and reaccreditation process.</p>	

¹ AMC website, 'Specialist medical colleges' webpage. Accessed July 2023: <www.amc.org.au/accreditation-and-recognition/assessment-accreditation-specialist-medical-programs-assessment-accreditation-specialist-medical-programs/specialist-medical-colleges>.

CICM is responsible for accrediting intensive care medicine training units within hospitals.² Training units fall under three broad categories: general, paediatric and rural accredited units.

As part of the intensive care medicine training program, trainees are required to undertake prescribed terms in anaesthesia and general medicine. Generally, CICM accepts the status of training sites accredited by RACP and ANZCA to undertake the anaesthesia and general medicine training terms.³ In recent years, CICM has approved training units in regional settings for anaesthesia rotations which have not been accredited by ANZCA.⁴ In conjunction with ANZCA, CICM has determined these unaccredited training sites are suitable for the anaesthetic component of the training program.

CICM has a dedicated section on the homepage of its website for hospitals. Within this section, CICM has a general page with information about the accreditation process, including how to submit an application, an overview of how site inspections are undertaken, relevant accreditation documents and a list of 'frequently asked questions' (FAQ) to assist hospitals seeking accreditation.

Process for accrediting training units

CICM's requirements for hospitals seeking accreditation are outlined in the following publicly available documents:

- IC-1 Minimum Standards for Intensive Care Units
- IC-3 Minimum Standards for Intensive Care Units Seeking Accreditation for Training in Intensive Care Medicine
- IC-33 Minimum Criteria for Hospitals Seeking Accreditation for Foundation Training in Intensive Care Medicine.

Generally, the accreditation process for the different types of intensive care training units is similar and follows the general process outlined in this report. There are minor differences for training units seeking accreditation to provide foundation training and training units seeking accreditation to provide general training.

To apply for accreditation, training units must contact CICM to request the relevant application form. Once an application is received by CICM, it is reviewed by the Hospital Accreditation Committee. As part of the assessment process, a site inspection may be undertaken by the Accreditation Team, which completes a written report for the Hospital Accreditation Committee. The Hospital Accreditation Committee considers the application and site inspection report (if undertaken) and makes a decision regarding accreditation. This decision is then communicated to the hospital.

² CICM uses the term training unit to describe the location where training is undertaken, while other specialist medical colleges use the term training site or training post.

³ AMC website, 'Specialist education and training,' webpage. Accessed April 2022: https://www.amc.org.au/wp-content/uploads/accreditation_recognition/specialist_edu_and_training/report/2015_intensive_anz_report.pdf.

⁴ Ibid.

Monitoring of accredited training units

CICM does not have a policy or procedure for monitoring accredited training units during the accreditation cycle to ensure ongoing compliance with the accreditation standards. CICM advised the review it is currently reviewing its process for monitoring accredited training units.

Managing concerns about accredited training units

CICM does not have a policy or procedure for managing concerns about accredited training units. CICM informed the review that concerns may be raised under the Prevention of Bullying, Discrimination and Harassment in the Workplace Policy. However, the review found this policy is focussed on concerns about the conduct of fellows, trainees and specialist international medical graduates rather than about an accredited training unit's non-compliance with the accreditation standards. CICM advised the review it is currently reviewing its process for managing concerns about accredited training units.

Managing non-compliance with the accreditation standards

CICM does not have a policy or procedure for managing non-compliance with the accreditation standards.

Key observations

CICM publishes information on its website about the accreditations standards it uses to assess training units seeking accreditation and a brief overview of the accreditation process. However, the review found that the accreditation process, including how CICM monitors accredited training units, lacked transparency. Information was not readily accessible to training units and other stakeholders who may be affected by accreditation decisions such as trainees and fellows. The review suggests that the deficiencies identified during the review could be addressed by CICM developing policies for accrediting and monitoring training units and ensuring these policies are publicly available on its website. The review also considers that CICM should develop a policy and procedure for managing concerns about accredited training units.

In response to consultation on the review's preliminary findings, CICM advised that it is in the process of developing an accreditation handbook that will address the review's recommendations. The handbook will provide greater clarity regarding accreditation processes and the management of concerns about accredited training units. The accreditation section of CICM's website will also be updated to include key information about accreditation processes and relevant policies and forms.

Improving transparency and clarity regarding accreditation and reaccreditation processes

The review found that CICM has limited publicly available information about its accreditation processes. While the accreditation section on its website provides a brief overview of the accreditation process and an FAQ section, CICM does not have a policy outlining the process for accrediting training units.

The review is concerned that without a policy in place, the accreditation process lacks transparency for training units, particularly regarding:

- how accreditation decisions are made by CICM
- the possible outcomes from the accreditation process
- how CICM undertakes its monitoring function
- when an adverse change may be made to the accreditation status of a training unit.

In relation to reaccreditation, CICM advised the review that it has an internal procedure for reaccrediting training units; however, this is not publicly available. While an internal procedure may assist staff involved in the reaccreditation process, the review is concerned that without a publicly available policy and procedure, the reaccreditation process lacks transparency and accountability.

There is a risk that without clear policies in place, CICM may not be taking a consistent approach when performing its accreditation functions. It is also important that CICM has a robust and well-documented process that can be relied on to support its decision-making if a hospital seeks to challenge a decision.

To ensure the accreditation process is clearly communicated to hospitals, trainees and supervisors, as well as to CICM staff and committees involved in accrediting training units, the review recommends that CICM develops a policy outlining the accreditation and reaccreditation process and ensures this policy is publicly available on its website. This policy should include:

- specific instructions on how to apply for accreditation or reaccreditation, with reference to relevant application forms
- clear information about the steps involved in the initial accreditation and reaccreditation of training units, including how site visits will be conducted by CICM
- the types of decisions that may be made by CICM following the accreditation or reaccreditation process
- expected timeframes for key stages of the accreditation and reaccreditation process
- the administrative complaint and merits review pathways available to a training unit if it is dissatisfied with an accreditation decision made by CICM.

While the review understands that CICM has an online portal for hospitals seeking accreditation that provides guidance about the application process, it is recommended that all key information about the accreditation process, including any relevant application forms, should be publicly available on CICM's website. This will ensure hospitals are aware of the accreditation process and requirements to allow them to make an informed decision about whether to apply for accreditation. This information is also important to ensure the public, trainees, supervisors and other key stakeholders are informed about how CICM undertakes its accreditation functions.

Recommendations	Priority rating
<p>CICM should develop a policy outlining the accreditation and reaccreditation process and ensure this is publicly available on its website. This policy should include:</p> <ul style="list-style-type: none"> • specific instructions on how to apply for accreditation or reaccreditation, with reference to relevant application forms or online portal • clear information about the steps involved in the initial accreditation and reaccreditation of training units, including how site visits will be conducted by CICM • the types of decisions that may be made by CICM following the accreditation or reaccreditation process • expected timeframes for key stages of the accreditation and reaccreditation process • the merits review pathways available to a training unit if it is dissatisfied with an accreditation decision made by CICM. 	High
<p>CICM should update the training unit accreditation section of its website to include all key information about the accreditation and reaccreditation process, including a link to the accreditation policy once developed and relevant application forms.</p>	Medium

Ensuring accreditation processes are procedurally fair

The review observed that the accreditation process outlined on CICM's website does not include a step allowing the training unit to respond to the Accreditation Team's written report following a unit inspection or before a final decision is made by the Accreditation Committee.

The review recommends that when CICM develops a publicly available accreditation policy it should include a documented step allowing the training unit to respond to the Accreditation Team's written report following a unit inspection undertaken as part of the initial accreditation or reaccreditation process. The review also recommends that training units are provided with a further opportunity to respond if the Accreditation Committee proposes to make an adverse decision regarding accreditation, such as deciding not to accredit a new training unit or to grant accreditation with conditions. This step should involve CICM notifying the training unit of the Accreditation Committee's proposed accreditation decision, including the information relied on and the proposed reasons for the decision. The training unit should then be provided with reasonable time to review the proposed accreditation outcome and provide a response before a final decision is made by the Accreditation Committee.

In addition to promoting transparency and procedural fairness in CICM's decision-making, the review considers that introducing these steps will provide training units with the opportunity to clarify any errors of fact or to provide additional information relevant to the unit inspection or accreditation decision. In turn, this may reduce the likelihood of a training unit later seeking to access CICM's merits review process after a decision has been made on the basis of an error of fact or information not being adequately considered.

Recommendations	Priority rating
<p>CICM should update its accreditation and reaccreditation processes to ensure training units are provided with an opportunity to respond to:</p> <ul style="list-style-type: none"> • the Accreditation Team’s written report following a unit inspection undertaken as part of the initial accreditation or reaccreditation process • the Accreditation Committee’s proposed decision regarding accreditation if an adverse decision is proposed, such as not to accredit a training unit or grant accreditation with conditions. 	High

Transparency regarding monitoring activities that may be undertaken during the accreditation cycle

The review found that CICM does not have a policy or procedure outlining how it monitors accredited training units during the accreditation cycle to ensure ongoing compliance with the accreditations standards. It also does not publish information about its monitoring activities on the hospital accreditation page of its website.

CICM informed the review that it is currently strengthening its monitoring processes in response to a condition imposed by the AMC as part of its most recent accreditation review. When CICM is reviewing its monitoring processes, the review recommends CICM develops a policy and procedure for monitoring accredited training units and ensures this policy and procedure is publicly available. This policy should provide clear guidance about the:

- monitoring activities that may be undertaken during an accreditation cycle
- roles and responsibilities of the relevant bodies responsible for performing monitoring activities during the accreditation cycle
- procedure that is followed if concerns are identified that the accreditation standards are not being met while undertaking monitoring activities
- possible outcomes if it is established the accreditation standards are not being met, such as imposing conditions on accreditation or withdrawing accreditation.

To ensure procedural fairness for training units, the review recommends that CICM includes a step in the monitoring policy allowing training units to respond to any adverse findings arising from monitoring activities. This will provide the training unit with the opportunity to clarify any factual errors or to provide additional information relevant to the issues under consideration.

Sharing information about monitoring activities will assist in managing the expectations of accredited training units during the accreditation cycle, particularly as monitoring activities may result in an adverse change to the accreditation status of a training unit. Clearly articulating these activities in a publicly available policy will also promote consistency in actions and decision-making across CICM staff and committees performing monitoring functions.

Recommendations	Priority rating
<p>CICM should develop a policy and procedure for monitoring accredited training units and ensures this is publicly available. This policy should provide clear guidance about the:</p> <ul style="list-style-type: none"> • monitoring activities that may be undertaken during an accreditation cycle • roles and responsibilities of the relevant bodies responsible for performing monitoring activities during the accreditation cycle • procedure that is followed if concerns are identified that the relevant accreditation standards may not be being met while undertaking monitoring activities • possible outcomes if it is established the accreditation standards are not being met, such as imposing conditions on accreditation or withdrawing accreditation. 	High

Developing a clear process for managing concerns about accredited training units

CICM does not have a clear process for accepting concerns about an accredited training unit or a policy or procedure for managing these concerns. The review acknowledges that some concerns about a training unit may be more appropriately managed by the hospital or an external agency. However, it is important that CICM provides a clear pathway for individuals, such as trainees, fellows or supervisors to raise a concern about a training unit and that there is an established process for managing these concerns. This is particularly relevant in the context of CICM's monitoring function, as concerns may indicate a systemic issue within a training unit that could impact its ability to continue to meet the accreditation standards.

The review recommends that CICM develops a policy and procedure for managing concerns about accredited training units in line with the best practice principles outlined in this report. The policy should provide clear guidance about:

- what constitutes a concern about an accredited training unit that can be considered under the policy, including examples
- the role of the individual and respondent during the process, including that the respondent will be notified of the concerns and provided with an opportunity to respond before a decision is made, and that both the individual and respondent will be provided with written notice of the decision
- the key roles and responsibilities of CICM staff and committees during the process, including who is responsible for making a decision and escalation points if an individual or respondent is dissatisfied with a decision
- how concerns which allege, or appear to demonstrate, that a training unit is no longer meeting the accreditation standards are assessed and managed (see 'A framework for identifying and managing non-compliance with the accreditation standards')
- the concerns which will not be assessed or managed directly by CICM, and the relevant referral pathways where possible, such as professional misconduct concerns which should be reported to Ahpra and the Medical Board of Australia (see 'Developing a framework for assessing and managing concerns about accredited training sites')

- possible outcomes from raising a concern, including if concerns are substantiated that the training unit is not meeting the accreditation standards (see ‘Establishing a risk-based, proportionate approach to non-compliance with the accreditation standards’)
- expected timeframes for key stages of the process
- how concerns will be recorded and how this data will be used by CICM to inform its monitoring functions and reaccreditation processes.

To ensure individuals are aware of the ability to raise concerns about an accredited training unit, it is recommended the policy provides clear guidance about how to:

- raise a concern and also allows individuals to raise concerns in variety of ways, such as by an online form, email, phone or post
- raise a concern on a confidential basis to reduce barriers for individuals wishing to raise concerns, particularly given the possible sensitive nature of some concerns. However, CICM should be transparent about the difficulties with maintaining confidentiality in circumstances where the individual may be identifiable from the subject matter of the concern.
- raise a concern anonymously, ensuring clear communication is provided to individuals about the possible limitations associated with progressing anonymous concerns.

Once CICM has finalised a policy for managing concerns about accredited training units, it is recommended that staff are provided with training to ensure they are aware of how to identify a concern, the process for managing these concerns, and how to assist individuals to access CICM’s system for handling these concerns.

Ideally, CICM should create an online form to assist individuals to provide key information about their concerns and the outcome they are seeking. This will help to ensure CICM has sufficient information to respond to the concerns.

CICM should consider who may wish to raise a concern and ensure that information about the process for managing concerns is easily accessible on its website in relevant areas, such as the accreditation section and in areas accessed by trainees, fellows and supervisors. It should also be promoted in relevant correspondence and training material. As training units may be the subject of a concern, it is important that they are aware of the process and how complaint information will be used to inform CICM’s monitoring activities and reaccreditation processes.

Concerns about accredited training units need to be accurately recorded and appropriately stored. CICM should create an internal register to record concerns and outcomes and use this data to inform its monitoring activities and reaccreditation processes.

Recommendations	Priority rating
CICM should develop a policy and procedure for managing concerns about accredited training units and ensure information about this process is easily accessible on its website and communicated to stakeholders.	High
Once CICM has finalised a policy for managing concerns about accredited training units, staff should be provided with training to ensure they are aware of how to identify a concern, the process for managing these concerns, and how to assist individuals to access CICM's system for handling these concerns.	Low
CICM should develop an online form to raise a concern about a training unit and ensure there are mechanisms for concerns to be raised anonymously, using a pseudonym or on a confidential basis.	Low
CICM should create an internal register to record and monitor concerns about accredited training units and use this data to inform its monitoring activities and reaccreditation processes.	Medium

Managing non-compliance with the accreditation standards

The review found that CICM has limited publicly available information about its accreditation processes. As a result, it was unclear to the review how CICM responds to instances where it has been substantiated that a training unit is no longer meeting the accreditation standards during the accreditation cycle.

As outlined in this report, the review suggests that colleges apply a risk-based and proportional response to non-compliance, where action is taken based on the level of risk associated with the training unit's non-compliance.

The review notes that there are a range of different actions available to CICM if it is substantiated that a training unit is not meeting the accreditation standards. This may range from requesting that the training unit provides an update on how it has addressed an issue, to more serious action such as making an adverse change to the accreditation status of the training unit. Responses to non-compliance which are high risk may include, for example:

- imposing conditions on the accreditation of the training unit
- suspending the training unit's accreditation
- making immediate changes, such as removing a trainee temporarily from the training unit or removing and/or replacing a training unit supervisor
- withdrawing accreditation from the training unit.

Given the serious implications for training units and trainees if CICM decides to make an adverse decision in relation to non-compliance with the accreditation standards, it is important that there is an established process outlining the steps involved in making such a decision and the relevant factors considered when making this decision. This information should be publicly available to assist training units, trainees and supervisors who may be impacted by the decision and to enhance the

transparency of CICM’s processes. Similarly, it is important that CICM has a robust and well-documented process that can be relied on to support its decision-making if a decision is later subject to a merits review.

The review recommends that CICM develops and publishes a policy outlining how it manages non-compliance with the accreditation standards. This policy should provide clarity regarding:

- how it may identify that a training unit is not meeting the accreditation standards, such as through its monitoring activities or receiving a concern about a training unit from an individual
- the roles and responsibilities of the relevant bodies in making a decision in relation to non-compliance, including any proposed decision to adversely change the accreditation status of a training unit
- the assessment process to determine the most appropriate decision, including the factors considered regarding the risks associated with the non-compliance and the actions available to CICM in response
- the steps involved before a final decision is made in response to non-compliance, including any required consultation with affected stakeholders
- the expected timeframes for key stages of the process
- the process for notifying training units of the decision, including that the training unit will be provided with written reasons for the decision
- the administrative complaint and merits review pathways available to the training unit regarding an accreditation decision.


The review recognises that responsibilities regarding required consultation with affected stakeholders will likely differ based on the seriousness of the risks identified, and therefore the severity of the action proposed to be taken by CICM. For example, a decision to withdraw accreditation from a training unit can have wide-ranging impacts on health services, and therefore likely requires more comprehensive consultation.

The review recommends CICM ensures the training unit is provided with an opportunity to review and respond to a proposed adverse decision before a final decision is made, and that this step is clearly outlined in the relevant accreditation documentation. This step will allow the training unit to respond to the concerns about non-compliance, clarify any factual errors, or provide additional information relevant to the decision-making process. This step may also reduce the likelihood of a training unit later seeking a merits review of an accreditation decision on the basis of a factual error or information not being considered.

Recommendations	Priority rating
<p>CICM should develop and publish a policy outlining how it manages non-compliance with the accreditation standards. CICM should provide clarity about:</p> <ul style="list-style-type: none"> • how it may identify that a training unit is not meeting the accreditation standards, such as through its monitoring activities or receiving a concern about a training unit from an individual 	High

<ul style="list-style-type: none"> • the roles and responsibilities of the relevant bodies in making a decision in relation to non-compliance, including any proposed decision to adversely change the accreditation status of a training unit • the assessment process to determine the most appropriate decision, including the factors considered regarding the risks associated with the non-compliance and the actions available to CICM in response • the steps involved before a final decision is made in response to non-compliance, including any required consultation with affected stakeholders • the expected timeframes for key stages of the process • the process for notifying training units of the decision, including that the training unit will be provided with written reasons for the decision • the administrative complaint and merits review pathways available to the training unit regarding an accreditation decision. 	
<p>CICM should ensure that the training unit will be provided with an opportunity to review and respond to the proposed decision in response to non-compliance before a final decision is made.</p>	<p>High</p>

Merits review processes

<p>Merits review process for accreditation decisions</p> <p>The review found the merits review process for accreditation decisions to be partially adequate. Some improvements could be made to ensure that information about the merits review process is visible and accessible to hospitals.</p>	
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Accreditation decisions made by CICM can be subject to merits review under the Appeals, Review and Reconsideration Processes Policy (the Appeals Policy), which was last updated by CICM in 2016 and is currently under review. The Appeals Policy stipulates that applications for a reconsideration, review and appeal should be lodged in writing with the Chief Executive Officer (CEO) and should outline the reasons for the application.

There is no fee to request a reconsideration and review of a decision. The appeal fee is capped at \$1,000. The Appeals Policy stipulates that if the appeal is successful, the application fee for the appeal will be refunded to the applicant.

Key observations

CICM is in the process of developing an accreditation handbook to address the recommendations outlined in the review. The accreditation handbook will include information about the merits review pathways available to training units regarding accreditation decisions. The review has outlined general observations and recommendations for CICM’s consideration when developing the accreditation handbook and updating its guidance information about the merits review process available to training units.

Accreditation decisions subject to merits review

The review observed a lack of clarity around the accreditation decisions that can be reconsidered, reviewed or appealed through the Appeals Policy. The policy specifies, for example, that decisions regarding the accreditation for training by hospitals, units, other organisations or supervisors can be reconsidered, reviewed or appealed.

However, the review considers there are a range of accreditation decisions that should be subject to merits review processes. These include decisions to:

- refuse to grant accreditation or reaccreditation to a training unit
- impose or change a condition on the accreditation or reaccreditation of a training unit
- refuse to change or remove a condition imposed on the accreditation or reaccreditation of a training unit
- suspend the accreditation of a training unit
- revoke the accreditation of a training unit.

The review recommends that CICM considers clarifying the types of decisions which are subject to its Appeals Policy, including the decisions referred above. This is important to ensure that CICM’s accreditation decision-making processes are accountable and procedurally fair.

Recommendations	Priority rating
CICM should update its Appeals Policy to clarify the types of accreditation decisions that can be subject to merits review.	Medium

Clarifying appropriate grounds for merits review

CICM’s Appeals Policy outlines that any person who is dissatisfied with and adversely affected by a decision specified in the Appeals Policy can apply for a reconsideration or review. While the grounds set out for applying for an appeal provide more detail, the policy does not include all of the grounds for appeal outlined in the AMC’s Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs. It is necessary for the grounds for appeal to align with the AMC Standards.

While the review recognises that the AMC Standards specify that these grounds relate only to an appeal, the review suggests that there is benefit in clarifying that these grounds are relevant to all stages of the merits review process. Articulating the grounds CICM will consider when assessing an application for a reconsideration and review will enhance accountability and transparency in the merits review process. It will also help to provide guidance to applicants about the types of information they are required to supply in order to support their application for a merits review.

The review recommends CICM considers clarifying that the specified grounds for appeal as outlined in the AMC Standards relate to all stages of the merits review process. This will assist applicants to clearly outline why they are seeking a merits review and will ensure that CICM can appropriately consider the grounds on which the review was sought.

Recommendations	Priority rating
CICM should update its Appeals Policy to clarify that the grounds for seeking merits review of accreditation decisions in the reconsideration, review and appeal stages align with the AMC Standards' requirements.	Medium

Clearly articulating the role and powers of decision-makers related to reconsideration and review applications

The Appeals Policy specifies that the reconsideration of a decision is undertaken by the same committee or person who made the original decision. It also specifies that the review of a decision is undertaken by the nominees of the committee that oversees the committee or person making the original decision. The Appeals Policy, however, does not specify the decision-making powers of the individuals or bodies responsible for considering a reconsideration or review application.

In comparison, the Appeals Policy outlines that the Appeals Committee may:

- confirm the decision which is the subject of the appeal
- revoke the decision which is the subject of the appeal
- revoke the decision which is the subject of the appeal and/or refer the decision to the CICM Board (the Board) or relevant Committee for further consideration (upon such terms and conditions as the Appeals Committee may determine)
- revoke the decision and/or replace it with such other decision as it thinks fit
- recommend to the Board whether part or all of the costs associated with the Appeals Committee should be waived.

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. This is why decision-makers in a merits review are often said to 'stand in the shoes' of the original decision-maker.

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 upon, applicants cannot fully understand how their reconsideration or review application will be progressed. Similarly, without clearly articulated decision-making powers, there is potential for misunderstanding in the application of the Appeals Policy, and inconsistency in decision-making.

Recommendations	Priority rating
CICM should update its Appeals Policy to ensure the roles and powers of decision-makers at the reconsideration and review stage of the merits review process are clearly articulated in line with the best practice principles outlined in this report.	High
CICM should update its Appeals Policy to ensure merits review decision-makers have appropriate powers to consider a merits review application in line with the best practice principles outlined in this report.	High

Clarifying the impartiality and independence of the Appeals Committee

As outlined in this report, the review suggests that colleges which provide an appeal process should seek to ensure that the appointed decision-makers are independent and impartial. The review notes that CICM’s Appeals Policy aligns with the AMC’s Standards in that the Appeals Committee comprises both College members (the Vice-President of the College or another Board member appointed by the Board and two College fellows who were not party to the decision under appeal, and one who is a subspecialist from that particular subspeciality), and non-College members (two appropriately qualified members, one of whom will be a member of the legal profession). In the event of even votes, the Chair may exercise the casting vote. CICM’s Appeals Policy also states that the College’s CEO and solicitor will act as the secretary and legal advisor respectively but are not part of the Appeals Committee.

The review commends CICM for seeking to ensure greater accountability of decision-making through an appeals process. However, the review suggests that CICM considers how it could clarify its policy to ensure that the appointment of committee members leads to an impartial and independent decision-making committee. 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.

It also appears that as a College Board member or the Vice-President of CICM is the Chair of the Appeals Committee, it may not be perceived as fair if the Chair is given the deciding vote in some appeal application circumstances. The review encourages CICM to consider whether there is a need for the College CEO to provide secretarial support, or to better outline the intended purpose of the CEO doing so.

Recommendations	Priority rating
CICM should update its Appeals Policy to clarify how members of its Appeals Committee are appointed, and their required skills and experience, to strengthen the impartiality and independence of appeal decisions.	Medium

Providing reasons for merits review decisions

The Appeals Policy outlines differing requirements relating to the provision of reasons for decisions at the three stages of the merits review process. At the reconsideration stage, it is specified that “[w]here possible, the Reconsideration Committee should endeavour to provide the applicant with reasons for the decision.” For review applications, the Appeals Policy outlines that “[t]he Review Committee is not required to furnish the applicant with reasons for the decision.” If the decision is changed, however, the Review Committee “should endeavour to provide reasons to the original committee.” Lastly, at the appeals stage, there is no responsibility to provide notice of the decision and reasons for the decision to the applicant.

To ensure the merits review process is transparent and accountable, the review recommends CICM updates the Appeals Policy to stipulate 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 a decision is made to uphold the original decision.

As outlined in this report, the review considers that providing applicants with reasons for a decision is central to ensuring the decision-making process is transparent and fair. 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 provided for a decision may assist the applicant to decide whether they wish to highlight any procedural or factual errors in the decision which may be relevant to their application at the next stage of the merits review process.

Recommendations	Priority rating
CICM should update the Appeals Policy to stipulate 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.	High

Ensuring information about the merits review process is visible and accessible

Hospitals can seek a merits review of accreditation decisions made by CICM in accordance with the Appeals Policy. The Appeals Policy is a general document that applies to a broad range of decisions made by CICM. The review suggests that CICM provide further guidance on its website about how the Appeals Policy applies to accreditation decisions. It is suggested that CICM create a separate page within the hospital accreditation section on its website to provide information about the reconsideration, review and appeal pathways available to training units, such as:

- how to apply for a reconsideration, review or appeal, with links to the Appeals Policy and relevant application forms
- an overview of the reconsideration, review and appeal process, including the types of accreditation decisions that are subject to the Appeals Policy and possible outcomes

- any fees associated with the reconsideration, review and appeal pathways and the circumstances in which fees will be refunded to the applicant
- an expanded FAQ section to provide responses to commonly asked questions and key information about how the Appeals Policy applies to accreditation decisions.

Making this information readily available on CICM’s website may assist in reducing the numbers of enquiries CICM receives about the review, reconsideration and appeal processes. It may also assist in managing the expectations of applicants about what can be achieved through these processes in relation to accreditation decisions.

The review noted that CICM does not have an application form to apply for a reconsideration, review and appeal. While the Appeals Policy directs applicants to lodge their application in writing to CICM’s CEO, no contact details are provided. It is recommended that CICM develops an application form to apply for a reconsideration, review and appeal of a decision made by CICM. Ideally, the form should include targeted questions for applicants to complete, such as the grounds for the review, reconsideration or appeal they are seeking to rely on, and the outcome they are seeking.

Recommendations	Priority rating
<p>CICM should update its website to include a separate page within the hospital accreditation section on its website to provide information about the reconsideration, review and appeal pathways available to hospitals, such as:</p> <ul style="list-style-type: none"> • how to apply for a reconsideration, review or appeal, with links to the Appeals Policy and relevant application forms • an overview of the reconsideration, review and appeal process, including the types of accreditation decisions that are subject to the Appeals Policy and possible outcomes • any fees associated with the reconsideration, review and appeal pathways and the circumstances in which fees will be refunded to the applicant • an expanded FAQ section to provide responses to commonly asked questions and key information about how the Appeals Policy applies to accreditation decisions. 	Medium
<p>CICM should develop an application form to apply for a reconsideration, review and appeal of a decision.</p>	Low

Administrative complaints process

Administrative complaints process

The review found that there was a somewhat adequate process for managing administrative complaints. An administrative complaints process should be formalised with regard to the best practice principles and recommendations of the review.



CICM has a Speak Up Policy, also referred to as a whistleblower policy, for reporting improper conduct of its staff and members. However, it does not have a policy for handling administrative complaints or an internal guidance document for staff to use when responding to complaints.

CICM reported that it does not receive a high volume of administrative complaints and it prefers to deal with concerns informally with a focus on early resolution.

While CICM has a general contact us page on its website, it does not publicise information about making a complaint and it does not have an online complaint form. CICM explained this is because it has a philosophy of being personable and having open lines of communication between staff and trainees, fellows and other stakeholders. CICM reported that complaints are usually received via email and then directed to the relevant team or staff member for response.

Key observations

CICM's preference is to manage administrative complaints informally, with a focus on early resolution. While the review acknowledges the benefits of responding to concerns informally, the review considers developing an overarching complaints policy that outlines general complaint handling principles and a basic procedure for managing complaints will benefit both individuals wishing to make a complaint and CICM staff responding to complaints.

Developing and publishing an administrative complaint handling procedure would provide clarity to individuals wishing to make a complaint about what they can expect from the complaints process, possible outcomes and also clarify how complaint data is recorded and monitored by CICM. It will promote consistency across CICM regarding appropriate complaint management, including the steps involved in the complaints process, expected timeframes for assessing complaints and points of escalation for complex complaints. The review supports the quick and efficient resolution of complaints. However, it must be noted that not all concerns can, or should be, considered informally.

The review recommends that CICM develops and publishes a complaint handling policy and procedure for managing administrative complaints in line with the suggested principles and processes outlined in this report. The review recommends CICM considers adopting the three-stage model for complaints management outlined in this report. A stage one complaint could be defined as a complaint that can be resolved quickly by frontline staff, such as straightforward service delivery complaints. A stage two complaint would usually involve a more complex issue or a complaint that was unable to be resolved at stage one and will be managed by another staff member or team within the organisation. Stage three of the complaints process involves review of the complaint by an external entity, such as the National Health Practitioner Ombudsman.

Once CICM has finalised the administrative complaint handling policy, it is recommended that frontline staff and those who may be directly involved in managing administrative complaints are provided with training to ensure they are aware of how to identify a complaint, the complaints process, and how to assist complainants to access the complaint handling system.

Recommendations	Priority rating
CICM should develop and publish a complaint handling policy and procedure for managing administrative complaints in line with the three-stage approach to complaints management suggested in this report.	High
CICM should provide complaint handling training to staff after finalising the administrative complaint handling policy.	Medium

Monitoring and recording complaints

CICM advised the review that it retains records of official correspondence with complainants. However, it does not record individual complaints. While CICM reported that it only receives a small number of complaints, the review is concerned that it may be losing valuable data if it does not have a central mechanism to record and monitor complaints.

The review recommends that CICM creates an internal complaints register to record and monitor complaints and outcomes. CICM should use this data to produce complaint insights that can be fed back to the relevant business areas to improve administrative processes and service delivery.

Recommendations	Priority rating
CICM should create an internal complaints register to record and monitor administrative complaints and outcomes.	Medium

Visibility of complaints process

While CICM provides general contact details on its website, it does not include any information about the ability to make an administrative complaint. The review acknowledges CICM's advice during the review that it intentionally does not have an online complaint form as it prefers to have open lines of communication with trainees and fellows. However, it is noted that without sharing information on its website or in other key documents, those wishing to make a complaint may not be aware of their ability to do so.

To ensure individuals are aware of the ability to submit an administrative complaint and how their complaint will be managed, it is recommended that CICM create a complaints page on its website with information about the complaints process. This page should include a copy of the complaints policy (once developed). The complaints process should also be made visible in other key areas of CICM's website that are accessed by trainees, fellows and supervisors.

The review considers it is best practice to provide complainants with multiple methods to submit a complaint, such as by email, post or by phone. Ideally, CICM should create an online complaint form to assist complainants to provide key information about their concerns and the outcome they are seeking. This will ensure CICM has sufficient information to respond to the complaint.

The review also considers that providing options for complaints to be made on a confidential basis may reduce barriers for complainants wishing to raise concerns. Anonymous complaints may also be accepted, however, CICM should clearly communicate the possible limitations associated with progressing anonymous complaints. Further, CICM should be transparent about the difficulties with maintaining confidentiality in circumstances where the complainant may be identifiable from the subject matter of the complaint.

Recommendations	Priority rating
CICM should publish information about its administrative complaint handling process on its website.	Medium
CICM should allow individuals to submit an administrative complaint by phone, email and post and provides options for complaints to be made on a confidential basis and anonymously.	Low
CICM should create a complaint form for administrative complaints and ensure it is publicly available on its website.	Low

Royal Australasian College of Dental Surgeons (RACDS)

The Royal Australasian College of Dental Surgeons (RACDS) conducts the education, training and continuing professional development of specialist medical and dental surgeons in Australia.


The Australian College of Dental Surgeons was formed in 1965, with the Royal prefix granted in 1972. The Royal Australian College of Dental Surgeons later became RACDS in recognition of the expansion of the training and education program to New Zealand.

The education and training program in the specialist dental practice area of oral and maxillofacial surgery (OMS) delivered by RACDS is accredited jointly by the Australian Medical Council (AMC) and the Australian Dental Council (ADC). The most recent accreditation report is dated March 2018 and the AMC website indicates that accreditation is due to expire in March 2023.¹ RACDS advised the review that the AMC, ADC and their New Zealand counterparts have extended the accreditation of the program until 31 March 2028.


RACDS conducts primary and final examinations in general dental practice and specialist dental practice. To be eligible for fellowship with RACDS, dental practitioners must successfully complete both examinations. While RACDS offers training in a range of specialist dental practice disciplines, the OMS training program is the only program accredited by the AMC and ADC.

The OMS training program requires a minimum of four years training. Entry to the OMS training program requires trainees to have completed dental and medical degrees and hold medical and dental registration in Australia. Trainees must also have undertaken a full year of surgery in general rotations with a minimum of nine months in related surgical disciplines.

Accreditation of training posts

<p>Procedural aspects of training post accreditation</p> <p>The review found the procedural aspects of training post accreditation to be partially adequate. Improvements could be made to provide greater transparency for training posts regarding the accreditation process and monitoring activities. Steps should also be taken to strengthen procedural fairness in the accreditation process.</p>	
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¹ AMC website, 'Specialist medical colleges' webpage. Accessed May 2022: <www.amc.org.au/accreditation-and-recognition/assessment-accreditation-specialist-medical-programs-assessment-accreditation-specialist-medical-programs/specialist-medical-colleges/>.

<p>Processes for managing concerns about accredited training posts</p> <p>The review found RACDS does not have adequate processes for managing concerns about accredited training posts. A policy and procedure should be introduced, including reference to how concerns are considered as part of RACDS’s monitoring and reaccreditation processes.</p>	
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RACDS is responsible for accrediting OMS training posts in Australia, which are referred to as training posts or training positions. Training posts are typically located within institutions such as hospitals, oral health centres or private practices. Each training post is accredited separately and forms part of a regional training centre that delivers OMS training and education to trainees. Training may occur in one regional training centre across accredited training posts.

Each regional training centre is overseen by a regional surgical committee that reports to RACDS’s Board of Directors. The relevant regional surgical committee is responsible for appointing a director of training for the region.

Training posts seeking accreditation are assessed by RACDS in accordance with the Standards and Criteria for Accreditation of Regional Training Centres, Hospitals and Posts (the Accreditation Standards), which was last updated in June 2022. The Accreditation Standards outline RACDS’s processes for accrediting new training posts, monitoring training posts and withdrawing accreditation from training posts.

Process for accrediting training posts

RACDS’s process for initial accreditation and reaccreditation of training posts follows the general processes outlined in this report. To commence the accreditation process, the relevant director of training, in conjunction with the regional surgical committee, notifies RACDS’s OMS Accreditation Committee of its intention to establish a new training post. Following this notification, the proposed supervisor of training for the training post completes the accreditation application form. The Accreditation Committee reviews the application and nominates an accreditation review team to assess the training post against the Accreditation Standards. For new and existing training posts, the accreditation review team undertakes a site visit as part of the assessment process.

The Accreditation Committee makes a final decision on whether to accredit the training post based on the accreditation review team’s recommendations. The Accreditation Committee may decide to grant full accreditation to the training post or conditional accreditation. This decision is then communicated to the OMS Board of Studies and RACDS Board of Directors.

Monitoring of accredited training posts

The Accreditation Standards provide that RACDS may undertake an out of cycle accreditation review of a training post at any time during the accreditation cycle. This may occur if RACDS receives advice from a training post or regional surgical committee that there has been a significant change to the training’s quality. The Accreditation Standards impose obligations on training posts and regional surgical committees to notify RACDS of changes to the training post. Training posts and regional surgical committees are also required to provide triannual reports to RACDS. However, the review

was unable to find information about other proactive monitoring activities RACDS may undertake during the accreditation cycle to ensure training posts continue to meet the accreditation standards.

Managing concerns about accredited training posts

RACDS advised the review that it manages concerns about accredited training posts in accordance with its Complaints Policy, which was last updated in October 2021. It clarified that the purpose of this policy is to provide a process to address and resolve concerns. This includes concerns regarding any member of the College where the concerns relate to the professional or ethical standards of conduct of a member or the conduct of a member which affects the honour, good reputation, interests, or work of the College.

Managing non-compliance with the accreditation standards

The Accreditation Standards outline that accreditation may be withdrawn from a training post if the training post no longer meets the accreditation standards and criteria, and negotiations with the training post have failed to produce a workable outcome.

Key observations

Generally, the review found that RACDS has clear processes and criteria to assess and accredit training posts. The review has, however, identified areas where it considers RACDS could strengthen its existing processes to provide greater transparency for training posts about the accreditation process.

The review found that RACDS does not have an appropriate procedure for managing concerns about accredited training posts and that there was limited publicly available information about how it monitors training posts during the accreditation cycle.

Distinguishing accreditation standards from accreditation policy and procedure

The Accreditation Standards outline RACDS's accreditation standards, including criteria and minimum requirements, against which training posts are assessed when applying for accreditation. In addition to this, the Accreditation Standards document also outlines RACDS's processes for accrediting new training posts, monitoring training posts and withdrawing accreditation from training posts.

The review suggests that it would be better to distinguish the accreditation standards from the supporting policy and procedure documentation. The review notes that this is the approach taken by many colleges. In addition to making relevant information easier to locate and navigate, separating the content may also 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 policy and procedure.

Recommendations	Priority rating
RACDS should separate its accreditation standards from the supporting policy and procedure documentation.	Low

Improving the visibility of information about the accreditation process

While RACDS has established processes for accrediting training posts, the review observed it was difficult to locate information about these processes on RACDS's website as there is no dedicated page for training post accreditation. It is important that information about the accreditation standards and the process for accrediting training posts is easily accessible to training posts and other stakeholders, such as trainees and supervisors.

The review has found that most colleges publish information on their websites identifying accredited training posts (oftentimes referred to as 'sites') for the specialist medical profession across Australia. Providing this information helps to increase transparency for those directly affected by training site accreditation decisions, including trainees or potential training sites. It also provides a valuable public resource for consumers and health care providers to better understand the provision of care by specialist medical trainees. While there is diversity in the information colleges have made publicly available about training sites online, the review suggests that it would be beneficial to include information about when accreditation is due to expire at a minimum. This information is likely pertinent to those seeking to find out more about available training sites.

The review therefore recommends RACDS develops a page on its website for training post accreditation, including:

- an overview of the steps involved in accrediting new and existing training posts and possible outcomes
- information about how to apply for accreditation, with a link to the relevant application form/s
- a list of the accredited training posts and when their accreditation is due to expire.

The review suggests that outlining the steps involved in accrediting new training posts and existing training posts in a flowchart or infographic may also be a useful tool to assist training posts to navigate RACDS's accreditation processes. It is also suggested that RACDS consider publishing an FAQ section on the training post accreditation page answering common questions that may be raised by training posts or other stakeholders about its accreditation functions.

Recommendations	Priority rating
<p>RACDS should develop a page on its website for training post accreditation within the education programs section or in a separate section visible on the homepage. This page should include:</p> <ul style="list-style-type: none"> • an overview of the steps involved in accrediting new and existing training posts and possible outcomes • information about how to apply for accreditation, with a link to the relevant application form/s • a list of the accredited training posts and, ideally, when their accreditation is due to expire. 	Medium

Transparency regarding monitoring activities during the accreditation cycle

The Accreditation Standards impose obligations on training posts and regional surgical committees to notify RACDS of changes to the training post. Training posts and regional surgical committees are also required to provide triannual reports to RACDS. However, the review was unable to find information about other proactive monitoring activities RACDS may undertake during the accreditation cycle to ensure training posts continue to meet the accreditation standards.

The review recommends RACDS provides greater clarity about the monitoring activities that may be undertaken during an accreditation cycle. This should include information about:

- how data from concerns raised about accredited training posts will be used as part of these activities
- the process if RACDS identifies concerns while undertaking monitoring activities that the training post may not be meeting the accreditation standards, such as an out-of-cycle accreditation review
- the possible outcomes for training posts if it is established that the accreditation standards are not being met, such as imposing conditions on the training post or withdrawing accreditation.

Explaining and sharing information about monitoring activities will assist in managing the expectations of accredited training posts during the accreditation cycle. This is particularly important as monitoring activities which identify non-compliance with the accreditation standards may result in RACDS imposing conditions on a training post or withdrawing accreditation. Clearly articulating these activities will also ensure consistency when RACDS is performing its monitoring function across accredited training posts.

Recommendations	Priority rating
<p>RACDS should provide greater clarity in accreditation documentation about the monitoring activities that may be undertaken during an accreditation cycle. This should include information about:</p> <ul style="list-style-type: none"> • how data from concerns raised about accredited training posts will be used as part of these activities 	High

- the process if RACDS identifies concerns while undertaking monitoring activities that the training post may not be meeting the accreditation standards, such as an out-of-cycle accreditation review
- the possible outcomes for training posts if it is established that the accreditation standards are not being met, such as imposing conditions on the training post or withdrawing accreditation.

Establishing a clear process for managing concerns about accredited training posts

The review found that RACDS does not have a clear process for trainees, supervisors and other stakeholders to raise a concern about an accredited training post. While RACDS advised the review that concerns about training posts can be raised under the Complaints Policy, the review noted that this information is not clearly communicated in the Complaints Policy. The purpose and process described in the Complaints Policy is focused on complaints about the conduct of RACDS members, such as fellows and trainees.

While it is acknowledged that some concerns may be more appropriately managed by the training post, regional training centre or an external agency, the review considers it is important that RACDS provides a clear pathway for individuals to raise a concern about an accredited training post. This is particularly relevant in the context of RACDS's monitoring function, as data from concerns raised may indicate a systemic issue within a training post that may impact its ability to continue to meet the accreditation standards.

The review recommends that RACDS develops a policy and procedure for managing concerns about accredited training posts in line with the best practice principles outlined in this report. The policy should provide clear guidance about:

- what constitutes a concern about an accredited training post that can be considered under the policy, including examples
- the role of the individual and respondent during the process, including that the respondent will be notified of the concerns and provided with an opportunity to respond before a decision is made, and that both the individual and respondent will be provided with written notice of the decision
- the key roles and responsibilities of RACDS staff and committees during the process, including who is responsible for making a decision, and escalation points if an individual or respondent is dissatisfied with a decision
- how concerns which allege, or appear to demonstrate, that a training post is no longer meeting the accreditation standards are assessed and managed (see 'A framework for identifying and managing non-compliance with the accreditation standards')
- the concerns which will not be assessed or managed directly by RACDS, and the relevant referral pathways where possible, including, for example, professional misconduct concerns which should be reported to Ahpra and the Medical Board of Australia (see 'Developing a framework for assessing and managing concerns about accredited training sites')
- expected timeframes for key stages of the process

- possible outcomes from raising a concern, including if concerns are substantiated that the training post is not meeting the accreditation standards (see ‘Establishing a risk-based, proportionate approach to non-compliance with the accreditation standards’)
- how concerns or feedback will be recorded and how this data will be used by RACDS to inform its monitoring functions and reaccreditation processes.

The policy and procedure should provide clear guidance about how to:

- raise a concern and allow individuals to raise concerns in a variety of ways, such as by an online form, email, phone or post
- raise a concern on a confidential basis to reduce barriers for individuals wishing to raise concerns, particularly given the possible sensitive nature of issues that may be raised. However, RACDS should be transparent about the difficulties with maintaining confidentiality in circumstances where the individual may be identifiable from the subject matter of the concerns.
- raise a concern anonymously, ensuring clear communication is provided to individuals about the possible limitations associated with progressing anonymous concerns.

Once RACDS has finalised a policy and procedure for managing concerns about accredited training posts, it is recommended that staff are provided with training to ensure they are aware of how to identify a concern, the process for managing these concerns, and how to assist individuals to access RACDS’s system for managing these concerns.

Ideally, RACDS should create an online form to raise a concern about an accredited training post to assist individuals to provide key information about their concerns and the outcome they are seeking. This will help ensure RACDS has sufficient information to respond to the matter.

RACDS should ensure that information about the process for managing concerns is easily accessible on its website in relevant areas, such as the page on training post accreditation (once developed) and in areas accessed by trainees, fellows and supervisors. It should also be visible in relevant correspondence and training material. As training posts may be the subject of a concern, it is important that they are aware of the process and how data will be used to inform RACDS’s monitoring function and reaccreditation processes.

Concerns raised about training posts need to be accurately recorded and appropriately stored. The review suggests that RACDS creates an internal register to record concerns and outcomes about accredited training posts and uses this data to inform its monitoring activities and reaccreditation processes.

Recommendations	Priority rating
RACDS should develop a policy and procedure for managing concerns about accredited training posts and ensure information about this process is easily accessible on its website and communicated to stakeholders.	High

Once a policy for managing concerns about accredited training posts is developed, RACDS should provide staff with training to ensure they are aware of how to identify a concern, the process for managing these concerns, and how to assist individuals to access RACDS's system for managing these concerns.	Low
RACDS should develop an online form to raise a concern about a training post and ensure there are mechanisms for concerns to be raised anonymously, using a pseudonym or on a confidential basis.	Low
RACDS should create an internal register to record concerns and outcomes about accredited training posts and use this data to inform its monitoring activities and reaccreditation processes.	Medium

Managing non-compliance with the accreditation standards

The review recognises that it is necessary for RACDS to respond to a training post not complying with an accreditation standard. However, the review found that RACDS's process for responding to instances where it has been substantiated that a training post is no longer meeting the accreditation standards during the accreditation cycle was not clear. In particular, RACDS's process for determining the appropriate response to non-compliance was not clearly detailed.

As outlined in this report, the review suggests that colleges apply a risk-based and proportional response to non-compliance, where action is taken based on the level of risk associated with the training site's non-compliance.

The review notes that there are a range of different actions available to RACDS if it is substantiated that a training post is not meeting the accreditation standards. This may range from requesting that the training post provides an update on how it has addressed an issue, to more serious action such as making an adverse change to the accreditation status of the training post. Responses to non-compliance which are high risk may include, for example:

- imposing conditions on the accreditation of the training post
- suspending the training post's accreditation
- making immediate changes, such as removing a trainee temporarily from the training post or removing and replacing a training post supervisor
- withdrawing accreditation from the training post.

The review found, however, that RACDS provides limited information about how it responds to non-compliance with the accreditation standards. The Accreditation Standards outline that accreditation may be withdrawn from a training post if the training post no longer meets the accreditation standards and criteria, and negotiations with the training post have failed to produce a workable outcome. The review understands that a decision to withdraw accreditation can be made after an accreditation review of a training post, which may be initiated by RACDS at any time during the accreditation cycle if concerns are identified about the training post's ability to meet the accreditation standards and criteria. An accreditation review may be initiated if RACDS receives advice that a significant change to the quality of training at the training post has occurred, or a concern has been raised by a fellow or trainee about the training post.

Given the serious implications for training posts and trainees if RACDS decides to make an adverse decision in relation to non-compliance with the accreditation standards, it is important that there is an established process outlining the steps involved in making such a decision and the relevant factors taken into consideration. This information should be publicly available to assist training posts and trainees who may be impacted by the decision and to enhance the transparency of RACDS's processes. Similarly, it is important that RACDS has a robust and well-documented process that can be relied on to support its decision-making if a decision is later subject to a merits review.

The review recommends that RACDS updates the relevant accreditation documentation to provide further information about how it manages non-compliance with the accreditation standards. RACDS should provide greater clarity about:


- how it may identify that a training post is not meeting the accreditation standards, such as through its monitoring activities or receiving a concern about a training post from an individual
- the roles and responsibilities of the relevant bodies in making a decision in relation to non-compliance, including any proposed decision to adversely change the accreditation status of a training post
- the assessment process to determine the most appropriate decision, including the factors considered regarding the risks associated with the non-compliance and the actions available to RACDS in response
- the steps involved before a final decision is made in response to non-compliance, including any required consultation with affected stakeholders
- the expected timeframes for key stages of the process
- the process for notifying training posts of the decision, including that the training post will be provided with written reasons for the decision
- the administrative complaint and merits review pathways available to training posts regarding the decision.

The review recognises that responsibilities regarding required consultation with affected stakeholders will likely differ based on the seriousness of the risks identified, and therefore the severity of the action proposed to be taken by RACDS. For example, a decision to withdraw accreditation from a training post can have wide-ranging impacts on health services, and therefore likely requires more comprehensive consultation.

The review recommends RACDS ensures the training post is provided with an opportunity to review and respond to a proposed adverse decision before a final decision is made, and that this step is clearly outlined in the relevant accreditation documentation. This step will allow the training post to respond to the concerns about non-compliance, clarify any factual errors, or provide additional information relevant to the decision-making process. This step may also reduce the likelihood of a training post later seeking a merits review of an accreditation decision on the basis of a factual error or information not being considered.

Recommendations	Priority rating
<p>RACDS should update the relevant accreditation documentation to provide further information about how it manages non-compliance with the accreditation standards. RACDS should outline:</p> <ul style="list-style-type: none"> • how it may identify that a training post is not meeting the accreditation standards, such as through its monitoring activities or receiving a concern about a training post from an individual • the roles and responsibilities of the relevant bodies in making a decision in relation to non-compliance, including any proposed decision to adversely change the accreditation status of a training post • the assessment process to determine the most appropriate decision, including the factors considered regarding the risks associated with the non-compliance and the actions available to RACDS in response • the steps involved before a final decision is made in response to non-compliance, including any required consultation with affected stakeholders • the expected timeframes for key stages of the process • the process for notifying training posts of the decision, including that the training post will be provided with written reasons for the decision • the administrative complaint and merits review pathways available to training posts regarding the decision. 	High
<p>RACDS should update its accreditation documentation to specify that the training post will be provided with the opportunity to review and respond to the proposed decision in response to non-compliance with the accreditation standards before a final decision is made.</p>	High

Merits review process

<p>Merits review process for accreditation decisions</p> <p>The review found the merits review process for accreditation decisions to be partially adequate. Steps could be taken to make information about the merits review process more accessible. Clarifications could also be made to key parts of the merits review process.</p>	
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Accreditation decisions made by RACDS can be subject to merits review under the Reconsideration, Review and Appeals Policy (the Appeals Policy), which was last updated in February 2022.

The Appeals Policy directs applicants to apply for a reconsideration, review and appeal by notifying RACDS in writing. There is \$260 fee payable to apply for a reconsideration of a decision. There is a \$610 fee payable to apply for a review of a decision. The appeal fee is set at \$6,954 and will be refunded to the applicant in full if the original decision is overturned by the Appeals Committee.

Key observations

Accreditation decisions subject to merits review

The review observed a lack of clarity around the accreditation decisions that can be reconsidered, reviewed or appealed through the Appeals Policy. The policy specifies, for example, that decisions made by the Chair of a Board of Studies regarding the accreditation of training positions, hospitals, units, teaching centres, directors of training or supervisors can be reconsidered, reviewed or appealed. This is confusing because the Accreditation Standards explain that the Accreditation Committee, rather than the Chair of a Board of Studies, makes the final decision about the accreditation status of a training post.

The review considers there are a range of accreditation decisions that should be subject to merits review processes. These include decisions to:

- refuse accreditation or reaccreditation of a training organisation or post
- impose or change a condition on the accreditation or reaccreditation of a training organisation or post
- refuse to change or remove a condition imposed on the accreditation or reaccreditation of a training organisation or post
- suspend accreditation of a training organisation or post
- revoke accreditation of a training organisation or post.

The review recommends that RACDS considers clarifying the types of decisions which are subject to its Appeals Policy, including decisions referred above. This is important to ensure that RACDS’s accreditation decision-making processes are accountable and fair.

Recommendations	Priority rating
RACDS should update its Appeal Policy to clarify the types of accreditation decisions that can be subject to merits review.	Medium

Clarifying appropriate grounds for merits review

RACDS’s Appeal Policy does not specify the grounds on which a reconsideration or review application, including those related to training post accreditation, can be made. However, the Appeals Policy sets out grounds for appeal which are thorough and align with the grounds for appeal specified as a requirement in the AMC’s Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs.

While the review recognises that the AMC’s Standards specify that these grounds relate to an appeal only, the review suggests that there is benefit in clarifying that these grounds are relevant to all stages of the merits review process. Articulating the grounds RACDS will consider when assessing an application for reconsideration and review will enhance accountability and transparency in the merits review process. It will also provide guidance to applicants about the types of information they are required to supply in order to support their application for merits review.

The review recommends RACDS considers clarifying that the specified grounds for appeal relate to all stages of the merits review process. This will assist applicants to clearly outline why they are seeking a merits review (at any stage) and ensure that RACDS can appropriately consider the grounds on which the review is sought.

Recommendations	Priority rating
RACDS should update its Appeals Policy to clarify that the grounds for seeking merits review of accreditation decisions in the reconsideration and review stages align with the AMC Standards' requirements.	Medium

Role and powers of decision-makers related to reconsideration and review applications

RACDS specifies that reconsideration of a decision (other than for examinations) is undertaken by the officer, Board committee or College group responsible for the decision and can lead to a decision to uphold or overturn the decision. It also specifies that a review of a decision is undertaken by the officer, Board of Studies, Committee or College Group which has oversight of the original decision-maker. However, the Appeals Policy later states that matters “where otherwise appropriate” may be referred by the CEO to a Review Committee constituted of two Fellows and a Fellow with expertise or experience in the area of practice related to the disputed decision. It specifies that the Review Committee has the same powers as the Appeals Committee.

The Appeals Policy outlines that the Appeals Committee may:

- confirm the decision under appeal
- revoke the decision under appeal
- revoke the decision under appeal and refer the decision back to the relevant College officer, Board or committee for further consideration in accordance with the Appeals Committee’s directions
- revoke the decision under appeal and make recommendations to the Board on an alternative decision; or
- recommend to the Board whether part or all of the costs associated with the Appeals Committee should be waived.

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. This is why decision-makers in a merits review are often said to ‘stand in the shoes’ of the original decision-maker.

Clearly outlining the responsibilities and respective powers of decision-makers is essential for those involved in the merits review process, including applicants and college staff. Without clearly articulated decision-making powers, there is potential for misunderstanding in the application of the Appeals Policy, and inconsistency in decision-making.

Recommendations	Priority rating
RACDS should update its Appeal Policy to ensure the role and powers of decision-makers at the reconsideration stage of the merits review process are clearly articulated in line with the best practice principles outlined in this report.	High
RACDS should update its Appeal Policy to ensure merits review decision-makers have appropriate powers to consider a merits review application in line with the best practice principles outlined in this report.	High

Clarifying the impartiality and independence of the Appeals Committee

As outlined in this report, the review suggests that colleges which provide an appeal process should seek to ensure that the appointed decision-makers are independent and impartial. The review notes that RACDS’s Appeals Policy aligns with the AMC’s Standards in that the Appeals Committee comprises both College members (up to two College Fellows who were not a party to the decision under appeal), and non-College members (at least three people, one of whom is from the legal profession and is the appointed Chairperson). RACDS’s Appeals Policy also states that the Chairperson may invite the College’s solicitor to act as a legal adviser to the Appeals Committee (though the solicitor is not a member of the Committee).

The review commends RACDS for seeking to ensure greater accountability of decision-making through an appeals process. However, the review suggests that RACDS considers how it could clarify its policy to ensure the appointment of committee members leads to an impartial and independent decision-making committee. 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.

Recommendations	Priority rating
RACDS should update its Appeal Policy to clarify how members of its Appeals Committee are appointed, and their required skills and experience, to strengthen the impartiality and independence of appeal decisions.	Medium

Ensuring transparency regarding merits review fees

The fees page on RACDS’s website outlines the fees associated with applying for a reconsideration, review or appeal of a decision. The reconsideration fee is \$260 and the review fee is \$610. The appeal fee is \$6,954. As per the best practice principles outlined in this report, the review recommends that ideally, reconsideration and review processes should be offered free of charge. The review notes that this is the approach taken by most colleges. Fees can create a barrier to apply for a merits review and can deter people from proceeding with an application.² This is contrary to the recognised benefits of providing a merits review process.

² Administrative Review Council Better Decisions: review of Commonwealth Merits Review Tribunals, 1995

Recommendations	Priority rating
RACDS should consider providing reconsideration and review processes free of charge.	High

Making the merits review process more accessible

The review observed that RACDS does not have an application form for training posts to apply for a reconsideration, review or appeal. Instead, the Appeals Policy directs applicants to apply in writing to RACDS. For accreditation decisions, the training post is required to write to RACDS’s CEO outlining the request for a reconsideration, review or appeal. The Appeals Policy does not provide any contact details for the CEO or specify whether applications may be made by post or email.

Ideally, RACDS should develop an application form to apply for a reconsideration, review and appeal. The application form should provide guidance about the information that RACDS requires to progress an application, such as the grounds for seeking a merits review and the outcome sought. The application form should also stipulate how to submit an application with relevant contact details and include information about any applicable fees. Offering an application form will assist applicants in navigating the merits review process. It will also make the process more efficient for RACDS, as it will ensure applicants provide the necessary information required to promptly assess the application.


As previously outlined, the review recommends that RACDS develops a page on its website for training post accreditation. This page should also include information about the merits review process available to training posts. The Appeals Policy applies to a wide range of processes and providing further information about how the merits review process applies specifically to accreditation decisions may assist training posts to understand what to expect and possible outcomes. It is recommended the training post accreditation page include:

- an overview of each stage of the merits review process, including the types of accreditation decisions that are subject to the Appeals Policy, possible outcomes and expected timeframes for key stages of the process
- any fees associated with the Appeals Policy, including that the application fee will be refunded to the applicant in full if the appeal is successful
- links to the Appeals Policy and relevant application forms once developed
- information about how to apply for a reconsideration, review and appeal, with reference to relevant contact details
- answers to common questions relevant to the merits review process in a FAQ section.

Recommendations	Priority rating
RACDS should develop an application form to apply for a reconsideration, review and appeal.	Low

<p>RACDS should publish information about the merits review process on the training post accreditation page on its website. This page should include:</p> <ul style="list-style-type: none"> • an overview of each stage of the merits review process, including the types of accreditation decisions that are subject to the Appeals Policy, possible outcomes and expected timeframes for key stages of the process • any fees associated with the Appeals Policy, including that the application fee will be refunded to the applicant in full if the appeal is successful • links to the Appeals Policy and relevant application forms once developed • information about how to apply for a reconsideration, review and appeal, with reference to relevant contact details • answers to common questions relevant to the merits review process in a FAQ section. 	<p>Medium</p>
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Administrative complaints process

<p>Administrative complaints process</p> <p>The review found that there was not an adequate process for managing administrative complaints. An administrative complaints policy and procedure should be introduced with regard to the best practice principles and recommendations of the review.</p>	
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RACDS has a Complaints Policy that outlines the process for managing complaints about its members. Complaints may be made about the professional or ethical standards or conduct of a member, or the conduct of a member which affects the honour, good reputation, interests or work of RACDS. RACDS advised the review that it manages complaints about itself and its administrative actions in accordance with the Complaints Policy.

Key observations

The review found RACDS does not have a clear policy or procedure for managing administrative complaints. While RACDS advised that it manages these complaints in accordance with the Complaints Policy, the review found this information was not clearly communicated in the Complaints Policy. It was noted the scope of the Complaints Policy and the complaints process it detailed was limited to complaints about the conduct of RACDS members.

Developing a process for managing administrative complaints

The review recommends that RACDS develop a separate policy and procedure for managing administrative complaints in line with the principles and processes suggested in this report. A separate policy is recommended because administrative complaints are likely to involve different processes, decision-makers and outcomes to complaints about RACDS members.

The review recommends RACDS consider adopting the three-stage model for complaints management outlined in this report. A stage one complaint could be defined as a complaint that can

be resolved quickly by frontline staff, such as straightforward service delivery complaints. A stage two complaint would usually involve a more complex issue or a complaint that was unable to be resolved at stage one and would be managed by another staff member or team within the organisation. Stage three of the complaints process involves review of the complaint by an external entity, such as the National Health Practitioner Ombudsman.

Once RACDS has finalised the administrative complaint handling policy, it is recommended that staff are provided with training to ensure they are aware of how to identify a complaint, the complaints process, and how to assist complainants to access RACDS's complaint handling system.

Recommendations	Priority rating
RACDS should develop and publish an administrative complaint handling policy in line with the three-stage approach to complaints management in this report.	High
RACDS should provide complaint handling training to staff after finalising the administrative complaint handling policy.	Medium

Monitoring and recording complaints

The review is concerned that RACDS may be losing valuable data if it does not have a central mechanism to record and monitor complaints. The review recommends that RACDS creates an internal complaints register to record complaints and outcomes and uses this data to monitor trends and systemic issues that may need to be addressed by relevant business units. Information about how complaints will be recorded and monitored by RACDS should be included in the complaints policy (once developed).

Recommendations	Priority rating
RACDS should create an internal complaints register to record and monitor administrative complaints and outcomes.	Medium

Visibility of the complaints process

To ensure individuals are aware of their ability to make a complaint and that the process is easily accessible, the review recommends that RACDS creates a complaints page on its website with information about the administrative complaints process. This page should include a link to the complaints policy. The complaints process should also be made visible on other key areas of RACDS's website that are accessed by fellows, trainees and supervisors.

Ideally, RACDS should create an online complaint form to assist complainants to provide key information about their complaint and the outcome they are seeking, similar to the complaint form that is attached to the Complaints Policy for complaints about members. This will ensure RACDS has sufficient information to respond to the complaint. The online complaint form should be publicly available on the complaints page of RACDS's website (once developed).

Recommendations	Priority rating
RACDS should publish information about its administrative complaint handling process on its website.	Medium
RACDS should create an online complaint form for administrative complaints and ensures it is publicly available on its website.	Low

The Royal Australian College of General Practitioners (RACGP)

The Royal Australian College of General Practitioners (RACGP) conducts the education, training and continuing professional development of specialist general practitioners in Australia.

There are two specialist general practice fellowship programs offered in Australia by RACGP and the Australian College of Rural and Remote Medicine (ACRRM) that are accredited by the Australian Medical Council (AMC). The RACGP Fellowship Training Program leads to the award of Fellowship of the RACGP (FRACGP) and eligibility for specialist registration with the Medical Board of Australia. The Rural Generalist Fellowship can be completed in addition to FRACGP (FRACGP-RG), though rural generalist medicine is not recognised as a specialised field within the speciality of general practice by the Medical Board. The AMC's most recent accreditation report of RACGP is dated November 2013 and is due to expire in March 2024.

There are two RACGP-provided training programs that can lead to FRACGP or FRACGP-RG: the Australian General Practice Training Program (AGPT program) and the general practice experience pathway. The general practice experience pathway includes the Practice Experience Program (PEP) (for Specialist International Medical Graduates whose qualifications have been assessed to be partially or substantially comparable to the FRACGP) and the Fellowship Support Program (FSP) (a self-funded program mostly used by non-vocationally registered medical practitioners).

In addition, the Remote Vocational Training Scheme (RVTS), which offers vocational training for medical practitioners in rural, remote and Aboriginal and Torres Strait Islander communities throughout Australia, leads to FRACGP and/or FRACGP-RG (or qualifications with ACCRM). Completion of the James Cook University General Practice Training (JCU) also leads to FRACGP and/or FRACGP-RG.

The funding and delivery of general practice training in Australia is unique and differs from the other specialist medical training programs. Previously, the Commonwealth Department of Health and Aged Care contracted nine regional training organisations across 11 training regions in Australia to deliver the AGPT program.

In 2017 the Department of Health and Aged Care announced the management and delivery of the AGPT program would transition to RACGP and ACRRM. This new model proposes to provide a nationally consistent, profession-led approach to training that is in line with the training model adopted by other specialist medical colleges in Australia.

Accreditation of training sites

As a result of the changes outlined above, RACGP has now assumed responsibility for the AGPT program and its delivery, including responsibility for accrediting AGPT training sites.

RACGP was in the process of developing the policies and procedures relevant to training site accreditation when the review was being undertaken. The review has therefore outlined general suggestions for RACGP's consideration rather than making formal recommendations. The review also suggests RACGP considers the best practice administrative processes and the general recommendations outlined in this report.

Considerations when drafting and implementing accreditation policy and procedure

This report provides general guidance about best practice administrative processes that RACGP should have regard to when developing and implementing its new policies relating to specialist training site accreditation. In addition to these general principles, the review suggests the accreditation policy and procedure should include clear information about:

- how to apply for accreditation and reaccreditation, with reference to the applicable application forms and contact information
- the steps involved in assessing a new application for accreditation and applications for reaccreditation
- guidance about the roles and responsibilities of RACGP staff and committees during the accreditation process
- expected timeframes for each stage of the assessment process
- the possible outcomes from the accreditation process.

Procedural fairness considerations

The review suggests RACGP includes a step in the accreditation process providing training sites with the opportunity to review and respond to a draft report before a final decision is made regarding accreditation. Including this step is particularly important in circumstances where RACGP may decide not to accredit a training site, to accredit a training site with conditions or recommendations, or to withdraw accreditation.

Providing training sites with an opportunity to review and respond to the draft accreditation report will promote transparency in RACGP's decision-making and provide the training site with an opportunity to clarify any errors of fact or to provide additional information relevant to RACGP's decision-making 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.

Monitoring of training sites

It is important that RACGP explains and shares information about how it will perform its monitoring function during the accreditation cycle to ensure training sites continue to meet the relevant accreditation standards. This will assist in managing the expectations of accredited training sites during the accreditation cycle, particularly as monitoring activities may result in RACGP making

adverse changes to the accreditation status of the training site. The review suggests RACGP ensure the accreditation policy outlines the:

- types of monitoring activities that may be undertaken during the accreditation cycle
- procedure that will be followed if concerns are identified while monitoring activities are being undertaken
- possible outcomes if it is substantiated that the training site is not meeting the accreditation standards.

Managing concerns about accredited training sites

RACGP should ensure there is a clear process for trainees, supervisors, and other stakeholders to raise a concern about an accredited training site. This is important because concerns may indicate a systemic issue within a training site impacting its ability to meet the accreditation standards.

The review suggests RACGP develops a policy and procedure for managing concerns about accredited training sites in line with the best practice principles outlined in this report, giving consideration to how this information is recorded and fed into its monitoring activities. In particular, RACGP should consider:

- how concerns which allege, or appear to demonstrate, that a training site is no longer meeting the accreditation standards are assessed and managed (see 'A framework for identifying and managing non-compliance with the accreditation standards')
- the concerns which will not be assessed or managed directly by RACGP and the relevant referral pathways where possible, including, for example, professional misconduct concerns which should be reported to Ahpra and the Medical Board of Australia (see 'Developing a framework for assessing and managing concerns about accredited training sites')
- possible outcomes from raising a concern, including if concerns are substantiated that the training site is not meeting the accreditation standards (see 'Establishing a risk-based, proportionate approach to non-compliance with the accreditation standards').

RACGP should provide clear guidance about how to raise a concern on its website and allow stakeholders to submit concerns in a variety of ways, such as via a form, email, phone or post. Ideally, RACGP should create an online form to assist stakeholders to provide key information about their concerns and the outcome they are seeking to ensure RACGP has sufficient information to respond to the concerns.

RACGP should consider who may access the process and ensure information is easily accessible and promoted in correspondence, training material and while it is carrying out its monitoring function. As training sites may be the subject of a concern, it is also important that they are aware of the process and how this information will be used to inform RACGP's monitoring function.

The review acknowledges that most accredited training sites are likely to be smaller medical practices, with a limited number of trainees at each site. This presents an added complexity for RACGP, given the sensitive nature of some concerns and fear of adverse outcomes that some stakeholders may feel when deciding whether to raise a concern. For example, a trainee wishing to

raise a concern about a training site where they are undertaking their training may be concerned that this will affect their relationships with staff or their supervisor, or the evaluation of their performance.

The review considers that providing options for concerns to be raised on a confidential basis reduces barriers for stakeholders wishing to raise concerns. Anonymous concerns should also be accepted. However, RACGP should provide clear guidance to stakeholders about the possible limitations associated with progressing anonymous concerns. Further, RACGP should be transparent about the difficulties with maintaining confidentiality in circumstances where the stakeholder may be identifiable from the subject matter of the concern.

Managing non-compliance with the accreditation standards

As outlined in this report, the review suggests that colleges apply a risk-based and proportional response to non-compliance with the accreditation standards, where action is taken based on the level of risk associated with the training site's non-compliance.

The review notes that there are a range of different actions available to RACGP if it is substantiated that a training site is not meeting the accreditation standards. This may range from requesting that the training site provides an update on how it has addressed an issue, to more serious action such as making an adverse change to the accreditation status of the training site. Responses to non-compliance which are high risk may include, for example:

- imposing conditions on the accreditation of the training site
- suspending the training site's accreditation
- making immediate changes, such as removing a trainee temporarily from the training site or removing and replacing a training site supervisor
- withdrawing accreditation from the training site.


The review suggests that RACGP clearly describes the process which must be undertaken before a decision is made that is adverse to a training site. Given the serious implications of changing the accreditation status of a training site, it is important there is an established process outlining the steps involved in making such a decision and the relevant factors considered when making this decision. This information should be publicly available to assist training sites, trainees and supervisors who may be impacted by the decision and to enhance the transparency of RACGP's processes. Similarly, it is important that RACGP has a robust and well-documented process that can be relied on to support its decision-making if a decision is later subject to a merits review.

The review recognises that responsibilities regarding required consultation with affected stakeholders will likely differ based on the seriousness of the risks identified, and therefore the severity of the action proposed to be taken by RACGP. For example, a decision to withdraw accreditation from a training site can have wide-ranging impacts on health services, and therefore likely requires more comprehensive consultation.

The review recommends RACGP ensures the training site is provided with an opportunity to review and respond to a proposed adverse decision before a final decision is made, and that this step is

clearly outlined in the relevant accreditation documentation. This step will allow the training site to respond to the concerns about non-compliance, clarify any factual errors, or provide additional information relevant to the decision-making process. This step may also reduce the likelihood of a training site later seeking a merits review of an accreditation decision on the basis of a factual error or information not being considered.

Administrative complaints processes

<p>Service delivery complaints process</p> <p>The review found that there was an adequate process for managing administrative complaints.</p>	
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RACGP manages administrative complaints in accordance with the Complaints Policy, which was last updated in June 2020. The Complaints Policy has been drafted to comply with the Guidelines for complaints handling in organizations¹ and provides comprehensive information about RACGP’s complaint handling process. It clearly outlines the overarching principles underpinning the complaints process, the types of complaints it applies to, the complaint handling process and the possible outcomes.

The Complaints Policy outlines that complaints will be acknowledged within three business days and responded to within ten business days. Complaints may be made by post, email, phone or online complaint form, with the option of submitting a complaint anonymously or using a pseudonym. RACGP has a dedicated complaints page on its website that is visible from the homepage. This page includes a link to the Complaints Policy and an online complaint form.

Key observations

RACGP has a sophisticated complaint handling system for managing administrative complaints that is transparent, clear and accessible. The review is satisfied RACGP’s complaints process meets all the best practice administrative processes outlined in this report.

The Complaints Policy outlines a three stage complaints process. Where possible, a complaint may be resolved quickly and efficiently at first instance via phone or email without the need to refer the matter to the Compliance Manager. A complaint that cannot be resolved at first instance will be allocated to the Compliance Manager for management. If a complainant is dissatisfied with the decision regarding their complaint, they may appeal the decision within 14 days of receiving the outcome. An appeal can only be made on the basis that the complaint handling process was flawed in some way and cannot be made about the merits of the decision. The review considers RACGP’s current complaint handling procedure provides a clear pathway for internal escalation.

As outlined in this report, it is envisioned the Ombudsman’s complaint handling process will provide a mechanism for a complainant to seek external review of a specialist medical college’s complaint

¹ ISO 10002:2018 Quality management — Customer satisfaction — Guidelines for complaints handling in organizations.

handling. RACGP may therefore consider removing the appeal mechanism outlined in the Complaints Policy and replace this with the option to make a complaint to the Ombudsman.

Royal Australasian College of Medical Administrators (RACMA)



The Royal Australasian College of Medical Administrators (RACMA) conducts the education, training and continuing professional development of specialist medical administrators in Australia.

RACMA was formed in 1968 in recognition of the emergence of medical administration as a specialty. It was established with the aim of promoting and advancing the study of health services management by medical practitioners.

The education and training program in medical administration is referred to as the RACMA Fellowship Training Program (FTP) and is accredited by the Australian Medical Council (AMC). The AMC's most recent accreditation report is dated November 2018 and the AMC website indicates that accreditation is due to expire in March 2025.¹

The FTP consists of a minimum of three years full-time training or may be undertaken on a part-time basis. After completing the FTP, medical practitioners can apply for specialist registration in medical administration with the Medical Board of Australia and elect to Fellowship of RACMA (FRACMA).

Accreditation of training posts

<p>Procedural aspects of training post accreditation</p> <p>The review found the procedural aspects of training post accreditation to be somewhat adequate. RACMA should publish its accreditation standards to ensure greater transparency. Improvements could also be made to ensure procedural fairness and clarify accreditation and monitoring processes.</p>	
<p>Processes for managing concerns about accredited training posts</p> <p>The review found there were not adequate processes for managing concerns about accredited training posts. A process for managing these concerns should be introduced, including reference to how concerns are considered as part of the monitoring process.</p>	

RACMA is responsible for accrediting training posts in medical administration within health services and other health organisations in Australia.² In contrast to other medical specialities where accredited training sites or posts are usually comprised of a department or unit within a health

¹ AMC website, 'Specialist medical colleges' webpage. Accessed May 2022: <www.amc.org.au/accreditation-and-recognition/assessment-accreditation-specialist-medical-programs-assessment-accreditation-specialist-medical-programs/specialist-medical-colleges/>.

² RACMA uses the term training post to describe the location where training is undertaken, while other specialist medical colleges use the term training site.

service, RACMA training posts are individual employed positions within a health service organisation where the candidate undertakes the workplace-based component of their training. Training posts may be accredited for a period of one to four years with or without conditions or may be accredited for the duration of an individual's candidacy.

RACMA assesses training posts seeking accreditation to ensure that medical administration workplace experiential opportunities are available within the role and health setting. The accreditation of training posts is aligned with the RACMA Medical Leadership and Management Curriculum, which was last updated in 2011.

Process for accrediting training posts

The Accreditation of Training Posts Regulation (the Accreditation Regulation) outlines the process adopted by RACMA when assessing applications from training posts for accreditation (including provisional accreditation) and reaccreditation. It also covers decisions related to the withdrawal of accreditation.

RACMA has an Application for Accreditation form for new training posts seeking accreditation and an Application for Review of Accredited Training Post form for candidates moving into a training post that is already accredited by RACMA. Both forms are available on the training post accreditation section on RACMA's website.

RACMA's process for accreditation and reaccreditation of training posts follows the general process outlined in this report. However, RACMA has an additional step in the accreditation process where a training post may be granted provisional accreditation following the initial desktop assessment of the application and prior to the site visit which is either face to face or virtual. If RACMA determines the application is complete and the information provided is acceptable, the training post will be granted provisional registration for up to six months while awaiting a site visit. After the site visit is conducted, RACMA will decide to grant full accreditation, grant accreditation with recommendations³ or not accredit the training post. The decision-making process involves three steps:

- Endorsement of the accreditation report by the Accreditation Review Panel.
- Endorsement of the Accreditation Review Panel's recommendations by the Education and Training Committee.
- Approval by the RACMA Board.

RACMA's accreditation standards and the policies and procedures underpinning its accreditation processes are currently under review and redevelopment.

Monitoring of accredited training posts

RACMA currently has an informal review process to monitor changes to a training post during the accreditation cycle. However, it is intending to develop and implement a formal policy regarding the monitoring of accredited training posts. RACMA anticipates this will occur in 2023.

³ Other specialist medical colleges refer to this type of accreditation outcome as conditional accreditation or accreditation with conditions.

Managing concerns about accredited training posts

RACMA does not have a specific policy or process for managing concerns about accredited training posts. It advised the review that concerns about training posts are resolved informally and to date, it has been able to manage these matters without the need for a formal process or policy. However, RACMA is considering developing an overarching policy for managing concerns and complaints that may extend to concerns about accredited training posts.

Managing non-compliance with the accreditation standards

The Accreditation Regulation outlines that accreditation may be withdrawn from a training post at the completion of a period of provisional accreditation or accreditation with recommendations where the recommendations have not been met, or at the completion of an unsatisfactory site visit.

Key observations

RACMA's process for accrediting training posts is undergoing a period of change. The accreditation standards, the Accreditation Regulation and associated policies and procedures are currently under review. RACMA is also planning to develop and implement a policy for monitoring accredited training posts during the accreditation cycle.

RACMA explained that its review of policies and processes is focused on providing further transparency for health settings regarding the accreditation standards and processes. In light of this, the review has outlined general observations and recommendations for RACMA's consideration when reviewing and updating its current policies and processes regarding training post accreditation. The review also suggests that RACMA considers the best practice administrative processes outlined in this report.

Transparency regarding the accreditation standards against which training posts are assessed

RACMA advised the review that there is currently no publicly available document regarding its accreditation standards.

In the absence of documented accreditation standards, the Accreditation Regulation outlines basic information about the factors RACMA takes into consideration when deciding whether to grant accreditation to a training post in a health setting. These factors include:

- The training post being within an appropriate medical management structure that is conducive to experiential training against the role competencies as defined in the RACMA Medical Leadership and Management Curriculum.
- Appropriate infrastructure enabling the candidate access to organisational resources and support, library, organisational information networks and technology.
- Consistent and appropriate supervision where a supervisor (line-manager) is a senior medical administrator with an appropriate reporting line within a senior medical management framework.
- Stable supervision that fosters a steady and consistent training environment and appropriate support system to the candidate for the duration of his/her training with RACMA.

- A policy framework around human resources/industrial relations support and employee welfare, that is accessible to candidates in training and provides support and resolution mechanisms as required.

The review is concerned that there is currently little publicly available information about the accreditation standards and criteria against which training posts are assessed when applying for accreditation. The review recommends that RACMA makes its accreditation standards publicly available to ensure greater transparency and to assist training posts to understand what requirements they must meet in order to be successful in applying for accreditation.

Recommendations	Priority rating
RACMA should make its accreditation standards publicly available.	High

Streamlining information about the training post accreditation process

The Accreditation Regulation provides a general overview of the accreditation process, responsibilities during the accreditation process and possible outcomes. There are four appendices to the Accreditation Regulation that provide more detailed information about:

- accreditation outcomes
- the types of reviews that may be undertaken by RACMA, such as an initial ‘desktop’ review of the accreditation application and a site visit
- guidelines about roles and responsibilities during the accreditation process
- the steps involved in the accreditation process.

The review found presenting information in this format was difficult to navigate, as it required accessing several documents to find key information about the accreditation process and information was often repeated across the documents. The review suggests that RACMA considers combining the Accreditation Regulation and the appendices into one document to make it easier for training posts and other stakeholders to understand and use. It is also recommended that RACMA updates the Accreditation Regulation to provide clarity about:

- the steps involved in the initial review of the accreditation application, including the initial desktop review of the application and the site visit
- possible outcomes at each stage of the accreditation process
- expected timeframes for key stages of the accreditation process.

Recommendations	Priority rating
RACMA should combine the Accreditation Regulation and the appendices into one document to make it more accessible to training posts and other stakeholders.	Low
RACMA should update the Accreditation Regulation to provide clarity about: <ul style="list-style-type: none"> • the steps involved in the initial review of the accreditation application • possible outcomes at each stage of the accreditation process • expected timeframes for key stages of the accreditation process. 	High

Ensuring accreditation processes are procedurally fair for training posts

The review observed that RACMA's accreditation process outlined in the Accreditation Regulation does not provide training posts with the opportunity to review or respond to the report regarding the site visit outcome and accreditation status.

To ensure the accreditation process is procedurally fair for training posts, the review recommends that RACMA introduces a step in the accreditation process to allow training posts to respond before a final decision is made regarding accreditation. This is particularly important in circumstances where RACMA is proposing not to accredit a training post or to grant accreditation with recommendations. Introducing this step will provide the training post with an opportunity to clarify any errors of fact or to provide additional information relevant to RACMA's decision-making before a final decision is made. This may also reduce the likelihood of a training post later seeking a merits review of an accreditation decision on the basis of an error of fact or information not being considered.

Recommendations	Priority rating
RACMA should introduce a new step in the accreditation process to allow training posts to respond before a decision is made not to accredit a training post or to grant accreditation with recommendations.	High

Transparency regarding monitoring activities that may be undertaken during the accreditation cycle

RACMA plans to develop and implement a policy for monitoring accredited training posts during the accreditation cycle. When drafting this policy, the review recommends that RACMA provides clear guidance about:

- the monitoring activities that may be undertaken during an accreditation cycle
- the roles and responsibilities of the relevant bodies responsible for performing monitoring activities during the accreditation cycle
- the procedure that is followed if concerns are identified while undertaking monitoring activities that the relevant accreditation standards may not be being met, such as an out of cycle accreditation review

- the possible outcomes if it is established the relevant accreditation standards are not being met, such as imposing recommendations on accreditation or withdrawing accreditation.

To ensure procedural fairness for training posts, the review recommends that RACMA includes a step in the monitoring policy allowing training posts to respond to any adverse findings arising from monitoring activities if RACMA is proposing to change the accreditation status of the training post based on those findings. This will provide the training post with the opportunity to clarify any factual errors or to provide additional information relevant to the issues under consideration.

Sharing information about monitoring activities will assist in managing the expectations of accredited training posts during the accreditation cycle, particularly as monitoring activities may result in recommendations being placed on accreditation, or withdrawal of accreditation. Clearly articulating these activities in a publicly available policy will also promote consistency in actions and decision-making across RACMA staff and committees performing monitoring functions.

Recommendations	Priority rating
<p>RACMA should develop a policy and procedure for monitoring training posts during the accreditation cycle and ensure clear guidance is provided about the:</p> <ul style="list-style-type: none"> • monitoring activities that may be undertaken during an accreditation cycle • the roles and responsibilities of the relevant bodies responsible for performing monitoring activities during the accreditation cycle • procedure that is followed if concerns are identified while undertaking monitoring activities that the relevant accreditation standards may not be being met, such as an out of cycle accreditation review • possible outcomes if it is established the relevant accreditation standards are not being met, such as imposing recommendations on accreditation or withdrawing accreditation. 	High

Developing a clear process for managing concerns about accredited training posts

RACMA does not have a specific policy or procedure for managing concerns about accredited training posts. However, it is in the process of drafting a general complaints policy that will cover all aspects of its operations. The review is supportive of RACMA developing a policy that will provide a mechanism for individuals to submit a concern about an accredited training post. Providing clear pathways to raise concerns is particularly relevant in the context of RACMA’s monitoring function, as concerns may indicate a systemic issue within a training post that could impact its ability to continue to meet the accreditation standards.

The review acknowledges RACMA’s preference to develop a general complaints policy that covers all operational matters including accredited training posts. However, given that concerns about accredited training posts are likely to involve different processes, decision-makers and outcomes to administrative complaints or other operational matters, the review recommends that RACMA considers developing a separate policy for managing concerns about accredited training posts.



Alternatively, if RACMA decides to develop a general complaints policy, it is important that RACMA clearly outlines the types of concerns that may be raised about a training post, how these concerns will be managed, the relevant decision-maker and possible outcomes. When developing the general complaints policy or a specific policy for concerns about accredited training posts, RACMA should consider the best practice principles outlined in this report. Particular consideration should be given to how data regarding concerns about training posts is fed into RACMA's monitoring activities and reaccreditation process. The policy should provide clear guidance about:

- what constitutes a concern about an accredited training post that can be considered under the policy, including examples
- the role of the individual and respondent during the process, including that the respondent will be notified of the concerns and provided with an opportunity to respond before a decision is made, and that both the individual and respondent will be provided with written notice of the decision
- the key roles and responsibilities of RACMA staff and committees during the process, including who is responsible for making a decision and escalation points if an individual or respondent is dissatisfied with a decision
- how concerns which allege, or appear to demonstrate, that a training post is no longer meeting the accreditation standards are assessed and managed (see 'A framework for identifying and managing non-compliance with the accreditation standards')
- the concerns which will not be assessed or managed directly by RACMA, and the relevant referral pathways where possible, such as professional misconduct concerns which should be reported to Ahpra and the Medical Board of Australia (see 'Developing a framework for assessing and managing concerns about accredited training sites')
- expected timeframes for key stages of the process
- possible outcomes from raising a concern, including if concerns are substantiated that the training post is not meeting the accreditation standards (see 'Establishing a risk-based, proportionate approach to non-compliance with the accreditation standards')
- how concerns or feedback will be recorded and how this data will be used by RACMA to inform its monitoring functions and reaccreditation processes.

To ensure individuals are aware of the ability to raise concerns or provide feedback about an accredited training post, it is recommended the policy provides clear guidance about how to:

- raise a concern and also allows individuals to raise concerns in a variety of ways, such as by an online form, email, phone or post
- raise a concern on a confidential basis to reduce barriers for individuals wishing to raise concerns, particularly given the possible sensitive nature of some concerns. However, RACMA should be transparent about the difficulties with maintaining confidentiality in circumstances where the individual may be identifiable from the subject matter of the concern.
- raise a concern anonymously, ensuring clear communication is provided to individuals about the possible limitations associated with progressing anonymous concerns.

Once RACMA has finalised a policy for managing concerns about accredited training posts, it is recommended that staff are provided with training to ensure they are aware of how to identify a

concern, the process for managing these concerns, and how to assist individuals to access RACMA’s system for handling these concerns.

Ideally, RACMA should create an online form to assist individuals to provide key information about their concerns and the outcome they are seeking. This will help to ensure RACMA has sufficient information to respond to the concerns.

RACMA should consider who may wish to raise a concern and ensure that information about the process for managing concerns is easily accessible on its website in relevant areas, such as the accreditation section and in areas accessed by trainees and fellows. It should also be promoted in relevant correspondence and training material. As training posts may be the subject of a concern, it is important that they are aware of the process and how data recording concerns and feedback will be used to inform RACMA’s monitoring activities and reaccreditation processes.

Concerns about accredited training posts need to be accurately recorded and appropriately stored. The review suggests that RACMA creates an internal register to record concerns and outcomes, and uses this data to inform its monitoring activities and reaccreditation processes.

Recommendations	Priority rating
RACMA should develop a policy and procedure for managing concerns about accredited training posts and ensure information about this process is easily accessible on its website and communicated to stakeholders.	High
Once RACMA has finalised a policy for managing concerns about accredited training posts, staff should be provided with training to ensure they are aware of how to identify a concern, the process for managing these concerns, and how to assist individuals to access RACMA’s system for handling these concerns.	Low
RACMA should develop an online form to raise a concern about a training post and ensure there are mechanisms for concerns to be raised anonymously, using a pseudonym or on a confidential basis.	Low
RACMA should create an internal register to record and monitor concerns about accredited training posts and use this data to inform its monitoring activities and reaccreditation processes.	Medium

Managing non-compliance with the accreditation standards

The review recognises that it is necessary for RACMA to respond to a training post not complying with an accreditation standard. However, the review found that RACMA’s process for responding to instances where it has been substantiated that a training post is no longer meeting the accreditation standards during the accreditation cycle was not clear. In particular, RACMA’s process for determining the appropriate response to non-compliance was not clearly detailed.

As outlined in this report, the review suggests that colleges apply a risk-based and proportional response to non-compliance, where action is taken based on the level of risk associated with the training site’s non-compliance.

The review notes that there are a range of different actions available to RACMA if it is substantiated that a training post is not meeting the accreditation standards. This may range from requesting that the training post provides an update on how it has addressed an issue, to more serious action such as making an adverse change to the accreditation status of the training post. Responses to non-compliance which are high risk may include, for example:

- imposing conditions on the accreditation of the training post
- suspending the training post's accreditation
- making immediate changes, such as removing a trainee temporarily from the training post or removing and replacing a training post supervisor
- withdrawing accreditation from the training post.

The review found, however, that RACMA provides limited information about how it responds to non-compliance with the accreditation standards. The Accreditation Regulation outlines that accreditation may be withdrawn from a training post at the completion of a period of provisional accreditation or accreditation with recommendations where the recommendations have not been met, or at the completion of an unsatisfactory site visit. Following the site visit, a report is drafted recommending withdrawal of accreditation for endorsement by the Accreditation Review Panel and Education and Training Committee, and approval by the RACMA Board. RACMA then sends a letter to the training post advising that accreditation has been withdrawn.

Given the serious implications for training posts and trainees if RACMA decides to make an adverse decision in relation to non-compliance with the accreditation standards, it is important that there is an established process outlining the steps involved in making such a decision and the relevant factors taken into consideration. This information should be publicly available to assist training posts and trainees who may be impacted by the decision and to enhance the transparency of RACMA's processes. Similarly, it is important that RACMA has a robust and well-documented process that can be relied on to support its decision-making if a decision is later subject to a merits review.

The review recommends that RACMA updates the relevant accreditation documentation to provide further information about how it manages non-compliance with the accreditation standards. RACMA should provide greater clarity about:

- how it may identify that a training post is not meeting the accreditation standards, such as through its monitoring activities or receiving a concern about a training post from an individual
- the roles and responsibilities of the relevant bodies in making a decision in relation to non-compliance, including any proposed decision to adversely change the accreditation status of a training post
- the assessment process to determine the most appropriate decision, including the factors considered regarding the risks associated with the non-compliance and the actions available to RACMA in response
- the steps involved before a final decision is made in response to non-compliance, including any required consultation with affected stakeholders
- the expected timeframes for key stages of the process

- the process for notifying training posts of the decision, including that the training post will be provided with written reasons for the decision
- the complaints and merits review pathways available to training posts regarding the decision.


The review recognises that responsibilities regarding required consultation with affected stakeholders will likely differ based on the seriousness of the risks identified, and therefore the severity of the action proposed to be taken by RACMA. For example, a decision to withdraw accreditation from a training post can have wide-ranging impacts on health services, and therefore likely requires more comprehensive consultation.

The review recommends RACMA ensures the training post is provided with an opportunity to review and respond to a proposed adverse decision before a final decision is made, and that this step is clearly outlined in the relevant accreditation documentation. This step will allow the training post to respond to the concerns about non-compliance, clarify any factual errors, or provide additional information relevant to the decision-making process. This step may also reduce the likelihood of a training post later seeking a merits review of an accreditation decision on the basis of a factual error or information not being considered.

Recommendations	Priority rating
<p>RACMA should update the relevant accreditation documentation to provide further information about how it manages non-compliance with the accreditation standards. RACMA should outline:</p> <ul style="list-style-type: none"> • how it may identify that a training post is not meeting the accreditation standards, such as through its monitoring activities or receiving a concern about a training post from an individual • the roles and responsibilities of the relevant bodies in making a decision in relation to non-compliance, including any proposed decision to adversely change the accreditation status of a training post • the assessment process to determine the most appropriate decision, including the factors considered regarding the risks associated with the non-compliance and the actions available to RACMA in response • the steps involved before a final decision is made in response to non-compliance, including any required consultation with affected stakeholders • the expected timeframes for key stages of the process • the process for notifying training posts of the decision, including that the training post will be provided with written reasons for the decision • the complaints and merits review pathways available to training posts regarding the decision. 	<p>High</p>

<p>RACMA should update accreditation documentation to specify that the training post will be provided with the opportunity to review and respond to the proposed decision in response to non-compliance with the accreditation standards before a final decision is made.</p>	<p>High</p>
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Merits review process

<p>Merits review processes for accreditation decisions</p> <p>The review found merits review processes for accreditation decisions to be partially adequate. Improvements could be made to ensure the merits review process is accessible and transparent. Clarifications could also be made to key parts of the merits review process.</p>	
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Accreditation decisions made by RACMA may be subject to reconsideration, review and appeal. RACMA’s reconsideration and review process is outlined in the Reconsideration, Review and Appeal of Decisions of the College Committees and Officers Policy (the Reconsideration and Review Policy), which was last updated in December 2017. The appeal process is outlined in the Appeal of a Decision of College Committees and Officers Policy (the Appeal Policy), which was last updated in 2013. The Reconsideration and Review Policy, and the Appeal Policy are publicly available on RACMA’s website.

There is a fee of \$847 to apply for a reconsideration and review of a decision and a fee of \$4,983 to appeal a decision. The Appeal Policy provides that the appeal fee must be refunded to the applicant if the appeal is successful. RACMA has separate application forms to apply for reconsideration, review and appeal of a decision, which are available on its website and attached to the Reconsideration and Review Policy and the Appeal Policy.

Key observations

Ensuring the merits review process is accessible

RACMA’s merits review process is outlined in two separate documents, the Reconsideration and Review Policy and the Appeal Policy. These policies were last updated in 2017 and 2013 respectively. The review recommends that RACMA reviews these policies and combines them into one document outlining the three-step reconsideration, review and appeal process. This would provide greater transparency about how applications will be managed across the three stages and will make the process simpler for staff and applicants to understand and use.

Recommendations	Priority rating
<p>RACMA should combine the Reconsideration and Review Policy and the Appeal Policy into one document outlining the three-step process.</p>	<p>Low</p>

Accreditation decisions subject to merits review

The review observed a lack of clarity around the accreditation decisions that can be reconsidered, reviewed or appealed through the Reconsideration and Review Policy and the Appeal Policy. The Reconsideration and Review Policy specifies, for example, that decisions regarding the accreditation of training posts in health services can be reconsidered or reviewed. The Appeal Policy does not specify that training posts in health services can apply for an appeal of an accreditation decision.

The review considers there are a range of accreditation decisions that should be subject to merits review processes. These include decisions to:

- refuse to grant accreditation or reaccreditation to a training post
- impose or change a condition on the accreditation or reaccreditation of a training post
- refuse to change or remove a condition imposed on the accreditation or reaccreditation of a training post
- suspend accreditation of a training post
- withdraw accreditation of a training post.

The review recommends that RACMA considers clarifying the types of decisions which are subject to its Review and Reconsideration Policy and Appeal Policy, including the decisions referred to above. This is important to ensure that RACMA’s accreditation decision-making processes are accountable and procedurally fair.

Recommendations	Priority rating
RACMA should update its Reconsideration and Review Policy and Appeal Policy to clarify the types of accreditation decisions that can be subject to merits review.	Medium

Clarity regarding the grounds for seeking reconsideration and review of a decision

RACMA’s Appeal Policy outlines the grounds for an appeal of an accreditation decision. While this policy generally incorporates the required grounds for appeal as outlined by the AMC Standards, they are not wholly consistent.

The Reconsideration and Review Policy does not specify the possible grounds for requesting a reconsideration or review of an accreditation decision. The review notes the Reconsideration and Review Policy outlines that formal grounds do not need to be raised until the appeal stage. However, the application forms for reconsideration and review instruct the applicant to outline the grounds for their application.

While the review recognises that the AMC Standards specifies the grounds which relate to an appeal, the review suggests that there is benefit in clarifying that these grounds are relevant to all stages of the merits review process. Articulating the grounds RACMA will consider when assessing an application for reconsideration and review will enhance accountability and transparency in the merits review process. It would also provide guidance to applicants about the types of information they are required to supply in order to support their application.



The review recommends RACMA considers clarifying that the grounds for appeal outlined in the AMC Standards relate to all stages of the merits review process. This will assist applicants to clearly outline why they are seeking a merits review and ensure that RACMA can appropriately consider the grounds on which the reconsideration, review or appeal was sought.

Recommendations	Priority rating
RACMA should update its Reconsideration and Review Policy and Appeal Policy to clarify that the grounds for seeking merits review of accreditation decisions align with the AMC Standards' requirements.	Medium

Role and powers of decision-makers related to reconsideration and review applications

The Reconsideration and Review Policy’s procedure specifies that reconsideration of a decision is led by the Censor in Chief for examination related decisions, and the Chief Executive Officer (CEO) for other matters. It specifies that the relevant officer, committee or college group responsible for the decision “advises the CEO of their determination to uphold or overturn the decision.” In relation to a review decision, the policy specifies that examination results are reviewed by the Education and Training Committee, which reviews the decision of the Censor in Chief. For other matters, the body with responsibility for the Committee/officer who made the decision undertakes the review of the decision. The Reconsideration and Review Policy, however, does not specify the decision-making powers which have been afforded to this body.

In comparison, the Appeal Policy outlines that an Appeals Committee is established which may:

- confirm the decision which is the subject of the appeal
- revoke the decision which is the subject of the appeal
- revoke the decision which is the subject of the appeal and refer the decision to the relevant Committee or officer (upon such terms and conditions as the Appeals Committee may determine)
- make recommendations to the RACMA Board on procedural matters relating to the appeals process disclosed during the hearing.

It also specifies that in relation to appeals regarding a candidate having failed an examination, the Appeals Committee can:

- confirm the decision which is the subject of the application for an appeal
- set aside the results of the examination and order a new examination, or
- refer the matter to the Company Secretary.

As outlined in this report, a merits review involves the decision-maker reviewing 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. This is why decision-makers in a merits review are often said to ‘stand in the shoes’ of the original decision-maker.



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 upon, applicants cannot fully understand how their reconsideration or review application will be progressed. Similarly, without clearly articulated decision-making powers, there is potential for misunderstanding in the application of the Reconsideration and Review Policy and the Appeal Policy, and inconsistency in decision-making.

Recommendations	Priority rating
RACMA should update its Reconsideration and Review Policy to ensure the role and powers of decision-makers at the reconsideration and review stage of the merits review process are clearly articulated in line with the best practice principles outlined in this report.	High
RACMA should update its Reconsideration and Review Policy and its Appeal Policy to ensure merits review decision-makers have appropriate powers to consider a merits review application in line with the best practice principles outlined in this report.	High

Clarifying the impartiality and independence of the Appeals Committee

As outlined in the best practice section of this report, the review suggests that colleges which provide an appeal process should seek to ensure that the appointed decision-makers are independent and impartial. The review notes that RACMA’s Appeal Policy aligns with the AMC Standards in that the Appeals Committee comprises both College members (a past President of the College, other than the immediate Past President and a fellow of the College who has not served as an Officer or Board member of the College in the last two years), and non-College members (three individuals including a senior academic in Management at an Australian University and a person nominated by the “Australian Health Ministers Conference (or another appropriate area of jurisdiction).” RACMA’s Appeal Policy also states that the Appeals Committee is appointed by the RACMA Board (other than the person nominated by the Australian Health Ministers Conference or another appropriate area of jurisdiction). Appeal Committee members are appointed for a two-year term.

The review commends RACMA for seeking to ensure greater accountability of decision-making through an appeals process. However, the review suggests that RACMA considers how it could clarify its policy to ensure that the appointment of committee members leads to an impartial and independent decision-making committee. Clarifying how committee members are appointed, and their required skills and experience, is essential to ensuring that the process is transparent, and therefore to increase trust in the committee’s impartiality.

Recommendations	Priority rating
RACMA should update its Appeal Policy to clarify how members of its Appeals Committee are appointed, and their required skills and experience, to strengthen the impartiality and independence of appeal decisions.	Medium

Information about the merits review process on RACMA’s website

RACMA’s Accreditation Regulation references the merits review process available to training posts regarding accreditation decisions. However, there is no information about the merits review process in the training post accreditation section on RACMA’s website. The review also observed that, while the Accreditation Regulation refers to the Reconsideration and Review Policy, it does not reference the Appeal Policy or list it as a related document.

To ensure information about the merits review process can be easily accessed by training posts, it is recommended that RACMA updates the training post accreditation section on its website and the FAQs section to provide:

- more specific information about how the merits review process applies to accreditation decisions
- instructions for applying for a reconsideration, review and appeal, with links to the relevant application forms
- links to the Reconsideration and Review Policy and the Appeal Policy.

The review also recommends that RACMA updates the Accreditation Regulation to ensure it references both the Reconsideration and Review Policy and the Appeal Policy and includes hyperlinks for all related documents.

Recommendations	Priority rating
RACMA should update the training post accreditation section on its website and the FAQs section to provide: <ul style="list-style-type: none"> • more specific information about how the merits review process applies to accreditation decisions • instructions for applying for a reconsideration, review and appeal, with links to the relevant application forms • links to the Reconsideration and Review Policy and the Appeal Policy. 	Medium
RACMA should update the Accreditation Regulation to ensure it references both the Reconsideration and Review Policy and the Appeal Policy, and includes hyperlinks for all related documents.	Medium

Fees associated with applications for reconsideration, review and appeal

RACMA’s fee structure page on its website outlines the fee payable to request a reconsideration and review (\$847) and appeal of a decision (\$4,983). However, while the Appeal Policy stipulates that there is a fee associated with appealing a decision, the review observed the Reconsideration and Review Policy does not stipulate there is a fee associated with applying for a reconsideration and review. It is also unclear to the review why the stated fee covers both reconsideration and review applications given these are distinct processes, presumably with different resourcing requirements.


As per the best practice principles outlined in this report, the review recommends that ideally, reconsideration and review processes should be offered free of charge. The review notes that this is

the approach taken by most colleges. Providing reconsideration of a decision by the original decision-maker or designated contact person should ideally be provided as a quick and informal process. Fees can create a barrier to apply for a merits review and can deter people from proceeding with an application.⁴ This is contrary to the recognised benefits of providing a merits review process.

Further, while the Appeal Policy states that the fee will be refunded if the appeal is successful, the Reconsideration and Review Policy is silent on this point. If RACMA does not accept the review’s recommendation to provide reconsideration and review processes free of charge, it is recommended that RACMA updates the Reconsideration and Review Policy to specify the reconsideration and review fee will be refunded to the applicant in full if the application is successful.

Recommendations	Priority rating
RACMA should consider providing reconsideration and review processes free of charge in line with this report, and the practice of most colleges.	High
RACMA should update the Reconsideration and Review Policy to specify the reconsideration and review fee will be refunded to the applicant in full if the application is successful.	High

Administrative complaints process

<p>Administrative complaints process</p> <p>The review found that there was not an adequate process for managing administrative complaints. An administrative complaints policy and procedure should be introduced with regard to the best practice principles and recommendations of the review.</p>	
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RACMA does not currently have a process for managing administrative complaints. RACMA explained that it is in the process of developing an overarching complaints policy that will address these types of complaints.

Key observations

When developing a complaints policy, the review suggests RACMA considers implementing the three-stage model for complaints management outlined in this report. A stage one complaint could be defined as a complaint that can be resolved quickly by frontline staff, such as straightforward service delivery complaints. A stage two complaint would usually involve a more complex issue or a complaint that was unable to be resolved at stage one and would be managed by another staff member or team within the organisation. Stage three of the complaints process involves review of the complaint by an external entity, such as the National Health Practitioner Ombudsman.

⁴ Administrative Review Council Better Decisions: review of Commonwealth Merits Review Tribunals, 1995.

Once RACMA has finalised its complaint handling policy, it is recommended that staff are provided with training to ensure they are aware of how to identify a complaint, the complaints process, and how to assist complainants to access the complaint handling system.

Recommendations	Priority rating
RACMA should develop and publish a complaint handling policy and procedure for managing administrative complaints in line with the three-stage approach to complaints management suggested in the report.	High
RACMA should provide complaint handling training to staff after finalising the administrative complaint handling policy.	Medium

Monitoring and recording complaints

The review is concerned that RACMA may be losing valuable data if it does not have a central mechanism to record and monitor complaints. The review recommends RACMA creates an internal complaints register to record complaints and outcomes, and use this data to monitor trends and systemic issues relevant to service delivery that may need to be addressed by relevant business units. Information about how complaints are recorded and monitored by RACMA should be included in the administrative complaints policy once developed.

Recommendations	Priority rating
RACMA should create an internal complaints register to record and monitor administrative complaints and outcomes.	Medium

Ensuring the complaints process is visible and accessible

To ensure individuals are aware of their ability to make a complaint and the process is easily accessible, it is recommended that RACMA creates a complaints page on its website with information about the administrative complaints process. This page should include a copy of the administrative complaints policy once developed. The complaints process should also be visible on other key areas of RACMA's website that are accessed by trainees, fellows and training posts.

Ideally, RACMA should create an online complaint form to assist complainants to provide key information about their concerns and the outcome they are seeking. This will ensure RACMA has sufficient information to respond to the complaint. The online complaint form should be publicly available on the complaints page on RACMA's website once developed.

Recommendations	Priority rating
RACMA should publish information about its administrative complaint handling process on its website.	Medium

RACMA should create an online complaint form for administrative complaints and ensure it is publicly available on its website.	Low
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Royal Australasian College of Physicians (RACP)

The Royal Australasian College of Physicians (RACP) conducts the education, training and continuing professional development of specialist physicians and paediatricians in Australia and New Zealand.

The education and training programs delivered by RACP are accredited by the Australian Medical Council (AMC). The AMC's most recent accreditation report is dated November 2020 and the AMC website indicates that accreditation is due to expire in March 2025.¹

RACP is comprised of the Adult Medicine Division and the Paediatrics and Child Health Division. The Divisions are responsible for overseeing the training and continuing professional development of trainees and fellows. There are several Chapters that sit within the two Divisions of RACP. The Adult Medicine Division includes the Australasian Chapter of Palliative Medicine, the Australasian Chapter of Addiction Medicine and the Australasian Chapter of Sexual Health Medicine. The Paediatrics and Child Health Division includes the Chapter of Community Child Health.

Within RACP, there are three faculties that offer vocational training programs leading to fellowship with the faculty:

- the Australasian Faculty of Public Health Medicine
- the Australasian Faculty of Rehabilitation Medicine
- the Australasian Faculty of Occupational and Environmental Medicine.

Gaining fellowship with a faculty does not confer fellowship of RACP; however, training undertaken during a faculty program may be credited towards training for fellowship with the RACP and vice versa.

RACP trainees undertake a minimum of six years training to become a specialist physician or paediatrician. The training program begins with Basic Training, which consists of 3 years full time training or equivalent. After successful completion of Basic Training, trainees must apply to undertake Advanced Training in one of 35 medical specialities offered by RACP. Following successful completion of Basic Training and Advanced Training, trainees can apply for fellowship with RACP and specialist registration.



¹ AMC, 'Specialist medical colleges' webpage. Accessed May 2022: <www.amc.org.au/accreditation-and-recognition/assessment-accreditation-specialist-medical-programs-assessment-accreditation-specialist-medical-programs/specialist-medical-colleges/>.

RACP offers six advanced joint training programs that lead to Fellowship of the RACP (FRACP). These programs include:

- paediatric emergency medicine with the Australasian College of Emergency Medicine
- endocrinology and chemical pathology, haematology, immunology and allergy and infectious diseases and microbiology with the Royal College of Pathologists of Australasia
- paediatric rehabilitation medicine with the Australasian Faculty of Rehabilitation Medicine
- nuclear medicine with the Royal Australian and New Zealand College of Radiologists (RANZCR).²

Trainees must enter the joint training program via RACP to be awarded FRACP.

Accreditation of training providers

<p>Procedural aspects of training provider accreditation</p> <p>The review found the procedural aspects of training provider accreditation to be partially adequate. Improvements could be made to clarify relevant accreditation processes and the monitoring activities undertaken during the accreditation cycle.</p>	
<p>Process for managing concerns about accredited training providers</p> <p>The review found the process for managing concerns about accredited training providers to be mostly adequate. Some improvements could be made to clarify the steps involved and to ensure the process is visible, accessible and procedurally fair.</p>	

RACP is responsible for accrediting training providers to deliver Basic Training in Adult Internal Medicine and Paediatrics and Child Health, and Advanced Training in one of the 33 recognised medical specialities. RACP uses the term ‘training provider’ to describe a training setting or training network that coordinates and delivers the workplace components of a training program. A training setting is a separately constituted health service that coordinates and delivers workplace training for an integrated training program, while a training network is a collective of training settings that work together to manage and deliver an integrated training program across multiple workplaces. In Australia, the training program may be managed by a training setting and/or a training network. RACP accredits each individual training program, training setting and training network where applicable.

In 2018 RACP developed the Training Provider Accreditation Program document (the Accreditation Program Document), which provides the framework for RACP’s assessment, recognition and monitoring of training providers that deliver Basic Training and Advanced Training. Additionally, RACP has developed the Training Network Principles to provide a foundation for the development and accreditation of training networks.

² RACP advised the review that while this training is joint, if trainees enter the training pathway via RACP they are awarded FRACP. If trainees enter the pathway via RANZCR Clinical Radiology they are not awarded FRACP.

Accreditation of training providers offering Basic Training

RACP assesses training providers seeking to deliver Basic Training in accordance with the Training Provider Standards for Clinical Training Programs and the program-specific accreditation requirements and criteria outlined in the:

- Basic Training Accreditation Requirements for Adult Internal Medicine
- Basic Training Accreditation Requirements for Paediatrics and Child Health.

The process for accrediting training providers is detailed in the Accreditation of a Training Provider Policy (the Accreditation Process Policy), which was recently updated in April 2023. Key information is also contained in the Accreditation Program Document and the Training Provider Accreditation Policy, which was last updated in December 2022. The Accreditation Process Policy provides a detailed overview of the process and requirements for training sites to maintain accreditation throughout the accreditation cycle. This involves several steps including:

- self-assessment by the training provider of its compliance with the relevant accreditation standards and criteria
- external assessment by an Accreditation Review Panel of the training provider's compliance with the relevant accreditation standards
- external validation by an Accreditation Committee to make an accreditation decision
- reporting of the accreditation decision to the training provider and publication on RACP's website
- ongoing monitoring of the training provider's compliance with the relevant accreditation standards and criteria.

RACP has developed the Training Provider Accreditation Decision Framework and the Basic Training Accreditation Decision Framework for Adult Internal Medicine, and Paediatrics and Child Health to guide decision-makers when making accreditation decisions related to training providers and training programs. These documents outline the components of the accreditation decision that are to be addressed by the relevant Accreditation Committee following a comprehensive or focus review of a training setting or network. At the end of the accreditation process, the training setting and/or training network will receive an accreditation status, which includes the accreditation decision, length of accreditation and capacity to train. Each training program offered by the training setting and/or network also receives an accreditation decision.

Accreditation of training providers offering Advanced Training

RACP assesses training providers seeking to deliver Advanced Training Programs in accordance with the Standards for the Accreditation of Training Sites and individual accreditation criteria that has been developed for each advanced medical speciality.

RACP adopts a similar process for accrediting training providers offering Advanced Training in the 33 medical specialities. This involves the training provider submitting an application for accreditation to RACP with the relevant form. RACP then undertakes a site visit as part of its accreditation assessment. The training provider is provided with a copy of the draft site report for review and comment before a final decision is made by the relevant Advanced Training Committee. For some

specialities, the accreditation process is outlined in the relevant accreditation criteria document or in a separate process document. However, for other specialities, the applicable accreditation process was not publicly available, as it was not outlined in the accreditation criteria and there was no published process guide.

Joint training programs offered by RACP are overseen by the relevant Committee for Joint College Training, which consists of members of RACP and the relevant specialist medical college or faculty that the program is delivered jointly with.

For advanced training in neurology and nuclear medicine, RACP delegates its site accreditation function to external associations. The Australian and New Zealand Association of Neurologists undertakes site accreditation for neurology training positions and the Australian Association of Nuclear Medicine Specialists undertakes site accreditation for nuclear medicine training positions.

Monitoring of accredited training providers

RACP provides guidance about the monitoring activities it undertakes during the accreditation cycle in the Accreditation Program Document. Monitoring activities include trainee and supervisor surveys, general feedback, progress reports from training providers and data collection. The purpose of monitoring is to assess:

- training providers with conditions on their accreditation
- issues identified between accreditation assessments
- compliance with the accreditation standards on an annual basis.

During the course of the review, RACP published the Monitoring a Training Provider Policy (Monitoring Policy), dated January 2023. The Monitoring Policy provides detailed guidance about how RACP monitors training providers during the accreditation cycle to ensure compliance with the accreditation standards and progression regarding any conditions or recommendations on their accreditation. Monitoring includes:

- managing conditions and recommendations that arise through an accreditation decision
- undertaking focus reviews to assess any conditions placed on a training provider or training, or to manage a change of circumstance or potential breach of the accreditation standards
- managing a change of circumstances that affects the delivery of training at any point during the accreditation cycle
- managing a potential breach of the accreditation standards during the accreditation cycle.

Process for managing concerns about accredited training providers

RACP manages concerns about accredited training providers in accordance with its Monitoring Policy. The purpose of the process outlined in the policy is to provide RACP with insight into how the training provider is delivering its training and opportunities for improvement.

The Monitoring Policy includes a section for managing a potential breach of the accreditation standards by a training provider. 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 Monitoring 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.

The Monitoring Policy describes raising a concern about a training provider as making a 'notification' and individuals raising concerns as 'notifiers'. The Monitoring Policy outlines that notifiers should raise their concerns with the training provider in the first instance before notifying RACP of a potential breach of the accreditation standards. A notification can then be made in writing to RACP. The Monitoring Policy outlines the types of information that the notifier should provide in their notification. For example, whether the training provider has been informed of the concerns and any action taken in response, and whether the notifier wishes to remain confidential.

Following receipt of a notification, RACP will seek a response from the training provider. RACP may also undertake a trainee survey to verify the impact of the potential breach. RACP will then assess the notification and the response from the training provider to determine the appropriate level of consequences with reference to the rating scale outlined in the Monitoring Policy (which classifies issues as minor, moderate and major). Each classification level outlines the types of action that may be taken in response, which may include a condition or recommendation being placed on the training provider's accreditation or an immediate focus review. The notification, response from the training provider and the survey results (if undertaken), are provided to the Accreditation Committee who determines whether the potential breach has minor, moderate or major consequences and the relevant action that needs to be taken in response. If action is taken, the focus review process outlined in the Monitoring Policy is then followed to assess the training provider's progress against the conditions or recommendations imposed.

Key observations

RACP commenced the Training Provider Accreditation Renewal Program (Accreditation Renewal Program) in 2015 to develop a comprehensive strategy and program for accrediting training providers delivering Basic and Advanced Training to physicians and paediatricians in Australia. RACP has taken a phased approach to implementing the Accreditation Renewal Program. Phase one saw the introduction of the Training Provider Standards for Clinical Training Program (the Training Provider Standards), which are a generic set of standards that have been developed to assess the environment and culture, training oversight, training support and curriculum implementation at a setting delivering an RACP training program. The Training Provider Standards are supported by additional program-specific accreditation standards for each training program offered by RACP. RACP is currently in Phase two of the Accreditation Renewal Program which is focussed on the introduction of network accreditation. RACP has developed the Training Network Principles to provide a

foundation for the development and accreditation of training networks. As part of Phase two, RACP is developing tools and processes to support the monitoring and reporting stages of the accreditation cycle.

Phase three of the Accreditation Renewal Program will commence in 2024 and will incorporate the transition of Advanced Training accreditation programs to the Accreditation Renewal Program with a focus on streamlining and alignment of accreditation policies and processes.

Following the receipt of the review's preliminary findings, RACP has made several changes to its policies and procedures. RACP published the Monitoring Policy in January 2023 and updated the Accreditation Process Policy in April 2023. The review commends RACP on the development of the Monitoring Policy, which provides a clear framework for managing instances of non-compliance with the accreditation standards and a classification system to ensure any action taken in response to non-compliance is risk-based and proportional. RACP has also developed an active management process for managing high impact breaches of the accreditation standards, which will be published shortly. Additionally, RACP is in the process of developing an initial accreditation process for training providers applying for initial accreditation which will be published later in 2023.

The review acknowledges that the Accreditation Renewal Program is ongoing. The review has outlined several recommendations for RACP's consideration while undertaking the Accreditation Renewal Program to provide greater clarity to training providers and other key stakeholders about RACP's accreditation processes.

The review notes that for advanced training in neurology and nuclear medicine, RACP delegates its site accreditation function to external associations. The recommendations and suggestions outlined in this report are intended to apply to RACP and these external associations.

Clarity regarding the process for initial accreditation to deliver Basic Training

The Accreditation Process Policy provides clear guidance about the requirements for training providers to maintain accreditation throughout the accreditation cycle and the process for accreditation renewal. However, the review observed there was limited information available about the initial accreditation process for new training providers seeking to deliver Basic Training. The Accreditation Process Policy explicitly states that it does not cover initial accreditation.

The accreditation section on RACP's website has a specific page with information about how a training provider can apply for accreditation and the purpose of accreditation. However, the review was unable to locate any information about the practical steps involved in assessing an application for initial accreditation, such as:

- how RACP processes an application for initial accreditation, including the review methodology used by RACP, such as a site visit or document assessment
- who is responsible for making a decision on initial accreditation
- expected timeframes for key stages of the assessment process

- the different accreditation decisions that may be made by RACP, for example, whether RACP may grant provisional accreditation to a training provider, conditional accreditation or decide not to grant accreditation
- whether training providers will have the opportunity to review and respond to RACP’s proposed decision on accreditation before a final decision is made
- the administrative complaint and merits review pathways available to training providers regarding a decision on initial accreditation.

To ensure training providers seeking initial accreditation are aware of the steps involved in the accreditation process and the possible outcomes, the review recommends RACP updates the Accreditation Process Policy to include information about the process for assessing applications for initial accreditation.

Following preliminary consultation on the review’s findings, RACP advised that the review’s recommendations will be considered as part of its current review of the initial accreditation of Basic Training Programs.

Recommendations	Priority rating
RACP should update the Accreditation Process Policy to include information about the initial accreditation process.	High

Ensuring the process for accrediting training providers seeking to offer Advanced Training Programs is transparent and accessible

The review acknowledges the accreditation activities undertaken by RACP are complex, involving a broad range of training programs, settings, and networks that deliver Basic and Advanced Training to physicians and paediatricians. As a necessity, RACP has developed overarching policies, procedures and standards that apply to all training providers, and some are more specific to particular training programs and settings. RACP has also delegated responsibility for accrediting neurology and nuclear medicine training positions to external associations.

While the review found it easy to navigate the accreditation standards and criteria that apply to different training settings and programs, the process or policy for accrediting training providers offering Advanced Training was not always clearly communicated. RACP has published policies outlining the accreditation process for some of the advanced training programs, but the review observed the approach was not consistent across the different training programs. For some training programs an overview of the steps involved in the accreditation process was included in the accreditation criteria document. However, for other training programs the review was unable to locate any published information about the accreditation process, including how to submit an application and how assessments are undertaken. This review also found that, where RACP has a published policy outlining the accreditation process for an Advanced Training Program, the process described was lacking in detail (whether within the accreditation criteria or in a separate policy).

The review recommends RACP develops a document similar to the Accreditation Process Policy to apply to Advanced Training Programs. Priority should be given to the Advanced Training Programs where there is currently no published accreditation process document.

To provide clarity to training providers and other stakeholders about the purpose and application of each of the accreditation policies and procedures, the review suggests RACP considers alternative ways of publishing this information on its website. RACP may wish to provide the information in a table format on the Advanced Training webpage, as well as the Basic Training webpage. For each accreditation type, RACP should list the policy or document outlining the applicable accreditation standards, accreditation process and the relevant application form.

Following preliminary consultation on the review’s findings, RACP advised the review that the process for accrediting Advanced Training Programs is currently under review. The review’s recommendations and feedback will be considered as part of this process.

Recommendations	Priority rating
RACP should develop a document similar to the Accreditation Process Policy to apply to Advanced Training Programs. Priority should be given to the Advanced Training Programs where there is currently no published accreditation process document.	High
RACP should update the Basic Training and Advanced Training pages of its website to clearly communicate the applicable accreditation standards and criteria, accreditation process and the relevant application form for each training program.	Medium

Clearly documenting the types of accreditation decisions that may be made at initial accreditation and reaccreditation

The Accreditation Program Document outlines the different accreditation decisions RACP may make. It is understood that, at the end of the initial accreditation or reaccreditation process, RACP may decide to grant accreditation, accreditation with conditions, not grant accreditation or withdraw accreditation.

The review observed the Training Provider Accreditation Policy, Accreditation Process Policy and the various policies and procedures applicable to Advanced Training did not outline all possible accreditation decisions that may be made by RACP. The review understands that the Accreditation Program Document is intended to be read in conjunction with other relevant accreditation policies. Ideally, however, policies outlining an accreditation process should clearly communicate all possible outcomes of that process to set expectations for training providers applying for accreditation or reaccreditation. The review recommends that RACP updates all relevant accreditation policies and documents to provide greater clarity about the types of accreditation decisions that may be made following an initial accreditation or reaccreditation process.

Recommendations	Priority rating
RACP should update all relevant accreditation policies and documents to provide greater clarity about the types of accreditation decisions that may be made following the initial accreditation or reaccreditation process.	High

Clarity regarding the monitoring activities that may be undertaken during the accreditation cycle

The Accreditation Program Document outlines the mechanisms used by RACP to monitor accredited training providers to ensure ongoing compliance with the accreditation standards. However, the review observed the information provided about the monitoring mechanisms used by RACP was brief. For example, the Accreditation Program Document outlines that RACP monitors compliance through ‘data collection’; however, no further information is provided.

The review recommends that RACP updates the Program Accreditation Document to provide greater detail about the mechanisms used to monitor accredited training providers during the accreditation cycle to ensure ongoing compliance with the accreditation standards. This should include reference to the notification of a potential breach process outlined in the Monitoring Policy, which is an activity that forms part of RACP’s monitoring framework. The Monitoring Policy should also be updated to reference the monitoring activities outlined in the Accreditation Program Document and the resulting process if RACP identifies concerns that an accredited training provider may not be compliant with the accreditation standards.

Sharing information about monitoring activities will assist in managing the expectations of training facilities during the accreditation cycle, particularly as monitoring activities may result in an unscheduled accreditation review and/or site visit and a change to the accreditation status of a training position. It will also help ensure there is consistency in RACP’s monitoring of training sites by documenting the expected process for staff.

While the Accreditation Process Policy references the Monitoring Policy, the review observed the Accreditation Program Document and the Training Provider Accreditation Policy do not reference the Monitoring Policy. The review understands RACP is in the process of reviewing its accreditation policies and documents and recommends that as part of this process, the Monitoring Policy is cross referenced with all accreditation documentation.

Recommendations	Priority rating
RACP should update the Program Accreditation Document and the Monitoring Policy to provide greater clarity about the monitoring activities that may be undertaken during the accreditation cycle, including the process that is followed if RACP identifies concerns while undertaking monitoring activities that the training provider may not be meeting the accreditation standards.	Medium

Process for managing notifications about potential breaches of the accreditation standards

RACP has established a process for managing concerns about an accredited training provider's compliance with the accreditation standards, which is referred to as a potential breach. The Monitoring Policy provides guidance about what constitutes a potential breach, how to notify RACP of a potential breach and the steps undertaken by RACP after a notification is received. RACP also has a sophisticated classification system to ensure any action taken in response to a potential breach is risk-based and proportional.

The review noted RACP uses the term 'notification' in the Monitoring Policy to describe a concern that may be raised about an accredited training provider. The term 'notifier' is used to describe the individual raising the concern. The review is concerned that the use of these terms may create confusion with the notification process managed by the Australian Health Practitioner Regulation Agency (Ahpra) and the National Boards regarding the health, performance and conduct of practitioners. The review suggests RACP replace the term 'notification' with 'concern', and 'notifier' with 'individual' in the Monitoring Policy.

The review also identified areas where it considers RACP could provide further clarification about the process for managing potential breaches in the Monitoring Policy. The review recommends RACP updates the Monitoring Policy to provide clear guidance about:

- the role of the individual and respondent during the process, including that both the individual and respondent will be provided with written notice of the decision
- the concerns which will not be assessed or managed directly by RACP, and the relevant referral pathways where possible, such as professional misconduct concerns which should be reported to Ahpra and the Medical Board of Australia (see 'Developing a framework for assessing and managing concerns about accredited training sites')
- how concerns which allege, or appear to demonstrate, that a training provider is no longer meeting the accreditation standards are assessed and managed (see 'A framework for identifying and managing non-compliance with the accreditation standards')
- expected timeframes for key stages of the process
- possible outcomes from raising a concern of a potential breach, including if concerns are substantiated that the training position is not meeting the accreditation standards (see 'Establishing a risk-based, proportionate approach to non-compliance with the accreditation standards')
- how potential breaches will be recorded and how this data will be used by RACP to inform its monitoring functions and reaccreditation processes.

The Monitoring Policy outlines that a potential breach can be raised with RACP in writing via email. To ensure the process for notifying RACP of a potential breach is accessible, the review recommends that RACP allows concerns to be raised in a variety of ways, such as by an online form, phone or post. While a potential breach can be raised with RACP anonymously, the review recommends RACP also provides an option for a potential breach to be raised on a confidential basis. This would mean RACP would not share the individual's personal information (such as their name) with the training provider that is the subject of the potential breach.

Ideally, RACP should create an online form to assist individuals to provide key information about their concerns about the training provider and the outcome they are seeking. This will help to ensure RACP has sufficient information to respond to the concerns of a potential breach.

RACP should consider who may wish to notify of a potential breach and ensure that information about the process for managing these concerns is easily accessible on its website in relevant areas, such as the accreditation section and in areas accessed by trainees, fellows and supervisors. It should also be promoted in relevant correspondence and training material.

It is recommended that RACP staff are provided with training to ensure they are aware of the process for managing concerns about accredited training providers, how to identify a concern and how to assist individuals to access RACP's system for handling these concerns.

Concerns about accredited training providers need to be accurately recorded and appropriately stored. The review suggests that RACP creates an internal register to record the concerns it receives about training providers and uses this data to inform its monitoring activities and reaccreditation processes.

Recommendations	Priority rating
RACP should remove the terms 'notification' and 'notifier' from the Monitoring Policy and replace them with 'concern' and 'individual'.	Medium
RACP should update the Monitoring Policy to provide further clarity about key aspects of the process for managing potential breaches and ensure that information about the process is easily accessible on its website and communicated to stakeholders.	Medium
RACP should develop an online form for individuals to notify RACP of a potential breach by an accredited training provider and ensure there are mechanisms for notifications to be made by phone and post and on a confidential basis.	Low
RACP should provide staff with training to ensure they are aware of the process for managing concerns about accredited training providers, how to identify a concern and how to assist individuals to access RACP's system for handling these concerns.	Low
RACP should create an internal register to record potential breaches of accreditation standards by accredited training providers and use this data to inform its monitoring activities and reaccreditation processes.	Medium

Strengthening procedural fairness in the management of notifications about potential breaches of the accreditation standards

The Monitoring Policy outlines that training providers will be advised of a concern received about a potential breach of the accreditation standards and provided with an opportunity to respond. The review is supportive of RACP providing training providers with an opportunity to respond during the information gathering stage. However, the review considers that training providers should be provided with a further opportunity to respond if the Accreditation Committee determines a breach

of the accreditation standards has been substantiated and action is required to address the breach, such as imposing a condition or recommendation on accreditation.

RACP should notify the training provider of the Accreditation Committee’s proposed decision, including the information relied on and the proposed reasons for the decision. The training provider should then be provided with reasonable time to review the proposed decision and provide a response before a final decision is made by the Accreditation Committee.

In addition to promoting transparency and procedural fairness in its decision making, the review considers that introducing this step will provide training providers with the opportunity to clarify any errors of fact or to provide additional information relevant to the accreditation decision. In turn, this may reduce the likelihood of a training provider seeking to access RACP’s merits review process after a decision has been made.

Recommendations	Priority rating
RACP should update the Monitoring Policy to specify that training providers are provided with a further opportunity to respond if the Accreditation Committee determines a breach of the accreditation standards has been substantiated and action is required to address the breach.	High

Managing non-compliance with the accreditation standards

The Monitoring Policy RACP has recently implemented provides a clear pathway for individuals to alert RACP of a potential breach of the accreditation standards by an accredited training provider. This process is supported by a classification system that RACP uses to assess the impact of a breach of the accreditation standards on the quality of training, patient safety and trainee/educator wellbeing which then determines the appropriate action that should be taken in response. For example, imposing conditions or recommendations on the training provider’s accreditation status. This approach is in line with the risk-based and proportional response to non-compliance that the review has suggested.

While the Monitoring Policy outlines that RACP may impose a condition or recommendation on a training provider if a breach is identified, the review found it was unclear if there are any other actions RACP may take in response to a breach. The Monitoring Policy outlines that if a training provider has made insufficient progress to meet a condition that has been imposed by the Accreditation Committee, additional steps may be taken to manage the condition such as modifying the accreditation status of the training provider or involving a higher regulatory authority such as Ahpra. The review notes the Accreditation Program Document outlines that accreditation may be withdrawn from a training provider, however, withdrawal of accreditation is not referenced in the Monitoring Policy and it is unclear if this is the type of action that is referred to when the Monitoring Policy references modifying the accreditation status of a training provider. It was also unclear to the review what is meant by involving a higher regulatory power such as Ahpra, noting that Ahpra and the National Boards do not have jurisdiction to deal with matters involving a health service such as a hospital providing accredited training.

The review also notes that the potential breach process outlined in the Monitoring Policy is framed in terms of an individual notifying RACP of a potential breach of the accreditation standards by a training provider. However, it was unclear if there are other circumstances where RACP may identify concerns of non-compliance with the accreditation standards such as via the routine monitoring activities outlined in the Accreditation Program Document, including trainee and supervisor surveys and routine reporting requirements.

The review recommends that RACP updates the Monitoring Policy and other relevant accreditation documentation to provide further information about how it manages non-compliance with the accreditation standards. RACP should provide greater clarity about:


- how it may identify that a training provider is not meeting the accreditation standards, such as through its monitoring activities or receiving concerns about a potential breach
- the roles and responsibilities of the relevant bodies in making a decision in relation to non-compliance, including any proposed decision to adversely change the accreditation status of a training provider
- the steps involved before a final decision is made in response to non-compliance, including any required consultation with affected stakeholders
- the possible outcomes if the Accreditation Committee determines a training provider has made insufficient progress to meet a condition that has been imposed by the Accreditation Committee
- the expected timeframes for key stages of the process
- the process for notifying training providers of the decision, including that the training provider will be provided with written reasons for the decision
- the administrative complaint and merits review pathways available to training providers regarding the decision.

The review recognises that responsibilities regarding required consultation with affected stakeholders will likely differ based on the seriousness of the risks identified, and therefore the severity of the action proposed to be taken by RACP. For example, a decision to withdraw accreditation from a training provider can have wide-ranging impacts on health services, and therefore likely requires more comprehensive consultation.

The review recommends RACP ensures the training provider is provided with an opportunity to review and respond to a proposed adverse decision before a final decision is made, and that this step is clearly outlined in the Monitoring Policy and other relevant accreditation documentation. This step will allow the training provider to respond to the concerns about non-compliance, clarify any factual errors, or provide additional information relevant to the decision-making process. This step may also reduce the likelihood of a training provider later seeking a merits review of an accreditation decision on the basis of a factual error or information not being considered.

Recommendations	Priority rating
<p>RACP should update the relevant accreditation documentation to provide further information about how it manages non-compliance with the accreditation standards. RACP should provide greater clarity about:</p> <ul style="list-style-type: none"> • how it may identify that a training provider is not meeting the accreditation standards, such as through its monitoring activities or receiving concerns about a potential breach • the roles and responsibilities of the relevant bodies in making a decision in relation to non-compliance, including any proposed decision to adversely change the accreditation status of a training provider • the steps involved before a final decision is made in response to non-compliance, including any required consultation with affected stakeholders • the possible outcomes if the Accreditation Committee determines a training provider has made insufficient progress to meet a condition that has been imposed by the Accreditation Committee • the expected timeframes for key stages of the process • the process for notifying training providers of the decision, including that the training provider will be provided with written reasons for the decision • the administrative complaint and merits review pathways available to training providers regarding the decision. 	High
<p>RACP should update the relevant accreditation documentation to specify that the training provider will be provided with an opportunity to review and respond to the proposed decision in response to non-compliance before a final decision is made.</p>	High

Merits review process

<p>Merits review process for accreditation decisions</p> <p>The review found the merits review process for accreditation decisions to be partially adequate. Some improvements could be made to clarify the grounds for appeal and associated costs.</p>	
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Accreditation decisions made by RACP can be subject to merits review under the Reconsideration, Review and Appeals Process By-Law (the Appeals Policy), which was last updated in 2017. The Appeals Policy is publicly available on RACP’s website. RACP has developed a ‘frequently asked questions’ (FAQ) section on its website to provide general guidance about its reconsideration, review and appeal pathways and the application process.

There is no fee to apply for a reconsideration of a decision. The fee to apply for a review is \$1,199 and the appeal fee is \$7,180.

Key observations

Following the receipt of the review’s preliminary findings, RACP updated the accreditation section of its website to include a link to the Appeals Policy. RACP intends to review the Appeals Policy in 2024. The review has outlined several recommendations for RACP to consider while undertaking this review.

Accreditation decisions subject to merits review

The review observed a lack of clarity around the accreditation decisions that can be reconsidered, reviewed or appealed through the Appeals Policy. The policy specifies, for example, that decisions regarding the accreditation for training hospitals, units, teaching centres or supervisors can be reconsidered, reviewed or appealed.

The review considers that there are a range of accreditation decisions that should be subject to merits review processes. These include decisions to:

- refuse to grant accreditation or reaccreditation to a training site or position
- impose or change a condition on the accreditation or reaccreditation of a training site or position
- refuse to change or remove a condition imposed on the accreditation or reaccreditation of a training site or position
- suspend the accreditation of a training site or position
- revoke the accreditation of a training site or position

The review recommends that RACP considers clarifying the types of decisions which are subject to its Appeals Policy, including the decisions referred above. This is important to ensure that RACP’s accreditation decision-making processes are accountable and procedurally fair.

Recommendations	Priority rating
RACP should update its Appeals Policy to clarify the types of accreditation decisions that can be subject to merits review.	Medium

Providing clarity regarding the grounds for applying for a merits review and possible outcomes

This review found the Appeals Policy did not stipulate the issues or grounds that can be raised in an application for a reconsideration, review and appeal of a decision. The Appeals Policy broadly states that the purpose of the reconsideration, review and appeal stages is to conduct a review ‘on the merits’, which involves a reassessment of the facts and circumstances relating to the decision and a new decision being made. There does not appear to be a threshold that needs to be met by the applicant for RACP to consider the application for a reconsideration, review or appeal, beyond the applicant expressing dissatisfaction with the decision that has been made.

The application forms to apply for reconsideration and review only require an applicant to outline the reasons for seeking a reconsideration or review of a decision. However, the application form to appeal a decision directs the applicant to outline the grounds for appeal they wish to raise. The

review considers it may be difficult for applicants to clearly articulate the reasons or grounds for submitting an application for a reconsideration, review or appeal if there is no guidance in the Appeals Policy regarding the types of issues or grounds that RACP may consider. This raises concerns about the fairness of the process for applicants, particularly when there is a fee associated with review and appeal applications. Applicants should be made aware if the issues they have raised are unlikely to fall within the scope of the Appeals Policy or result in a change to the original decision.

The review observed that several other specialist medical colleges include a section in their respective appeals policies outlining the grounds that can be raised in an application for a reconsideration, review and appeal. For the application to proceed, the applicant is generally required to provide clear evidence of one or more of the grounds stipulated in the appeals policy. In circumstances where the applicant is unable to provide any reasonable evidence to support the grounds on which their application is based, the college will notify the applicant of the proposed decision not to progress their application and the applicant will be given the opportunity to make a final submission as to why the application should be accepted. The review recommends RACP considers including a similar preliminary step when assessing applications for a reconsideration, review and appeal. It is suggested RACP outline the grounds for a reconsideration, review and appeal in the Appeals Policy and in the relevant application forms to guide applicants and to assist RACP in understanding the concerns raised.

Recommendations	Priority rating
RACP should update the Appeals Policy to outline the grounds for applying for reconsideration, review and appeal and ensure this information is included in the relevant application forms.	Medium

Role and powers of decision-makers related to reconsideration and review applications are clearly articulated

RACP’s FAQ section on its website specifies that the reconsideration of a decision is conducted by the same college body who made the original decision. It also specifies that review of a decision is conducted by the body that oversees the body which made the original or reconsideration decision. In contrast, the Appeals Policy outlines that reconsideration of a decision is conducted by a Reconsideration Committee and a review of a decision undertaken by a Review Committee.

The Appeals Policy does not specify the decision-making powers which have been afforded to the decision-making bodies at the reconsideration and review stages. In comparison, the policy outlines that the Appeals Committee may:

- exercise all the powers and discretions of the college body that made the decision
- refer the matter to the college body that made the decision or reconsideration decision for further consideration in accordance with any directions or recommendation of the reviewing body.

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. This is why decision-makers in a merits review are often said to ‘stand in the shoes’ of the original decision-maker.

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 upon, applicants cannot fully understand how their reconsideration or review application will be progressed. Similarly, without clearly articulated decision-making powers, there is potential for misunderstanding in the application of the Appeals Policy, and inconsistency in decision-making.

Recommendations	Priority rating
RACP should update its Appeals Policy to ensure the role and powers of decision-makers at all stages of the merits review process are clearly articulated in line with the best practice principles outlined in this report.	High
RACP should update its Appeals Policy to ensure merits review decision-makers have appropriate powers to consider a merits review application in line with the best practice principles outlined in this report.	High

Clarifying the impartiality and independence of the Appeals Committee

As outlined in this report, the review suggests that colleges which provide an appeal process should seek to ensure that appointed decision-makers are independent and impartial. The review notes that RACP’s Appeals Policy outlines requirements related to the composition of its Appeals Committee which includes the president-elect of the college or a Fellow appointed by the Board, one Fellow and a member of the legal profession.

The review commends RACP for seeking to ensure greater accountability of decision-making through an appeals process. However, the review suggests that RACP considers clarifying how it appoints committee members, and how this leads to an impartial and independent decision-making committee. 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 also encourages RACP to consider whether there is a need for the College CEO to be Secretary of the Appeals Committee, or to better outline the intended purpose of the CEO doing so.

Recommendations	Priority rating
RACP should update its Appeals Policy to clarify how members of its Appeals Committee are appointed, and their required skills and experience, to strengthen the impartiality and independence of appeal decisions.	Medium



Providing reasons for merits review decisions

To ensure the merits review process is transparent and accountable, the review recommends RACP updates the Appeals Policy to stipulate 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.

As outlined in this report, the review considers that providing applicants with reasons for a decision is central to ensuring the decision-making process is transparent and fair. 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 seek a further review. In particular, consideration of the reasons provided for a decision may assist the applicant to decide whether they wish to highlight any procedural or factual errors in the decision which may be relevant to their application at the next stage of the merits review process.

Recommendations	Priority rating
RACP should update the Appeals Policy to stipulate 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.	High

Providing clarity about the application of the Appeals Policy to accreditation decisions

The merits review process available to training providers is widely promoted across RACP’s accreditation policies and documents. As the Appeals Policy is broad in its application to various decisions made by RACP, the review noted the information it provided about the reconsideration, review and appeal pathways was general in nature.

To provide clarity to training providers about how the Appeals Policy applies specifically to accreditation decisions, the review recommends RACP provide further guidance about the reconsideration, review and appeal pathways available to training providers within the accreditation section of its website. It is suggested this should include:

- an overview of the reconsideration, review and appeal processes, including how to submit an application, possible outcomes, expected timeframes for key stages of the process and applicable fees
- the types of accreditation decisions that are subject to the Appeals Policy
- a link to the Appeals Policy and relevant application forms.

RACP has a FAQ section about the reconsideration, review and appeal pathways on its website where it publishes its by-laws. The review considers it would be beneficial to include this FAQ section on the accreditation page of its website, to ensure it visible and easily accessible to training providers. It is suggested RACP update the FAQs to provide more specific information about how the reconsideration, review and appeal processes apply to accreditation decisions, including applicable fees.

Recommendations	Priority rating
RACP should provide further guidance about the merits review process available to training providers within the accreditation section of its website.	Low

Ensuring transparency regarding fees associated with the merits review process

RACP currently charges a review fee of \$1,199. As per the best practice principles outlined in this report, the review recommends that ideally, review processes should be offered free of charge. The review notes that this is the approach taken by most colleges. Fees can create a barrier to apply for a merits review and can deter people from proceeding with an application.³ This is contrary to the recognised benefits of providing a merits review process.

Recommendations	Priority rating
RACP should consider providing the review stage of its merits review process free of charge in line with this report, and the practice of most colleges.	High

Clarity regarding refunds of merits review application fees

RACP charges a set fee to apply for a review and an appeal of a decision. The applicable fees are published on the fees page of RACP's website. The review observed the Appeals Policy does not specify whether the relevant application fee will be refunded to the applicant if the review or appeal is successful.


While it is arguably reasonable to expect an applicant to cover their own costs associated with the merits review process, the review does not consider it is fair for RACP to require an applicant to pay a component of its costs too if a decision is revoked or varied on review or appeal. This is because the success of the application generally indicates that one or more of the grounds for review or appeal has been established by the applicant, indicating the original decision maker has made an error or omission when deciding the matter. Given the significant cost for applicants who choose to review or appeal a decision, the review recommends RACP update the Appeals Policy to provide clear guidance that the RACP will refund the relevant application fee to the applicant if a decision is set aside or varied on review or appeal.

The review also recommends that this information is included in the FAQ section about reconsideration, review and appeal pathways on RACP's website. This information should be readily available to ensure applicants can make an informed decision about whether they wish to pursue review and appeal pathways.

³ Administrative Review Council Better Decisions: review of Commonwealth Merits Review Tribunals, 1995

Recommendations	Priority rating
RACP should update the Appeals Policy to provide clear guidance that the RACP will refund the relevant application fee to the applicant if a decision is set aside or varied on appeal.	High

Administrative complaints process

<p>Administrative complaints process</p> <p>The review found that there was a mostly adequate process for managing administrative complaints. Improvements could be made to clarify the steps involved in the process and to make it more accessible.</p>	
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RACP manages administrative complaints and feedback in accordance with its Complaint Management Policy (the Complaint Policy). The Complaint Policy provides a mechanism for individuals to make an administrative complaint or provide feedback about a decision made by RACP, RACP’s service delivery or the behaviour of an RACP employee or member. RACP also has an internal Complaint Management Procedure (the Complaint Procedure), which provides detailed guidance for staff about the process for managing complaints. The Complaint Policy and the Complaint Procedure were last updated in May 2022. RACP advised the review that the Complaint Policy has been updated to incorporate the review’s recommendations and will be published by the end of 2023 following a consultation period.

The Complaint Policy outlines that RACP is focused on resolving complaints early and informally. Frontline staff are empowered to resolve and respond to complaints and feedback at first contact. If a concern is unable to be resolved informally, RACP will manage the complaint in accordance with the complaints process outlined in the Complaint Procedure. The Complaint Procedure classifies complaints as a level one or level two complaint. Level one complaints are concerns that fall within the scope of the Complaint Policy and Procedure, such as complaints about service delivery, decisions made by RACP or the behaviour of its employees and members. Level two complaints are typically concerns that fall outside the scope of the Complaint Policy and Procedure and may be more appropriately managed under a different policy or procedure, or are matters that are outside RACP’s control or authority.

RACP records all complaints and feedback it receives in a complaint management system and uses this data to provide insights about its service delivery and to identify opportunities for improvement.

RACP promotes the ability to make a complaint in the ‘contact us’ section on its website. Complaints can be submitted using the enquiry form on the website and by phone or post, and mechanisms are provided to allow complaints to be made anonymously. The Complaint Policy is available on RACP’s website where governance documents are published.

RACP provided training to staff following the recent review of the Complaint Management Policy and the Complaint Management Procedure and has developed an online training module about complaint management that employees must complete annually.

Key observations

RACP has a sophisticated approach to complaints management with a clear focus on continuous improvement and ensuring staff are equipped to respond to and resolve complaints informally. The Complaint Policy provides clear guidance about the principles underpinning RACP's approach to complaint handling, the types of complaints that can be raised, and the roles and responsibilities of staff and business units in the complaints process. The Complaint Procedure provides detailed information about the roles and expectations of RACP staff involved in complaint management at various stages. The Complaint Procedure offers RACP staff practical tips for resolving and responding to complaints and step by step instructions for managing level one and level two complaints.

RACP's complaint management system has a clear focus on continuous improvement. It has an established process for recording complaints and regularly monitors and reports on its complaint data to identify systemic issues and opportunities to improve its service delivery to stakeholders.

The review has identified areas where it considers RACP could take steps to strengthen its complaint management system to make the process more accessible to complainants and to provide greater clarity about the steps involved in the complaint process and possible outcomes.

Following consultation on the preliminary findings of the review, RACP stated the recommendations are feasible and will be considered as part of the upcoming review process for the Complaint Policy and Complaint Procedure.

Providing clarity about the steps involved in the complaint process

Key information about RACP's complaint handling process is outlined in the Complaint Policy and the Complaint Procedure. The Complaint Policy is publicly available; however, the Complaint Procedure is an internal document that has been drafted to provide guidance to RACP staff involved in the management of complaints. While the Complaint Policy and the Complaint Procedure clearly outline the types of complaints that can be made and the principles underpinning RACP's approach to complaints, the review considers RACP could update these policies to more clearly communicate the steps involved and possible outcomes from the complaint process.

The review recommends RACP adopts the three-stage model for complaints management outlined in this report to provide greater structure to the complaints process and clear escalation points. A stage one complaint could be defined as a complaint that can be resolved quickly by frontline staff, such as straightforward service delivery complaints. A stage two complaint would usually involve a more complex issue or a complaint that was unable to be resolved at stage one and will be managed by another staff member or team within the organisation. Stage three of the complaints process involves review of the complaint by an external entity, such as the National Health Practitioner Ombudsman.

The review observed the Complaint Procedure includes several diagrams and flowcharts that may be beneficial for inclusion in the Complaint Policy to assist those wishing to make a complaint to understand the stages of the complaints process, including expected timeframes for each stage. The Complaint Procedure also provides practical examples of different complaint issues that may be raised and how they will be managed by RACP, which may provide guidance for complainants about the most appropriate avenue to raise their concerns. In addition to introducing the three-stage model for complaints management, the review recommends RACP updates the Complaint Policy to include further guidance about the:

- the possible outcomes from each stage of the complaints process
- more specific guidance about expected timeframes for key stages of the complaint process; for example, acknowledging receipt of complaints and providing a complaint response
- the infographics and complaint examples from the Complaint Procedure.

The RACP may also wish to consider using different terminology to classify complaints that fall within and outside the scope of the Complaint Policy. The review considers that the use of ‘level one’ and ‘level two’ to describe these complaints may create the impression of an escalation point in the complaints process, rather than distinguishing between different types of complaints.

Recommendations	Priority rating
RACP should update the Complaint Policy and Complaint Procedure to adopt the three-stage model for complaints management outlined in this report.	Medium
RACP should update the Complaint Policy to include: <ul style="list-style-type: none"> • the possible outcomes from each stage of the complaints process • more specific guidance about expected timeframes for key stages of the complaint process; for example, acknowledging receipt of complaints and providing a complaint response • the infographics and complaint examples from the Complaint Procedure. 	Low

Making the complaint process more accessible

While RACP promotes the ability to make a complaint or provide feedback on the ‘contact us’ page of its website, the review observed that limited information is provided about the complaints process and the types of complaints that can be made. The Complaint Policy is also not referenced on this page and those wishing to make a complaint may be unaware of the existence of the Complaint Policy and the important information it outlines about the complaint process.

To make information about the complaint process more accessible to stakeholders, the review recommends RACP publishes further guidance on the contact us page about the complaint process or creates a dedicated page on its website for complaints. It is suggested this should include:

- an overview of the types of administrative complaints that can be made



- an overview of the key steps involved in managing complaints and possible outcomes from the complaints process
- expected timeframes for key stages of the complaint process, such as acknowledging the receipt of the complaint and responding to concerns
- a link to the Complaint Policy.

The ability to make a complaint should also be promoted in other key areas of RACP's website, such as the section for trainees, fellows and supervisors, with a link to the contact us or complaints page, which could be duplicated across each section of the website.

RACP provides complainants with multiple avenues to submit a complaint, including by phone, post and an online enquiry form. As the online enquiry form can be used to submit a range of requests to RACP, the review noted the form is relatively general and offers limited direction as to the information that is required to submit a complaint. Ideally, RACP should consider creating a separate online form to submit an administrative complaint or add further drop-down options to the existing online enquiry form to assist complainants to provide key information. This should include questions about the issue or concern the complainant wishes to raise and the outcome sought from the complaints process.

Providing further guidance in the online form will assist complainants to provide key information about their concerns at the outset. It will also ensure RACP has sufficient information to respond to the complaint and knows the outcome the complainant is seeking. This will likely assist in promptly exploring options to resolve the complaint and to manage the complainant's expectations about what can be achieved through the complaints process.

Recommendations	Priority rating
RACP should publish further guidance on the 'contact us' page about the complaint process or create a dedicated page on its website for complaints, and promote the ability to make a complaint in other key areas of RACP's website.	Medium
RACP should develop a separate online form to submit an administrative complaint, or further drop-down options in the existing online enquiry form, to assist complainants to provide key information about their complaint.	Low

Royal Australasian College of Surgeons (RACS)



The Royal Australasian College of Surgeons (RACS) conducts the education, training and continuing professional development of specialist surgeons in Australia and New Zealand.

The Surgical Education and Training (SET) Program delivered by RACS is accredited by the Australian Medical Council (AMC). The AMC's most recent accreditation report is dated November 2021 and the AMC website indicates that accreditation is due to expire in March 2024.¹

RACS awards fellowship in nine surgical divisions in Australia through the SET Program, including cardiothoracic surgery, general surgery, neurosurgery, orthopaedic surgery, otolaryngology head and neck surgery, paediatric surgery, plastic and reconstructive surgery, urology and vascular surgery.

The RACS Education Board is responsible for overseeing the RACS education policy, maintaining standards for surgical education, training and assessment, and approving trainees for fellowship and eligibility for specialist registration. Each surgical division has a specialty training board and one or more speciality societies or associations that work closely with the RACS Education Board to deliver the SET program. The speciality training boards may appoint regional sub-committees to manage the delivery of training at the local level. The roles and responsibilities of the various boards and committees are outlined in separate terms of reference documents that are published on the RACS website. The roles and responsibilities of the speciality societies are outlined in service agreements between RACS and each entity that are reviewed and updated every three years.

Accreditation of training posts

<p>Procedural aspects of training post accreditation</p> <p>The review found the procedural aspects of training post accreditation to be partially adequate. Improvements could be made to provide greater transparency and clarity regarding accreditation processes, including the types of accreditation decisions that may be made, monitoring activities that may be undertaken during the accreditation cycle, and the process for managing non-compliance with the accreditation standards.</p>	
<p>Process for managing concerns about accredited training posts</p> <p>The review found that there was a somewhat adequate process for managing concerns about accredited training posts. RACS should develop a separate policy and procedure for managing concerns about accredited training posts and ensure its scope allows an individual to raise a concern that the training post may not be meeting the accreditation standards.</p>	

¹ AMC, 'Specialist medical colleges' webpage. Accessed May 2022: <www.amc.org.au/accreditation-and-recognition/assessment-accreditation-specialist-medical-programs-assessment-accreditation-specialist-medical-programs/specialist-medical-colleges/>.

RACS accredits individual training posts in Australia to deliver the SET Program across the nine surgical specialities. Training posts are generally units within hospitals. Each of the nine specialty training boards are responsible for overseeing the accreditation process, including developing the specialty-specific accreditation standards that training posts are required to meet to be accredited. For cardiothoracic surgery and paediatric surgery, the RACS Surgical Training Department provides administrative support to the relevant specialty training boards during the accreditation process. For general surgery, neurosurgery, orthopaedic surgery, otolaryngology head and neck surgery, plastic and reconstructive surgery, urology and vascular surgery, the relevant specialty societies provide administrative support to the specialty training board during the accreditation process. The responsible organisations for each specialty are outlined in Table 1.

The Accreditation of Hospitals and Posts for Surgical Education and Training Booklet (the Accreditation Booklet) sets out the standards, criteria and process used to assess training posts in the relevant areas of surgical specialty. The Accreditation Booklet was last updated in June 2016 and is currently under review by RACS. The new standards and accreditation process are being piloted in a small number of hospitals before being implemented across Australia.

In addition to setting out the standards and process relevant to training posts accredited by RACS, the Accreditation Booklet provides general guidance about the accreditation process for hospitals across the nine surgical specialties delivering the SET Program. Where the accreditation process is managed by the relevant specialty training board, the accreditation standards and process are published on the website of the specialty society responsible for supporting the specialty training board. The relevant accreditation policies are outlined in Table 1.

RACS has a training post accreditation page on its website, which is located within the section for trainees. This page provides key information about the accreditation process, including relevant policies and application forms and a table outlining the organisation responsible for supporting the specialty training boards in performing accreditation functions for each surgical specialty. A 'frequently asked question' (FAQ) section for training post accreditation addresses common questions about the application process and ongoing accreditation. Each specialty society has a page on its website that outlines the accreditation process and relevant standards and procedural documents.

Process for accrediting training posts

The specialty training boards, with RACS or specialty society support, adopt a similar process for accrediting and reaccrediting training posts. For new training posts, hospitals are required to submit an application to the relevant organisation responsible for supporting the accreditation process for the specialty. After the application is received, the specialty training board will assess the application, which may be document-based or include a site visit. Following the site visit or document assessment, a draft accreditation report is prepared and provided to the hospital for consideration and response before a final recommendation is made by the relevant specialty training board.

The specialty training board's recommendation on whether to grant accreditation to the training post (and if so, the length of accreditation) is referred to the Board of Surgical Education and Training

for final approval. The decision is then communicated to the hospital. Accreditation is generally granted for a period of five years.

Monitoring of accredited training posts

RACS and the specialty training boards are responsible for monitoring training posts during the accreditation cycle to ensure ongoing compliance with the accreditation standards.

Managing concerns about accredited training posts

RACS explained to the review that most concerns about accredited training posts are raised directly with the hospital where the training post is located and are managed internally. Depending on the nature of the concern, the hospital may refer the matter to RACS for consideration. RACS and the specialty training boards have developed a specific accreditation standard that training posts are required to meet to achieve and maintain accreditation that centres on information sharing between the hospital that hosts the training post and RACS in relation to concerns. This requires the hospital to commit to sharing information with RACS about concerns regarding unacceptable behaviour involving fellows, trainees and specialist international medical graduates that may affect the quality of training provided at the training post.

RACS explained to the review that concerns about an accredited training post can also be raised directly with RACS under the Complaint Handling Policy, which was last updated in February 2020. The Complaint Handling Policy provides a mechanism for individuals to make a complaint about the conduct of fellows, trainees and SIMGs in relation to issues such as bullying, discrimination and sexual harassment.

In response to a concern about an accredited training post, the relevant specialty training board may decide to conduct an out of cycle accreditation review of the training post. This is detailed in the Accreditation Booklet, which stipulates that if a concern regarding unacceptable behaviour about a member of a unit within a training post is substantiated, the training post will be reviewed and this may result in the withdrawal of accreditation.

Managing non-compliance with the accreditation standards

The Accreditation Booklet and the accreditation policies published by the specialty training boards stipulate that accreditation may be withdrawn from a training post or conditions imposed on accreditation. The review found varying levels of information about the process for withdrawing or limiting accreditation in the accreditation policies published by RACS and the specialty training boards.

Key observations

RACS's accreditation processes are undergoing a period of change, with a quality improvement project underway in partnership with the specialty societies. The focus of this project is a review of the accreditation standards and criteria used to assess training posts and the process of accreditation, with a view to streamlining accreditation processes. As part of the accreditation

improvement project, the new accreditation standards developed by RACS are being piloted in a small number of hospitals across Australia.

Generally, the review found RACS and the specialty training boards, with the support of the specialty societies, have established processes and clear standards and criteria for accrediting training posts to deliver the SET program. The websites of RACS and the specialty societies provide information about training post accreditation that is easily accessible. This includes links to the relevant accreditation standards, policies and application forms.

The review outlines below general observations and recommendations for RACS's consideration when undertaking the accreditation improvement project to strengthen its existing accreditation processes, including the monitoring of accredited training posts during the accreditation cycle, managing concerns raised about accredited posts and the process for managing non-compliance with the accreditation standards.

Providing greater transparency regarding accreditation outcomes

The review found the accreditation policies published by RACS and the speciality training boards contained varying levels of information about possible outcomes from the accreditation process in relation to new applications for accreditation and reaccreditation of an existing training post. The Accreditation Handbook outlines that at the end of the assessment process, accreditation may be confirmed or rejected. However, the accreditation policies published by the specialty training boards include additional outcomes such as provisional or conditional accreditation for a new training post.

The review recommends RACS and the specialty medical boards update the relevant accreditation policies to ensure the possible outcomes of applications for accreditation and reaccreditation are clearly articulated. The review observed the Accreditation Process Policy published by the Australian Orthopaedics Association provides a clear overview of the possible accreditation decisions that may be made regarding new applications and reaccreditation applications, with the use of an infographic and table providing definitions for the different accreditation outcomes. This may be a useful guide for RACS and the other specialty training boards when updating their accreditation policies. Clearly articulating the possible outcomes from the accreditation process will promote transparency in decision-making and assist in managing the expectations of training posts applying for accreditation and reaccreditation.

In response to consultation on the review's preliminary findings, RACS advised that it would incorporate the recommendations made by the review into the quality improvement project it is undertaking.

Recommendations	Priority rating
RACS and the specialty medical boards should update the relevant accreditation policies to ensure the possible outcomes of applications for accreditation and reaccreditation are clearly articulated.	High

Streamlining information about accreditation

RACS has a training post accreditation page on its website, which is located within the section for trainees. This page provides key information about the accreditation process, including relevant policies and application forms, and a table outlining the organisation responsible for supporting the specialty training boards in performing accreditation functions for each surgical speciality. RACS also publishes additional information about training post requirements within some of the surgical specialty pages in the trainee section of its website. For example, the program page for Otolaryngology Head and Neck Surgery has a section for training post requirements that outline the accreditation criteria that training posts offering training in Otolaryngology Head and Neck Surgery are required to meet to be accredited. This information is not included on the main training post accreditation page.

To ensure information about training post accreditation is easily accessible for hospitals, trainees and other stakeholders, the review recommends RACS includes all relevant training post accreditation information on the training post accreditation page. It is suggested the main accreditation page could provide general information about the accreditation process, the monitoring activities that occur during the accreditation cycle and the process for managing concerns about accredited training posts. This page could then link to separate pages for each of the surgical specialties outlining the accreditation criteria that training posts offering training in that specialty are required to meet to be accredited.

In addition, the review has found that most colleges publish information on their websites identifying accredited training posts (oftentimes referred to as 'training sites') across Australia. Providing this information helps to increase transparency for those directly affected by training post accreditation decisions, including trainees or potential training posts. It also provides a valuable public resource for consumers and health care providers to better understand the provision of care by special medical trainees. While there is diversity in the information colleges have made publicly available about training sites online, the review suggests that it would be beneficial to include information about when accreditation is due to expire at a minimum. This information is likely pertinent to those seeking to find out more about available training posts.

In response to consultation on the review's preliminary findings, RACS advised the review that it will update the accreditation page on its website after it finalises the updated accreditation standards.

Recommendations	Priority rating
RACS should include all relevant training post accreditation information on the training post accreditation page, including the relevant accreditation standards and criteria for each surgical specialty, and a list of the accredited posts, ideally with reference to when accreditation is due to expire.	Medium

Transparency regarding monitoring of training posts during the accreditation cycle

RACS and the specialty training boards are responsible for monitoring training posts during the accreditation cycle to ensure ongoing compliance with the accreditation standards. The review found the Accreditation Handbook and the accreditation policies published by the specialty training boards provide limited information about the purpose, process or potential outcomes of monitoring activities. The review observed that where monitoring was referenced in the accreditation policies, it was largely in the context of concerns being raised about the conduct of an individual within a training post.

The review recommends RACS and the speciality training boards update the relevant accreditation policies to provide clear guidance about the:

- monitoring activities that may be undertaken during the accreditation cycle, including how information regarding concerns raised about training posts will be used as part of these activities
- procedure if RACS or the speciality training boards identify concerns while undertaking monitoring activities that the training post may not be meeting the accreditation standards
- possible outcomes for training posts if it is established that the accreditation standards are not being met, such as imposing conditions on the training post or withdrawing accreditation.

Explaining and sharing information about monitoring activities will assist in managing the expectations of training posts during the accreditation cycle, particularly as monitoring activities may result in an adverse change to the accreditation status of a training post. Clearly articulating these activities in the relevant accreditation policies will also promote consistency in how RACS and the speciality training boards perform monitoring functions.

In response to consultation on the review’s preliminary findings, RACS advised that it would incorporate the recommendations made by the review into the quality improvement project it is undertaking.

Recommendations	Priority rating
<p>RACS and the speciality training boards should provide greater clarity in accreditation documentation about the monitoring activities that may be undertaken during the accreditation cycle. This should include information about the:</p> <ul style="list-style-type: none"> • monitoring activities that may be undertaken during the accreditation cycle, including how information regarding concerns raised about training posts will be used as part of these activities • the process that is followed if RACS or the speciality training boards identify concerns while undertaking monitoring activities that the training post may not be meeting the accreditation standards • possible outcomes for training posts if it is established that the accreditation standards are not being met, such as imposing conditions on the training post or withdrawing accreditation. 	<p>High</p>

Developing a clear procedure for managing concerns about accredited training posts

RACS explained that it manages concerns raised about accredited training posts in accordance with its Complaint Handling Policy. The Complaint Handling Policy provides a mechanism for individuals to complain to RACS about the conduct of fellows, trainees and SIMGs. This may include concerns about bullying, discrimination and sexual harassment.

While it is not outlined in the Complaint Handling Policy, the Accreditation Booklet stipulates that a substantiated concern about unacceptable behaviour regarding a member of a unit within a training post will result in the training post being reviewed and possible withdrawal of accreditation. The Feedback and Complaints FAQ document further outlines that information about concerns is used by the specialty training boards to monitor training posts and inform accreditation decisions.

The review acknowledges that RACS has a robust process for managing complaints about the conduct of fellows, trainees and SIMGs with a clear link to its accreditation processes. However, the review is concerned that RACS's current approach to managing concerns about accredited training posts is too narrow in scope and does not encompass concerns about the quality of training or supervision at a training post. The process should ensure individuals can also raise a concern that an accredited training post is not meeting relevant accreditation standards and criteria, rather than limiting the process to concerns about bullying, discrimination and sexual harassment at a training post. This is particularly important in the context of the monitoring functions undertaken by RACS and the specialty training boards, as information about concerns may indicate a systemic issue within a training post or that the training post may not be meeting the relevant accreditation standards.

The review found the Complaint Handling Policy does not provide a clear link to training post accreditation and is predominately focused on individual outcomes in relation to the trainees, fellows and SIMGs that may be the subject of a complaint. It was also observed that information about how complaint processes apply to training post accreditation, including monitoring during the accreditation cycle, is contained in several different documents. This included the Complaint Handling Policy, Feedback and Complaints FAQ, Accreditation Handbook and the various accreditation policies published by the specialty training boards.

The review acknowledges that some concerns about a training post may be more appropriately managed by the hospital where the training post is located. However, the review considers it is important that RACS provides a clear pathway for individuals to raise a concern about an accredited training post and that there is an established procedure for managing these concerns that is accessible to individuals.

While there may be some overlap between conduct related complaints about fellows, trainees and SIMGs, and concerns about accredited training posts, the review recommends RACS develops a separate policy and procedure for managing concerns about accredited training posts in line with the principles outlined in this report. This is because concerns about accredited training posts are likely to involve different processes and outcomes to complaints about the conduct of a fellow, trainee or SIMG. The review considers that separating concerns about accredited training posts from the conducted-related complaints outlined in the Complaints Policy would make the process for managing these concerns clearer for RACS and the specialty training boards, as well as for hospitals,

fellows, trainees and other stakeholders who may be involved in the process. The policy should provide clear guidance about:

- what constitutes a concern about an accredited training post that can be considered under the policy, including examples
- the role of the individual and respondent during the process, including that the respondent will be notified of the concerns and provided with an opportunity to respond before a decision is made, and that both the individual and respondent will be provided with written notice of the decision
- the key roles and responsibilities of RACS and the specialty training boards in accepting and responding to concerns about accredited training posts and escalation points throughout the process if an individual or respondent is dissatisfied with a decision
- how concerns which allege, or appear to demonstrate, that a training post is no longer meeting the accreditation standards are assessed and managed (see 'A framework for identifying and managing non-compliance with the accreditation standards')
- the concerns which will not be assessed or managed directly by RACS or the specialty training boards, and the relevant referral pathways where possible, such as professional misconduct concerns which should be reported to Ahpra and the Medical Board of Australia (see 'Developing a framework for assessing and managing concerns about accredited training sites')
- possible outcomes from raising a concern, including if concerns are substantiated that the training post is not meeting the accreditation standards (see 'Establishing a risk-based, proportionate approach to non-compliance with the accreditation standards')
- expected timeframes for key stages of the process
- how concerns will be recorded and how this information will be used by RACS and the specialty training boards to inform monitoring functions and reaccreditation processes.

To ensure individuals are aware of the ability to raise concerns about an accredited training post, it is recommended the policy provides 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
- raise a concern on a confidential basis to reduce barriers for individuals wishing to raise concerns, particularly given the possible sensitive nature of some concerns. However, RACS should be transparent about the difficulties with maintaining confidentiality in circumstances where the individual may be identifiable from the subject matter of the concern.
- raise a concern anonymously, ensuring clear communication is provided to individuals about the possible limitations associated with progressing anonymous concerns.

Once a policy for managing concerns about accredited training posts is finalised, it is recommended that staff are provided with training to ensure they are aware of how to identify a concern, the process for managing concerns raised about an accredited training post, and how to assist individuals to access the system for managing these concerns.

Ideally, RACS should create an online form to assist individuals to provide key information about their concerns and the outcome they are seeking. This will help to ensure RACS has sufficient information to respond to the concerns.

RACS should consider who may wish to raise a concern and ensure that information about the process for managing concerns is easily accessible on its website and the websites of the speciality training boards, such as the relevant accreditation webpages and in areas accessed by trainees and fellows. It should also be made visible in relevant correspondence and training material. As training posts may be the subject of a concern, it is important that they are aware of the process and how information about concerns will be used to inform monitoring functions and reaccreditation processes.

In response to consultation on the review's preliminary findings, RACS advised the review that it would develop a separate policy and procedure for managing concerns about accredited training posts and ensure that it is clearly communicated that individuals can raise a concern about a training post not meeting any of the relevant accreditation standards and criteria.

Recommendations	Priority rating
RACS should develop a separate policy and procedure for managing concerns about accredited training posts and ensure information about this process is easily accessible on its website and communicated to stakeholders.	High
RACS should provide staff with training after it develops a policy and procedure for managing concerns about training posts to ensure they are aware of how to identify a concern, the process for managing these concerns, and how to assist individuals to access RACS's system for handling these concerns.	Low
RACS should develop an online form to raise a concern about an accredited training post and ensure there are mechanisms for concerns to be raised anonymously, using a pseudonym or on a confidential basis.	Low

Managing non-compliance with the accreditation standards

The review recognises that it is necessary for RACS and the speciality training boards to respond to a training post not complying with an accreditation standard. However, the review found that the process for responding to instances where it has been substantiated that a training post is no longer meeting the accreditation standards during the accreditation cycle was not clear. In particular, the process for determining the appropriate response to non-compliance was not clearly detailed.

As outlined in this report, the review suggests that colleges apply a risk-based and proportional response to non-compliance, where action is taken based on the level of risk associated with the training site's non-compliance.

The review notes that there are a range of different actions available to RACS and the speciality training boards if it is substantiated that a training post is not meeting the accreditation standards. This may range from requesting that the training post provides an update on how it has addressed an

issue, to more serious action such as making an adverse change to the accreditation status of the training post. Responses to non-compliance which are high risk may include, for example:

- imposing conditions on the accreditation of the training post
- suspending the training post's accreditation
- making immediate changes, such as removing a trainee temporarily from the training post or removing and/or replacing a training post supervisor
- withdrawing accreditation from the training post.

The Accreditation Booklet and the accreditation policies published by the specialty training boards stipulate that accreditation may be withdrawn from a training post or conditions imposed on accreditation. The review found varying levels of information about the process for withdrawing or limiting accreditation in the accreditation policies published by RACS and the specialty training boards. While some accreditation policies clearly outline the circumstances that may lead to the withdrawal of accreditation or limiting accreditation and the process followed, other policies provided brief information.

Given the serious implications for training posts and trainees if accreditation is withdrawn or limited, the review considers it is important that RACS and the speciality training boards have a clear and documented process in place which outlines the steps involved before a final decision is made in response to non-compliance with the accreditation standards. This information should be publicly available to ensure training posts are aware of the decision-making process and what to expect if this process is initiated by RACS or a specialty training board. This information will also assist trainees and supervisors who may be impacted by the decision to understand the process and its potential impacts.

As accreditation decisions can be subject to merits review, it is important that RACS and the specialty training boards have a robust and well-documented process that can be relied on to support its decision-making if challenged. The review recommends RACS ensures the Accreditation Booklet and the accreditation policies published by the specialty training boards are updated to clearly outline:

- how RACS or the specialty training boards may identify that a training post is not meeting the accreditation standards, such as through monitoring activities or receiving a concern about a training post from an individual
- the roles and responsibilities of the relevant bodies in making a decision in relation to non-compliance, including any proposed decision to adversely change the accreditation status of a training post
- the assessment process to determine the most appropriate decision, including the factors considered regarding the risks associated with the non-compliance and the actions available to RACS and the speciality training boards in response
- the steps involved before a final decision is made in response to non-compliance, including any required consultation with affected stakeholders
- the expected timeframes for key stages of the process

- the process for notifying training posts of the decision, including that the training post will be provided with written reasons for the decision
- the administrative complaint and merits review pathways available to training posts regarding the decision.

The review recognises that responsibilities regarding required consultation with affected stakeholders will likely differ based on the seriousness of the risks identified, and therefore the severity of the action proposed to be taken by RACS or a specialty training board. For example, a decision to withdraw accreditation from a training post can have wide-ranging impacts on health services, and therefore likely requires more comprehensive consultation.


The review recommends that RACS ensures the training post is provided with an opportunity to review and respond to a proposed adverse decision before a final decision is made, and that this step is clearly outlined in the Accreditation Booklet and the accreditation policies published by the specialty training boards. This process should involve the training post being provided with notice of the proposed decision and reasons for the decision. This will provide the training post with the opportunity to respond to the concerns, clarify any factual errors, or provide additional information relevant to the decision-making process. This step may also reduce the likelihood of a training post later seeking a merits review of an accreditation decision on the basis of a factual error or information not being considered.

In response to consultation on the review’s preliminary findings, RACS advised that it would incorporate the recommendations made by the review into the quality improvement project it is undertaking.

Recommendations	Priority rating
<p>RACS should update relevant accreditation documentation to include more detailed information about how it manages non-compliance with the accreditation standards. RACS should provide greater clarity about:</p> <ul style="list-style-type: none"> • how RACS or the specialty training boards may identify that a training post is not meeting the accreditation standards, such as through monitoring activities or receiving a concern about a training post from an individual • the roles and responsibilities of the relevant bodies in making a decision in relation to non-compliance, including any proposed decision to adversely change the accreditation status of a training post • the assessment process to determine the most appropriate decision, including the factors considered regarding the risks associated with the non-compliance and the actions available to RACS and the speciality training boards in response • the steps involved before a final decision is made in response to non-compliance, including any required consultation with affected stakeholders • the expected timeframes for key stages of the process 	<p>High</p>

<ul style="list-style-type: none"> the process for notifying training posts of the decision, including that the training post will be provided with written reasons for the decision the administrative complaint and merits review pathways available to training posts regarding the decision. 	
<p>RACS should ensure the Accreditation Booklet and the accreditation policies published by the specialty training boards specify that the training post will be provided with the opportunity to review and respond to a proposed adverse decision before a final decision is made in response to non-compliance.</p>	High

Merits review process

<p>Merits review processes for accreditation decisions</p> <p>The review found the merits review processes for accreditation decisions to be partially adequate. Improvements could be made to clarify the roles and responsibilities of RACS and the specialty societies regarding merits review processes and to make information about these processes more accessible. Steps also need to be taken to provide transparency regarding fees associated with merits review processes.</p>	
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Accreditation decisions made by RACS and the specialty training boards can be subject to the Reconsideration, Review and Appeal Regulation (the Appeals Policy), which was last updated in May 2020. The Appeals Policy is publicly available on RACS’s website and referenced in all relevant accreditation policies published by RACS and the specialty training boards.

The Trainees section on RACS’s website, which also includes information about training post accreditation, has a separate page outlining the reconsideration, review and appeal pathways with a link to the Appeals Policy. RACS does not charge a fee to apply for a reconsideration or review of a decision and the appeal fee is set at \$10,600. The Appeals Policy stipulates that if an appellant is successful at the appeal stage, RACS will refund 50 per cent of the appeal fee.

RACS explained that reconsideration applications are considered by the body that made the original decision. For training post accreditation, the review understands the reconsideration stage is generally managed by the relevant specialty society, or by RACS in circumstances where the RACS Surgical Training Department is responsible for providing administrative support to the specialty training board. If a training post submits a reconsideration request to RACS, it will be referred to the relevant specialty society for management. If the matter is not resolved at the reconsideration stage by the relevant specialty society, the applicant can apply for a review of the decision and this will be referred to RACS for management.

Key observations

Clarity regarding the roles and responsibilities of RACS and the specialty societies regarding appeal pathways

RACS explained that most applications for reconsideration of a decision are managed internally by the relevant specialty society and the matter would only be referred to RACS if the applicant subsequently applied for a review of the decision.

RACS explained to the review that it is generally not aware of reconsideration applications made directly to the specialty societies regarding accreditation decisions and would only be aware of an application if it was made directly to RACS. If this occurs, the application is referred to the specialty society for management.

The review therefore understands that reconsideration applications may be submitted to RACS or directly to the relevant specialty society. The review found this was not clearly communicated in the Appeals Policy or in the information published about the reconsideration, review and appeal pathways on the websites of RACS and the specialty societies. This could be confusing for applicants wishing to apply for reconsideration of a decision, as they may not know where to submit their application or to which entity. It is also unclear whether the specialty societies can consider review and appeal applications and whether an applicant who is dissatisfied with a reconsideration decision made by a specialty society must apply for a review to the specialty society or directly to RACS.

The review is also concerned about RACS's level of oversight of reconsideration applications managed by the specialty societies. In the context of training post accreditation where the accreditation process is managed by the relevant specialty society, it is important that RACS has clear pathways for specialty societies to report on reconsideration applications which have been received, and concerns that have been raised. This is because the volume of reconsideration applications may indicate a systemic issue with the accreditation process being administered by the specialty society, which in turn would require RACS's consideration and action. The review recommends RACS:

- updates the Appeals Policy to clearly outline the roles and responsibilities of RACS, the specialty training boards and the specialty societies in relation to reconsideration, review and appeal processes
- ensures the specialty societies record and report to RACS on the reconsideration applications it considers, and the outcomes of these applications.

In response to consultation on the review's preliminary findings, RACS advised that an independent review commissioned by RACS recommended that reconsideration requests are directed to RACS in the first instance. The review acknowledges that initiating such a process could assist with ensuring a greater level of accountability.

Recommendations	Priority rating
RACS should update the Appeals Policy to clearly outline the roles and responsibilities of RACS, the specialty training boards and the specialty societies in relation to reconsideration, review and appeal processes, including relevant reporting requirements.	Medium

Accreditation decisions subject to merits review

The review observed a lack of clarity around the accreditation decisions that can be reconsidered, reviewed or appealed through the Appeals Policy. The policy specifies, for example, that decisions regarding the accreditation of Post Fellowship Education and Training programs and accreditation of courses can be reconsidered, reviewed or appealed.

The review considers there are a range of accreditation decisions that should be subject to merits review processes. These include decisions to:

- refuse to grant accreditation or reaccreditation to a training post
- impose or change a condition on the accreditation or reaccreditation of a training post
- refuse to change or remove a condition imposed on the accreditation or reaccreditation of a training post
- suspend the accreditation of a training post
- revoke the accreditation of a training post.

The review recommends that RACS considers clarifying the types of decisions which are subject to its Appeals Policy, including the decisions referred above. This is important to ensure that RACS’s accreditation decision-making processes are accountable and procedurally fair.

Recommendations	Priority rating
RACS should update its Appeal Policy to clarify the types of accreditation decisions that can be subject to merits review.	Medium

Clarifying appropriate grounds for reconsideration

Most Colleges’ reconsideration process involved the original decision being reconsidered by the original decision-maker, which is empowered to affirm, vary or set aside the original decision.

However, RACS’s Appeals Policy explains the role of the reconsideration stage as follows:

This step provides the Applicant with the opportunity to submit additional information to the original decision-maker. This additional information must have been available and known (or should have been known) at the time that the original decision was made.

The review suggests that this approach is not consistent with the Appeals Policy’s guidance regarding the grounds for seeking reconsideration, review or appeal. The review recommends RACS considers clarifying this section to ensure it aligns with the information provided regarding the grounds for

reconsideration outlined later in the policy. This will assist applicants to clearly outline why they are seeking a merits review and ensure RACS can appropriately consider the grounds on which the merits review was sought.

In addition to considering the grounds on which the application for reconsideration has been made, the review also recommends that the Appeals Policy allows for the consideration of new information which has become available after the original decision was made. The overarching purpose of the merits review process is to ensure the correct or preferable decision is made, regardless of when the relevant information became available. While the review recognises that there may be circumstances where accepting new information may not be appropriate, not allowing new information in all circumstances is not likely to serve the reconsideration process's purpose.

Recommendations	Priority rating
RACS should update its Appeals Policy to clarify the purpose of the reconsideration stage of the merits review process and ensure that new information can be considered alongside the original material and documentation as part of the merits review process in certain circumstances.	Medium

Role and powers of decision-makers related to reconsideration and review applications

RACS specifies that the reconsideration of a decision is undertaken by the original decision-maker. The Appeals Policy, however, does not specify the decision-making powers which have been afforded to the reconsideration decision-makers.

In relation to the review stage, the Appeals Policy specifies that the review of a decision is undertaken by a Review Panel that consists of people who have been "approved by the CEO or their delegate for this purpose." It does not, however, specify how the Review Panel is selected, and any necessary expertise panel members may require. The Appeals Policy outlines the decision-making powers of the Review Panel, including that it may:

- affirm the original decision or "reconsideration decision"
- set aside the original decision or reconsideration decision, and require that an alternative process be undertaken to arrive at a decision; or
- vary the original decision or the reconsideration decision to arrive at a different decision.

In relation to the appeal stage, the Appeals Committee comprises both College members (the Vice-President of RACS or a delegate who is a RACS Fellow, and a RACS Fellow), and non-College members (three persons, one of whom is the Chair). The Appeals Policy states that the appointment of people to the pool of Appeals Committee members has been delegated by the Council to the CEO. Regarding decision-making powers, the Appeals Policy outlines that the Appeals Committee may:

- affirm the decision under appeal;
- set aside the original decision and recommend that an alternative process be undertaken to arrive at a decision; or

- revoke the original decision under appeal and refer the decision back to the original decision-maker and make any other recommendations for the further consideration of the decision that the Appeals Committee considers appropriate.

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. This is why decision-makers in a merits review are often said to ‘stand in the shoes’ of the original decision-maker.

Further, 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 upon, applicants cannot fully understand how their reconsideration application will be progressed. Similarly, without clearly articulated decision-making powers, there is potential for misunderstanding in the application of the Appeals Policy, and inconsistency in decision-making. Clarifying the role and responsibilities of decision-makers is also fundamental to ensuring accountability and transparency in decision-making.

Recommendations	Priority rating
RACS should update its Appeal Policy to ensure the role and powers of decision-makers in the merits review process are clearly articulated in line with the best practice principles outlined in this report.	High
RACS should update its Appeal Policy to ensure merits review decision-makers have appropriate powers to consider a merits review application in line with the best practice principles outlined in this report.	High

Clarifying the impartiality and independence of the Appeals Committee

As outlined in the best practice section of this report, the review suggests that colleges which provide an appeal process should seek to ensure that the appointed decision-makers are independent and impartial. The review notes that RACS’s Appeals Policy aligns with the AMC’s Standards in that the Appeals Committee comprises both College members (the Vice-President of RACS or a delegate who is a RACS Fellow, and a RACS Fellow), and non-College members (three persons, one of whom is the Chair). RACS’s Appeals Policy states that the members of the Appeals Committee are approved by the CEO and the appointment of people to the pool of Appeals Committee members has also been delegated by the Council to the CEO.

The review commends RACS for seeking to ensure greater accountability of decision-making through an appeals process. However, the review suggests that RACS considers how it could clarify its policy to ensure that the appointment of committee members leads to an impartial and independent decision-making committee. Clarifying how committee members are appointed, and their required skills and experience, is essential to ensuring the process is transparent, and therefore to increasing trust in the committee’s impartiality.



Recommendations	Priority rating
RACS should update its Appeal Policy to clarify how members of its Appeals Committee are appointed, and their required skills and experience, to strengthen the impartiality and independence of appeal decisions.	Medium

Providing reasons for merits review decisions

The Appeals Policy outlines differing requirements relating to the provision of reasons for decisions at the reconsideration and review stages compared with the appeal stage. At the appeals stage, the Appeals Committee is required to issue a written decision, with reasons for the decision “as soon as practicable.” However, the Appeals Policy does not outline the same requirement for the reconsideration and review stages.

To ensure the merits review process is transparent and accountable, the review recommends RACS updates the Appeal Policy to stipulate that the applicant will be provided with written notice of the decision and reasons for the decision at all stages of the merits review process. This should occur in circumstances where the original decision is overturned or changed, as well as if a decision is made to uphold the original decision.

As outlined in this report, the review considers that providing applicants with reasons for a decision is central to ensuring the decision-making process is transparent and fair. Clearly explaining how and why a decision is made may assist an applicant to accept a decision and may inform their decision on whether to proceed to the next stage of the merits review process. In particular, consideration of the reasons provided for a decision may assist the applicant to decide whether they wish to highlight any procedural or factual errors in the decision which may be relevant to their application at the next stage of the merits review process.

Recommendations	Priority rating
RACS should update the Appeals Policy to stipulate that the applicant will be provided with written notice of the decision and reasons for the decision at all stages of the merits review process.	High

Ensuring reconsideration, review and appeal pathways are accessible

RACS does not have an application form to apply for a reconsideration, review or appeal of a decision. While the reconsideration, review and appeal page on RACS’s website provides an email address to submit an application, the Appeals Policy does not provide any contact details or specify whether an application can be made by email or post. The Appeals Policy directs applicants seeking a reconsideration, review and appeal to apply in writing to RACS.

The review understands that an applicant can also apply directly to the relevant specialty society for a reconsideration of a decision. The review found this was not clearly communicated in the Appeals

Policy or on the websites of the specialty societies and no contact information was provided for submitting an application to the relevant specialty society.

To make these processes more accessible, the review recommends RACS develop an application form to apply for a reconsideration, review and appeal of a decision. RACS may wish to create one application form or a separate form for each stage of the reconsideration, review and appeal process. The form/s should include:

- targeted questions for applicants to complete, such as the grounds on which they applying for reconsideration, review or appeal, and the outcome sought
- 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).

Once the application form/s are created, the review recommends that RACS ensures they are publicly available on the reconsideration, review and appeal page of its website, the websites of the specialty societies, and are referenced in the Appeals Policy.

Recommendations	Priority rating
RACS should develop an application form to apply for a reconsideration, review and appeal.	Low

Explaining the scope of the Appeals Policy

The Appeals Policy is promoted in the trainee section of RACS’s website where the training post accreditation page is located. This page provides a general overview of the reconsideration, review and appeal processes and a link to the Appeals Policy. Most specialty societies have a similar page on their websites, or provide a link to the RACS reconsideration, review and appeal page. However, the review found some specialty societies do not have a similar page providing information about the reconsideration, review and appeal pathways.

The review is supportive of RACS and the specialty societies having a dedicated page on their websites outlining the reconsideration, review and appeal process. As the Appeals Policy applies to a broad range of decisions, the review noted the information provided on most of these pages has been kept general. To make these processes more accessible, the review suggests that RACS and the specialty societies include more specific information on the training post accreditation page about how the Appeals Policy applies to accreditation decisions. It is suggested this could include information such as:

- the types of decisions that are subject to the Appeals Policy and possible outcomes
- instructions for submitting an application for a reconsideration, review and appeal, with reference to contact details and relevant application forms
- merits review application fees and the circumstances in which the fee will be refunded.



It is recommended that RACS ensures all specialty societies develop a reconsideration, review and appeal page on their websites, or include information about these pathways on the training post accreditation page.

Recommendations	Priority rating
<p>RACS and the specialty societies should update the training post accreditation page on their websites to include more specific information about how the Appeals Policy applies to accreditation decisions, such as:</p> <ul style="list-style-type: none"> • the types of decisions that are subject to the Appeals Policy and possible outcomes • instructions for applying for a reconsideration, review and appeal, with reference to contact details and relevant application forms • any merits review application fees and the circumstances where the fee will be refunded to the applicant. 	Medium
<p>RACS should ensure all specialty societies have a reconsideration, review and appeal page on their websites, or include information about these pathways on the training post accreditation page.</p>	Medium

Transparency and procedural fairness considerations regarding fees associated with the appeal process

The Appeals Policy stipulates that if an appeal is successful, the appellant will be refunded 50 per cent of the appeal fee. RACS explained the refund is to acknowledge the appellant has been successful in challenging the decision which was the subject of the application. In response to the review's queries regarding why only 50 per cent of the appeal fee is refunded rather than the whole amount, RACS explained the 50 per cent refund recognises the large expense incurred by RACS in facilitating the appeal hearing. RACS explained that the appellant's costs in making the appeal are often covered by their medical defence organisation, which the review understands is further justification for RACS not refunding the appeal fee in full.

While it is acknowledged that appeal proceedings can be costly for colleges, the review considers the appeal fee should be refunded in full to the applicant if the appeal is successful. While it is arguably reasonable to expect an applicant to cover their own costs associated with appeal proceedings, the review considers it is not fair to applicants for RACS to require them to pay a component of RACS costs too if a decision is overturned or varied. This is because the success of the appeal generally indicates that one or more of the grounds for appeal has been established by the appellant, indicating the original decision-maker has made an error or omission when deciding the matter. In the event that insurance is available to the appellant, the review considers it is not reasonable to expect the insurer to pay RACS's costs in facilitating the appeal in the event the appeal is successful. The review recommends RACS updates the Appeals Policy to specify that the application fee will be refunded to the applicant in full if their application for appeal is successful.


The review observed RACS does not publish the application fee for appeal on its website. While RACS previously published the appeal fee in its 2021 fee schedule, it was removed from the 2022 fee

schedule. RACS advised the review that the current appeal fee is \$10,600. To ensure RACS is transparent about its processes and to allow applicants to make an informed decision about whether to proceed with an appeal, the review recommends that RACS ensures its website includes the current appeal fee.

The review noted that RACS’s appeal fee is currently the highest fee charged by a college. The review found that most colleges charge an appeal fee which is under \$5,500. Given the significant difference in the fee charged by RACS, the review suggests that RACS considers its appeals process with a view to ensuring applicants are charged on a cost recovery basis, and to achieve efficiencies in existing appeal processes.

Recommendations	Priority rating
RACS should update the Appeals Policy to stipulate that if an appeal is successful, the appeal fee will be refunded to the applicant in full.	High
RACS should update its website to include the current appeal fee amount in its fee schedule.	High
RACS should consider its appeals process and fee with a view to ensuring applicants are charged on a cost recovery basis, and to achieve efficiencies in existing appeal processes.	High

Administrative complaints process

<p>Administrative complaints process</p> <p>The review found there was a somewhat adequate process for managing administrative complaints. An administrative complaints process should be formalised with regard to the review’s recommendations and outlined best practice principles.</p>	
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RACS has an established process for managing complaints about fellows, trainees and SIMGs. It has a Complaints Policy and provides clear information on its website about the different available complaint pathways.

RACS advised the review that it also has a procedure in place to manage complaints about employees. Complaints about employees will generally be referred to the People and Culture Team within RACS for assessment to decide how the concerns will be managed and any action that may be taken.

RACS does not, however, have a specific policy or procedure for managing administrative complaints. These types of complaints are handled on a case-by-case basis.

The Feedback and Complaints section on RACS’s website provides a mechanism for individuals to submit a compliment, feedback or suggestion. This can be done by phone, email or completing an online form. This form provides an option for the individual to receive a response to their compliment, feedback and suggestion. RACS then seeks consent for the feedback to be discussed

with the relevant employee or business unit. RACS advised the review that all complaints received via this mechanism are recorded on its complaints management system.

Key observations

While RACS has an established pathway for individuals to provide feedback or suggestions about its service delivery, there is limited information available about how RACS manages these matters and the possible outcomes from the process.

The review recommends that RACS develops a publicly available policy and procedure for managing administrative complaints in line with the three-stage model for complaints management outlined in this report. This will make the process more transparent and accessible to individuals engaging with RACS. It will also provide guidance to RACS employees when responding to complaints. This will promote consistency across RACS regarding the required steps in the complaints process, expected timeframes for managing complaints, and points of escalation if staff are not best placed to respond to the matter or the complaint cannot be resolved at first contact.

Once RACS has finalised its administrative complaint handling policy, it is recommended that frontline staff and those who may be directly involved in managing complaints are provided with training to ensure they are aware of the complaints process, how to identify a complaint and how to assist complainants to access the complaint handling system.

Recommendations	Priority rating
RACS should develop and publish a separate administrative complaint handling policy in line with the three-stage approach to complaints management outlined in this report.	High
RACS should provide complaint handling training to staff after finalising the administrative complaint handling policy.	Medium

Table 1: Organisations responsible for supporting the accreditation process

Surgical specialty	Organisation responsible for supporting the accreditation process	Accreditation standards and criteria	Accreditation process policy
Cardiothoracic surgery	RACS Surgical Training Department	Specialty Specific Hospital Accreditation Requirements for Otolaryngology, Head and Neck Surgery Training Units, September 2021	Accreditation of Hospitals and Posts for Surgical Education and Training booklet (Accreditation Booklet), June 2016
General surgery	General Surgeons Australia	Hospital Accreditation and Trainee Feedback Regulations: For the Surgical Education and Training Program in General Surgery, November 2019	Hospital Accreditation and Trainee Feedback Regulations: For the Surgical Education and Training Program in General Surgery, November 2019
Neurosurgery	Neurosurgical Society of Australasia	Training Post Accreditation Regulations: Surgical Education and Training in Neurosurgery, December 2021	Training Post Accreditation Regulations: Surgical Education and Training in Neurosurgery, December 2021
Orthopaedic surgery	Australian Orthopaedics Association	AOA 21 Accreditation Standards for Hospitals and Training Positions, November 2021	AOA Accreditation Process, June 2020
Otolaryngology Head and Neck Surgery	Australian Society of Otolaryngology Head and Neck Surgery	Specialty Specific Hospital Accreditation Requirements for Otolaryngology, Head and Neck Surgery Training Units, September 2021	Accreditation Booklet
Paediatric surgery	RACS Surgical Training Department	Criteria for Accreditation of Basic Paediatric Physician Training	Accreditation Booklet

		Criteria for accreditation of advanced training in general paediatrics	
Plastic and reconstructive surgery	Australian Society of Plastic Surgeons	Accreditation Booklet Australian Society of Plastic Surgeons Accreditation Application Form	Accreditation Booklet
Urology	Urological Society of Australia and New Zealand	Training Post Accreditation Standards and Criteria: Surgical Education and Training in Urology	Training Post Accreditation Regulations: Surgical Education and Training in Urology
Vascular surgery	Australian and New Zealand Society for Vascular Surgery	Hospital Accreditation Regulations for the Surgical Education and Training Program in Vascular Surgery, October 2020	Hospital Accreditation Regulations for the Surgical Education and Training Program in Vascular Surgery, October 2020



Royal Australian and New Zealand College of Ophthalmologists (RANZCO)

The Royal Australian and New Zealand College of Ophthalmologists (RANZCO) conducts the education, training and continuing professional development of specialist ophthalmologists in Australia and New Zealand.

The education and training program delivered by RANZCO is referred to as the RANZCO Vocational Training Program and is accredited by the Australian Medical Council (AMC). The AMC's most recent accreditation report is dated February 2020 and it outlines that accreditation was granted for three years. In November 2022 AMC granted an extension of accreditation until March 2027.¹

The RANZCO Vocational Training Program consists of five years of full-time training. After completing the RANZCO Vocational Training Program, medical practitioners can apply for registration as a specialist ophthalmologist with the Medical Board of Australia and Fellowship of RANZCO.

Accreditation of training posts

<p>Procedural aspects of training post accreditation</p> <p>The review found the procedural aspects of training post accreditation to be partially adequate. Improvements could be made to ensure accreditation processes are transparent and accessible.</p>	
<p>Processes for managing concerns about accredited training posts</p> <p>The review found the processes for managing concerns about accredited training posts were mostly adequate. Improvements could be made to make the process more accessible.</p>	

RANZCO is responsible for accrediting ophthalmology training posts in Australia, including metropolitan, regional and private hospitals and clinics.²

RANZCO assesses applications from training posts seeking accreditation against the Standards for Ophthalmology Training Posts (the Accreditation Standards), which was updated in February 2022. The accreditation process is outlined in the RANZCO Training Post Accreditation Policy (the Accreditation Policy), which was due for review in November 2022. The Accreditation Standards and

¹ AMC website, 'Specialist medical colleges' webpage. Accessed May 2022: <www.amc.org.au/accreditation-and-recognition/assessment-accreditation-specialist-medical-programs-assessment-accreditation-specialist-medical-programs/specialist-medical-colleges>.

² Please note that most specialist medical colleges refer to providers accredited to deliver training as 'training sites.' However, RANZCO uses the term 'training posts,' which may comprise one or more training sites.

the Accreditation Policy are publicly available on RANZCO's website, on a dedicated page for training post accreditation.

More detailed information about the accreditation process is contained in the Process for the Organisation and Conduct of a Training Post Inspection document (the Training Post Inspection Process Document). The review understands the Training Post Inspection Process Document is not publicly available on RANZCO's website but can be provided to training posts on request.

Process for accrediting training posts

RANZCO has an application form for training posts to complete to apply for accreditation, which can be accessed via the RANZCO online portal on its website. To gain access to the online portal, training posts are required to contact RANZCO to express an interest in becoming accredited. RANZCO will then create a password protected application form for the training post to complete.

RANZCO's process for initial accreditation and reaccreditation of training posts follows the general process outlined in this report. After RANZCO receives the training post's application, it conducts an initial paper-based assessment of the application. This is followed by an inspection of the training post (and all individual training sites that comprise the training post) by the appointed Inspection Team. After undertaking the site inspection, the Inspection Team prepares a draft inspection findings notice (IFN) that is provided to the training post for review and response. The Inspection Team then prepares a draft accreditation report for the Inspectorate assessing the training post against the Accreditation Standards with a recommendation regarding accreditation. The Inspectorate makes the final decision regarding accreditation and can accept or reject the recommendation of the Inspection Team.

RANZCO typically grants accreditation for a period of three years. However, a review may occur earlier if there is evidence the training post may no longer be meeting the Accreditation Standards.

Monitoring of accredited training posts

The Accreditation Policy provides 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 Accreditation Policy also outlines a process for individuals to submit an alert if they become aware of an issue that reasonably indicates to them that the training post does not meet the Accreditation Standards or that trainees may be at risk.

RANZCO recently published a Monitoring and Evaluation Framework, which outlines additional monitoring activities that RANZCO may undertake during the accreditation cycle. This includes an end-of-term feedback survey from trainees, an annual trainee survey and an annual survey of all supervisors and tutors involved in the training program.

Managing concerns about accredited training posts

RANZCO seeks end-of-term feedback from trainees about their training post every three months as part of its monitoring function. Concerns about a training post can also be made by members of RANZCO or other individuals by submitting a Training Post Alert. The Accreditation Policy provides an

overview of the process for submitting an alert and the steps RANZCO will take in response. RANZCO advised the review that individuals can also raise a concern about an accredited training post in accordance with the complaints process outlined in its Complaints Resolution Policy.

Managing non-compliance with the accreditation standards

The Accreditation Policy outlines that a training post may lose accreditation if RANZCO determines the training post is unwilling or unable to demonstrate compliance with the Accreditation Standards. A training post may also lose accreditation if RANZCO forms a reasonable belief that the training post poses an unacceptable risk to trainee health and safety.

Key observations

RANZCO has an established process for accrediting ophthalmology training posts. The Accreditation Standards and the Accreditation Policy can be easily found on the training post accreditation section of RANZCO's website. The review observed RANZCO's accreditation process has a clear emphasis on procedural fairness, allowing training posts to respond to the Inspection Team's IFN before the draft accreditation report is prepared for the Inspectorate. The Inspectorate also has discretion to remit the draft accreditation report to the Inspection Team. This may occur if it identifies the Training Post Inspection Process Document has not been followed or the training post has not been afforded procedural fairness during the assessment process.

The review found the accreditation process undertaken by RANZCO could be more clearly communicated to training posts and other stakeholders in the relevant accreditation policy documents and on its website. The review observed the Accreditation Policy, which is the only publicly available document outlining the accreditation process, provided limited guidance about key aspects of RANZCO's accreditation processes. While the Training Post Inspection Process Document provides further guidance about the steps involved in accrediting training posts, this document is not publicly available and is not referenced in the Accreditation Standards, the Accreditation Policy or on RANZCO's website.

The review also observed that, while RANZCO has a mechanism for individuals to raise concerns about accredited training posts, the process could be strengthened by making it more visible on RANZCO's website. Further guidance about the steps that will be taken following receipt of a concern could also be provided. It is hoped the recommendations and suggestions outlined below will assist RANZCO when reviewing the Accreditation Policy.

Ensuring accreditation processes are transparent

RANZCO has a dedicated page for training post accreditation on its website that links to the Accreditation Standards and the Accreditation Policy. However, the review found there was limited publicly available information about RANZCO's processes when accrediting training posts.

The Accreditation Standards stipulate that RANZCO’s accreditation processes are outlined in the Accreditation Policy. However, the Accreditation Policy lacked specific detail about the steps involved in key aspects of training post accreditation, such as the process for:

- accrediting new training posts
- re-accrediting existing training posts
- monitoring training posts during the accreditation cycle.

The Accreditation Policy refers to the RANZCO website for further information about the processes undertaken in the organisation and conduct of a training post inspection. However, the review was unable to locate any additional information on RANZCO’s website.

The Training Post Inspection Process Document provides more detailed information regarding the steps involved in accreditation. This document is not, however, publicly available. The document includes template wording for the preparation of the draft accreditation report, which indicates it may have been created as an internal guide for staff rather than as a procedural guide for training posts. While RANZCO explained that the Training Post Inspection Process Document is available to training posts on request, it is unclear how a training post would be aware of its existence, as it is not referred to in the Accreditation Standards, the Accreditation Policy or on RANZCO’s website.

While an internal guide may assist staff involved in RANZCO’s accreditation processes, the review recommends that RANZCO develops one publicly available document outlining the key steps involved in accreditation, rather than having information contained across several policies. This will provide clarity for new and existing training posts, as well as RANZCO staff who are responsible for performing accreditation functions.

The review recommends that RANZCO updates the Accreditation Policy to include key information from the Training Post Inspection Process Document. The Accreditation Policy should also specify:

- how to submit an application for accreditation and reaccreditation, with reference to the applicable forms
- the steps involved in initial accreditation and reaccreditation of training posts
- the possible outcomes from RANZCO’s initial assessment of a new application for accreditation.

Recommendations	Priority rating
<p>RANZCO should revise the Accreditation Policy to ensure it:</p> <ul style="list-style-type: none"> • specifies how to submit an application for accreditation and reaccreditation, with reference to the applicable forms • includes key information from the Training Post Inspection Process Document • outlines the steps involved in initial accreditation and reaccreditation of training posts • sets out the possible outcomes from RANZCO’s initial assessment of a new application for accreditation. 	High

Making information about accreditation processes more accessible

The review found the training post accreditation page on RANZCO’s website provided limited information and resources to assist training posts, and other stakeholders such as trainees, supervisors and fellows, to understand its accreditation processes.

The review has found that most colleges publish information on their websites identifying accredited training posts (oftentimes called ‘training sites’) for their speciality across Australia. Providing this information increases transparency for those directly affected by accreditation decisions, including trainees or potential training posts. It also provides a valuable public resource for consumers and health care providers to better understand the provision of care by specialist medical trainees. While there is diversity in the information colleges have made publicly available about training posts online, the review suggests that, at a minimum, it would be beneficial to include information about when accreditation is due to expire. This information is likely pertinent to those seeking to find out more about available training sites.

To ensure RANZCO’s accreditation processes are accessible, the review suggests that RANZCO further develops the training post accreditation page on its website to provide more detailed information, such as:

- how to submit an application for accreditation and reaccreditation, with reference to the applicable forms
- an overview of the accreditation and reaccreditation processes, including key timeframes and possible outcomes
- a list of the accredited training posts and, ideally, when accreditation is due to expire
- a summary of the administrative complaint and merits review pathways available to training posts.

The review suggests that outlining the steps involved in accrediting new training posts and existing training posts in a flowchart or infographic may also be a useful tool to assist training posts to navigate RANZCO’s accreditation processes. It is also suggested that RANZCO includes an FAQ section on the training post accreditation page of its website answering common questions that may be raised by training posts or other stakeholders about its accreditation functions.

Recommendations	Priority rating
<p>RANZCO should build on the information available on the training post accreditation page of its website to include:</p> <ul style="list-style-type: none"> • an explanation of how to submit an application for accreditation and reaccreditation, with reference to the applicable forms • an overview of the accreditation and reaccreditation processes, including key timeframes and possible outcomes • a list of the accredited training posts and, ideally, when accreditation is due to expire 	Medium

<ul style="list-style-type: none"> • a summary of the administrative complaint and merits review pathways available to training posts • an FAQ section answering common questions that may be raised by training posts or other stakeholders • a flowchart or infographic outlining RANZCO’s accreditation processes. 	
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Clarity regarding the monitoring activities that may be undertaken during the accreditation cycle

The Accreditation Policy provides 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 Accreditation Policy also outlines a process for individuals to submit an alert if they become aware of an issue that reasonably indicates to them that the training post does not meet the Accreditation Standards or that trainees may be at risk.

RANZCO recently published a Monitoring and Evaluation Framework, which outlines additional monitoring activities that RANZCO may undertake during the accreditation cycle. This includes an end-of-term feedback survey from trainees, an annual trainee survey and an annual survey of all supervisors and tutors involved in the training program. To ensure training posts are aware of the monitoring activities that RANZCO may undertake during the accreditation cycle, the review recommends that it makes reference to the Monitoring and Evaluation Framework within its Accreditation Policy.

It is also recommended that RANZCO includes information in the Accreditation Policy about the threshold for conducting an out of cycle inspection of a training post and possible outcomes from this process.

Recommendations	Priority rating
RANZCO should update the Accreditation Policy to: <ul style="list-style-type: none"> • make reference to the Monitoring and Evaluation Framework as a related policy • outline the threshold for conducting an out of cycle inspection of a training post and the possible outcomes from this process. 	Medium

Making the training post alert process more accessible

While the Accreditation Policy provides a general overview of the steps RANZCO can take in response to an alert and the possible outcomes for a training post, the review found the policy did not include key information about how these matters are managed by RANZCO, including:

- how to submit an alert
- the role and ongoing involvement of the individual making the alert and the training post in the process
- how training post alert data may be used by RANZCO to inform its monitoring activities during the accreditation cycle.

To provide clarity to those who may wish to raise an alert, and training posts which may be the subject of an alert, the review recommends that RANZCO updates the Accreditation Policy to ensure the section on alerts stipulates:

- how to submit an alert, with reference to the applicable form and contact information
- the range of ways individuals can submit an alert, such as by online form, email, post or phone
- a list of common examples of issues that would meet the threshold to be managed as an alert
- the possible outcomes if RANZCO determines the concerns raised do not meet the threshold to be managed as an alert (see 'A framework for identifying and managing non-compliance with the accreditation standards')
- expected timeframes for acknowledging receipt of an alert and finalising each stage of the training post alert process
- how the training post will be notified of the alert and given the opportunity to respond before a final decision is made
- that the individual making the alert and the training post will be provided with written notice of the decision and reasons for the decision at the conclusion of the training post alert process
- how alert data will be used to inform RANZCO's monitoring of training posts during the accreditation cycle (see 'Establishing a risk-based, proportionate approach to non-compliance with the accreditation standards').

The review also observed that throughout the alert process described in the Accreditation Policy, the individual making the alert is referred to as a College member. While it is acknowledged that the Accreditation Policy clarifies that alerts can be raised by non-members, the review considers that this language may discourage other individuals, such as trainees, members of the public and other health practitioners, from accessing the process. It is recommended that RANZCO revises the language in the alert process to use more general terminology.

The review found there was limited visibility of the alert process on RANZCO's website, with the process only referenced within the Accreditation Policy. To ensure individuals are aware of their ability to raise a concern about a training post and to ensure the process is easy to navigate, it is recommended that RANZCO:

- publicises the training post alert process on its website in relevant areas such as the training post accreditation page and areas accessed by trainees, fellows and supervisors, with an overview of the process and possible outcomes
- provides information in the Accreditation Policy and on the website regarding how to submit an alert, offering multiple options such as by email, post or by phone.

Ideally, RANZCO should create an online form for alerts to assist individuals to provide key information about their concerns and the outcome they are seeking. This will help ensure RANZCO has sufficient information to respond. The online complaint form should provide mechanisms for concerns to be raised anonymously or on a confidential basis.

It is recommended that RANZCO staff are provided with training to ensure they are aware of how to identify a concern about a training post, the training post alert process, and how to assist individuals to access RANZCO's system for making a training post alert.

The review also recommends that RANZCO creates an internal register to record alerts about accredited training posts and outcomes. It should use this data to inform its monitoring activities and reaccreditation processes. This approach should be clearly outlined in the Accreditation Policy to ensure training posts are aware of how information about alerts will be used.

Recommendations	Priority rating
<p>RANZCO should update the training post alert process described in the Accreditation Policy to ensure it stipulates:</p> <ul style="list-style-type: none"> • how to submit an alert, with reference to the applicable form and contact information • the range of ways individuals can submit an alert, including for example, by email and post • a list of common examples of issues that would meet the threshold to be determined an alert • the possible outcomes if it is determined the concerns raised do not meet the threshold to be managed as an alert • expected timeframes for acknowledging receipt of an alert and finalising each stage of the process • how the training post will be notified of the alert and given the opportunity to respond before a final decision is made • that the individual making the alert and the training post will be provided with written notice of the decision and reasons for the decision at the conclusion of the training post alert process • how alert data will be used to inform RANZCO's monitoring of training posts during the accreditation cycle. 	Medium
<p>RANZCO should revise the language used in the training post alert process to ensure it is accessible to all individuals who, or organisations which, may wish to raise an alert.</p>	Low
<p>RANZCO should develop an online form for training post alerts to assist individuals raising a concern about a training post and ensure there are mechanisms for alerts to be made anonymously or confidentially.</p>	Low
<p>RANZCO should provide staff with training to ensure they are aware of how to identify a concern about a training post, the training post alert process, and how to assist individuals to access RANZCO's system for making a training post alert.</p>	Low
<p>RANZCO should create an internal register to record alerts about accredited training sites and outcomes and use this data to inform its monitoring activities and reaccreditation processes.</p>	Medium

Clarity regarding the process for withdrawing accreditation

The Accreditation Policy outlines that a training post may lose accreditation if RANZCO determines the training post is unwilling or unable to demonstrate compliance with the Accreditation Standards. A training post may also lose accreditation if RANZCO forms a reasonable belief that the training post poses an unacceptable risk to trainee health and safety. In deciding to withdraw accreditation, RANZCO must form a reasonable belief that conditional accreditation is not appropriate in the circumstances. Alternatively, RANZCO may decide to suspend accreditation to provide the training post with the opportunity to address the concerns identified.

The review considers RANZCO's processes for suspending and withdrawing accreditation could be strengthened by providing further guidance about the steps involved in these processes in the Accreditation Policy. The review also observed that the suspension and withdrawal processes were largely discussed in the context of an alert. However, the review notes that accreditation may be suspended or withdrawn in response to monitoring activities undertaken by RANZCO as part of the reaccreditation process, or at the end of a period of conditional accreditation. If this is the case, this information should be clearly outlined in the Accreditation Policy.

Given the serious implications for training sites and trainees if RANZCO decides to suspend or withdraw accreditation, it is important that there is a clear procedure in place outlining the steps involved in this process and possible outcomes. This will ensure that RANZCO has a robust and well-documented process that can be relied on to support its decision-making if a decision to withdraw accreditation is later subject to a merits review. The review recommends RANZCO updates the suspension of accreditation and loss of accreditation sections in the Accreditation Policy to include more detailed information about these processes. RANZCO should provide greater clarity about the:


- circumstances in which accreditation may be suspended or withdrawn, for example, if concerns are identified during monitoring activities, during the reaccreditation process or following a period of conditional accreditation
- roles and responsibilities of the relevant bodies making recommendations and decisions to suspend or withdraw accreditation
- steps involved before a final decision is made to suspend or withdraw accreditation, including any required consultation with affected stakeholders
- expected timeframes for key stages of the process.

This information should be publicly available to assist trainees and supervisors who may be impacted by a decision to withdraw accreditation and to enhance the transparency of RANZCO's processes.

The Accreditation Policy stipulates that there is a show cause process for training posts if a decision is made to suspend or withdraw accreditation in response to an alert. If accreditation may be suspended or withdrawn in response to monitoring activities undertaken by RANZCO, as part of the reaccreditation process, or at the end of a period of conditional accreditation, the review recommends RANZCO introduces a similar show cause process before a final decision is made.

Recommendations	Priority rating
<p>RANZCO should update the suspension of accreditation and loss of accreditation sections in the Accreditation Policy to include more detailed information about the processes that are followed by RANZCO. RANZCO should provide greater clarity about the:</p> <ul style="list-style-type: none"> • circumstances in which accreditation may be suspended or withdrawn, for example, if concerns are identified during monitoring activities, during the reaccreditation process or following a period of conditional accreditation • roles and responsibilities of the relevant bodies making recommendations and decisions to suspend or withdraw accreditation • steps involved before a final decision is made to suspend or withdraw accreditation, including any required consultation with affected stakeholders • expected timeframes for key stages of the process. 	High

Merits review process

<p>Merits review process for accreditation decisions</p> <p>The review found the merits review process for accreditation decisions to be partially adequate. Some improvements could be made to make processes clearer, more visible and accessible, and to specify that fees are refunded if an application is successful.</p>	
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Key observations

Accreditation decisions made by RANZCO may be subject to the Reconsideration, Review and Appeals Policy (the Appeals Policy), which was last updated in 2018 and is currently under review. The Appeals Policy is publicly available on RANZCO’s website. The merits review pathways are referenced in the final accreditation report and decision provided to the training post at the end of the accreditation process.

There is no fee to apply for a reconsideration and review of a decision. The appeal fee is set at \$5,000. The Appeals Policy stipulates that when the Appeal Committee makes its decision, it will decide whether to refund part or all of the appeal fee to the applicant having regard to whether the application was successful.

Accreditation decisions subject to merits review

The review observed a lack of clarity around the accreditation decisions that can be reconsidered, reviewed or appealed through the Appeals Policy. The review notes that the Appeals Policy states that applications for reconsideration must not concern “any decision of an Original Decision-maker which College policy expressly specifies as not being subject to any form of reassessment.”

The review considers there are a range of accreditation decisions that should be subject to merits review processes. These include decisions to:

- refuse to grant accreditation or reaccreditation to a training post
- impose or change a condition on the accreditation or reaccreditation of a training post
- refuse to change or remove a condition imposed on the accreditation or reaccreditation of a training post
- suspend the accreditation of a training post
- revoke the accreditation of a training post.

The review recommends that RANZCO considers clarifying the types of decisions which are subject to its Appeals Policy, including the decisions referred above. This is important to ensure that RANZCO’s accreditation decision-making processes are accountable and procedurally fair.

Recommendations	Priority rating
RANZCO should update its Appeals Policy to clarify the types of accreditation decisions that can be subject to merits review.	Medium

Providing clarity regarding the grounds for applying for a merits review

RANZCO’s Appeals Policy distinguishes grounds for review by the different stages of the merits review process. Interestingly, the reconsideration and review grounds are the most comprehensive and closely align with the grounds for appeal outlined in the AMC’s Standards.

The Appeals Policy states that “new, different or additional” grounds for merits review cannot be raised in the application for reconsideration or review. The review believes it should be open to the applicant to base their application on the most appropriate grounds. For example, following reconsideration of a decision, the applicant may believe that additional grounds for merits review are necessary, particularly if the original decision was set aside and a new decision was made.

The review recommends RANZCO considers clarifying that the specified grounds for reconsideration and review relate to all stages of the merits review process, including the appeal stage. This will assist applicants to clearly outline why they are seeking a merits review and ensure that RANZCO can appropriately consider the grounds on which the review is sought.

While the reconsideration and review grounds closely align with the AMC’s Standards, the review suggests the current grounds may not capture all possible reasonable and valid grounds for applying for a merits review. The review recommends that RANZCO considers the grounds for appeal outlined in the AMC Standards with a view to expanding the scope of the grounds for its merits review stages.

The Appeals Policy specifies that in the reconsideration and review stages, decision-makers “must not take into account evidence of facts, matters and issues occurring after the date of the Original Decision.” The review recommends that the Appeals Policy allows for the consideration of new information which has become available or has been provided by the applicant after the original decision was made. As noted previously, the overarching purpose of the merits review process is to

ensure that the correct or preferable decision is made, regardless of when the relevant information became available. While the review recognises that there may be circumstances where accepting new information may not be appropriate, not allowing new information in all circumstances is not likely to serve the purpose of a merits review.

Recommendations	Priority rating
RANZCO should update its Appeals Policy to clarify that the grounds for seeking merits review of accreditation decisions in all stages of the merits review process align with the AMC Standards' requirements.	Medium
RANZCO should update the Appeals Policy to ensure new information can be considered alongside original material and documentation as part of the merits review process in certain circumstances.	Medium

Role and powers of decision-makers related to appeals

RANZCO’s Appeals Policy specifies that decisions by the Appeals Committee, and the reasons for the decision, should be provided to the Chair of the RANZCO Board (the Board) and the CEO. The Board can then confirm the appeal decision and accept or reject any additional recommendations made by the Appeals Committee. The Appeals Policy specifies that if the Board does not confirm the appeal decision or reasons for the decision, it will be referred back to the Appeals Committee for further consideration to ensure consistency with College policy, the Constitution and “subsequent confirmation by the Board.”

The Appeals Policy, however, does not specify the powers of the Appeals Committee should it not accept the Boards’ interpretation of its decision, or chooses not to change its decision.

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-maker at any stage of the merits review process to affirm, vary or set aside the original decision and make a fresh decision. This is why decision-makers in a merits review are often said to ‘stand in the shoes’ of the original decision-maker.

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 upon, applicants cannot fully understand how their merits review application will be progressed. Similarly, without clearly articulated decision-making powers, there is potential for misunderstanding in the application of the Appeals Policy, and inconsistency in decision-making.

Recommendations	Priority rating
RANZCO should update its Appeal Policy to ensure the role and powers of decision-makers at the appeal stage of the merits review process are clearly articulated in line with the best practice principles outlined in this report.	High

<p>RANZCO should update its Appeal Policy to ensure merits review decision-makers have appropriate powers to consider a merits review application in line with the best practice principles outlined in this report.</p>	<p>High</p>
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Clarifying the impartiality and independence of the Appeals Committee

As outlined in the best practice section of this report, the review suggests that colleges which provide an appeal process should seek to ensure that the appointed decision-makers are independent and impartial. The review notes that RANZCO’s Appeals Policy outlines requirements related to the composition of its Appeals Committee which includes three non-Fellows who are appropriately qualified as determined by the CEO and two Fellows who possess knowledge and experience relevant to the subject matter of the appeal.

The review commends RANZCO for seeking to ensure greater accountability of decision-making through an appeals process. However, the review suggests that RANZCO considers clarifying how it appoints committee members, and how this leads to an impartial and independent decision-making committee. 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.

Recommendations	Priority rating
<p>RANZCO should update its Appeals Policy to clarify how members of its Appeals Committee are appointed, and their required skills and experience, to strengthen the impartiality and independence of appeal decisions.</p>	<p>Medium</p>

Visibility of the merits review process

The review found RANZCO’s merits review process is clearly referenced in the Accreditation Policy and in the final accreditation report and decision communicated to training posts. To further promote the merits review pathways available to training posts, the review recommends that RANZCO updates the training post accreditation page of its website to provide further guidance to training posts, such as:

- an overview of the reconsideration, review and appeal processes, including the types of accreditation decisions that are subject to the Appeals Policy and possible outcomes
- an FAQ section to provide responses to commonly asked questions and key information about how the Appeals Policy applies to training site accreditation decisions
- any fees associated with the reconsideration, review and appeal pathways and the circumstances in which fees will be refunded
- links to the Appeals Policy and relevant application forms with information about how to apply for a reconsideration, review or appeal.

The review considers that making information about the merits review pathways readily available on RANZCO’s website increases transparency. It may also assist in managing the expectations of training

posts about the types of decisions that are subject to the Appeals Policy and what can be achieved through these processes.

Recommendations	Priority rating
<p>RANZCO should update the training post accreditation page on its website to provide guidance about the reconsideration, review and appeal pathways available to training posts, including:</p> <ul style="list-style-type: none"> • an overview of the reconsideration, review and appeal process, and the accreditation decisions that are subject to the Appeals Policy • how to submit an application and any relevant associated fees • links to the Appeal Policy and relevant application forms. 	Medium

Transparency regarding fees associated with the merits review process

RANZCO’s appeal fee is set at \$5,000. The Appeals Policy provides that the Appeal Committee will decide whether part or all of the appeal fee will be refunded to the applicant having regard to the success or otherwise of the application in the appeal proceedings.

The review considers the Appeals Policy could more clearly articulate the circumstances where the appeal fee will be refunded to the applicant and the factors taken into consideration when deciding whether to exercise this discretion. This information should be available to the applicant so they can make an informed decision about whether they progress to the next stage of the merits review process. The review recommends that RANZCO updates its Appeals Policy to provide clear guidance about:

- how to apply for a refund
- which costs may be refunded
- the circumstances taken into consideration when deciding whether to refund all or part of the costs associated with the appeal.

While it is acknowledged that appeal proceedings can be costly for specialist medical colleges, the review considers that the appeal fee should be refunded in full to the applicant if the appeal is successful. While it is arguably reasonable to expect an applicant to cover their own costs associated with the appeal proceedings, the review does not consider it is fair for RANZCO to require an applicant to pay a component of its costs too if a decision is revoked or varied on appeal. This is because the success of the appeal 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. The review recommends that RANZCO updates the Appeals Policy to specify that the appeal fee will be refunded in full to the applicant if the appeal is successful.


The review also recommends that RANZCO updates the Appeals Policy to clearly stipulate that there is no fee to apply for reconsideration and review of a decision.



RANZCO advised the review that it supports refunding the appeal fee in full if the applicant's appeal is successful and will take these recommendations into consideration as part of its review of the Appeals Policy.

Recommendations	Priority rating
<p>RANZCO should update the Appeals Policy to stipulate:</p> <ul style="list-style-type: none"> • how to apply for a refund • which costs may be refunded • the circumstances taken into consideration when deciding whether to refund all or part of the costs associated with the appeal • that the appeal fee will be refunded in full to the applicant if the appeal is successful • that there is no fee to apply for a reconsideration and review of a decision. 	Medium

Administrative complaints process

<p>Administrative complaints process</p> <p>The review found that there was a partially adequate process for managing administrative complaints. Improvements could be made to clarify the types of administrative complaints that can be made, the process for managing complaints and possible outcomes.</p>	
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RANZCO manages administrative complaints in accordance with its Complaints Resolution Policy, which was last updated in May 2022. The Complaints Resolution Policy applies to complaints about RANZCO, its staff, fellows and trainees. RANZCO advised the review that a complaint about an accredited training site may also be managed under the Complaints Resolution Policy.

RANZCO appoints complaints officers who are responsible for the initial consideration of the complaint to determine whether the complaint will be dismissed, accepted or referred to an external agency. If the complaint is accepted, the complaints officer will, in consultation with RANZCO's CEO and the Chair of RANZCO's Professional Conduct Committee, determine the relevant complaint pathway for the management of the complaint. RANZCO records all complaints received under the Complaints Resolution Policy and provides an annual complaints report to the Board.

RANZCO provides further guidance about its complaints process in an FAQ document and a Complaints Management Pathways Flowchart. These documents are available in the policies and guidelines section of its website. The documents aim to distinguish complaints that are managed under the Complaints Resolution Policy from the whistleblower and reconsideration, review and appeal pathways.

The complaints process is widely promoted on RANZCO's website, with a dedicated complaints page on each key area of its website for fellows, trainees, other health professionals and patients. RANZCO

provides multiple options for complainants to submit a complaint, including by email to a dedicated complaints email address, phone, post or completing an online complaint form.

On each complaint page, RANZCO clarifies that its merits review pathway is most appropriate for individuals whose concerns are about its decision/s.

Key observations

RANZCO's Complaints Resolution Policy covers a wide range of complaint issues. While complaints about RANZCO fall within its scope, it also covers complaints about staff, fellows, trainees and accredited training sites. The review noted that the processes outlined in the Complaints Resolution Policy is largely focused on complaints about the conduct of RANZCO staff, fellows and trainees. This was also noted in the Complaints Management Pathways Flowchart, which only lists complaints relating to RANZCO's Code of Conduct as relevant to the complaint resolution pathway.

While the Complaints Resolution Policy outlines the complaints that will not be accepted by RANZCO, the review found there was limited guidance about the types of complaints that will be accepted and the possible outcomes that may result from the complaints process, particularly for complaints about RANZCO.

Administrative complaints about RANZCO are likely to involve different processes, decision-makers and outcomes to complaints about trainees, fellows or individual staff. The review therefore recommends that RANZCO develops a separate complaints policy for managing administrative complaints in line with the suggested principles and processes outlined by the review. Alternatively, the review suggests RANZCO updates its Complaints Resolution Policy to provide greater clarity about how administrative complaints will be managed and possible outcomes from the complaints process.

The review recommends RANZCO considers adopting the three-stage model for complaints management outlined in this report. A stage one complaint could be defined as a complaint that can be resolved quickly by frontline staff, such as straightforward service delivery complaints. A stage two complaint would usually involve a more complex issue or a complaint that was unable to be resolved at stage one and be managed by another staff member or team within the organisation. Stage three of the complaints process involves review of the complaint by an external entity, such as the National Health Practitioner Ombudsman. It is also recommended that RANZCO updates the guidance material on its website, including the Complaints Management Pathways Flowchart and FAQ document, to provide clarity about the types of administrative complaints that can be raised, the process for managing these complaints and possible outcomes.

The review notes that RANZCO has an established process for recording and monitoring complaints received under the Complaints Resolution Policy and recommends that a similar system is implemented to record administrative complaints and outcomes. This data can be used to monitor trends and systemic issues that may need to be addressed by relevant business units within RANZCO.

RANZCO advised the review that it supports the review's recommendations, and will develop a separate complaint policy and procedure for managing administrative complaints, and update its website.

Recommendations	Priority rating
RANZCO should develop a separate policy for managing administrative complaints, or updates the Complaints Resolution Policy, to provide greater clarity about how administrative complaints will be managed in line with the three-stage approach to complaints management suggested in the report.	High
RANZCO should update guidance material on its website to provide clear guidance about the types of administrative complaints that can be raised, the process for managing these complaints and possible outcomes.	Medium

Facilitating complaints about a policy or procedure

The Complaints Resolution Policy stipulates that a complaint that seeks to challenge the adoption or application of an approved College policy will not be accepted as a complaint. RANZCO advised the review that it has a policy and procedure development process that involves extensive consultation with relevant fellows, committees and the Board. While the review is supportive of RANZCO's consultation process when developing and reviewing policies and procedures, the review is conscious that policy review generally occurs every three years.

The review considers that it is best practice to provide a mechanism for complainants to express concern or dissatisfaction with a policy or procedure. The review considers that accepting these complaints could provide RANZCO with valuable insights into whether its policies and procedures are working well in practice. It would also give key stakeholders that may be impacted by these policies and procedures an opportunity to share different perspectives with RANZCO. This complaint data could then be considered during the policy review process. The review considers this would also be an acceptable response to a complaint that was received about a policy or procedure.

The review acknowledges, however, that some complaints concerning the application of a policy or procedure may be more appropriately managed under RANZCO's reconsideration, review and appeal processes, and that the most appropriate pathway for managing a concern is not always clear. For example, if a complainant seeks to raise a concern about a policy or process adopted by RANZCO and also a decision that has been made. The review also notes that there may be some instances where the concern relates to a process or policy more generally, rather than a particular decision that RANZCO has made. The review therefore recommends that RANZCO revises its approach to complaints about policies and procedures in its Complaints Resolution Policy to ensure it has discretion to consider complaints that seek to raise a concern about a RANZCO policy or procedure.

Recommendations	Priority rating
RANZCO should revise its approach to complaints about policies and procedures in its Complaints Resolution Policy to ensure it has discretion to consider complaints that seek to raise a concern about a RANZCO policy or procedure.	Medium

Efficiency and escalation mechanisms in the complaints process

RANZCO appoints complaints officers who are responsible for the initial assessment of complaints to determine whether the complaint will be dismissed, accepted or referred to an external agency. If the complaint is accepted, the complaints officer will, in consultation with RANZCO's CEO and the Chair of RANZCO's Professional Conduct Committee, determine the relevant complaint pathway for the management of the complaint. RANZCO advised the review that its current process and practice is effective and time efficient.

While the review recognises that some complex complaints may require input from the CEO and Chair of the Professional Conduct Committee to determine the most appropriate complaint handling pathway, it suggests that it is important that there are escalation points available in the management of complaints. As outlined previously, a three-stage approach is ideal to efficiently and effectively manage complaints. The review recommends RANZCO considers providing greater autonomy to complaint officers to manage complaints at stage one of the complaints process. This would also allow for escalation of complaints as required.

Recommendations	Priority rating
RANZCO should provide greater autonomy to its frontline complaint management team to manage stage one administrative complaints.	Medium



Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) was formed in 1998. It conducts the education, training and continuing professional development of specialist obstetricians and gynaecologists in Australia and New Zealand.

The education and training program in obstetrics and gynaecology delivered by RANZCOG is referred to as the FRANZCOG Training Program. It is accredited by the Australian Medical Council (AMC). The AMC's most recent accreditation report is dated November 2019. The AMC website indicates that accreditation is due to expire in March 2024.¹

The FRANZCOG Training Program is a six-year program comprised of four years of Basic Training and two years of Advanced Training.²

Accreditation of training sites

<p>Procedural aspects of training site accreditation</p> <p>The review found the procedural aspects of training site accreditation to be mostly adequate. Improvements could be made to strengthen procedural fairness in the initial accreditation process for training sites.</p>	
<p>Process for managing concerns about accredited training sites</p> <p>The review found there were somewhat adequate processes for managing concerns about accredited training sites. Improvements could be made to develop and promote a clear pathway for individuals and trainees to raise concerns about an accredited training site.</p>	

RANZCOG is responsible for accrediting training sites providing Basic Training in Australia and New Zealand. Basic Training is primarily conducted in major teaching hospitals, outer suburban/peripheral hospitals and rural/provincial hospitals. A combination of these training sites is referred to as an Integrated Training Program (ITP).

During Basic Training, trainees spend a significant portion of training at a single base hospital and then rotate to other training sites within the ITP. This is to provide trainees with a range of

¹ AMC website, 'Specialist medical colleges' webpage. Accessed May 2022: <www.amc.org.au/accreditation-and-recognition/assessment-accreditation-specialist-medical-programs-assessment-accreditation-specialist-medical-programs/specialist-medical-colleges>.

² In addition to the training program leading to FRANZCOG, RANZCOG offers three women's health qualifications for medical practitioners. These qualifications do not lead to specialist registration and therefore the associated administrative processes are out of scope for the purposes of this review.

experiences in obstetrics and gynaecology. Most ITPs will include a teaching hospital and a rural hospital. While Basic Training must be undertaken at an accredited training site, Advanced Training is not confined to accredited training sites. However, for a trainee to undertake Advanced Training at a particular training site, the training site must be able to meet all the requirements of the Advanced Training Module that have been prospectively approved by RANZCOG.

Process for accrediting training sites for Basic Training

The Accreditation Standards and Guidelines for Hospitals in the FRANZCOG Training Program (the Accreditation Guidelines) outline the standards and criteria that training sites must meet to become accredited. The Accreditation Guidelines also outline the process for assessing applications for accreditation and reaccreditation. The Accreditation Guidelines were recently reviewed by RANZCOG and a new version implemented in February 2023. RANZCOG's accreditation and reaccreditation process is overseen by the Head of Selection, Evaluation and Accreditation in the Education Directorate, and is coordinated by the RANZCOG Accreditation Team.

RANZCOG's process for the accreditation and reaccreditation of training sites follows the general process outlined in this report. The Accreditation Guidelines outlines that applications for initial accreditation and reaccreditation are centred around a training site accreditation visit. The site visit conducted by the RANZCOG Accreditation Panel (the panel). The accreditation site visit may be a physical accreditation visit to the hospital training site, or a virtual accreditation visit via video conferencing.

For initial accreditation of new training sites, the hospital must complete an Application for Accreditation as a Training Site for the FRANZCOG Training Program form. The form is available on RANZCOG's website and is linked to the Accreditation Guidelines. To be eligible for accreditation, the application must be supported by the relevant state or territory Training Accreditation Committee. This committee is responsible for providing information about the ITP that the training site will join. After the application is received the panel:

- undertakes a physical or virtual site visit and shares the initial findings and likely outcome with the hospital
- provides its recommendation to the RANZCOG Training Accreditation Committee for consideration.

The RANZCOG Training Accreditation Committee then forwards its recommendation to the RANZCOG Board for final approval.

For newly accredited training sites, a reaccreditation review will be undertaken within 12 to 24 months of a trainee commencing training at the site. After this review, the training site will be reviewed in accordance with RANZCOG's reaccreditation process outlined below.

Accredited training sites are not required to apply for reaccreditation. At least three months prior to the accreditation end date, the Accreditation Team contacts the hospital where the training site is located to arrange a site visit. The hospital is provided with the Accreditation Guidelines outlining the accreditation standards and a Hospital Questionnaire form for completion. The form requires detailed responses regarding key aspects of training at the training site. RANZCOG also sends a

confidential survey to all trainees, supervisors and consultants at the training site to inform the reaccreditation assessment. Feedback is also requested from the relevant ITP Coordinator. After a site visit is undertaken, a hospital reaccreditation draft report is sent to the Director/Head of Training and the Chief Executive Officer (CEO) of the hospital for identification of possible factual errors. RANZCOG may revise the draft report after reviewing the hospital's response. The draft report is then submitted to RANZCOG's Accreditation Steering Group for approval. The approved report becomes final and is disseminated to all key stakeholders. Summary reports are provided to the Training Accreditation Committee, Education Standards Committee and the Board. RANZCOG informed the review that the Accreditation Steering Group is comprised of members closely associated with accreditation matters and thus better able to approve reaccreditation outcomes. The Board retains approval authority for initial accreditation and withdrawal of accreditation.

The Accreditation Guidelines outline the possible outcomes from the initial accreditation and reaccreditation process, which RANZCOG refers to as a 'rating'. The hospital accreditation or reaccreditation report will specify whether the training site has met, partially met or not met each of the accreditation standards. If an accreditation standard is not met, the accreditation report will specify conditions or recommendations for further improvement.

Monitoring of accredited training sites

The Accreditation Guidelines provide an overview of the mechanisms used by RANZCOG to monitor training sites during the accreditation cycle. The purpose of these activities is to:

- evaluate the effectiveness of training being provided to trainees at the training site
- ensure the training site continues to meet the accreditation standards.

Central to RANZCOG's monitoring activities is the Accreditation Intervention Framework that is embedded in the Accreditation Guidelines. This framework outlines different approaches that may be undertaken by RANZCOG in response to concerns identified about an accredited training site. The Accreditation Intervention Framework is focused on the early resolution of issues and providing opportunities for training sites to address deficiencies before formal processes are commenced, such as an out of cycle accreditation site visit.

The Accreditation Guidelines outline the possible actions that may be taken by RANZCOG 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 identified or undertaking a progress report or situation analysis report similar to the information gathering process undertaken during a reaccreditation assessment. 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 review visit. These processes may result in a review of the accreditation status of the training site and possible suspension or withdrawal of accreditation.

Process for managing concerns about accredited training sites

RANZCOG manages concerns about accredited training sites in accordance with the RANZCOG Complaints Policy, which was recently updated in August 2022. The Complaints Policy covers a broad

range of issues, including concerns about RANZCOG members, staff and other general matters and issues that may arise. Concerns can be raised by RANZCOG members, trainees, employers, members of the public and RANZCOG staff. RANZCOG has established the role of Independent External Reviewer (Reviewer) to provide independent oversight of complaints and whistleblower handling processes. The Reviewer is an independent, external person who RANZCOG members, trainees and others can approach for assistance if they are not confident in utilising RANZCOG's complaint processes for fear of repercussions, reprisal or bias. The Reviewer cannot override a decision made by RANZCOG or issue directions to RANZCOG staff. However, the Reviewer can make recommendations to the RANZCOG Board.

As discussed earlier, RANZCOG's Accreditation Intervention Framework outlines mechanisms used to address concerns about accredited training sites that arise outside of regular accreditation procedures and scheduled reviews. The purpose of this framework is to ensure that issues which arise about accredited training sites can be addressed and resolved as early as possible without the need for escalation.

Managing non-compliance with the accreditation standards

The Accreditation Guidelines outline that the RANZCOG Accreditation Panel, in consultation with the Accreditation Steering Group, may withdraw accreditation from a training site if it is unable to meet the accreditation standards resulting in patient or trainee safety being impacted, or if it is unable to demonstrate progress against conditions imposed on accreditation. If the RANZCOG Accreditation Panel is proposing to withdraw accreditation, the training site will be notified of the findings and proposed decision and invited to provide a response before a final decision is approved by the RANZCOG Board to withdraw accreditation.

Key observations

The review found that RANZCOG has established processes for accrediting training sites providing Basic Training in Australia. The Accreditation Guidelines provides comprehensive information about all aspects of accreditation and reaccreditation. RANZCOG has also developed a sophisticated framework for monitoring training sites during the accreditation cycle.

The review has outlined areas where it considers the accreditation process could be strengthened to make it clearer and more accessible to training sites and other key stakeholders.

Distinguishing accreditation standards from accreditation policy and procedure

The Accreditation Guidelines outline the accreditation standards and criteria against which training sites are assessed when applying for accreditation. In addition to this, the Accreditation Guidelines outline important information about the accreditation process, monitoring of accredited training sites and withdrawal of accreditation from training sites.

The review suggests that it would be better to distinguish the accreditation standards from the supporting policy and procedure documentation. The review notes that this is the approach taken by many colleges. In addition to making relevant information easier to locate and navigate, separating

this content may also 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 policy and procedure.

Recommendations	Priority rating
RANZCOG should separate its accreditation standards from the supporting policy and procedure documentation.	Low

Establishing a clear process for managing concerns about accredited training sites

RANZCOG explained that it manages concerns about accredited training sites in accordance with the Complaints Policy. The Complaints Policy broadly states that it applies to RANZCOG matters and issues. However, the review found it was not clear that this included concerns about accredited training sites. It is understood that complaints about RANZCOG matters and issues are managed by RANZCOG's CEO. However, the Complaints Policy does not outline the steps involved in managing these complaints or possible outcomes from the complaints process. The review notes RANZCOG's Accreditation Intervention Framework outlined in the Accreditation Guidelines provides a process for responding to concerns about accredited training sites. However, there is no obvious link between the Accreditation Intervention Framework and the Complaints Policy.

It is important that RANZCOG provides a clear pathway for individuals to raise a concern about an accredited training site and that there is an established process in place for managing these concerns. This ensures greater transparency for individuals and training sites that may be the subject of a concern. This is particularly relevant in the context of RANZCOG's monitoring function, as concerns could indicate a systemic issue within a training site that may affect its ability to meet the accreditation standards.

The review recommends that RANZCOG develops a policy and procedure for managing concerns about accredited training sites in line with the best practice principles in this report. In developing the policy and procedure, particular attention should be paid to:

- how concerns which allege, or appear to demonstrate, that a training site is no longer meeting the accreditation standards are assessed and managed (see 'A framework for identifying and managing non-compliance with the accreditation standards')
- the concerns which will not be assessed or managed directly by RANZCOG, and the relevant referral pathways where possible, such as professional misconduct concerns which should be reported to Ahpra and the Medical Board of Australia (see 'Developing a framework for assessing and managing concerns about accredited training sites')
- possible outcomes from raising a concern, including if concerns are substantiated that the training site is not meeting the accreditation standards (see 'Establishing a risk-based, proportionate approach to non-compliance with the accreditation standards').

RANZCOG should ensure that this policy and procedure is available on its website, together with clear guidance about how to raise a concern about an accredited training site.

RANZCOG advised the review that all concerns raised about accredited training sites are recorded so that systemic issues at specific training sites can be analysed and addressed. The review is supportive of this approach. The review recommends that RANZCOG ensure the policy and procedure for managing concerns about accredited training sites clearly articulates how concerns will be recorded and how this data will be used by RANZCOG to inform its monitoring functions.

Once RANZCOG has finalised its policy for managing concerns about accredited training sites, it is recommended that staff are provided with training to ensure they are aware of how to assist individuals seeking to raise a concern and how to assess and manage concerns based on the new policy.

Recommendations	Priority rating
RANZCOG should develop a separate policy and procedure for managing concerns about accredited training sites and ensure information about this process is easily accessible on its website and communicated to stakeholders.	High
RANZCOG should provide staff with training after it develops a policy and procedure for managing concerns about training sites to ensure they are aware of how to identify a concern, the process for managing these concerns, and how to assist individuals to access RANZCOG’s system for handling these concerns.	Low

Providing clear pathways to raise a concern about an accredited training site

RANZCOG should allow stakeholders to submit concerns in a variety of ways, such as via a form, email, phone or post.

The review considers providing options for concerns to be raised on a confidential basis may reduce barriers for stakeholders wishing to raise concerns. Anonymous complaints may also be accepted, however, RANZCOG should clearly communicate the possible limitations associated with progressing anonymous concerns. Further, RANZCOG should be transparent about the difficulties with maintaining confidentiality in circumstances where the stakeholder may be identifiable from the subject matter of the concern.

Ideally, RANZCOG should create an online form to assist individuals to provide key information about their concerns and the outcome they are seeking to ensure RANZCOG has sufficient information to respond. Further, RANZCOG should consider who may access the process and ensure that information is easily accessible in the Accreditation Guidelines, training material and while it is carrying out its monitoring functions. As training sites may be the subject of a concern, it is also important that they are aware of the process and how information relating to concerns will be used to inform RANZCOG’s monitoring function.



Recommendations	Priority rating
RANZCOG should develop an online form to raise a concern about a training site and ensure there are mechanisms for concerns to be raised anonymously, using a pseudonym or on a confidential basis.	Low

Managing non-compliance with the accreditation standards

The review recognises that it is necessary for RANZCOG to respond to a training site not complying with an accreditation standard. However, the review found that RANZCOG's process for responding to instances where it has been substantiated that a training site is no longer meeting the accreditation standards could be strengthened.

As outlined in this report, the review suggests that colleges apply a risk-based and proportional response to non-compliance, where action is taken based on the level of risk associated with the training site's non-compliance.

The review notes that there are a range of different actions available to RANZCOG if it is substantiated that a training site is not meeting the accreditation standards. This may range from requesting that the training site provides an update on how it has addressed an issue, to more serious action such as making an adverse change to the accreditation status of the training site. Responses to non-compliance which are high risk may include, for example:

- imposing conditions on the accreditation of the training site
- downgrading the accreditation status of a training site, such as imposing a period of provisional accreditation
- suspending the training site's accreditation
- making immediate changes, such as removing a trainee temporarily from the training site or removing and replacing a training site supervisor
- withdrawing accreditation from the training site.

RANZCOG's accreditation documentation addresses some of these possibilities. For example:

- The Accreditation Guidelines outline that a training site's accreditation may be suspended where it has been identified as having critical issues that restrict its ability to offer training and no trainees are in place or provision is being made to reallocate trainees because of issues at the training site. The Accreditation Guidelines outline the steps that must be taken by the training site for accreditation to be reinstated at a provisional level.
- The Accreditation Guidelines outline that the RANZCOG Accreditation Panel, in consultation with the Accreditation Steering Group, may withdraw accreditation from a training site if it is unable to meet the accreditation standards resulting in patient or trainee safety being impacted, or if it is unable to demonstrate progress against any conditions imposed on accreditation. These concerns may be identified as part of ongoing monitoring of the training site during the accreditation cycle. If the RANZCOG Accreditation Panel is proposing to withdraw accreditation, the training site will

be notified of the findings and proposed decision and be invited to provide a response before a final decision is approved by the RANZCOG Board to withdraw accreditation.

The review found, however, that RANZCOG could more clearly describe the processes which must be undertaken before any decision is made that is adverse to the training site. For example, while the Accreditation Guidelines provide clear guidance about the roles and responsibilities of the relevant bodies making recommendations and decisions to withdraw accreditation, this information was not included for decisions to suspend accreditation. Similarly, while training sites are afforded the opportunity to respond before a final decision is made to withdraw accreditation, a similar step is not documented in circumstances where accreditation is suspended.

Further, while the Accreditation Guidelines have dedicated sections for suspension and loss of accreditation, the review observed there is no additional information about these processes contained throughout the policy.

There are serious implications for training sites and trainees if RANZCOG decides to make an adverse decision in relation to non-compliance with the accreditation standards. It is important that there is a clear process outlining the steps involved in making such a decision and the relevant factors considered when making this decision. This information should be publicly available to assist training sites, trainees and supervisors who may be impacted by the decision and to enhance the transparency of RANZCOG's processes. It will also ensure that RANZCOG has a robust and well-documented process that can be relied on to support its decision-making if a decision is later subject to a merits review.

The review recommends RANZCOG updates the relevant accreditation documentation to provide further information about how it manages non-compliance with the accreditation standards. This should include more detailed information about:


- how it may identify that a training site is not meeting the accreditation standards, such as through its monitoring activities or receiving a concern about a training site from an individual
- the roles and responsibilities of the relevant bodies in making a decision in relation to non-compliance, including any proposed decision to adversely change the accreditation status of a training site
- the assessment process to determine the most appropriate decision, including the factors considered regarding the risks associated with the non-compliance and the actions available to RANZCOG in response
- the steps involved before a final decision is made in response to non-compliance, including any required consultation with affected stakeholders
- the expected timeframes for key stages of the process
- the process for notifying training sites of the decision, including that the training site will be provided with written reasons for the decision
- the administrative complaint and merits review pathways available to training sites regarding the decision.

The review recognises that responsibilities regarding required consultation with affected stakeholders will likely differ based on the seriousness of the risks identified, and therefore the severity of the action proposed to be taken by RANZCOG. For example, a decision to withdraw accreditation from a training site can have wide-ranging impacts on health services, and therefore likely requires more comprehensive consultation.

The review recommends RANZCOG ensures the training site is provided with an opportunity to review and respond to any proposed adverse decision before a final decision is made, and that this step is clearly outlined in the relevant accreditation documentation. This step will allow the training site to respond to the concerns about non-compliance, clarify any factual errors, or provide additional information relevant to the decision-making process. This step may also reduce the likelihood of a training site later seeking a merits review of an accreditation decision on the basis of a factual error or information not being considered.

Recommendations	Priority rating
<p>RANZCOG should update relevant accreditation documentation to include more detailed information about how it manages non-compliance with the accreditation standards. RANZCOG should provide greater clarity about:</p> <ul style="list-style-type: none"> • how it may identify that a training site is not meeting the accreditation standards, such as through its monitoring activities or receiving a concern about a training site from an individual • the roles and responsibilities of the relevant bodies in making a decision in relation to non-compliance, including any proposed decision to adversely change the accreditation status of a training site • the assessment process to determine the most appropriate decision, including the factors considered regarding the risks associated with the non-compliance and the actions available to RANZCOG in response • the steps involved before a final decision is made in response to non-compliance, including any required consultation with affected stakeholders • the expected timeframes for key stages of the process • the process for notifying training sites of the decision, including that the training site will be provided with written reasons for the decision • the administrative complaint and merits review pathways available to training sites regarding the decision. 	High

Merits review process

<p>Merits review processes for accreditation decisions</p> <p>The review found the merits review processes for accreditation decisions to be mostly adequate. Steps could be taken to improve the visibility and accessibility of the merits review process and to clarify that fees are refunded for successful merits review applications.</p>	
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Accreditation decisions may be subject to reconsideration, review and appeal in accordance with the Reconsideration, Review and Appeal of Decisions Policy (the Appeals Policy). The Appeals Policy was recently created in August 2022 to merge several policies. The Appeals Policy was most recently updated in February 2023 and March 2023.

Key observations

During the review's initial stages, RANZCOG was the only college to charge an application fee for the reconsideration stage of the merits review process. The review is pleased that RANZCOG has since updated its Appeals Policy to specify that a reconsideration fee will not be charged from 1 July 2023.

In regard to the review and appeal stages of the merits review process, the Appeals Policy outlines that an applicant is required to pay an application fee for a review and appeal. It also states that the application fee is an amount that the College Board may determine from time to time. RANZCOG's Appeals Procedures webpage indicates that the review fee is \$900 and the appeal fee is \$6,766.

The review welcomes the update to RANZCOG's Appeals Policy that stipulates RANZCOG will refund the review and appeal fee to the applicant if the appeal is successful. The review had initially found that RANZCOG had specified that the reconsideration fee would not be refunded if the application was successful. The review supports RANZCOG taking this consistent approach to refunding fees if a merits review process is successful as this generally indicates that one or more of the grounds for an application under the Appeals Policy has been established by the applicant.

While the review is pleased with the improvements recently made by RANZCOG, further recommendations to strengthen its merits review process are outlined below.

Accreditation decisions subject to merits review

The review observed a lack of clarity around the accreditation decisions that can be reconsidered, reviewed or appealed under the Appeals Policy. The policy specifies, for example, that decisions in relation to accreditation for training can be reconsidered, reviewed or appealed.

The review considers, however, that there are a range of accreditation decisions 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 the accreditation or reaccreditation of a training site
- refuse to change or remove a condition imposed on the accreditation or reaccreditation of a training site

- suspend the accreditation of a training site
- revoke the accreditation of a training site.

The review recommends that RANZCOG considers clarifying the types of decisions which are subject to its Appeals Policy, including the decisions referred above. This is important to ensure that RANZCOG's accreditation decision-making processes are accountable and procedurally fair.

Recommendations	Priority rating
RANZCOG should update its Appeals Policy to clarify the types of accreditation decisions that can be subject to merits review.	Medium

Role and powers of decision-makers related to review applications are clearly articulated

RANZCOG's Appeals Policy specifies that review of a decision is conducted by the Review Panel. The Review Panel may:

- affirm the original decision or reconsideration decision
- set aside the original decision or reconsideration decision and refer the matter to the original decision-maker for further consideration in accordance with any directions or recommendations it may take
- set aside the original or reconsideration decision and make any further decision it thinks appropriate.

The Review Panel is required to make its recommendation(s) to the RANZCOG Board for approval. In comparison, the Appeals Committee may:

- confirm the decision under appeal
- revoke the decision under appeal (except in the case of examination results)
- revoke the decision under appeal and refer the decision back to the relevant College Board or Committee for further consideration in accordance with the Appeals Committee's directions
- revoke the decision under appeal and make recommendations to the College Board on an alternative decision
- make suggestions to the CEO and the College Board with regard to matters covered by the appeal.

As outlined in this report, a merits review involves the decision-maker reconsidering and reviewing 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 without referral to another board or committee. This is why decision-makers in a merits review are often said to 'stand in the shoes' of the original decision-maker.

RANZCOG advised the review that in some instances, the relevant review panel may be required to refer matters to another board or committee with specialised knowledge relevant to the decision under review. The review is supportive of this approach. However, the Appeals Policy should clearly articulate how the opinion or view of the relevant board or committee providing expert advice will

be used by the review panel in its decision-making process. It is also important that the board or committee members providing advice to the review panel have not previously been involved in the original decision-making process.

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 upon, applicants cannot fully understand how their reconsideration or review application will be progressed. Similarly, without clearly articulated decision-making powers, there is potential for misunderstanding in the application of the Appeals Policy, and inconsistency in decision-making.

Recommendations	Priority rating
RANZCOG should update its Appeals Policy to ensure merits review decision-makers have appropriate powers to consider a merits review application in line with the best practice principles outlined in this report.	High

Clarifying the impartiality and independence of the Appeals Committee

As outlined in the best practice section of this report, the review suggests that colleges which provide an appeal process should seek to ensure that the appointed decision-makers are independent and impartial. The review notes that RANZCOG’s Appeals Policy outlines requirements related to the composition of its Appeals Committee which includes three non-college members and two Fellows (in the event of an appeal involving a subspecialist, one of the Fellows should be a subspecialist from the particular subspecialty).

The review commends RANZCOG for seeking to ensure greater accountability of decision-making through an appeals process. However, the review suggests that RANZCOG considers clarifying how it appoints committee members, and how this leads to an impartial and independent decision-making committee. 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 also encourages RANZCOG to consider whether there is a need for the College CEO to be the Secretary of the Appeals Committee, or to better outline the intended purpose of the CEO doing so.

Recommendations	Priority rating
RANZCOG should update its Appeals Policy to clarify how members of its Appeals Committee are appointed, and their required skills and experience, to strengthen the impartiality and independence of appeal decisions.	Medium

Improving the visibility of the merits review process

The information RANZCOG provides about the reconsideration, review and appeal pathways is general in nature. The Appeals Policy, for example, is broad and applies to various decisions made by



RANZCOG. To provide further guidance to training sites about how the Appeals Policy applies to accreditation decisions, the review recommends RANZCOG explains the reconsideration, review and appeal pathways on the accreditation page of its website. It is suggested this page should include:

- an overview of the reconsideration, review and appeal process, including the types of accreditation decisions that are subject to the Appeals Policy and possible outcomes
- an FAQ section to provide responses to commonly asked questions and key information about how the Appeals Policy applies to training site accreditation decisions
- links to the Appeals Policy and relevant application forms with information about how to apply for a reconsideration, review or appeal.

The review considers that making information about the appeal pathways readily available on RANZCOG’s website increases transparency and may also assist in managing the expectations of training sites about the types of decisions that are subject to the Appeals Policy and what can be achieved through these processes.

Recommendations	Priority rating
<p>RANZCOG should update the training site accreditation page on its website to provide guidance about the reconsideration, review and appeal pathways available to training sites, including:</p> <ul style="list-style-type: none"> • an overview of the reconsideration, review and appeal process, including the accreditation decisions that are subject to the Appeals Policy and possible outcomes • an FAQ section to provide responses to commonly asked questions and key information about how the Appeals Policy applies to training site accreditation decisions • a link to the Appeals Policy, and relevant application forms with information about how to apply for a reconsideration, review or appeal. 	Medium

Transparency and fairness regarding fees associated with the merits review process

RANZCOG offers a standard three-stage merits review process under the Appeals Policy, consisting of reconsideration, review and appeal. As previously noted, from 1 July 2023 there is no fee to apply for reconsideration of a decision. The Appeals Policy outlines that applicants are required to pay a fee to apply for a review and appeal. RANZCOG’s Appeals Procedures webpage indicates that the review fee is \$900 and the appeal fee is \$6,766. However, the Appeals Policy states the application fee for a review and appeal is an amount that the College Board may determine from time to time. This statement appears contradictory with the set fee amount published on RANZCOG’s website. The review recommends RANZCOG review and update the Appeals Policy to ensure consistent information is provided about the fee payable to apply for a review and appeal.


As per the best practice principles outlined in this report, the review recommends that ideally, review processes should be offered free of charge. The review acknowledges that RANZCOG has not



accepted this recommendation. However, the review notes that this is the approach taken by most colleges. Fees can create a barrier to apply for a merits review and can deter people from proceeding with an application.³ This is contrary to the recognised benefits of providing a merits review process.

Recommendations	Priority rating
RANZCOG should provide consistent information about the fees associated with the merits review process and consider providing its review process free of charge in line with this report and the practice of most colleges.	High

Administrative complaints process

<p>Administrative complaints process</p> <p>The review found that there was a somewhat adequate process for managing administrative complaints. Improvements could be made to clarify the types of administrative complaints that can be raised, the process for managing these complaints and possible outcomes.</p>	
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RANZCOG manages administrative complaints in accordance with the procedure outlined in the Complaints Policy. As discussed earlier in the report, the Complaints Policy covers a broad range of complaint issues. RANZCOG's complaints process varies depending on the complainant and respondent, and the nature of the concerns raised.

Key observations

RANZCOG's Complaints Policy provides a comprehensive overview of the general principles underpinning its complaint processes, with a clear focus on procedural fairness for both complainants and respondents. The Complaints Policy covers a wide range of issues including complaints about RANZCOG members, such as fellows and trainees, and RANZCOG staff. The Complaints Policy also stipulates that it applies to RANZCOG 'matters and issues' and it is understood administrative complaints about RANZCOG would fall within this category.

Overall, the review found the Complaints Policy provided limited information about the management of administrative complaints, including the types of 'matters and issues' that may be raised, the process for handling these complaints and possible outcomes from the complaints process. In particular, the Complaints Policy does not specify that its scope includes administrative complaints about RANZCOG. The review also found there was limited visibility of the complaints process on RANZCOG's website and as a result, individuals may not know they can make an administrative complaint.

Following receipt of the review's preliminary findings, RANZCOG established a dedicated role to provide guidance to potential complainants and to assist them in navigating the different complaint pathways available. To ensure complaint pathways are transparent and accessible, RANZCOG is in

³ Administrative Review Council, Better Decisions: review of Commonwealth Merits Review Tribunals, 1995

the process of developing a dedicated landing page on its website with information about its complaint processes. This page will provide a central hub for all key information about the different complaint processes and will include an FAQ section and contact details for support and guidance. Additionally, RANZCOG advised the review it will develop a deidentified annual report that will be publicly available and include the number and nature of complaints received and associated outcomes.

The review commends RANZCOG on its commitment to ensuring its complaint processes are transparent and accessible. The review has outlined several recommendations for RANZCOG's consideration where it considers the existing process for managing administrative complaints could be strengthened to make it clearer and more accessible to those who may wish to make an administrative complaint.

Development of a separate complaint policy for managing administrative complaints

RANZCOG's Complaints Policy largely outlines general principles in relation to complaint management and provides limited information about the steps involved in managing the different types of complaints that fall within its scope. For complaints about RANZCOG members, employees and educational programs, the Complaints Policy references separate policies that provide further guidance about the complaints process.

In relation to administrative complaints, the review found the Complaints Policy provided limited guidance about the types of complaints RANZCOG will consider and the process for managing them. As administrative complaints about RANZCOG are likely to involve different processes, decision-makers and outcomes to complaints about RANZCOG members and staff, the review recommends that RANZCOG develops a separate complaints policy for managing administrative complaints. Alternatively, the review suggests RANZCOG update its Complaints Policy to provide greater clarity about how administrative complaints will be managed and possible outcomes from the complaints process that are applicable to this category of complaints. The review recommends RANZCOG considers adopting the three-stage model for complaints management outlined in this report. A stage one complaint could be defined as a complaint that can be resolved quickly by frontline staff, such as straightforward service delivery complaints. A stage two complaint would usually involve a more complex issue or a complaint that was unable to be resolved at stage one and be managed by another staff member or team within the organisation. Stage three of the complaints process involves review of the complaint by an external entity, such as the National Health Practitioner Ombudsman.

The review acknowledges RANZCOG's preference for complaints to be assessed by its CEO to determine the nature of the issue raised and the appropriate pathway for management. As outlined in the report, the review considers this approach is potentially problematic. This is because there is limited scope for the complaint to be escalated internally if the complainant is dissatisfied with an initial response provided by the CEO or the way the complaint has been handled. RANZCOG may wish to consider whether the new role it has established to assist complainants in navigating the different complaint pathways could be responsible for triaging complaints, rather than this role being performed by the CEO.

Once an administrative complaint handling policy is created, the review recommends RANZCOG updates the current Complaints Policy to provide a link to the new policy and ensure the policy is publicly available on its website.

Once RANZCOG has finalised its administrative complaint handling policy, it is recommended that staff are provided with training to ensure they are aware of how to identify an administrative complaint, the complaints process, and how to assist complainants to access the complaint handling process. Following consultation on the review's preliminary findings, RANZCOG has accepted the recommendation to develop a separate policy for managing administrative complaints in line with the best practice principles outlined in this report.

Recommendations	Priority rating
RANZCOG should develop and publish a separate administrative complaint handling policy in line with the three-stage approach to complaints management outlined in this report.	High
RANZCOG should provide complaint handling training to staff after finalising the administrative complaint handling policy.	Medium

Visibility of the complaints process

To ensure the complaints process is accessible to those who may wish to make a complaint about RANZCOG, it is recommended that RANZCOG creates a complaints page on its website with key information about the different complaint processes available to individuals and the relevant policies. 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 complaints process. The review considers this information may assist RANZCOG in exploring options for the early resolution of complaints and managing complainant expectations if the outcome sought is not something that can be achieved through the complaints process. In addition to the online complaint form, the review recommends RANZCOG provides other methods to submit a complaint, such as by email, post or by phone.

The review also considers that providing options for complaints to be made on a confidential basis may reduce barriers for complainants wishing to raise concerns. Anonymous complaints may also be accepted, however, RANZCOG should clearly communicate the possible limitations associated with progressing anonymous complaints. Further, RANZCOG should be transparent about the difficulties with maintaining confidentiality in circumstances where the complainant may be identifiable from the subject matter of the complaint. Following consultation on the review's preliminary findings, RANZCOG advised that it will publish information about its administrative complaints process on its website and develop an online complaint form after finalising the administrative complaint handling policy.

Recommendations	Priority rating
RANZCOG should publish information about its administrative complaint handling process on its website.	Medium
RANZCOG should create a complaint form for administrative complaints and ensure it is publicly available on its website.	Low



Royal Australian and New Zealand College of Psychiatrists (RANZCP)

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) conducts the education, training and continuing professional development of psychiatrists in Australia and New Zealand.

The education and training program in psychiatry delivered by RANZCP is accredited by the Australian Medical Council (AMC). The AMC's most recent accreditation report is dated February 2023 and the AMC website indicates that accreditation is due to expire in March 2027.¹

The RANZCP training program consists of a minimum of five years full-time training. After completing the RANZCP training program, medical practitioners can apply for specialist registration as a psychiatrist with the Medical Board of Australia and Fellowship of RANZCP (FRANZCP).

Accreditation of training programs, training sites and formal education courses (FECs)

<p>Procedural aspects of training program, training site and FEC accreditation</p> <p>The review found the procedural aspects of accreditation to be mostly adequate. Improvements could be made to ensure accreditation processes are more accessible and procedurally fair.</p>	
<p>Processes for managing concerns about accredited training programs, training sites and FECs</p> <p>The review found that there was a partially adequate process for managing concerns about accredited training sites. Improvements could be made to increase transparency and accessibility, particularly in relation to the monitoring of accredited programs, FECS and training posts.</p>	

RANZCP is responsible for accrediting fellowship training programs, also referred to as training zones, to deliver the psychiatry training program in Australia. In New South Wales and Victoria, there are several accredited training programs offered in each state. In Western Australia there are two programs offered. In South Australia and Queensland, there is one large training program offered for each state, and a smaller training program is offered in each of the Northern Territory, Australian Capital Territory and Tasmania. An accredited training program may include public or private health services across multiple locations. Each training program has a branch training committee and at

¹ AMC website, 'Specialist medical colleges' webpage. Accessed May 2022: <www.amc.org.au/accreditation-and-recognition/assessment-accreditation-specialist-medical-programs-assessment-accreditation-specialist-medical-programs/specialist-medical-colleges/>.

least one director of training who is responsible for the oversight and implementation of the RANZCP training program.

In addition to training programs, RANZCP accredits training posts. Training posts are accredited positions that trainees rotate through during their training. RANZCP also accredits FECs, which are structured academic programs that are mandatory for trainees during stage one and two of the training program.

RANZCP offers certificates of advanced training in various areas of practice that allow trainees and fellows to extend their training in psychiatry. Trainees may undertake a certificate of advanced training during stage three of the RANZCP training program. This is not a pre-requisite for specialist registration and fellowship with RANZCP and is therefore out of the review's scope.

Process for accrediting training programs

The Accreditation Policy and Procedure (the Accreditation Policy) outlines RANZCP's accreditation processes and was last updated in December 2021. Generally, RANZCP adopts a similar process for accrediting training programs, FECs and training posts.

RANZCP accredits training programs in accordance with the Training Program Accreditation Standards, which were last updated in November 2019. The accreditation process is managed by the RANZCP Accreditation Committee, which is overseen by the RANZCP Education Committee.

New training programs seeking accreditation must apply to the Education Committee for approval to commence the accreditation process by completing the Application for New Fellowship Program Form. The application form is provided to the applicant by the RANZCP accreditation team upon request. According to RANZCP, the branch training committee may be the applicant for accreditation purposes or the training program itself. If the training program is the applicant, it must be endorsed by the relevant branch training committee as part of the application process.

After the application is submitted (and if necessary, endorsed by the relevant branch training committee), the Committee for Training assesses the application and makes a recommendation to the Education Committee requesting in-principle approval and RANZCP accreditation of the program.

If the Education Committee endorses the recommendation for in-principle approval of the training program, it directs the Accreditation Committee to assess the training program against the Training Program Accreditation Standards. RANZCP explained to the review that this is a paper-based assessment. The final decision regarding accreditation must be approved by the RANZCP Board. New training programs are required to be provisionally accredited before accepting trainees. Within the first 12 months of provisional accreditation, RANZCP undertakes an accreditation assessment of the training program to determine whether to grant accreditation or to continue provisional accreditation until certain conditions are met by the training program.

The accreditation assessment is conducted by an accreditation panel appointed by the Accreditation Committee. As part of the accreditation assessment, the accreditation panel reviews one or more of the training locations in the training program and conducts interviews with all stakeholders, including trainees, supervisors, Directors of Training (DOTs) and health service management. Following this,

the accreditation panel prepares a report assessing the training program's compliance with the Training Program Accreditation Standards. The accreditation panel may outline recommendations where the Training Program Accreditation Standards have been partially met, or not met. The accreditation panel's draft report is provided to the training program's DOT for fact checking and then submitted to the Accreditation Committee for review. If the Accreditation Committee recommends accreditation, the draft accreditation report is submitted to the Education Committee for approval and noting by the RANZCP Board.

Training programs are accredited for a five-year period. RANZCP undertakes a mid-cycle accreditation review and an accreditation location assessment at the end of the accreditation cycle when reaccrediting the training program.

Process for accrediting FECs

RANZCP adopts a similar process for accrediting FECs.

FECs are assessed in accordance with the Formal Education Course Accreditation Standards (FEC Accreditation Standards), which were last updated in October 2020. Training providers seeking to offer new FECs must apply to the Accreditation Committee. RANZCP does not have an application form for FECs seeking accreditation as it has not received any interest from new FECs. However, it explained to the review that an application form could be developed easily if a new expression of interest was received.

The application is assessed against the FEC Accreditation Standards by members of the Accreditation Committee, or an appointed accreditation panel. The assessment may include a site visit to the training provider. Following the assessment, the panel's draft report and recommendation are provided to the training provider for fact checking. The draft report is then provided to the Accreditation Committee for consideration and submitted to the Education Committee for a final decision. At the end of the accreditation process, the FEC may be granted accreditation or provisional accreditation. Provisional accreditation may be granted if the Accreditation Committee has outlined recommendations that the FEC needs to meet.

Process for accrediting training posts

Training posts seeking accreditation are assessed in accordance with the Training Post Accreditation Standards, which were last updated in April 2020. The Accreditation Committee has delegated responsibility for accrediting training posts to the branch training committees in each state and territory in Australia.

To apply for accreditation or reaccreditation, the health service where the training post is located applies to the local branch training committee. The branch training committee appoints a training post accreditation panel to undertake the accreditation assessment. The training post accreditation panel provides the branch training committee with a training post accreditation report, which may include recommendations that must be met by the health service before full or provisional accreditation is granted to the training post, or to maintain accreditation. The final decision to accredit a training post is made by the relevant branch training committee.

Monitoring of accredited training programs, training posts and FECs

The Accreditation Policy outlines that the Accreditation Committee is responsible for monitoring accredited training programs to ensure they continue to meet the Training Program Accreditation Standards. It is understood that one of the mechanisms for monitoring training programs is a mid-cycle desktop audit.

RANZCP advised the review that branch training committees are responsible for monitoring FECs during the accreditation cycle to ensure they continue to meet the FEC Accreditation Standards. RANZCP also informed the review that there is a mid-cycle review process for FECs.

It is understood that because branch training committees are responsible for accrediting training posts, they are also responsible for monitoring training posts during the accreditation cycle.

Managing concerns about accredited training programs, training posts and FECs

RANZCP manages concerns about accredited training programs and training posts in accordance with the document entitled, Feedback regarding accreditation status outside of a scheduled assessment (the Feedback Guidelines). RANZCP advised the review this is a guidance document only and not a formal policy. The Feedback Guidelines provide a mechanism for individuals to raise any concern outside of an accreditation assessment. Concerns about a training program are referred to the Accreditation Committee or the Committee for Training for management. Concerns about a training post are referred to the relevant branch training committee for management.

Managing non-compliance with the accreditation standards

RANZCP's process for removing accreditation from a training program, training post or FEC is outlined in the Removal of Accreditation Policy, which was last updated in December 2021.

In relation to a training program, the Removal of Accreditation Policy stipulates that accreditation can only be removed following an accreditation assessment by the Accreditation Committee. An accreditation assessment may occur as part of the reaccreditation process, or in response to concerns or training issues raised with the Accreditation Committee or the Committee for Training. If the Accreditation Committee recommends removing accreditation, it drafts an accreditation report recommending removal of accreditation for the Education Committee to consider. The executive summary of the report may be provided to the DOT and the Branch Training Committee responsible for the training program. If the Education Committee supports the Accreditation Committee's recommendation for the removal of accreditation, a working group is established to 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.

The removal of accreditation from an FEC follows a similar process. The Accreditation Committee makes a recommendation for removal to the Education Committee. The Education Committee submits the recommendation to the RANZCP Board for endorsement.

The branch training committees are responsible for recommending that accreditation of a training post is removed. This recommendation is provided to the Committee for Training for ratification with

a plan for affected trainees if accreditation is withdrawn. If the Committee for Training considers that removing accreditation from the training post will significantly impact the training program, it may refer the matter to the Education Committee for consideration. The Education Committee may consult with the Board. In certain circumstances, the Committee for Training in conjunction with the Accreditation Committee may undertake an accreditation assessment of the training post where removal of accreditation is recommended.

Key observations

RANZCP has established processes for accrediting training programs, FECs and training posts. Information about these processes is easily accessible on RANZCP's website, with a dedicated page for accreditation that includes links to relevant policies and procedures. The review is supportive of the Removal of Accreditation Policy that RANZCP developed in 2021, which articulates the steps involved in withdrawing accreditation from a training program, FEC or training post.

The review has outlined areas where it considers RANZCP could provide further guidance to training providers, trainees and other stakeholders to make accreditation processes more accessible. This includes the application and assessment process for initial accreditation and reaccreditation, and monitoring activities during the accreditation cycle.

Ensuring accreditation processes are transparent and accessible

The review found the Accreditation Policy could more clearly articulate the steps involved in accrediting training programs, training posts and FECs. The review observed the level of information provided for each of the accreditation processes varied. While the Accreditation Policy included a section on initial accreditation and accreditation outcomes for training programs, similar sections were not included for FECs and training posts.

The review found the Accreditation Policy provides limited practical information about the application process for the different types of accreditation and the steps involved in assessing an application for accreditation. There is no reference to the relevant application forms or instructions for submitting an application, such as who should submit the application and where it should be submitted. This was particularly unclear for the accreditation of training programs, as RANZCP explained that an application for accreditation may be submitted by the relevant branch training committee or the training program seeking accreditation (in which case, the relevant branch training committee needs to endorse the application).

The review also found that there appeared to be a lack of clarity and transparency regarding the roles and responsibilities of internal RANZCP committees. In particular, the role of the branch training committee in relation to the accreditation process appears inconsistent. For example, the branch training committee can apply for accreditation on behalf of a new training program; however, it is also an internal RANZCP committee. Additionally, while the branch training committee can accredit training posts, it does not have the authority to withdraw accreditation. These arrangements do not appear consistent with other colleges' accreditation processes and may warrant further consideration.

The review recommends RANZCP updates the Accreditation Policy, or creates an associated procedure document, to provide key information about the different accreditation processes in a more structured and sequential format. For each of the accreditation processes, RANZCP should include sections on the following for new applications for accreditation and reaccreditation:

- the application process, including reference to the relevant application form, who should complete the application form and the relevant contact details for submitting the application
- the assessment process, outlining each key step that will be undertaken after an application is received, such as an initial paper-based assessment and/or an accreditation visit
- the role of RANZCP internal committees in relation to the accreditation process
- possible outcomes from the accreditation process, including whether a decision can be made not to grant accreditation
- expected timeframes for key stages of the application and assessment process.

RANZCP explained that the relevant application forms to apply for accreditation of a training program and a training post are not publicly available. Health services seeking accreditation of a training site can request the application form from the relevant branch training committee and the training program application form can be requested from RANZCP. The review recommends that RANZCP publishes the relevant application forms on its website. This will ensure that organisations which are considering applying for accreditation can easily access the application forms. The forms contain important information about the requirements to apply for accreditation and relevant evidence that needs to be submitted with the application.

In addition, the review has found that most colleges publish information on their websites identifying accredited training sites for the specialist medical profession across Australia. Providing this information helps to increase transparency for those directly affected by training site accreditation decisions, including trainees or potential training sites. It also provides a valuable public resource for consumers and health care providers to better understand the provision of care by specialist medical trainees. While there is diversity in the information colleges have made publicly available about training sites online, the review suggests that it would be beneficial to include information about when accreditation is due to expire at a minimum. This information is likely pertinent to those seeking to find out more about available training programs, FECS and training posts.

Recommendations	Priority rating
RANZCP should update its accreditation documentation to provide clarity about the steps involved in applying for accreditation and assessing applications for initial accreditation and reaccreditation for training programs, FECs and training posts.	High
RANZCP should ensure the relevant forms to apply for accreditation of a training program and a training post are publicly available on its website.	Low
RANZCP should update its website to provide a list of accredited training programs, FECS and posts and, ideally, when accreditation is due to expire.	Low

Ensuring accreditation processes are procedurally fair

The Accreditation Policy outlines that training programs and FECs will have the opportunity to review and respond to the draft accreditation report before it is considered by the Accreditation Committee and referred to the Education Committee for a final decision.

Following initial consultation, the review was pleased to see RANZCP's updated Accreditation Policy has removed references to only providing the executive summary of the accreditation report as part of this process.

However, the review notes that the process for accrediting training posts outlined in the Accreditation Policy does not include a similar step providing health services with the opportunity to review and respond to the draft accreditation report before a final decision is made by the branch training committee regarding accreditation. RANZCP advised the review that if a decision was made not to accredit a training post, the health service is provided with an opportunity to review and respond to the draft accreditation report before a final decision is made by the branch training committee.

The review recommends RANZCP updates the Accreditation Policy to clearly document that training programs, FECs and training posts will have the opportunity to review and respond to the draft accreditation report before a final decision. This is particularly important in circumstances where the proposed decision is:

- not to grant accreditation
- to grant accreditation with conditions or recommendations.

Clearly documenting this step in the Accreditation Policy will help to ensure training programs, FECs and training posts are aware of the steps in the accreditation process and to ensure consistency across RANZCP's accreditation processes.

Recommendations	Priority rating
RANZCP should update the Accreditation Policy to specify that training programs, FECs and training posts will have the opportunity to respond before a decision is made not to accredit a training post or to grant accreditation with conditions or recommendations.	High

Transparency regarding monitoring activities that may be undertaken during the accreditation cycle

The Accreditation Policy stipulates the Accreditation Committee is responsible for monitoring training programs, FECs and training posts to ensure the relevant accreditation standards continue to be met during the accreditation cycle. The Accreditation Policy outlines that during the five-year accreditation cycle, RANZCP may undertake an accreditation location visit, a mid-cycle desktop audit and surveys of trainees and supervisors. However, the review considers RANZCP could more clearly communicate that the purpose of these activities is to monitor training providers during the accreditation cycle to ensure they continue to meet the relevant accreditation standards.

The review also found the Accreditation Policy did not clearly outline what may occur if the Accreditation Committee identifies evidence while performing monitoring activities that a training program, FEC or training post may not be meeting the relevant accreditation standards. It is unclear, for example, whether the Accreditation Committee may investigate any identified concerns, the procedure that would be followed and the possible outcomes from the process.

The review noted the Accreditation Committee has delegated responsibility for accrediting training posts to the relevant branch training committees. While the Accreditation Policy states the Accreditation Committee is responsible for monitoring training posts to ensure they continue to meet the relevant accreditation standards, it was unclear whether the Accreditation Committee has also delegated the task of monitoring training posts to the branch training committees. RANZCP advised the review that branch training committees have procedures for monitoring FECs during the accreditation cycle. However, the review observed this was not articulated in the Accreditation Policy.

While RANZCP has a Removal of Accreditation Policy, it was unclear to the review whether RANZCP may take other forms of action if it identifies that a training program, FEC or training post may not be meeting the relevant accreditation standards, such as imposing conditions. The review noted that the Accreditation Policy outlines that training programs, FECs and training posts may be accredited with conditions or recommendations during the initial accreditation assessment. However, the Accreditation Policy and Removal of Accreditation Policy do not mention these types of accreditation outcomes in the context of an accreditation review at the end of a five-year cycle, or as action that may be taken if concerns are identified that a training program, FEC or training post may no longer be meeting the relevant accreditation standards.

For training programs, FECs and training posts, the review recommends RANZCP provides clear guidance about the:

- types of monitoring activities that may be undertaken during an accreditation cycle
- roles and responsibilities of the relevant bodies responsible for performing monitoring activities during the accreditation cycle
- process that is followed if concerns are identified while undertaking monitoring activities that the relevant accreditation standards may not be being met
- possible outcome if it is established the relevant accreditation standards are not being met, such as imposing conditions on accreditation or withdrawing accreditation.

Sharing information about monitoring activities will assist in managing the expectations of accredited programs and training posts during the accreditation cycle, particularly as monitoring activities may result in conditions or recommendations being placed on accreditation, or the withdrawal of accreditation. Clearly articulating these activities in the Accreditation Policy will also promote consistency across RANZCP committees performing monitoring functions.

Recommendations	Priority rating
<p>RANZCP should provide greater clarity in its accreditation documentation about the monitoring activities that may be undertaken during the accreditation cycle. This should include information about the:</p> <ul style="list-style-type: none"> • types of monitoring activities that may be undertaken during an accreditation cycle • roles and responsibilities of the relevant bodies responsible for performing monitoring activities during the accreditation cycle • process that is followed if concerns are identified while undertaking monitoring activities that the relevant accreditation standards may not be being met • possible outcome if it is established the relevant accreditation standards are not being met, such as imposing conditions on accreditation or withdrawing accreditation. 	High

Ensuring the process for managing concerns about training programs and training posts is transparent and accessible

The Feedback Guidelines provides a mechanism for individuals to raise an issue or provide feedback about an accredited training program or training post outside of the formal accreditation assessment process. The Feedback Guidelines do not include a publication date or review schedule. The Feedback Guidelines outline the committees responsible for managing concerns and feedback. However, the review found it did not outline the procedure for managing these matters and the possible outcomes from this process. It was also unclear what types of issues or feedback would fall within the scope of the Feedback Guidelines and whether it applied to FECs. RANZCP advised the review that the Feedback Guidelines are a guidance document and not a formal policy.

The review considers it is important that RANZCP provides a clear pathway for individuals to submit a concern about an accredited training program, FEC or training post and that there is an established process for managing these concerns. This is particularly relevant in the context of RANZCP's monitoring function, as information about concerns may indicate a systemic issue within a training program, FEC or training post that could impact its ability to meet the accreditation standards.

The review recommends RANZCP formalises the process for managing concerns about accredited training programs, FECs and training posts in a policy document. This would ensure there is a consistent procedure in place for RANZCP staff to follow when managing concerns and that individuals and respondents have clarity about the steps that can be expected in the process. It is also important for transparency and accountability regarding document control that there is a clear record of the approval date of the policy, whether the policy has been modified and scheduled review periods.

This policy should outline a clear procedure for managing concerns about accredited training programs, FECs and training posts, having regard to the principles outlined in this report. The policy should provide clear guidance about:

- what constitutes a ‘concern’, including examples
- the role of the individual and respondent during the process, including that the respondent will be notified of the concerns and provided with an opportunity to respond before a decision is made, and that both the individual and respondent will be provided with written notice of the decision
- the key roles and responsibilities of RANZCP staff and committees during the process, including who is responsible for making a decision
- how concerns which allege, or appear to demonstrate, that a training program, FEC or training post is no longer meeting the accreditation standards are assessed and managed (see ‘A framework for identifying and managing non-compliance with the accreditation standards’)
- the concerns which will not be assessed or managed directly by RANZCP, and the relevant referral pathways where possible, such as professional misconduct concerns which should be reported to Ahpra and the Medical Board of Australia (see ‘Developing a framework for assessing and managing concerns about accredited training sites’)
- possible outcomes from raising a concern, including if concerns are substantiated that the training site is not meeting the accreditation standards (see ‘Establishing a risk-based, proportionate approach to non-compliance with the accreditation standards’)
- expected timeframes for key stages of the process
- how concerns will be recorded and how this data will be used by RANZCP to inform its monitoring functions.

To ensure individuals are aware of the ability to raise concerns about a training program, FEC or training post, it is recommended RANZCP also provides clear information about how to:

- raise a concern and also allow individuals to raise concerns in variety of ways, such as by an online form, email, phone or post
- raise a concern on a confidential basis to reduce barriers for individuals wishing to raise concerns, particularly given the possible sensitive nature of some concerns. However, RANZCP should be transparent about the difficulties with maintaining confidentiality in circumstances where the individual may be identifiable from the subject matter of the concern.
- raise a concern anonymously, ensuring clear communication is provided to individuals about the possible limitations associated with progressing anonymous concerns.

Ideally, RANZCP should create an online form to assist individuals to provide key information about their concerns and the outcome they are seeking. This will help to ensure RANZCP has sufficient information to respond to the concerns.

RANZCP should consider who may wish to raise a concern and ensure that information about the process for managing concerns is easily accessible on its website in relevant areas, such as the page on accrediting posts, programs and courses and in areas accessed by trainees and fellows. It should also be made visible in relevant correspondence and training material. As training programs, FECs

and training posts may be the subject of a concern, it is important that they are aware of the process and how data regarding concerns will be used to inform RANZCP’s monitoring function.

Concerns about accredited training programs, FECs and training posts need to be accurately recorded and appropriately stored. The review suggests that RANZCP create an internal register to record concerns and outcomes and use this data to inform its monitoring activities and reaccreditation processes.

Once RANZCP has formalised and finalised its policy for managing concerns about accredited training programs, FECS and training posts, it is recommended that staff are provided with training to ensure they are aware of how to assist individuals seeking to raise a concern and how to assess and manage concerns based on the new policy.

Recommendations	Priority rating
RANZCP should formalise and update the Feedback Guidelines, or create a separate policy and process, to document how it manages concerns about accredited training programs, FECs and training posts and should ensure information about this process is easily accessible on its website and communicated to stakeholders.	High
RANZCP should develop an online form to raise a concern about a training program, FEC or training post and ensure there are mechanisms for concerns to be made anonymously, using a pseudonym or on a confidential basis.	Low
RANZCP should provide staff with training after it develops a policy and procedure for managing concerns about training programs, FECs and training posts to ensure they are aware of how to identify a concern, the process for managing these concerns, and how to assist individuals to access RANZCP’s system for handling these concerns.	Low
RANZCP should create an internal register to record and monitor concerns and outcomes about accredited training programs, FECs and training posts, and use this data to inform its monitoring activities and reaccreditation processes.	Medium

Managing non-compliance with the accreditation standards

The review recognises that it is necessary for RANZCP to respond to a training program, FEC or training post not complying with an accreditation standard. However, the review found that RANZCP’s process for responding to instances where it has been substantiated that a training program, FEC or training post is no longer meeting the accreditation standards during the accreditation cycle could be strengthened. In particular, RANZCP’s process for determining the appropriate response to non-compliance was not clearly detailed.

As outlined in this report, the review suggests that colleges apply a risk-based and proportional response to non-compliance, where action is taken based on the level of risk associated with the non-compliance.

The review notes that there are a range of different actions available to RANZCP if it is substantiated that a training program, FEC or training post is not meeting the accreditation standards. This may

range from requesting that the training program, FEC or training post provides an update on how it has addressed an issue, to more serious action such as making an adverse change to the accreditation status of the training program, FEC or training post.

Responses to non-compliance which are high risk may include, for example:

- imposing conditions on the accreditation of the training program, FEC or training post
- suspending the training program, FEC or training post's accreditation
- making immediate changes, such as removing a trainee temporarily or removing and replacing a supervisor
- withdrawing accreditation from the training program, FEC or training post.

The review found that RANZCP's process for removing accreditation from a training program, training post or FEC is outlined in the Removal of Accreditation Policy. The review commends RANZCP for having a documented policy regarding its process for removing accreditation from a training program, FEC or training post given the serious implications if accreditation is withdrawn.

However, the review notes that this policy relates to the withdrawal of accreditation only, and not the management of non-compliance with the accreditation standards more broadly.

Given the serious implications if RANZCP decides to make an adverse decision in relation to non-compliance with the accreditation standards, it is important there is an established process outlining the steps involved, and the relevant factors considered, when making this decision. This information should be publicly available to assist those who may be impacted by the decision and to enhance the transparency of RANZCP's processes. Similarly, it is important that RANZCP has a robust and well-documented process that can be relied on to support its decision-making if a decision is later subject to a merits review.

The review therefore recommends that RANZCP updates the relevant accreditation documentation to provide further information about how it manages non-compliance with the accreditation standards. This should include guidance on:

- how it may identify that a training program, FEC or training post is not meeting the accreditation standards, such as through its monitoring activities or receiving a concern about a training program, FEC or training post from an individual
- the roles and responsibilities of the relevant bodies in making a decision in relation to non-compliance, including any proposed decision to adversely change the accreditation status of a training program, FEC or training post
- the assessment process to determine the most appropriate decision, including the factors considered regarding the risks associated with the non-compliance and the actions available to RANZCP in response
- the steps involved before a final decision is made in response to non-compliance, including any required consultation with affected stakeholders
- the expected timeframes for key stages of the process

- the process for notifying training programs, FECs or training posts of the decision, including that they will be provided with written reasons for the decision
- the administrative complaint and merits review pathways available to training programs, FECs or training posts regarding the decision.

The review recognises that responsibilities regarding required consultation with affected stakeholders will likely differ based on the seriousness of the risks identified, and therefore the severity of the action proposed to be taken by RANZCP. For example, a decision to withdraw accreditation can have wide-ranging impacts on health services, and therefore likely requires more comprehensive consultation.

The review recommends RANZCP ensures the training program, FEC or training post is provided with an opportunity to review and respond to a proposed adverse decision before a final decision is made, and that this step is clearly outlined in the relevant accreditation documentation. This step will allow the training program, FEC or training post to respond to the concerns about non-compliance, clarify any factual errors, or provide additional information relevant to the decision-making process. This step may also reduce the likelihood of a training program, FEC or training post later seeking a merits review of an accreditation decision on the basis of a factual error or information not being considered.

Recommendations	Priority rating
<p>RANZCP should update relevant accreditation documentation to include more detailed information about how it manages non-compliance with the accreditation standards. RANZCP should provide greater clarity about:</p> <ul style="list-style-type: none"> • how it may identify that a training program, FEC or training post is not meeting the accreditation standards, such as through its monitoring activities or receiving a concern about a training program, FEC or training post from an individual • the roles and responsibilities of the relevant bodies in making a decision in relation to non-compliance, including any proposed decision to adversely change the accreditation status of a training program, FEC or training post • the assessment process to determine the most appropriate decision, including the factors considered regarding the risks associated with the non-compliance and the actions available to RANZCP in response • the steps involved before a final decision is made in response to non-compliance, including any required consultation with affected stakeholders • the expected timeframes for key stages of the process • the process for notifying training programs, FECs or training posts of the decision, including that they will be provided with written reasons for the decision • the administrative complaint and merits review pathways available to training programs, FECs or training posts regarding the decision. 	<p>High</p>

RANZCP should update accreditation documentation to specify that the training program, FEC or training post will be provided with the opportunity to review and respond to the proposed decision to adversely change its accreditation status before a final decision is made.

High

Merits review process

Merits review processes for accreditation decisions

The review found merits review processes for accreditation decisions to be mostly adequate. Some improvements could be made to ensure transparency and fairness in relation to fees, and greater visibility and accessibility of merits review processes.



Accreditation decisions made by RANZCP can be subject to reconsideration, review and appeal under the Reconsideration, Review and Appeal Policy and Procedure (the Appeals Policy). The Appeals Policy was recently updated in 2022 following the review's preliminary consultation on its proposed recommendations.

There is no fee to apply for a review of a decision. The application fee to apply for a reconsideration is \$1,000 and the appeal fee is \$4,000. If the original recommendation or decision is varied following the reconsideration or appeal process, the Appeals Policy outlines the applicant can make a request in writing to RANZCP to have half the application fee refunded.

Key observations

RANZCP recently updated its Appeals Policy to introduce the three-stage merits review process adopted by all specialist medical colleges. The review has outlined several recommendations for RANZCP's consideration based on its newly established Appeals Policy.

Accreditation decisions subject to merits review

The review observed a lack of clarity around the accreditation decisions that can be reconsidered, reviewed or appealed through the Appeals Policy.

The review considers there are a range of accreditation decisions that should be subject to merits review processes. These include decisions to:

- refuse to grant accreditation or reaccreditation to a training program, FEC or training post
- impose or change a condition on the accreditation or reaccreditation of a training program, FEC or training post
- refuse to change or remove a condition imposed on the accreditation or reaccreditation of a training program, FEC or training post
- suspend the accreditation of a training program, FEC or training post
- revoke the accreditation of a training program, FEC or training post.

The review recommends that RANZCP considers clarifying the types of decisions which are subject to its Appeals Policy, including the decisions referred above. This is important to ensure that RANZCP's accreditation decision-making processes are accountable and procedurally fair.

Recommendations	Priority rating
RANZCP should update its Appeals Policy to clarify the types of accreditation decisions that can be subject to merits review.	Medium

Establishing an effective merits review process

As outlined in this report, the review recommends accreditation organisations adopt a three-stage merits review process consisting of:

1. frontline reconsideration of the decision by the original decision-maker
2. internal review of the decision by a staff member or Committee that has not previously been involved in the matter
3. formal appeal or external review of the decision.

The review commends RANZCP for having an established three-stage process. However, the review considers that it would be beneficial for RANZCP to adopt a more informal approach for the first stage of the merits review process.

As outlined in best practice principles, it is important that the initial step in the merits review process enables the original decision-maker or contact person representing the decision-maker to attempt 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 organisation.

Most colleges refer to the initial stage of the merits review process as the reconsideration stage, rather than a review stage. In comparison, RANZCP refers to the initial stage of its merits review process as the review stage, followed by the reconsideration stage. This inconsistency has the potential to cause confusion, particularly for stakeholders who may be engaging with multiple colleges. It is therefore recommended that RANZCP aligns its merits review terminology with that used by other colleges.

Recommendations	Priority rating
RANZCP should update its Appeals Policy in line with the best practice principles outlined in this report, with a particular focus on ensuring it offers an initial informal 'reconsideration' stage.	High

Role and powers of decision-makers related to reconsideration and review applications

RANZCP's Appeals Policy specifies that review of a decision is conducted by the Education Review Committee (ERC) and reconsideration of a decision is undertaken by the Independent

Reconsideration Panel (IRC). The ERC and IRC may recommend the following outcomes to the RANZCP Board the:

- original recommendation for exclusion or decision be upheld
- original decision-maker reconsider the matter for decision, taking into account the findings of the (ERC or IRC) in relation to the application for (review or reconsideration)
- original recommendation for exclusion or decision be altered.

The Board may approve the ERC or IRC recommendation or alternatively refer the matter back to the relevant committee for further consideration.

The Appeals Policy outlines that the Appeals Committee can make similar recommendations. The Appeals Committee may:

- decide that the original decision be upheld
- recommend to the Board that the original decision-maker reconsider the matter for decision, taking into account the findings of the Appeals Committee
- recommend to the Board that the original decision be altered.

Currently, the ERC, IRC and Appeals Committee do not appear to be empowered to make a decision in relation to the merits review application, but rather must refer decision-making to another body (the Board).

As outlined in the best practice section of this report, the review suggests that colleges which provide a merits review process should seek to ensure that the appointed decision-makers are independent and impartial. The review notes that an application for appeal is considered by the Appeals Committee, however, it is ultimately the Board which makes the final decision on the application. The Board is also the final decision-maker for the review and reconsideration stage of RANZCP's merits review process. The involvement of the Board at each stage of RANZCP's merits review process may diminish an applicant's trust in the impartiality and fairness of the process.

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 without referral to another board or committee. This is why decision-makers in a merits review are often said to 'stand in the shoes' of the original decision-maker.

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 upon, 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 the Appeals Policy, and inconsistency in decision-making.

Recommendations	Priority rating
RANZCP should update its Appeals Policy to ensure the role and powers of decision-makers at all stages of the merits review process are clearly articulated in line with the best practice principles outlined in this report.	High
RANZCP should update its Appeals Policy to ensure merits review decision-makers have appropriate powers to consider a merits review application in line with the best practice principles outlined in this report.	High

Clarifying the impartiality and independence of the Appeals Committee

The review commends RANZCP for seeking to ensure greater accountability of decision-making by publishing the composition of the Appeals Committee and how its members are appointed in the Appeals Committee Regulations. This includes the appointment of a Chair who has held a position within the judicial system, two Fellows, and co-opted members who are asked to provide specified knowledge and expertise. The Chair is the only member with full voting rights and is the sole decision-maker.

This information, however, is not included within the Appeals Policy, nor is the regulation linked as a related document. The review suggests that RANZCP considers clarifying how it appoints committee members in the Appeals Policy. Including all relevant information in the Appeals Policy increases transparency and ensures the process is easy to navigate. The review also encourages RANZCP to consider whether there is a need for the College CEO to attend the appeal proceedings, or to better outline the intended purpose of the CEO doing so.

Recommendations	Priority rating
RANZCP should update its Appeals Policy to specify how members of its Appeals Committee are appointed, and their required skills and experience, to strengthen the impartiality and independence of appeal decisions.	Medium

Transparency and procedural fairness regarding fees associated with the reconsideration and appeal process

RANZCP currently charges a reconsideration fee of \$1,000. As per the best practice principles outlined in this report, the review recommends that ideally, reconsideration and review processes should be offered free of charge. The review notes that this is the approach taken by most colleges. Fees can create a barrier to apply for a merits review and can deter people from proceeding with an application. This is contrary to the recognised benefits of providing a merits review process.

RANZCP's Appeals Policy stipulates that if an application for reconsideration or appeal is successful, the IRC or Appeal Committee can recommend to the Board that the applicant will be refunded up to half of the application fee. While it is acknowledged that reconsideration and appeal proceedings can be costly, the review considers that the reconsideration and appeal fee should be refunded in full to the applicant if their application is successful.

While it is arguably reasonable to expect an applicant to cover their own costs associated with reconsideration or appeal proceedings, the review does not consider it is fair for RANZCP to require an applicant to pay a component of its costs if a decision is revoked or varied on reconsideration or appeal. This is because the success of the application generally indicates that one or more of the grounds for reconsideration or appeal have been established by the applicant, indicating the original decision-maker has made an error or omission when deciding the matter.

The review recommends that RANZCP updates the Appeals Policy to specify that the reconsideration and appeal fees will be refunded in full to the applicant if their application is successful.

Recommendations	Priority rating
RANZCP should consider providing the reconsideration process free of charge in line with this report and the practice of most colleges.	High
RANZCP should update the Appeals Policy to stipulate that if the merits review application is successful, the application fee will be refunded to the applicant in full.	High

Making reconsideration, review and appeal pathways more visible and accessible


The merits review pathways are clearly communicated in the Accreditation Policy and the Removal of Accreditation Policy. However, the review suggests RANZCP updates the accreditation page on its website to include:

- more specific information about how the reconsideration, review and appeal processes apply to accreditation decisions, including the types of decisions that are subject to the Appeals Policy
- instructions for submitting an application for a reconsideration, review and appeal, with reference to contact details and relevant application forms
- a link to the Appeals Policy
- reference to applicable fees and the circumstances in which a refund will be provided, including that successful appeals will be refunded in full.

RANZCP may also wish to consider developing an FAQ section on the accreditation page of its website, to respond to common enquiries received about the merits review pathways. As policies are often written in formal language, the review considers that providing information in a more informal manner, such as in a FAQ-style, may assist in making these processes more accessible and easier to understand for potential applicants.

Recommendations	Priority rating
<p>RANZCP should update the accreditation page on its website to provide guidance about the reconsideration, review and appeal pathways applicable to accreditation decisions, including:</p> <ul style="list-style-type: none"> • an overview of the reconsideration, review and appeal processes and how they apply to accreditation decisions, including the accreditation decisions that are subject to the Appeals Policy and how to submit an application • reference to applicable fees and the circumstances in which a refund will be provided • a link to the Appeals Policy and relevant application forms • reference to applicable fees, including that fees related to successful merits review applications will be refunded in full. 	<p>Medium</p>

Administrative complaint processes

<p>Administrative complaints process</p> <p>The review found that there was a somewhat adequate process for managing administrative complaints. An administrative complaints policy and procedure should be introduced with regard to the best practice principles and recommendations of the review.</p>	
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RANZCP does not have a complaint policy or procedure for managing administrative complaints. RANZCP advised that complaints are managed on a case-by-case basis, having regard to its governance structures and processes. The process for managing a complaint depends on the area of RANZCP’s service delivery that the complaint concerns. RANZCP advised that complaints are generally received via email or post to its head office and that staff with responsibility for managing complaints have undertaken professional development training in dispute resolution.

Key observations

The review acknowledges it is RANZCP’s preference to manage complaints within each area of service delivery. However, developing an overarching complaints policy that outlines general complaint handling principles and a basic procedure for managing complaints will benefit both individuals wishing to make a complaint and RANZCP staff responding to complaints.

Developing and publishing a complaint handling process would provide clarity to individuals wishing to make a complaint about what they can expect from the complaints process, possible outcomes and how complaints data is recorded and monitored by RANZCP. It would also promote consistency across RANZCP regarding appropriate complaint management, including the steps involved in the complaints process, expected timeframes and points of escalation for complex complaints.

The review recommends RANZCP develops an administrative complaint handling policy and procedure that adopts the three-stage model for complaints management outlined in this report. A stage one complaint could be defined as a complaint that can be resolved quickly by frontline staff, such as straightforward service delivery complaints. A stage two complaint would usually involve a more complex issue or a complaint that was unable to be resolved at stage one and will be managed by another staff member or team within the organisation. Stage three of the complaints process involves review of the complaint by an external entity, such as the National Health Practitioner Ombudsman. Once developed, RANZCP should ensure this policy is publicly available on its website.

Once RANZCP has finalised the administrative complaint handling policy, it is recommended that staff are provided with training to ensure they are aware of how to identify a complaint, the complaints process, and how to assist complainants to access the complaint handling system.

Recommendations	Priority rating
RANZCP should develop an administrative complaint handling policy and procedure that adopts the three-stage model for complaints management outlined in this report.	High
RANZCP should provide complaint handling training to staff after finalising the administrative complaint handling policy.	Medium

Monitoring and recording complaints

The review is concerned that RANZCP may be losing valuable data if it does not have a central mechanism to record and monitor complaints. The review recommends that RANZCP creates an internal complaints register to record administrative complaints and outcomes and uses this data to monitor trends and systemic issues that may need to be addressed by relevant business units. Information about how complaints will be recorded and monitored by RANZCP should be included in the administrative complaints policy (once developed).

Recommendations	Priority rating
RANZCP should create an internal complaints register to record and monitor administrative complaints and outcomes.	Medium

Visibility of the complaints process

To ensure individuals are aware of their ability to make a complaint and that the process is easily accessible, it is recommended that RANZCP creates a complaints page on its website with information about the administrative complaints process. This page should include a copy of the administrative complaints policy once developed. The complaints process should also be made visible on other key areas of RANZCP's website that are accessed by trainees and fellows.

Ideally, RANZCP should create an online complaint form to assist complainants to provide key information about their complaint and the outcome they are seeking. This will ensure RANZCP has

sufficient information to respond to the complaint. The online complaint form should be publicly available on the complaints page on RANZCP's website once developed.

Recommendations	Priority rating
RANZCP should publish information about its administrative complaint handling process on its website.	Medium
RANZCP should create an online complaint form for administrative complaints and ensure this is publicly available on its website.	Low

Royal Australian and New Zealand College of Radiologists (RANZCR)



The Royal Australian and New Zealand College of Radiologists (RANZCR) conducts the education, training and continuing professional development of specialist clinical radiologists and radiology oncologists in Australia and New Zealand.

RANZCR is comprised of the Faculty of Radiation Oncology, formed in 1994, and the Faculty of Clinical Radiology, formed in 2013. The Faculty of Radiation Oncology is governed by the Faculty of Radiation Oncology By-Laws and the Faculty of Radiation Oncology Council. The Faculty of Clinical Radiology is governed by the Faculty of Clinical Radiology By-Laws and the Faculty of Clinical Radiology Council. Both Councils are overseen by the RANZCR Board of Directors. The Faculties of Clinical Radiology and Radiation Oncology adopt similar accreditation processes. However, the Faculty of Clinical Oncology has a significantly smaller number of trainees and fellows.¹

The Clinical Radiology and Radiation Oncology Training Programs are accredited by the Australian Medical Council (AMC). The AMC's most recent accreditation report is dated August 2020 and the AMC website indicates that accreditation is due to expire in September 2024.²

The Clinical Radiology and Radiation Oncology Training Programs consist of five years of full-time training. After completion, medical practitioners can apply for specialist registration in clinical radiology or radiation oncology with the Medical Board of Australia and Fellowship of RANZCR.

Accreditation of training sites

<p>Procedural aspects of training site accreditation</p> <p>The review found the procedural aspects of training site accreditation to be mostly adequate. Some improvements could be made to make information about the accreditation process more accessible.</p>	
<p>Process for managing concerns about accredited training sites</p> <p>The review found the process for managing concerns about accredited training sites to be mostly adequate. Improvements could be made to ensure the policy and process for managing concerns is publicly available, and to clarify the internal review process for decisions made in relation to concerns about training sites.</p>	

¹ RANZCR, 2020-2021 Annual Report.2021.

² AMC website, 'Specialist medical colleges' webpage. Accessed May 2022: <www.amc.org.au/accreditation-and-recognition/assessment-accreditation-specialist-medical-programs-assessment-accreditation-specialist-medical-programs/specialist-medical-colleges/>.

RANZCR is responsible for accrediting clinical radiology and radiation oncology training sites in Australia. RANZCR's system of accreditation is based on a network model, which is comprised of a group of training sites that trainees rotate through during the training program. Training sites that form part of a training network generally consist of hospitals, private practices, regional practices and specialty sites. Each training network is supported by its own governance committee and the Training Network Directors in Radiation Oncology and Clinical Radiology.

Process for accrediting training sites

Clinical radiology training sites

RANZCR assesses clinical radiology training sites seeking accreditation against the accreditation standards outlined in the Accreditation Standards for Education, Training and Supervision of Clinical Radiology Trainees (the Clinical Radiology Accreditation Standards). The Clinical Radiology Accreditation Standards also outline the application process for new training sites seeking accreditation, the requirements for ongoing accreditation, and how site visits will be undertaken by RANZCR.

RANZCR has an application form for training sites seeking initial accreditation. Training sites can apply for the following types of accreditation:

- full accreditation, where a training site can support the full five-year training program via a combination of training site rotations through a training network
- specialty accreditation, which provides training in a subspecialty area
- linked accreditation, where specific training is undertaken at a training site for designated periods of time in association with a full site.

After the application has been reviewed by RANZCR, the training site is required to submit an accreditation report which includes a self-assessment form. RANZCR will then undertake a site visit. Following the site visit, the Accreditation Panel makes a recommendation to the Education and Training Committee about accreditation, which makes the final decision on accreditation.

Linked clinical radiology training sites

The Accreditation Standards for Linked Sites (Clinical Radiology Training) (the Linked Sites Accreditation Standards) outlines the accreditation standards that training sites are assessed against when seeking linked accreditation, the application process and how site visits will be undertaken by RANZCR. Sites holding linked accreditation can be classified as:

- an independent site where training is administered separately to a site with full accreditation and is usually undertaken in blocks of 3 months
- a short-term site where training is administered separately to a site with full accreditation and is usually undertaken on a daily or weekly basis
- a satellite site where a site with full accreditation and the linked site departments are administered as a single department over multiple campuses.

RANZCR adopts a similar process for accrediting linked training sites applying for full and speciality accreditation. The process involves the training site submitting an application to RANZCR, completing a self-assessment form, a site visit and then an accreditation decision.

Radiation oncology training sites

RANZCR accredits individual radiation oncology training sites that are linked together to form a training network. Training sites and networks seeking accreditation are assessed against the network accreditation standards outlined in the Radiation Oncology Accreditation Standards and Criteria for Training Networks and Sites (the Radiation Oncology Accreditation Standards). The Radiation Oncology Accreditation Standards include step-by-step guidelines for new training sites applying for accreditation and training sites applying for interim review and reaccreditation. The application process for the accreditation of radiation oncology training sites follows a similar process to the accreditation of clinical radiology training sites.

RANZCR provides further information about the requirements for accreditation and the network training system in the Radiation Oncology Network Training Policy. The policy outlines the governance arrangements for each training network and the different roles and responsibilities for overseeing training.

Monitoring accredited training sites

RANZCR advised the review that it facilitates a five-year cycle for monitoring and evaluating training sites accredited to provide training in clinical radiology and radiation oncology. Full, speciality and linked training sites are required to undergo an interim review every three years, which is usually conducted by RANZCR via a desktop audit, and a full review every five years that includes a site visit.

If concerns are identified that a training site may not be meeting the relevant accreditation standards, the training site is given the opportunity to work with training networks and RANZCR to address any outstanding requirements within a set timeframe. RANZCR monitors progress towards meeting the accreditation standards through progress reports that are provided by the training site and assessed by RANZCR.

Managing concerns about accredited training sites

RANZCR manages concerns about accredited clinical radiology and radiation oncology training sites in accordance with the Framework for Managing Notifications about Training Sites and Networks Policy (the Training Site Notifications Policy), which was last updated in July 2021.

The Training Site Notifications Policy is an internal document that provides guidance to RANZCR staff about the management of “notifications” about accredited training sites, including how these concerns may be received, informal and formal resolution pathways, and possible outcomes from the process. Decisions made under the Training Site Notifications Policy can be subject to merits review under the Reconsideration, Review and Appeal of Decisions Policy (the Appeals Policy) if a training site is dissatisfied with a decision. RANZCR also offers an internal review process to the individual that raised the concern and training sites. This process is limited to concerns about the handing of the investigation process, rather than the outcome of the matter.

Managing non-compliance with the accreditation standards

If a training site fails to meet the relevant accreditation standards, RANZCR has discretion to suspend, limit or withdraw accreditation from the training site. While these powers are referred to in RANZCR's accreditations standards, the procedure for suspending, limiting or withdrawing accreditation is not publicly available. RANZCR reported that it has an internal process in place to manage the suspension, limitation and withdrawal of accreditation.

Key observations

RANZCR has established processes for accrediting clinical radiology and radiation oncology training sites. Information about the accreditation standards and process for accrediting training sites is available on RANZCR's website, along with application forms to assist training sites when applying for accreditation.

RANZCR is currently undertaking a detailed review of its training and accreditation standards which is due to be completed and implemented by 2024. To assist RANZCR, the review has outlined areas where it considers RANZCR could strengthen its accreditation processes to make information more accessible and transparent for training sites and other key stakeholders.

Streamlining information about the accreditation process

The review found that information about the accreditation standards and process for accrediting clinical radiology and radiation oncology training sites is contained in several documents. For clinical radiology, information about accreditation is set out in the Clinical Radiology Accreditation Standards and the Accreditation Standards for Linked Sites. There was significant overlap in the information in these documents for linked training sites. The review suggests consideration should be given to combining the Clinical Radiology Accreditation Standards and the Accreditation Standards for Linked Sites into one document. If RANZCR prefers to keep these documents separate, the review suggests that the purpose and application of each document is more clearly communicated.

The review also observed that the Clinical Radiology Accreditation Standards and the Accreditation Standards for Linked Sites provided limited information about the application process for new training sites seeking accreditation, interim review of accreditation and renewal at the end of the five-year accreditation cycle. In contrast, the Radiation Oncology Accreditation Standards provide a step-by-step guide for these application processes.

While the review suggests combining some information as outlined above, the review also acknowledges that it may be better to distinguish the accreditation standards from the supporting policy and procedure documentation. The review notes that this is the approach taken by many colleges. In addition to making relevant information easier to locate and navigate, separating the content may also 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 policy and procedure.

The review recommends that RANZCR updates the accreditation documents for both clinical radiology and radiation oncology to include a more detailed overview of the process for applying for accreditation, interim review and reaccreditation. This should include:

- expected timeframes for key stages of the accreditation and reaccreditation process
- more specific information about how to submit an application for initial accreditation, interim review or reaccreditation, such as an email or postal address
- the process for notifying training sites of accreditation decisions, including that the training site will be provided with written reasons for the decision.

Recommendations	Priority rating
RANZCR should update the accreditation documents for clinical radiology and radiation oncology to provide a more detailed overview of the application process for accreditation, interim review and reaccreditation.	High

Ensuring accreditation processes are procedurally fair

The review observed the Clinical Radiology Accreditation Standards, Radiation Oncology Accreditation Standards and the Linked Sites Accreditation Standards do not provide training sites with the opportunity to respond to the Accreditation Panel's report following a site visit or before a decision is made by the Education and Training Committee regarding initial accreditation, an interim review or reaccreditation.

To ensure RANZCR's accreditation processes are procedurally fair to training sites, the review recommends that RANZCR updates the Clinical Radiology Accreditation Standards, Radiation Oncology Accreditation Standards and the Linked Sites Accreditation Standards to document a step in the accreditation process allowing training sites to respond to the Accreditation Panel's draft report following a site visit. Training sites should be provided a further opportunity to respond if the Education and Training Committee is proposing to make an adverse decision regarding accreditation, such as proposing:

- not to accredit a new training site
- to grant provisional accreditation to a new training site
- to impose conditions on an accredited training site
- to downgrade or withdraw accreditation from an accredited training site.

RANZCR should notify the training site of the Education and Training Committee's proposed accreditation outcome, including the information relied on and the proposed reasons for the decision. The training site should then be provided with reasonable time to review the proposed accreditation outcome and provide a response before a final decision is made by the Education and Training Committee.

In addition to promoting transparency and procedural fairness in RANZCR's decision making, the review considers that introducing this step will provide training sites with the opportunity to clarify any errors of fact or to provide additional information relevant to the site visit or accreditation

decision. In turn, this may reduce the likelihood of a training site seeking to access RANZCR's merits review process after a decision has been made.

Recommendations	Priority rating
<p>RANZCR should update the Clinical Radiology Accreditation Standards, Radiation Oncology Accreditation Standards and the Linked Sites Accreditation Standards to ensure training sites are provided with an opportunity to respond to the:</p> <ul style="list-style-type: none"> • Accreditation Committee's draft report following a site visit • Education and Training Committee's decision regarding accreditation if an adverse decision is proposed. 	High

Ensuring information about the accreditation process is accessible

RANZCR has a dedicated page on its website for training site accreditation. However, the review found this page difficult to locate. This is because the training site accreditation page is in the resources and support page within the trainee section of RANZCR's website. While information about training site accreditation is relevant to RANZCR trainees, there are other stakeholders that may wish to access information about training sites, such as accredited training sites, new training sites seeking accreditation, fellows and supervisors. To make it easier for all stakeholders to find information about training site accreditation, RANZCR should link the training site accreditation page on the main menu under the trainees tab on its website or create a stand-alone tab for training site accreditation that is visible from the homepage.

The training site accreditation page includes a general overview of the purpose of accreditation and links to all relevant accreditation policies. Providing additional information about the application and assessment process may, however, assist training sites to navigate the accreditation process. The review recommends RANZCR updates the training site accreditation page on its website to include more detailed information about how to apply for accreditation, the accreditation process and possible outcomes.

The review also suggests that RANZCR considers including an FAQ section on the training site accreditation page of its website to answer key questions that training sites, trainees or supervisors may have about RANZCR's accreditation processes. The review observed that several colleges have presented information about the steps involved in the accreditation and reaccreditation process in a flowchart or infographic, including expected timeframes and possible outcomes at key stages of the process. The review suggests that RANZCR considers developing a similar resource for inclusion in the relevant accreditation policies and on the training site accreditation page of its website.

Recommendations	Priority rating
RANZCR should link the training site accreditation page on the main menu under the trainees tab on its website or create a stand-alone tab for training site accreditation that is visible from the homepage.	Low
RANZCR should update the training site accreditation page on its website to include more detailed information about how to apply for accreditation, the accreditation process and possible outcomes.	Medium

Clarity regarding monitoring activities that may be undertaken during the accreditation cycle

RANZCR's accreditation documents for clinical radiology and radiation oncology provide information about the accreditation standards and application process. However, the review found there is limited information about the process for monitoring accredited training sites to ensure they continue to meet the accreditations standards throughout the accreditation cycle.

The AMC's most recent accreditation report in 2020 highlighted that RANZCR provides limited information about its processes for conducting out of cycle site reviews of accredited training sites and how concerns can be raised about aspects of training at a training site.

It is recommended that RANZCR updates its accreditation documents for clinical radiology and radiation oncology to provide further information about its process for monitoring accredited training sites during the accreditation cycle. Information should be included about the:

- monitoring activities that may be undertaken during the accreditation cycle, including how data from concerns raised about training sites will be used as part of these activities
- resulting process if RANZCR identifies concerns while undertaking monitoring activities that the training site may not be meeting the accreditation standards, such as an out-of-cycle accreditation review
- possible outcomes for training sites if it is established that the accreditation standards are not being met, such as imposing conditions on the training site or suspending or withdrawing accreditation from the training site.

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 when RANZCR is performing monitoring functions.

Recommendations	Priority rating
<p>RANZCR should provide greater clarity in accreditation documentation about the monitoring activities that may be undertaken during the accreditation cycle. This should include information about the:</p> <ul style="list-style-type: none"> • monitoring activities that may be undertaken during the accreditation cycle, including how data from concerns raised about training sites will be used as part of these activities • resulting process if RANZCR identifies concerns while undertaking monitoring activities that the training site may not be meeting the accreditation standards, such as an out-of-cycle accreditation review • possible outcomes for training sites if it is established that the accreditation standards are not being met, such as imposing conditions on the training site or suspending or withdrawing accreditation from the training site. 	High

Ensuring the process for managing concerns about a training site is transparent and accessible

RANZCR manages concerns about accredited training sites in accordance with the Training Site Notifications Policy, which provides comprehensive guidance regarding the steps involved in the process and possible outcomes. The Training Site Notifications Policy acknowledges that concerns may vary in severity and complexity and outlines mechanisms for concerns to be managed informally or formally. The Training Site Notifications Policy provides important information about how to raise a concern about a training site and the process for managing concerns. However, the review observed that this policy is not publicly available on RANZCR's website and is therefore not accessible to individuals who may wish to raise a concern (such as trainees, training sites, or supervisors).

To ensure RANZCR is transparent about its process for handling concerns about accredited training sites, and to manage the expectations of those involved in the process, the review recommends that RANZCR publishes the Training Site Notifications Policy on its website.

RANZCR should also consider who may wish to raise a concern about a training site and ensure that information about the process for managing concerns is easily accessible in relevant areas of its website and communicated in relevant correspondence and training material.

Ideally, an online form should also be developed to raise a concern about an accredited training site to assist individuals to provide key information about their concerns and the outcome sought from the process. This information may assist RANZCR in exploring options for the early resolution of concerns and managing expectations if the outcome sought is not something that can be achieved through the concerns process. The review also recommends that RANZCR provides other methods to raise a concern, such as by email, post or phone.

It is recommended that RANZCR staff are provided with training to ensure they are aware of how to identify a concern about a training site, the process for managing training site notifications, and how to assist individuals to access RANZCR's system for making a notification about a training site.

The review also recommends that RANZCR creates an internal register to record notifications and concerns about accredited training sites, and uses this information to inform its monitoring activities and reaccreditation processes.

The review noted RANZCR uses the term 'notification' in the Training Site Notifications Policy to describe a concern about an accredited training site. The review is concerned that the use of this term may create confusion with the notification process managed by the Australian Health Practitioner Regulation Agency and the National Boards regarding the health, performance and conduct of registered health practitioners. The review therefore suggests that RANZCR replaces the term 'notification' with 'concern' in the Training Site Notifications Policy.

Recommendations	Priority rating
RANZCR should publish the Training Site Notifications Policy on its website.	High
RANZCR should develop an online form to raise a concern about a training site and ensure there are mechanisms for concerns to be raised anonymously, using a pseudonym or on a confidential basis.	Low
RANZCR should ensure staff are provided with training to ensure they are aware of how to identify a concern about a training site, the process for managing training site notifications, and how to assist individuals to access RANZCR's system for making a notification about a training site.	Low
RANZCR should create an internal register to record notifications and concerns about accredited training sites, and use this information to inform its monitoring activities and reaccreditation processes.	Medium
RANZCR should replace the term 'notification' with 'concern' in the Training Site Notifications Policy.	Low

Clarity regarding the internal review process for decisions made under the Training Site Notifications Policy

The Training Site Notifications Policy provides an internal review mechanism for individuals and training sites. This is available to individuals who are dissatisfied with the way their concern has been investigated or the findings of that investigation. It is also available to training sites if they are dissatisfied with the investigation process. Training sites can request an internal review of a decision made under the Training Site Notifications Policy.

The review found the Training Site Notifications Policy provides limited guidance about how RANZCR assesses internal review applications and possible outcomes from this process. It was also unclear what types of issues may be raised in the internal review application and how to submit a request for an internal review to the Chief Executive Officer (CEO). For example, it was unclear whether applications can be submitted by email or post, and the contact details for the CEO.

The review recommends RANZCR considers removing the internal review process and consider managing concerns about the handling of an investigation as an administrative complaint (see

‘Administrative complaints process’). Alternatively, RANZCR should update the Training Site Notifications Policy to provide greater clarity about the internal review process.

Recommendations	Priority rating
RANZCR should consider removing the internal review process and manage concerns about the handling of an investigation as an administrative complaint. Alternatively, RANZCR should update the Training Site Notifications Policy to provide greater clarity regarding the internal review process, including how to submit an application, the assessment process and possible outcomes.	Medium

Managing non-compliance with the accreditation standards

If a training site fails to meet the relevant accreditation standards, RANZCR has discretion to suspend, limit or withdraw accreditation from the training site. While these powers are referred to in the accreditations standards, the procedure for suspending, limiting or withdrawing accreditation is not publicly available. RANZCR reported that it has an internal process in place to manage these processes. However, it has not publicised this information as it is rarely used.

RANZCR explained that in most situations where there is concern that a training site may not be meeting the accreditations standards, these issues can generally be resolved directly with the training site without the need to commence a formal process to suspend, limit or withdraw accreditation. RANZCR explained that during its upcoming review of its training and accreditation standards and processes, it is planning to introduce a step where training sites will be asked to respond to RANZCR’s finding that the training site is not meeting the accreditation standards. The review is supportive of the introduction of this step, which is consistent with the principles of procedural fairness.

The review acknowledges the benefits of resolving concerns informally. However, given the serious implications for training sites, networks and trainees if RANZCR decides to suspend, limit or withdraw accreditation, it is important that RANZCR has a clear procedure in place outlining the steps involved. This information should be publicly available to ensure training sites understand what to expect if these processes are initiated by RANZCR. It may also assist trainees, supervisors and training networks who may be impacted by a decision to make an adverse change to the accreditation status of a training site.

As accreditation decisions can be subject to merits review, it is important that RANZCR has a robust and well-documented process that can be relied on to support its decision-making if later challenged by a training site.

It is recommended that RANZCR updates its accreditation documentation to provide a detailed overview of the process for managing non-compliance with the accreditation standards. As outlined in this report, the review suggests that colleges apply a risk-based and proportional response to non-compliance, where action is taken based on the level of risk associated with the training site’s non-compliance. The review notes that there are a range of different actions available to RANZCR if it is substantiated that a training site is not meeting the accreditation standards. This may range from

requesting that the training site provides an update on how it has addressed an issue, to more serious action such as making an adverse change to the accreditation status of the training site. Responses to non-compliance which are high risk may include, for example:

- imposing conditions on the accreditation of the training site
- suspending the training site's accreditation
- making immediate changes, such as removing a trainee temporarily from the training site or removing and replacing a training site supervisor
- withdrawing accreditation from the training site.

RANZCR should therefore develop clear guidance about the:


- roles and responsibilities of the relevant bodies in making a decision in relation to non-compliance, including any proposed decision to adversely change the accreditation status of a training site
- assessment process to determine the most appropriate decision, including the factors considered regarding the risks associated with the non-compliance and the actions available to RANZCR in response
- steps involved before a final decision is made in response to non-compliance, including any required consultation with affected stakeholders
- expected timeframes for key stages of the process
- process for notifying training sites of the decision, including that the training site will be provided with written reasons for the decision
- administrative complaint and merits review pathways available to training sites regarding the decision.

The review recognises that responsibilities regarding required consultation with affected stakeholders will likely differ based on the seriousness of the risks identified, and therefore the severity of the action proposed to be taken by RANZCR. For example, a decision to withdraw accreditation from a training site can have wide-ranging impacts on health services, and therefore likely requires more comprehensive consultation.

To ensure any process to withdraw accreditation from a training site is procedurally fair, the review recommends that RANZCR includes a step allowing the training site to review and respond to the proposed decision before a final decision is made to make an adverse change to the accreditation status of a training site (and that this is clearly outlined in the relevant policies). This step should involve RANZCR providing the training site with notice of its proposed decision and reasons for the decision. This step will provide the training site with the opportunity to respond to the concerns, clarify any factual errors, or provide additional information relevant to the decision-making process. This step may reduce the likelihood of a training site later seeking a merits review of an accreditation decision on the basis of a factual error or information not being considered.

Recommendations	Priority rating
<p>RANZCR should update relevant accreditation documentation to include more detailed information about the process for managing non-compliance with the accreditation standards. RANZCR should provide greater clarity about the:</p> <ul style="list-style-type: none"> • roles and responsibilities of the relevant bodies in making a decision in relation to non-compliance, including any proposed decision to adversely change the accreditation status of a training site • assessment process to determine the most appropriate decision, including the factors considered regarding the risks associated with the non-compliance and the actions available to RANZCR in response • steps involved before a final decision is made in response to non-compliance, including any required consultation with affected stakeholders • expected timeframes for key stages of the process • process for notifying training sites of the decision, including that the training site will be provided with written reasons for the decision • administrative complaint and merits review pathways available to training sites regarding the decision. 	High
<p>RANZCR should update relevant accreditation documentation to specify that the training site will be provided with the opportunity to review and respond to the proposed decision to make an adverse change to the accreditation status of the training site before a final decision is made.</p>	High

Merits review process

<p>Merits review process for accreditation decisions</p> <p>The review found the merits review process for accreditation decisions to be partially adequate. Steps could be taken to improve the visibility and accessibility of information regarding merits review processes available to training sites.</p>	
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Accreditation decisions made by RANZCR may be subject to the Appeals Policy, which was last updated in December 2020. The Appeals Policy is publicly available on RANZCR’s website.

RANZCR charges a fee of \$1,000 to apply for a reconsideration and review of a decision and a fee of \$5,150 to apply for an appeal. The Appeals Policy stipulates that if a decision is varied or set aside at the reconsideration or review stage, the applicant is reimbursed the full application fee.

Key observations

Accreditation decisions subject to merits review

The review observed a lack of clarity around the accreditation decisions that can be reconsidered, reviewed or appealed through the Appeals Policy. The policy broadly specifies that a decision regarding the accreditation of training networks, hospitals, sites or departments can be reconsidered, reviewed or appealed. The review considers, however, there are a range of accreditation decisions 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 the accreditation or reaccreditation of a training site
- refuse to change or remove a condition imposed on the accreditation or reaccreditation of a training site
- suspend the accreditation of a training site
- revoke the accreditation of a training site.

The review recommends that RANZCR considers clarifying the types of decisions which are subject to its Appeals Policy, including the decisions referred above. This is important to ensure that RANZCR’s accreditation decision-making processes are accountable.

Recommendations	Priority rating
RANZCR should update its Appeal Policy to clarify the types of accreditation decisions that can be subject to merits review.	Medium

Clarifying appropriate grounds for merits review

RANZCR’s Appeal Policy outlines the grounds for reconsideration, review or appeal. However, the grounds for appeal, while covering similar content, do not align with the grounds for appeal outlined in the AMC’s Standards. Most notably, the Appeals Policy does not include the AMC Standards’ grounds that the:

- original decision was made in accordance with a rule or policy without regard to the merits of the particular case
- original decision was clearly inconsistent with the evidence and arguments put before the body making the original decision.

The review recommends RANZCR considers clarifying the specified grounds for appeal to ensure they align with the AMC’s Standards.

Recommendations	Priority rating
RANZCR should update its Appeals Policy to clarify that the grounds for seeking merits review of accreditation decisions align with the AMC Standards' requirements.	Medium

Clarifying the impartiality and independence of the Appeals Committee

As outlined in the best practice section of this report, the review suggests that colleges which provide an appeal process should seek to ensure that the appointed decision-makers are independent and impartial. The review notes that RANZCR's Appeals Policy aligns with the AMC's Standards in that the Appeals Committee comprises both College members (two College Fellows), and non-College members (three persons, one of whom is a member of the legal profession and is the Chairperson). RANZCR's Appeals Policy also states that the College's CEO (or delegate) will be the Secretary of the Appeals Committee but is not a voting member.

The review commends RANZCR for seeking to ensure greater accountability of decision-making through an appeals process. However, the review suggests that RANZCR considers how it could provide greater clarity in its policy to ensure that the appointment of committee members leads to an impartial and independent decision-making committee. 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 also encourages RANZCR to consider whether there is a need for the College CEO to be appointed as Secretary, or to better outline the intended purpose of the CEO's appointment.

Recommendations	Priority rating
RANZCR should update its Appeal Policy to clarify how members of its Appeals Committee are appointed, and their required skills and experience, to strengthen the impartiality and independence of appeal decisions	Medium

Transparency regarding fees associated with the appeal process

RANZCR currently charges a reconsideration fee of \$1,000 and the review fee of \$1,000. As per the best practice principles outlined in this report, the review recommends that ideally, reconsideration and review processes should be offered free of charge. The review notes that this is the approach taken by most colleges. Providing reconsideration of a decision by the original decision maker should be provided as a quick and informal process. Fees can create a barrier to apply for a merits review and can deter people from proceeding with an application.³ This is contrary to the recognised benefits of providing a merits review process.

RANZCR currently charges an appeal fee of \$5,150. The Appeals Policy does not specify, however, whether the merits review application fee will be refunded to an applicant if a decision is varied or

³ Administrative Review Council, Better Decisions: review of Commonwealth Merits Review Tribunals, 1995

set aside at the appeal stage. To ensure RANZCR is transparent about its processes and to allow applicants to make an informed decision about whether to proceed, the review recommends that RANZCR updates the Appeals Policy to specify that the merits review application fees will be refunded in full to the applicant if the application is successful.

Recommendations	Priority rating
RANZCR should provide reconsideration and review processes free of charge in line with this report and the practice of most colleges.	High
RANZCR should update the Appeals Policy to specify that the merits review application fee will be refunded in full to the applicant if the application is successful.	High

Visibility of the merits review process

The Appeals Policy is clearly referenced in the Radiation Oncology Accreditation Standards. However, the review found the Clinical Radiology Accreditation Standards and the Accreditation Standards for Linked Sites do not refer to the Appeals Policy. To ensure clinical radiology training sites are aware of the appeal pathways available if they are dissatisfied with an accreditation decision, the review recommends RANZCR updates the Clinical Radiology Accreditation Standards and the Accreditation Standards for Linked Sites to reference the Appeals Policy and the types of accreditation decisions that can be subject to merits review.


The review also observed that the training site accreditation page on RANZCR's website does not include information about the appeal pathways available to training sites. To ensure training sites are aware of the appeal processes and can easily access key information about the Appeals Policy, the review recommends RANZCR includes information about these processes on the training site accreditation page on its website. This should include:

- more specific information about how the reconsideration, review and appeal processes apply to accreditation decisions, including any applicable fees and that a refund will be provided if the applicant is successful
- instructions for applying for a reconsideration, review and appeal of a decision, with links to the relevant application forms
- a link to the Appeals Policy and application form.

The review noted the Appeals Policy contains useful information about the reconsideration, review and appeal process set out in a 'question and answer' format. The review suggests RANZCR considers including this information on the training site accreditation page as an additional mechanism to provide key information to training sites in a format that is easy to navigate.

Recommendations	Priority rating
<p>RANZCR should include information about its merits review process on the training site accreditation page on its website, such as:</p> <ul style="list-style-type: none"> • more specific information about how the reconsideration, review and appeal processes apply to accreditation decisions, including any applicable fees and that refund will be provided if the applicant is successful • instructions for applying for a reconsideration, review and appeal of a decision, with links to the relevant application forms • a link to the Appeals Policy and application form. 	Medium

Administrative complaint process

<p>Administrative complaints process</p> <p>The review found that there was a partially adequate process for managing administrative complaints. Improvements could be made to clarify the process for managing administrative complaints and ensure it is more accessible.</p>	
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RANZCR manages administrative complaints in accordance with its Complaint Process Document. This is an internal document that is not publicly available on its website. The Complaint Process Document was last updated in 2016 and is currently under review. RANZCR has developed a Staff Customer Service Statement outlining its values and expectations about its service delivery. It does not currently have a public facing policy outlining its process for managing administrative complaints.

RANZCR indicated to the review that it receives a small number of administrative complaints and that these complaints are usually submitted directly to the President of RANZCR or the Deans of the Faculty of Clinical Radiology and Radiation Oncology. RANZCR explained that most of the complaints it receives that are managed under the Complaint Process Document are from trainees who have concerns about an accredited training site or other trainees and supervisors.

Over the course of the review, RANZCR updated the 'contact us' section on its website to include a dedicated page for making an administrative complaint. On this page, RANZCR provides a general overview of the complaints process and an online complaint form requesting information about the complaint and the outcome sought. There is an option for the complaint to be submitted anonymously with a disclaimer about the possible limitations associated with progressing anonymous complaints.

RANZCR has a dedicated complaints officer who is responsible for the initial assessment of complaints and allocation of complaints to the relevant department for response. RANZCR also provides a dedicated complaints email address for enquiries about new and existing complaints.

Key observations

It is noted that RANZCR is currently reviewing its existing complaint pathways and is working on an updated Complaint Process Document. The review has therefore outlined several recommendations for RANZCR to consider while undertaking this review.

Development of a separate complaint policy for administrative complaints

RANZCR's Complaint Process Document covers a wide range of complaint issues. While administrative complaints appear to fall within its scope, it also covers complaints about accredited training sites and fellows and trainees.

The review noted the process and outcomes outlined in the Complaint Process Document primarily relate to complaints about accredited training sites and trainees and fellows. It offers limited information about the process for managing administrative complaints and the possible outcomes that may result from the complaints process.

Given that administrative complaints are likely to involve different outcomes to complaints about training sites or trainees and fellows, the review recommends that RANZCR develops a separate policy for managing administrative complaints in line with the suggested principles and processes outlined in this report. In particular, the review recommends that RANZCR considers adopting the three-stage model for complaints management outlined in this report. A stage one complaint could be defined as a complaint that can be resolved quickly by frontline staff, such as straightforward service delivery complaints. A stage two complaint would usually involve a more complex issue or a complaint that was unable to be resolved at stage one and be managed by another staff member or team within the organisation. Stage three of the complaints process involves review of the complaint by an external entity, such as the National Health Practitioner Ombudsman.

The new policy should provide clear guidance about the types of administrative complaints that may be made, the steps involved in the complaint handling process and possible outcomes. Once this complaint handling policy is created, the review recommends RANZCR updates the current Complaint Process Document to provide a link to the new policy.

RANZCR should develop an internal complaints register to record and monitor complaints and outcomes, and should use this data to produce complaint insights that can be fed back to the relevant business areas of RANZCR to improve administrative processes and service delivery.

Once RANZCR has finalised its complaint handling policy, it is recommended that staff are provided with training to ensure they are aware of how to identify a complaint, the complaints process, and how to assist complainants to access the complaint handling system.

Recommendations	Priority rating
RANZCR should develop and publish a separate administrative complaint handling policy in line with the three-stage approach to complaints management outlined in this report.	High

RANZCR should create an internal complaints register to record and monitor administrative complaints and outcomes.	Medium
RANZCR should provide complaint handling training to staff after finalising the administrative complaint handling policy.	Medium

Ensuring information about the complaint handling process is publicly available

Over the course of the review, RANZCR improved the visibility of its process for dealing with administrative complaints by developing a stand-alone page on its website. This page provides key information about the complaints process and an online complaint form.

The review noted that RANZCR's Complaint Process Document is an internal document and that there is no publicly available policy outlining how it manages administrative complaints. While RANZCR provides a brief overview of the complaint handling process on its website, the review recommends that RANZCR ensures the policy it develops for managing administrative complaints is publicly available on its website. This will promote transparency about how administrative complaints are managed and the possible outcomes from the complaints process.

Similarly, the review noted that the Staff Customer Service Statement is not publicly available. The review is supportive of RANZCR providing this document to support staff in their dealings with the public and suggests that RANZCR makes this document publicly available or considers developing a public facing service charter or service standards. This would help to set out expectations about how RANZCR will engage with people, and what is expected of individuals engaging with RANZCR. The service charter could also be included in relevant sections of RANZCR's website, such as the 'about us' section and on the complaints page.

Recommendations	Priority rating
RANZCR should publish information about its administrative complaint handling process on its website.	Medium
RANZCR should publish the Staff Customer Service Statement on its website or develops a similar document that is public facing outlining its service standards.	Medium

Royal College of Pathologists of Australasia (RCPA)

The Royal College of Pathologists of Australasia (RCPA) conducts the education, training and continuing professional development of specialist pathology in Australia. There are four faculties within RCPA:

- Faculty of Science, established in 2009
- Faculty of Clinical Forensic Medicine, established in 2014
- Faculty of Oral and Maxillofacial Pathology, established in 2013
- Faculty of Post-mortem Imaging, established in 2020.

RCPA offers training programs in the following subspecialties leading to specialist registration with the Medical Board of Australia and Fellowship of RCPA: general pathology, anatomical pathology, chemical pathology, haematology, immunopathology, microbiology, genetic pathology and forensic pathology. RCPA's training programs in pathology consist of a minimum of five years of full-time equivalent training.

RCPA also delivers joint training programs with the Royal Australasian College of Physicians (RACP) in the disciplines of haematology, immunology/allergy, infectious diseases/microbiology and endocrinology/chemical pathology, and a reciprocal training program in clinical genetics/genetic pathology.¹

The education and training programs in pathology delivered by RCPA are accredited by the Australian Medical Council (AMC). The AMC's most recent accreditation report is dated August 2022 and the AMC website indicates accreditation is due to expire in March 2027.² The education and training programs in oral and maxillofacial pathology and forensic odontology delivered by RCPA are accredited by the Australian Dental Council (ADC). The most recent accreditation report for the training program in oral and maxillofacial pathology is dated April 2018 and ADC's website indicates accreditation is due to expire in December 2023. The most recent accreditation report for the training program in forensic odontology is dated August 2022 and ADC's website indicates accreditation is due to expire in December 2026.³



¹ AMC Accreditation Report. Accessed May 2022: <www.amc.org.au/wp-content/uploads/accreditation_recognition/specialist_edu_and_training/report/2016_pathologists_report.pdf>.

² AMC website, 'Specialist medical colleges', webpage. Accessed July 2023: <www.amc.org.au/accreditation-and-recognition/assessment-accreditation-specialist-medical-programs-assessment-accreditation-specialist-medical-programs/specialist-medical-colleges/>.

³ ADC website, 'Accredited programs list', webpage. Accessed July 2022: <https://adc.org.au/accreditation/accredited-programs/list/>.

While RCPA offers several different training programs leading to fellowship, it adopts an overarching process for accrediting pathology and faculty training sites that is applicable to each of the pathology disciplines. While the training program offered by the Faculty of Science leads to Fellowship of RCPA, this pathway is generally undertaken by senior scientists working in a pathology-related discipline and does not lead to specialist registration as a pathologist. For this reason, the assessment and accreditation processes relevant to the Faculty of Science do not fall within the scope of the review.

Accreditation of training sites

<p>Procedural aspects of training site accreditation</p> <p>The review found the procedural aspects of training site accreditation to be partially adequate. Improvements could be made to clarify accreditation processes, including in relation to assessing applications, monitoring, and non-compliance with the accreditation standards.</p>	
<p>Processes for managing concerns about accredited training sites</p> <p>The review found the processes for managing concerns about accredited training sites to be somewhat adequate. Improvements are needed to ensure the process for raising a concern is accessible and that outcomes are considered as part of RCPA's monitoring processes.</p>	

RCPA is responsible for accrediting pathology and faculty training sites in Australia. A training site may apply for accreditation to offer training in a single and/or joint discipline.

RCPA encourages trainees to gain experience across a range accredited public, private, rural and metropolitan training sites. To ensure trainees are exposed to a range of pathology practices during their training, RCPA imposes a four-year limit as the maximum amount of time a trainee can undertake training at any one accredited pathology laboratory.⁴

Joint training programs offered by RCPA and RACP are overseen by the relevant Committee for Joint College Training (CJCT). Joint training programs are undertaken in pathology laboratories and clinical settings. The Guidelines for Joint Training Programs with the Royal Australasian College of Physicians (Joint Training Guidelines) outline that the relevant CJCT is responsible for accrediting sites for the clinical training component of joint training programs, while the pathology component must be completed in an RCPA accredited laboratory. The Joint Training Guidelines note that accreditation of a training site by one college does not imply accreditation by both colleges.

RCPA also jointly undertakes accreditation of pathology laboratories in Australia with the National Association of Testing Authorities (NATA). Accreditation by NATA and RCPA is a requirement for pathology laboratories in Australia to receive funding via Medicare. The NATA/RCPA accreditation process is separate to RCPA's role in accrediting training sites. However, feedback from site visits performed for the NATA/RCPA accreditation process may lead to a formal site visit by RCPA in relation to training site accreditation.

⁴ Training Limitation Policy 2021.

Process for accrediting RCPA training sites

The policy for the Accreditation of Sites for Training Programs (the Accreditation Policy) outlines RCPA's accreditation criteria and the process for accrediting and reaccrediting pathology and faculty training sites. RCPA publishes the Step Guide for Accreditation of Sites for Training Programs (the Accreditation Step Guide), which outlines the accreditation and reaccreditation processes in further detail.

RCPA adopts a similar process when assessing applications for initial accreditation and reaccreditation. To apply for accreditation, the training site is required to submit the relevant accreditation application form to RCPA. This may be the general pathology application form, or the relevant single and/or joint discipline application form. For training sites seeking to offer training in both general pathology and a single discipline, they are required to complete both application forms. The Accreditation Policy, the Accreditation Step Guide, and the relevant application forms, are available on the training site accreditation page on RCPA's website.

Once an application is received by RCPA for initial accreditation or reaccreditation, the application is referred to the relevant Chief Examiner of the discipline or their delegate. After assessing the application, the Chief Examiner, or delegate, may:

- grant provisional accreditation to the training site until a final decision is made
- request additional information from the training site or arrange a site visit to inform the final determination
- proceed to final determination and make a decision regarding accreditation and the number of years the training site will be accredited for.

RCPA communicates the decision of the Chief Examiner or delegate to the training site. Training sites may be accredited for a period of up to five years. However, a training site can only be accredited for training for any individual candidate for a maximum of four years.

Process for accrediting training sites for joint training programs with RACP

RCPA currently has a separate accreditation process for accrediting laboratories for advanced training in immunology/allergy that has been developed with RACP. The accreditation process and the accreditation standards and criteria are outlined in the Guidelines for the Accreditation of Laboratories for Training in Immunology (the Accreditation Guidelines for Training in Immunology).

The accreditation process is overseen by the relevant CJCT and accreditation decisions are made by the Clinical Immunology and Allergy Training Site Accreditation Committee. Training sites seeking accreditation must complete the Application for accreditation as an advanced training site in clinical immunology/allergy form, which is available on the training site accreditation page on RCPA's website. The accreditation process outlined in the Accreditation Guidelines for Training in Immunology largely mirrors the process for accrediting RCPA training sites outlined in the Accreditation Policy.

Monitoring accredited training sites

RCPA does not have a specific policy for monitoring accredited training sites. However, the Accreditation Policy, Accreditation Step Guide and Accreditation Guidelines for Training in Immunology provide an overview of the mechanisms used by RCPA to monitor training sites during the accreditation cycle to ensure they continue to meet the accreditation standards. This includes:

- periodic site visits that may be undertaken by RCPA during the accreditation cycle, or with RACP where joint training programs are in place
- reports from routine site visits undertaken by NATA and RCPA as part of laboratory accreditation
- an annual audit form completed by each accredited training site to notify RCPA of any changes to the training site.

RCPA advised the review that it also relies on feedback it receives from trainees and supervisors about training sites through its support functions, which may prompt further action by RCPA.

RCPA may undertake a formal site visit at any time during the accreditation cycle. A formal site visit may be arranged in response to an issue or concern that is raised during a training site audit, a NATA/RCPA site visit, by a trainee or supervisor or by other means. Site visits may also be carried out in collaboration with RACP at training sites where joint training programs are in place.

The Accreditation Policy and the Accreditation Step Guide provide detailed information about the procedure adopted by RCPA when conducting a formal site visit. After a site visit is undertaken, RCPA will provide the training site with a draft written report on the accreditation visit for review and comment. The final report is then provided to the RCPA Board of Education and Assessment for consideration and decision.

Managing concerns about accredited training sites

RCPA advised the review that it manages concerns about accredited training sites in accordance with its Complaints Handling Policy (Complaints Policy), which was last updated in December 2021.

Managing non-compliance with the accreditation standards

The Accreditation Policy and the Accreditation Step Guide reference RCPA reviewing the accreditation status of a training site if issues are identified with training, which generally involves a formal site visit. However, no information is provided about what action, if any, RCPA may take after undertaking the review if RCPA forms the view that the training site may no longer be meeting the accreditation standards.

Key observations

RCPA is responsible for accrediting a broad range of pathology and faculty training sites to deliver training programs leading to Fellowship of RCPA and joint training programs with RACP leading to Fellowship of both RCPA and RACP.

RCPA has a dedicated page on its website where it provides key information about its accreditation processes for the training programs it offers. The training site accreditation page provides a general

overview of key information about RCPA’s accreditation processes and more detailed information is provided in the Accreditation Policy, Accreditation Step Guide and the Accreditation Guidelines for Training in Immunology.

The review has identified areas where it considers RCPA’s processes and publicly available information could be strengthened. Greater clarity could be provided to training sites and other key stakeholders about how accreditation decisions are made, the possible outcomes from the accreditation process, and the management of concerns about accredited training sites.

In response to consultation on the review’s preliminary findings, RCPA advised that from 2024 onwards there will no longer be a separate process for accrediting laboratories offering advanced training in immunology/allergy. These training sites will be accredited in accordance with the process currently in place for pathology and faculty training sites outlined in the Accreditation Policy and Accreditation Step Guide. The review has included its analysis and observations regarding the current process for accrediting laboratories offering advanced training in immunology/allergy for RCPA’s consideration when updating its accreditation process in 2024. Distinguishing accreditation standards from accreditation policy and procedure.

The Accreditation Policy briefly outlines the key elements of the training site accreditation process. In addition to this, the Accreditation Policy sets out the accreditation standards, including criteria and minimum requirements, against which training sites are assessed when applying for accreditation.

The review suggests that it would be better to distinguish the accreditation standards from the supporting policy and procedure documentation. The review notes that this is the approach taken by many colleges. In addition to making relevant information easier to locate and navigate, separating the content may also 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 policy and procedure.

Recommendations	Priority rating
RCPA should separate its accreditation standards from the supporting policy and procedure documentation.	Low

Providing greater transparency about the accreditation of pathology and faculty training sites

The Accreditation Policy and the Accreditation Step Guide provide a broad overview of the process for accrediting and reaccrediting pathology and faculty training sites. The review found the process described predominately focused on the steps after an accreditation decision has been made by RCPA to grant accreditation to a training site. There was limited information provided about the application and decision-making process for training sites seeking initial accreditation. The Accreditation Policy and the Accreditation Step Guide provided a clear overview of the steps involved in granting accreditation to a training site. However, it was unclear whether RCPA may decide not to grant accreditation or to accredit a training site with conditions and how these processes would be managed by RCPA.

The review recommends RCPA update the Accreditation Policy and the Accreditation Step Guide to provide more specific information about each of the steps involved in making an accreditation decision and the decisions that may be made by RCPA regarding applications for accreditation from new training sites and for reaccreditation. This should include information about:

- how RCPA determines whether to accredit or reaccredit a training site. For example, the information that is considered and the relevance of the criteria for accreditation in RCPA's decision-making
- clarity regarding the possible outcomes from RCPA's initial consideration of the application. For example, whether RCPA can decide not to grant provisional accreditation at this stage
- what provisional accreditation means for the training site, including how long provisional accreditation may be granted for
- the possible outcomes from the Chief Examiner's final determination. For example, whether the Chief Examiner can decide not to grant accreditation or to grant conditional accreditation
- the merits review options available to a training site if it is dissatisfied with an accreditation decision that has been made.

On review of the Accreditation Policy and the Accreditation Step Guide, the review found it was not clear who was responsible for making the final decision on accreditation. If the relevant Chief Examiner determines that a site visit is required when considering a new application for accreditation, the Accreditation Policy states that the accreditation report and recommendation will be sent to the Board of Education and Assessment for a final decision. RCPA informed the review that if a site visit is not required during the accreditation process, the Chief Examiner makes the decision. However, this was not clear from the existing documentation. The review recommends RCPA update the Accreditation Policy and the Accreditation Step Guide to provide clarity about the role of the Board of Education and Assessment during the accreditation process.

Providing greater transparency about the accreditation of training sites for advanced training in clinical immunology and allergy

The review observed similar gaps in the Accreditation Guidelines for Training in Immunology. The Accreditation Guidelines for Training in Immunology provided clear information about the merits review options available to training sites. However, the review found it provided limited information about the process for applying for accreditation and how accreditation decisions are made by the Training Site Accreditation Committee.

The review recommends that RCPA update the Accreditation Guidelines for Training in Immunology to provide more specific information about each of the steps involved in making an accreditation decision. This should include:

- clarity regarding the possible outcomes from the Training Site Accreditation Committee's initial consideration of the application. For example, whether the Training Site Accreditation Committee can decide not to grant provisional accreditation at this stage.
- clarity regarding what provisional accreditation means for the training site, including how long provisional accreditation may be granted for

- the possible outcomes from the accreditation process after a site visit has been undertaken. For example, whether the Training Site Accreditation Committee may decide not to grant accreditation or to grant conditional accreditation.

In response to consultation on the review’s preliminary findings, RCPA informed the review that it will update the Accreditation Policy and the Accreditation Step Guide to provide more specific information about applying for accreditation and the steps involved in the decision-making process.

Recommendations	Priority rating
RCPA should update the Accreditation Policy and the Accreditation Step Guide to provide more specific information about applying for accreditation and the steps involved in making an accreditation decision.	High

Procedural fairness considerations during the accreditation process

The Accreditation Policy outlines that the Chief Examiner may require a site visit when deciding whether to grant accreditation to a new training site. If this occurs, the training site will be provided with a draft written report on the accreditation visit for review and to provide any comments regarding issues that may have been identified. This is then provided to the Board of Education and Assessment for final decision. The review noted that training sites do not appear to be given the same opportunity to provide input into an assessment in circumstances where the Chief Examiner determines that a site visit is not required during the application process.

To ensure the accreditation process is procedurally fair for training sites, the review recommends RCPA introduce a step to allow training sites to respond before a final decision is made regarding accreditation. This is particularly important in circumstances where RCPA decides not to accredit a training site or grant accreditation with conditions. This step will provide the training site with an opportunity to clarify any errors of fact or to provide additional information relevant to RCPA’s decision-making before a final decision is made. This may also 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 that was not considered.

In response to consultation on the review’s preliminary findings, RCPA advised the review that it will update the Accreditation Policy and the Accreditation Step Guide to include a step in the accreditation process allowing training sites to respond before a final decision is made regarding accreditation. This will occur if a decision is made not to accredit a training site or accredit with conditions, irrespective of whether a site visit is undertaken.

Recommendations	Priority rating
RCPA should update the Accreditation Policy and the Accreditation Step Guide to allow training sites to respond before a final decision is made not to accredit a training site or to accredit a training site with conditions, irrespective of whether a site visit is undertaken.	High

Making information about accreditation processes more accessible

While RCPA has a dedicated page for training site accreditation on its website, the review initially found this page was difficult to locate as it is only accessible via the section on RCPA's website for fellows. While fellows may have an interest in training site accreditation, there are several other stakeholders who may wish to access information about training site accreditation, such as trainees, accredited training sites, prospective training sites and other health-related bodies such as jurisdictional health departments. In recognition of this, the review suggested RCPA create a new tab on the homepage of its website for training site accreditation and add this to the 'quick links' section.

In response to consultation on the review's preliminary findings, RCPA updated its website to include a link to the training site accreditation page under the 'quick links' section on the homepage of its website.

Transparency regarding monitoring activities during the accreditation cycle

The Accreditation Policy, Accreditation Step Guide and Accreditation Guidelines for Training in Immunology provide an overview of the mechanisms used by RCPA to monitor training sites during the accreditation cycle to ensure they continue to meet the accreditation standards. However, the review found this information was included throughout the policies and there was not a clear section outlining how RCPA will monitor training sites during the accreditation cycle. It was also noted that some of the monitoring mechanisms used by RCPA, such as feedback from trainees and supervisors, were not outlined in the policies.

The review recommends RCPA update the Accreditation Policy and the Accreditation Step Guide to provide clarity on how RCPA monitors training sites during the accreditation cycle. This should include information about the:

- types of monitoring activities that may be undertaken during the accreditation cycle, including how data from concerns raised about accredited training sites will be used as part of these activities
- process if RCPA identifies concerns while undertaking monitoring activities that the training site may not be meeting the accreditation standards
- possible outcomes for training sites if it is established that the accreditation standards are not being met, such as imposing conditions on the training site or withdrawing accreditation.

Explaining and sharing information about monitoring activities will assist in managing the expectations of accredited training sites during the accreditation cycle, particularly as monitoring activities may result in RCPA deciding to make adverse changes to the accreditation status of a training site. Clearly articulating these activities in the relevant accreditation policies will also support consistency when RCPA is performing its monitoring function across accredited training sites.

In response to consultation on the review's preliminary findings, RCPA advised that it will update the Accreditation Policy to provide information about the monitoring activities which may be undertaken during the accreditation cycle.

Recommendations	Priority rating
<p>RCPA should provide greater clarity in the Accreditation Policy and the Accreditation Step Guide about the monitoring activities which may be undertaken during the accreditation cycle. This should include information about the:</p> <ul style="list-style-type: none"> • types of monitoring activities that may be undertaken during the accreditation cycle, including how data from concerns raised about accredited training sites will be used as part of these activities • process if RCPA identifies concerns while undertaking monitoring activities that the training site may not be meeting the accreditation standards • possible outcomes for training sites if it is established that the accreditation standards are not being met, such as imposing conditions on the training site or withdrawing accreditation. 	High

Establishing a clear process for managing concerns about accredited training sites

RCPA advised the review that it manages concerns about training sites in accordance with its Complaints Policy. The review observed the Complaints Policy covers a wide range of complaint issues, such as concerns:

- about RCPA as a body corporate
- arising from RCPA's internal or external relationships
- arising in relation to activities by fellows, affiliates, members and associates of faculties in connection with RCPA or in association with their public profile or status in relation to RCPA.

While concerns about trainees or supervisors at a training site appear to fall within the scope of the Complaints Policy, it was unclear whether a concern about an accredited training site, as opposed to an individual at a training site, would be included in one of the broad categories of concerns listed in the Complaints Policy. The review noted the procedure for managing concerns outlined in the Complaints Policy largely focused on concerns about individuals. The procedure and possible outcomes outlined in the Complaints Policy did not appear to be applicable to concerns about accredited training sites.

The review acknowledges that some concerns about training sites may be more appropriately managed by the training site itself, the individual's employer or an external agency. However, it is important RCPA provides a clear pathway for individuals to raise a concern about a training site. This is particularly relevant in the context of RCPA's monitoring function, as concerns may indicate a systemic issue within a training site that may impact its ability to continue to meet RCPA's accreditation standards.

The Accreditation Policy and the Accreditation Step Guide provide an overview of how RCPA may respond to concerns raised about an accredited training site. Concerns may be raised or identified during the NATA/RCPA accreditation process and reported to RCPA, during an RCPA site visit or by other means. Depending on the nature of the concerns raised, RCPA may conduct a formal site visit

and review the accreditation status of the training site. The Accreditation Policy and the Accreditation Step Guide do not, however, link the complaint process outlined in the Complaints Policy to accredited training sites.

Given that concerns about a training site are likely to involve different outcomes to concerns about RCPA or the conduct of a fellow or member of RCPA, the review recommends that RCPA develop a separate policy for managing concerns about accredited training sites in line with the principles outlined in this report. In particular, consideration should be given to:

- how concerns which allege, or appear to demonstrate, that a training site is no longer meeting the accreditation standards are assessed and managed (see 'A framework for identifying and managing non-compliance with the accreditation standards')
- the concerns which will not be assessed or managed directly by RCPA, and the relevant referral pathways where possible, including for example, professional misconduct concerns which should be reported to Ahpra and the Medical Board of Australia (see 'Developing a framework for assessing and managing concerns about accredited training sites')
- possible outcomes from raising a concern, including if concerns are substantiated that the training site is not meeting the accreditation standards (see 'Establishing a risk-based, proportionate approach to non-compliance with the accreditation standards').

Consideration should be given to how concerns about training sites are fed into RCPA's monitoring activities and considered during the reaccreditation process.

The review considers separating concerns about accredited training sites from the other categories of complaints listed in the Complaints Policy would make the process for managing these concerns clearer for RCPA, as well as training sites, trainees and other stakeholders who may be involved in the process. Clarity should also be provided about how to:

- raise a concern and allow individuals to submit concerns in a variety of ways, such as by an online concern form, email, phone or post
- raise a concern on a confidential basis to reduce barriers for individuals wishing to raise concerns, particularly given the possible sensitive nature of some matters. However, RCPA should be transparent about the difficulties with maintaining confidentiality in circumstances where the individuals may be identifiable from the subject matter of the concern
- raise a concern anonymously, ensuring clear communication is provided to individuals about the possible limitations associated with progressing anonymous concerns.

Ideally, RCPA should create an online form to assist individuals to provide key information about their concerns and the outcome they are seeking. This will help ensure RCPA has sufficient information to respond to the concern and to manage expectations about what can be achieved through the process. RCPA advised the review that it has various lines of communication open with stakeholders and that it does not consider an online form is required to raise a concern about accredited training sites. The review has provided a low rating for this recommendation and it could be something that RCPA may wish to consider in the future. The review considers developing an

online form may make it easier for individuals to raise a concern on a confidential basis or anonymously.

Once RCPA has finalised a policy for managing concerns about accredited training sites, it is recommended that staff are provided with training to ensure they are aware of how to identify a concern, the process and know and assist individuals to access RCPA’s process.

RCPA should consider who may access the concerns process and ensure that information about the ability to raise a concern is easily accessible on its website, referenced in the Accreditation Policy and communicated in relevant correspondence and training material. As training sites may be the subject of a concern, it is also important that they are aware of the process and how data from this process may be used to inform RCPA’s monitoring function.

Concerns about accredited training sites need to be accurately recorded and appropriately stored. The review recommends that RCPA creates an internal register to record concerns and outcomes about accredited training sites and uses this data to inform its monitoring activities and reaccreditation processes.

In response to consultation on the review’s preliminary findings, RCPA advised the review that it would update the Accreditation Policy to provide greater clarity to stakeholders that concerns about training sites will be managed in accordance with the Complaints Policy.

Recommendations	Priority rating
RCPA should develop a separate policy and procedure for managing concerns about accredited training sites and ensure information about this process is easily accessible on its website and communicated to stakeholders.	High
Once a policy for managing concerns about accredited training sites is developed, RCPA should provide staff with training to ensure they are aware of how to identify a concern, the process for managing these concerns, and how to assist complainants to access RCPA’s process.	Low
RCPA should develop an online form to raise a concern about a training site and ensure there are mechanisms for concerns to be raised anonymously, using a pseudonym or on a confidential basis.	Low
RCPA should create an internal register to record concerns and outcomes about accredited training sites and use this data to inform its monitoring activities and reaccreditation processes.	Medium

Managing non-compliance with the accreditation standards

The review recognises that it is necessary for RCPA to respond to a training site not complying with an accreditation standard. However, the review found that RCPA’s process for responding to instances where it has been substantiated that a training site is no longer meeting the accreditation standards during the accreditation cycle could be strengthened. In particular, RCPA’s process for determining the appropriate response to non-compliance was not clearly detailed.

As outlined in this report, the review suggests that colleges apply a risk-based and proportional response to non-compliance, where action is taken based on the level of risk associated with the training site's non-compliance.

The review notes that there are a range of different actions available to RCPA if it is substantiated that a training site is not meeting the accreditation standards. This may range from requesting that the training site provides an update on how it has addressed an issue, to more serious action such as making an adverse change to the accreditation status of the training site. Responses to non-compliance which are high risk may include, for example:

- imposing conditions on the accreditation of the training site
- suspending the training site's accreditation
- making immediate changes, such as removing a trainee temporarily from the training site or removing and replacing a training site supervisor
- withdrawing accreditation from the training site.

While the review acknowledges that suspending or withdrawing accreditation is a rare event for RCPA, the Accreditation Policy and the Accreditation Step Guide provide limited guidance about the process for doing so. The review noted that the only reference to this type of action in the Accreditation Policy was in relation to RCPA notifying the Medical Council of New Zealand if a recommendation is made to suspend or withdraw the accreditation of a training site after a site visit. It is unclear in what circumstances RCPA may suspend or withdraw the accreditation of a training site in Australia or the process for doing so.

The review also found the Accreditation Policy and the Accreditation Step Guide referenced RCPA reviewing the accreditation status of a training site if issues are identified with training, which generally involves a formal site visit. However, no information is provided about what action, if any, RCPA may take after undertaking the review if RCPA forms the view that the training site is no longer meeting the accreditation standards.

The review identified similar gaps in the Accreditation Guidelines for Training in Immunology. The Accreditation Guidelines for Training in Immunology outline that accreditation may be withdrawn if a training site fails to notify the CJCT of changes to the training environment at the facility that may impact its ability to meet the accreditation standards. However, it does not provide any information about the process that will be followed if a decision is made to suspend or withdraw accreditation.

Given the serious implications for training sites and trainees if RCPA decides to make an adverse change to the accreditation status of a training site, the review considers it important that RCPA has a clear process outlining the steps involved in making such a decision and the relevant factors considered when making this decision. This information should be publicly available to ensure transparency if these processes are initiated by RCPA and to assist trainees and supervisors who may be impacted by the decision.

As accreditation decisions can be subject to merits review, it is also important that RCPA has a robust and well-documented process that can be relied on to support its decision-making if challenged. The review recommends RCPA updates the Accreditation Policy and the Accreditation Step Guide to

include more detailed information about how it manages non-compliance with the accreditation standards. RCPA should provide greater clarity about:

- how it may identify that a training site is not meeting the accreditation standards, such as through its monitoring activities or receiving a concern about a training site from an individual
- the roles and responsibilities of the relevant bodies in making a decision in relation to non-compliance, including any proposed decision to adversely change the accreditation status of a training site
- the assessment process to determine the most appropriate decision, including the factors considered regarding the risks associated with the non-compliance and the actions available to RCPA in response
- the steps involved before a final decision is made in response to non-compliance, including any required consultation with affected stakeholders
- the expected timeframes for key stages of the process
- the process for notifying training sites of the decision, including that the training site will be provided with written reasons for the decision
- the administrative complaint and merits review pathways available to training sites regarding the decision.


The review recognises that responsibilities regarding required consultation with affected stakeholders will likely differ based on the seriousness of the risks identified, and therefore the severity of the action proposed to be taken by RCPA. For example, a decision to withdraw accreditation from a training site can have wide-ranging impacts on health services, and therefore likely requires more comprehensive consultation.

The review recommends that RCPA ensures the training site is provided with an opportunity to review and respond to a proposed adverse decision before a final decision is made, and that this step is clearly outlined in the relevant accreditation documentation. This step will allow the training site to respond to the concerns about non-compliance, clarify any factual errors, or provide additional information relevant to the decision-making process. This step may also reduce the likelihood of a training site later seeking a merits review of an accreditation decision on the basis of a factual error or information not being considered.

In response to consultation on the review's preliminary findings, RCPA advised the review that it would update the Accreditation Policy and the Accreditation Step Guide to provide more specific information about the process for suspending and withdrawing accreditation.

Recommendations	Priority rating
<p>RCPA should update the Accreditation Policy and the Accreditation Step Guide to include more detailed information about how it manages non-compliance with the accreditation standards. RCPA should provide greater clarity about:</p> <ul style="list-style-type: none"> • how it may identify that a training site is not meeting the accreditation standards, such as through its monitoring activities or receiving a concern about a training site from an individual • the roles and responsibilities of the relevant bodies in making a decision in relation to non-compliance, including any proposed decision to adversely change the accreditation status of a training site • the assessment process to determine the most appropriate decision, including the factors considered regarding the risks associated with the non-compliance and the actions available to RCPA in response • the steps involved before a final decision is made in response to non-compliance, including any required consultation with affected stakeholders • the expected timeframes for key stages of the process • the process for notifying training sites of the decision, including that the training site will be provided with written reasons for the decision • the administrative complaint and merits review pathways available to training sites regarding the decision. 	High
<p>RCPA should update the Accreditation Policy and the Accreditation Step Guide to specify that training sites will be provided with the opportunity to review and respond to the proposed decision in response to non-compliance before a final decision is made.</p>	High

Merits review process

<p>Merits review process for accreditation decisions</p> <p>The review found the merits review processes for accreditation decisions to be partially adequate. Improvements are needed to clarify the types of accreditation decisions related to training sites that can be subject to merits review, the possible grounds for a reconsideration or review, and the approach to application fees.</p>	
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Accreditation decisions made by RCPA can be subject to merits review under the Regulation for Reconsideration, Review and Formal Appeal of certain decisions of the College (the Appeals Policy). The Appeals Policy was updated during the review, with the most recent version dated July 2023.

Key observations

Accreditation decisions subject to merits review

The review observed a lack of clarity around the accreditation decisions that could be reconsidered, reviewed or appealed through the Appeals Policy. The review noted the Appeals Policy described decisions that can be subject to reconsideration, review and appeal as decisions that affect an individual. As training sites would not ordinarily fall into the category of an individual, it was unclear that decisions regarding the accreditation of training sites could be subject to reconsideration, review and appeal.

Following consultation on the review’s preliminary findings, RCPA updated its Appeals Policy to make it clear that decisions regarding the “Accreditation of a Site for Training Programs” can be subject to reconsideration, review and appeal.

While the review commends RCPA for taking this step, there are a range of accreditation decisions 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 the accreditation or reaccreditation of a training site
- refuse to change or remove a condition imposed on the accreditation or reaccreditation of a training site
- suspend the accreditation of a training site
- revoke the accreditation of a training site.

The review therefore recommends that RCPA considers clarifying the types of accreditation decisions which are subject to its Appeals Policy, including the decisions referred above. This is important to ensure that RCPA’s accreditation decision-making processes are accountable and procedurally fair.

Recommendations	Priority rating
RCPA should update its Appeals Policy to clarify the types of accreditation decisions that can be subject to merits review.	Medium

Clarifying appropriate grounds for merits review

RCPA’s Appeals Policy does not appear to provide clear guidance regarding the grounds required for a training site to request reconsideration or review of a matter. However, the grounds it sets out for applying for appeal are more thorough and broadly align with the grounds for appeal outlined in the AMC’s Standards.

While the review recognises that the AMC Standards specifies that these grounds relate to an appeal, the review suggests that there is benefit in clarifying that these grounds are relevant to all stages of the merits review process. Articulating the grounds RCPA will consider when assessing an application for reconsideration and review will enhance accountability and transparency in the merits review

process. It would also provide guidance to applicants about the types of information they are required to supply to support their application.

Further, the Appeals Policy outlines that RCPA is not obliged to consider an application for reconsideration or review if the CEO decides there are insufficient grounds for reconsideration or review. It is arguably unfair for this to occur when the possible grounds for reconsideration or review have not been articulated.

The review therefore recommends RCPA clarifies that the specified grounds for appeal relate to all stages of the merits review process. This will assist applicants to clearly outline why they are seeking a merits review and ensure that RCPA can appropriately consider the grounds on which the review was sought.

Recommendations	Priority rating
RCPA should update its Appeals Policy to clarify that the grounds for seeking merits review of accreditation decisions in the reconsideration and review stages align with the AMC Standards' requirements.	Medium

Role and powers of decision-makers related to reconsideration and review applications

RCPA specifies that the reconsideration of a decision is undertaken by the same Committee or College group who made the original decision. Decision-makers (on matters other than examinations) are empowered to:

- confirm the decision
- set aside the decision and take other appropriate related steps such as to change the decision.

It also specifies that the review of a decision is undertaken by the committee or College group which has oversight of the original decision-maker. Decision-makers (on matters other than examinations) are empowered to:

- confirm the decision; or
- overturn or vary the decision.

In comparison, the policy outlines that the Appeals Committee may:

- confirm the decision which is the subject of the appeal; or
- set aside the decision and refer the matter back to the original maker of the decision (upon such terms and conditions as the Appeals Committee may determine).

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. This is why decision-makers in a merits review are often said to ‘stand in the shoes’ of the original decision-maker.



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 upon, applicants cannot fully understand how their reconsideration or review application will be progressed. Similarly, without clearly articulated decision-making powers, there is potential for misunderstanding in the application of the Appeals Policy, and inconsistency in decision-making.

Recommendations	Priority rating
RCPA should update its Appeals Policy to ensure merits review decision-makers have appropriate powers to consider a merits review application in line with the best practice principles outlined in this report.	High

Clarifying the impartiality and independence of the Appeals Committee

As outlined in the best practice section of this report, the review suggests that colleges which provide an appeal process should seek to ensure that the appointed decision-makers are independent and impartial. The review notes that RCPA’s Appeals Policy aligns with the AMC’s Standards in that the Appeals Committee comprises both College members (a past President of the College, other than the immediate past President and one fellow of the College who has not served as a Director or member of the Council of the College within the last two years); and non-College members (three persons, one of whom is a member of the legal profession).

The review commends RCPA for seeking to ensure greater accountability of decision-making through an appeals process. However, the review suggests that RCPA should consider how it could clarify its policy to ensure that the appointment of committee members leads to an impartial and independent decision-making committee. 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.

Recommendations	Priority rating
RCPA should update its Appeals Policy to clarify how members of its Appeals Committee are appointed, and their required skills and experience, to strengthen the impartiality and independence of appeal decisions.	Medium

Ensuring information about the merits review process is visible and accessible

The review understands that accreditation decisions made by RCPA are subject to the Appeals Policy. However, there were no references to the merits review pathways available to training sites in the Accreditation Policy, the Accreditation Step Guide or on the training site accreditation page on RCPA’s website. To ensure training sites are aware that accreditation decisions made by RCPA are subject to the Appeals Policy, the review recommends that RCPA updates the Accreditation Policy and the Accreditation Step Guide to reference the Appeals Policy and the types of accreditation decisions that can be subject to reconsideration, review and appeal.

The review also recommends RCPA publishes further guidance about the reconsideration, review and appeal processes on its website to make information more visible and accessible to training sites. It is recommended that RCPA updates the training site accreditation page to include:

- information about how the reconsideration, review and appeal processes apply to accreditation decisions, including any applicable fees and that a refund will be provided if the applicant is successful
- instructions for submitting an application for reconsideration, review and appeal, with links to the relevant application forms
- links to the Appeals Policy and relevant application forms.

In response to consultation on the review’s preliminary findings, RCPA has agreed to implement these recommendations.

Recommendations	Priority rating
RCPA should update the Accreditation Policy and the Accreditation Step Guide to reference the Appeals Policy and the types of accreditation decisions that can be subject to reconsideration, review and appeal.	Medium
RCPA should update the training site accreditation page to include: <ul style="list-style-type: none"> • information about how the reconsideration, review and appeal processes apply to accreditation decisions, including any applicable fees and whether a refund will be provided if the applicant is successful • instructions for submitting an application for reconsideration, review and appeal, with links to the relevant application forms • links to the Appeals Policy and relevant application forms. 	Medium

Creating an application form to assist applicants to apply for reconsideration, review and appeal

The review noted RCPA does not have an application form to apply for a reconsideration, review and appeal of a decision. For decisions that do not relate to an examination result, the Appeals Policy directs applicants wishing to apply for reconsideration of a decision to write to RCPA’s Chief Executive Officer (CEO). If the applicant is dissatisfied with the reconsideration decision, they must write to RCPA indicating they wish to proceed to the review stage. To appeal a decision, the applicant is required to write to the Secretary or Treasurer of RCPA. While the Appeals Policy provides a contact email for RCPA Registrar and CEO, there is no contact information for the Secretary or Treasurer to apply for an appeal.

To make these processes more accessible, the review recommends RCPA develop an application form for applicants to use when applying for a reconsideration, review and appeal of a decision. RCPA may wish to create one application form or a separate form for each stage of the reconsideration, review and appeal process. The form/s should include:

- targeted questions for applicants to complete to better understand the grounds for review, reconsideration or appeal they are seeking to raise, and the outcome sought

- direction about how to submit an application for review, reconsideration and appeal, with relevant contact information such as an email and postal address (if applicable).

Once the form/s have been created, the review recommends that RCPA ensure they are publicly available on the training site accreditation page and referenced in the Appeals Policy.

Recommendations	Priority rating
RCPA should develop an application form to apply for a reconsideration, review and appeal.	Low

Transparency regarding fees associated with the merits review process

The review found the publicly available information about fees associated with RCPA’s reconsideration, review and appeal pathways lacked clarity and transparency. While RCPA advised the review that it does not charge a fee to apply for a reconsideration or review of a decision, this is not stipulated in the Appeals Policy.

As per the best practice principles outlined in this report, the review recommends that ideally, reconsideration and review processes should be offered free of charge. The review notes that this is the approach taken by most colleges. In particular, providing reconsideration of a decision by the original decision maker should be provided as a quick and informal process. Fees can create a barrier to apply for a merits review and can deter people from proceeding with an application.⁵ This is contrary to the recognised benefits of providing a merits review process.

The Appeals Policy provides that RCPA may require applicants applying for an appeal to pay a fee equivalent to up to three times the subscription payable by a fellow for the current year. However, the review was unable to calculate the appeal fee based on the description in the Appeals Policy, as it was unclear what the annual subscription payable by a fellow was after reviewing RCPA’s fee schedule for the 2022 training year. If the appeal is successful, RCPA will refund any fee paid by the applicant. RCPA informed the review that it would only charge a fee if actual additional expenditure was incurred (such as airfares for panel members).


To provide clarity to applicants seeking access to RCPA’s reconsideration, review and appeal process, the review recommends RCPA agree on a reasonable set fee to appeal a decision. If RCPA decides to set an appeal fee, these details should be publicly available on the relevant sections of its website and in RCPA’s fee schedule.

In response to consultation on the review’s preliminary findings, RCPA agreed to update the Appeals Policy to specify that there is no fee payable to apply for a reconsideration or review of a decision.

⁵ Administrative Review Council, Better Decisions: review of Commonwealth Merits Review Tribunals, 1995

Recommendations	Priority rating
RCPA should consider specifying in the Appeals Policy that reconsideration and review processes free are charge in line with this report and the practice of most colleges.	High
RCPA should agree on a reasonable set fee to appeal a decision and ensure this information is publicly available on its website and in the RCPA fee schedule.	High

Administrative complaints process

<p>Administrative complaints process</p> <p>The review found the process for managing administrative complaints was partially adequate. Improvements could be made by clarifying the process for managing administrative complaints and by ensuring it is visible and accessible.</p>	
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RCPA manages administrative complaints in accordance with its Complaints Policy. The Complaints Policy is available in the College Policies section of RCPA’s website and is referenced in the Accreditation Policy and guidance material provided to trainees and supervisors. RCPA has a ‘Trainee Solutions’ section on its website that provides a comprehensive list of supports and resources available to trainees, including the different complaint pathways if trainees have a concern about RCPA or their employer.

The process outlined in the Complaints Policy encourages complainants to try to resolve their concerns informally, such as by raising the matter directly with the relevant individual or parties involved. If it is not appropriate or possible to resolve concerns informally, the complaint will be referred to RCPA’s CEO and/or Board of Directors for formal investigation or referred for an external investigation. RCPA maintains a complaints register and uses complaint data to identify and address recurring or systemic problems.

RCPA appoints a ‘College Ombudsman’ for trainees. The College Ombudsman deals with matters relating to trainees and their training and acts as a point of escalation if a trainee feels their complaint has not been satisfactorily resolved after an initial review under the Complaints Policy or other complaint pathways offered by RCPA.

The College Ombudsman does not have the ability to overturn decisions made by RCPA. However, the College Ombudsman may:

- recommend solutions to the parties involved in the dispute
- recommend that a decision be reconsidered
- provide a further explanation of a decision that has been made to the trainee
- recommend improvements to RCPA’s processes for future trainees.

Key observations

RCPA has an established process for managing administrative complaints. The Complaints Policy has been drafted to align with the principles outlined in the Australian Standard Guidelines for complaint management in organisations. This is evident when reviewing the Complaints Policy, which is written in plain English and structured in a way that is easy to follow. The Complaints Policy clearly articulates the types of complaints that can be made, expected timeframes throughout the complaints process and possible outcomes.

The review has outlined several recommendations for RCPA's consideration where the existing process could be strengthened to make it clearer and more accessible to those who may wish to make a complaint.

Clarifying the management of administrative complaints

RCPA's Complaints Policy covers a wide range of complaint issues. While administrative complaints fall within its scope, it also covers complaints:

- about RCPA as a body corporate
- arising from RCPA's internal or external relationships
- arising in relation to activities by fellows, affiliates, members, associates and associates of faculties in connection with RCPA or in association with their public profile or status in relation to RCPA.

The review observed the procedure outlined in the Complaints Policy largely focused on complaints about individuals, rather than complaints that may be made about RCPA. As a general procedure is adopted to manage different complaint issues that fall within the scope of the Complaints Policy, the review found aspects of the complaints procedure and possible outcomes outlined in the Complaints Policy were not applicable to administrative complaints. As a result, the RCPA's process for managing administrative complaints lacked clarity. For example, it was not clear who has responsibility for assessing complaints about RCPA and the possible complaint outcomes.

As administrative complaints about RCPA are likely to involve different outcomes to complaints about the conduct of an RCPA fellow or member, the review recommends RCPA develops a separate policy and procedure for managing administrative complaints in line with the suggested principles and processes outlined by the review. Alternatively, the review suggests RCPA updates its Complaints Policy to provide greater clarity regarding how administrative complaints about RCPA will be managed and possible outcomes from the complaints process that are applicable to this category of complaints.

The review recommends RCPA considers adopting the three-stage model for complaints management outlined in this report. A stage one complaint could be defined as a complaint that can be resolved quickly by frontline staff, such as straightforward service delivery complaints. A stage two complaint would usually involve a more complex issue or a complaint that was unable to be resolved at stage one and will be managed by another staff member or team within the organisation.

Stage three of the complaints process involves review of the complaint by an external entity, such as the National Health Practitioner Ombudsman (NHPO).

In response to consultation on the review’s preliminary findings, RCPA advised the review that it would update the Complaints Policy to provide greater clarity regarding the process for managing administrative complaints.

Recommendations	Priority rating
RCPA should develop a separate policy for managing administrative complaints, or update the Complaints Resolution Policy, to provide greater clarity about how administrative complaints are managed, adopting the three-stage approach to complaints management outlined in this report.	High

Ensuring the complaints process is visible and accessible to complainants

RCPA promotes its complaint handling process in guidance material provided to trainees and supervisors and in the trainee section of its website. As administrative complaints about RCPA may be raised by individuals other than trainees and supervisors, the review recommends that RCPA creates a separate page on its website that can be easily accessed from the homepage. This page should include:

- information about how to submit an administrative complaint, with options to submit the complaint by phone, email, post or online complaint form
- an overview of the steps involved in the administrative complaints process and expected timeframes for each stage
- possible outcomes from the complaints process
- a link to the Complaints Policy.

The review suggests the above information could be presented in an FAQ section on the complaints page to make it easy for complainants to access and understand key information about RCPA’s complaints process.

In response to consultation on the review’s preliminary findings, RCPA advised the review that it would update the ‘About Us’ section on its website to ensure information about its complaint process is visible and accessible.

Recommendations	Priority rating
RCPA should create a separate page on its website with key information about the administrative complaints process.	Medium

Clarity regarding how to make a complaint

The review found the Complaints Policy provided limited guidance to individuals about how to submit a complaint. While the Complaints Policy outlines who trainees can contact to make a

complaint, there is no direction for trainees about whether a complaint can be submitted by email, phone or post, or any contact information provided. The Complaints Policy did not provide any guidance for individuals who are not trainees about how to submit a complaint to RCPA.

To ensure the complaints process is accessible to all individuals who may wish to make a complaint, the review recommends RCPA update the Complaints Policy to stipulate how to submit a complaint with specific contact details and options to submit the complaint by phone, email or post. Ideally, RCPA should create an online complaint form to assist complainants to provide key information about the concerns and the outcome they are seeking from the complaints process.

In response to consultation on the review’s preliminary findings, RCPA advised the review that it has various lines of communication open with stakeholders and that it does not consider an online complaint form is required. The review has provided a low rating for this recommendation and it could be something that RCPA may wish to consider in the future. The review considers that asking targeted questions in the online complaint form about the complaint issues and the outcome sought may assist RCPA in exploring options for the early resolution of complaints and managing complainant expectations if the outcome sought is not something that can be achieved through the complaints process.

Recommendations	Priority rating
RCPA should create an online complaint form for administrative complaints and ensure this is publicly available on its website.	Low

Role of the College Ombudsman

RCPA’s creation of the role of College Ombudsman provides an additional mechanism for those who are dissatisfied with a complaint outcome. While the review is supportive of RCPA’s commitment to ensuring its complaint process is fair, the review is concerned there may be some confusion for complainants about the role of the NHPO and the College Ombudsman now that the NHPO’s complaint handling function has been established.

The review is also committed to ensuring that public trust is not undermined in the role of an Ombudsman’s office. The Australian and New Zealand Ombudsman Association (ANZOA) is concerned with ensuring the appropriate use of the term ‘Ombudsman.’ ANZOA has stated:

“Public respect for the independence, integrity and impartiality of Ombudsman offices is at risk if bodies that do not conform to the accepted model are inappropriately described as an Ombudsman office.

It is a contradiction in terms, for example, to describe a body as an ‘internal ombudsman’ or to apply the description to a body that is subject to the direction of a government minister or industry body.”⁶

⁶ ANZOA policy statement, ‘Essential criteria for describing a body as an Ombudsman.’ Accessed August 2022: www.ombudsman.gov.au/__data/assets/pdf_file/0015/31434/ANZOA-Essential_criteria_for_describing_a_body_as_an_Ombudsman.pdf

The review is concerned that the role of the College Ombudsman may not meet the criteria for using the term as outlined by ANZOA related to independence, jurisdiction, powers, accessibility, procedural fairness and accountability. For example, to meet the criteria to use the term Ombudsman, the office of the Ombudsman:

- *...must be established—either by legislation or as an incorporated or accredited body—so that it is independent of the organisations being investigated...must have an unconditional right to make public reports and statements on the findings of investigations undertaken by the office and on issues giving rise to complaints*
- *...must be required to publish an annual report on the work of the office*
- *...must be responsible—if a Parliamentary Ombudsman, to the Parliament; if an Industry-based Ombudsman, to an independent board of industry and consumer representatives.*⁷

The review therefore recommends RCPA considers the utility of the role of the College Ombudsman in the future.

Recommendations	Priority rating
RCPA should consider the utility of the role of the College Ombudsman in the future with regard to ANZOA’s criteria for using the term ‘Ombudsman’ and possible confusion regarding the NHPO’s new complaint-handling role.	Medium

⁷ Ibid.

