

Executive Summary: Royal Australian and New Zealand College of Ophthalmologists

The Australian Medical Council (AMC) document, *Procedures for Assessment and Accreditation of Specialist Medical Education Programs and Professional Development Programs by the Australian Medical Council 2015*, describes AMC requirements for reaccreditation of specialist medical programs and their education providers.

The AMC first assessed the Royal Australian and New Zealand College of Ophthalmologists (RANZCO) in 2006. The 2006 assessment resulted in accreditation of RANZCO for a period of five years, until December 2011. In 2011, the AMC assessed the College's comprehensive report for extension of accreditation. On the basis of this report, the AMC found that the College met the accreditation standards and extended accreditation to the maximum term of ten years, until December 2016.

In 2016, an AMC team completed a reaccreditation assessment of the training, education and continuing professional development programs of RANZCO.

In the period late 2015 to May 2016, the AMC received a number of complaints by current trainees and supervisors, and former trainees about the College and its training program. The AMC considered these submissions under its complaints process. Where it determined that the complaint was a systemic matter, likely to evidence some systemic matter that could signify a failure of a program or provider to meet accreditation standards, the AMC addressed the matter in the accreditation assessment.

The team reported to the 18 August 2016 meeting of the Specialist Education Accreditation Committee. The Committee considered the draft report and made recommendations on accreditation to AMC Directors in accordance with the options described in the AMC accreditation procedures.

This report presents the Committee's recommendations, presented to the 20 October 2016 meeting of AMC Directors, and the detailed findings against the accreditation standards.

Decision on accreditation

Under the *Health Practitioner Regulation National Law*, the AMC may grant accreditation if it is reasonably satisfied that a program of study and the education provider meet an approved accreditation standard. It may also grant accreditation if it is reasonably satisfied that the provider and the program of study substantially meet an approved accreditation standard, and the imposition of conditions will ensure that the program meets the standard within a reasonable time. Having made a decision, the AMC reports its accreditation decision to the Medical Board of Australia to enable the Board to make a decision on the approval of the program of study for registration purposes.

The AMC's finding is that it is reasonably satisfied that the training, education and the continuing professional development programs of RANZCO substantially meet the accreditation standards.

The College's training and education programs deliver high-quality training that effectively equips graduates for the independent specialist practice of general ophthalmology. In recent years, the College has demonstrated a commitment to adapting its governance, management and program structures in order to meet current and anticipated challenges. The College recently completed a governance review which

resulted in a revised Constitution and revised Vocational Training Program curriculum standards.

The College is committed to the further development of its training, education and continuing professional development programs. However, a number of projects were still in planning and others not fully implemented at the time of the accreditation visit. As a matter of urgency, the College must review and consistently implement its reconsideration, review and appeals policy, as well as its complaints policy and processes. The College must also address the issue of discrimination, bullying and sexual harassment in its training program.

The AMC has applied a number of conditions to the training, education and continuing professional development programs under all accreditation standards that must be addressed by the College. The AMC will monitor that the College is meeting the conditions on its accreditation through progress reports and a review visit in 2017.

The October 2016 meeting of the AMC Directors resolved:

- (i) That the Royal Australian and New Zealand College of Ophthalmologists' specialist medical program and training and continuing professional development program in the recognised medical specialty of ophthalmology are granted accreditation for three years to 31 March 2020, subject to satisfying AMC monitoring requirements including progress reports and addressing accreditation conditions.
- (ii) That this accreditation is subject to the conditions set out below:
 - (a) By the 2017 progress report, evidence that the College has addressed the following conditions from the accreditation report:
 - 1 Develop and implement procedures for identifying, managing and recording conflicts of interest in the College's training and education functions, governance and decision making. (Standard 1.1.6)
 - 2 Revise the reconsideration, review and appeals policies to provide for consistent and impartial review of decisions related to training and education functions. These policies must be publically available and consistent with the principles of natural justice and procedural fairness. (Standard 1.3.1)
 - 3 Revise the complaints policy and processes, to ensure safety for complainants and consistency with other related policies (such as the code of conduct, conflict of interest policy, remediation policy, and the reconsideration, review and appeals policies). (Standard 1.3.2)
 - 4 Develop and implement a clear and documented process for evaluating de-identified appeals and complaints to identify any systems issues. This process must protect the parties involved. (Standard 1.3.2)
 - 6 Develop more formal and effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to support specialist training and education. (Standard 1.6.4)
 - 25 In relation to the End of Term Assessment, ensure that multiple sources of documented feedback are considered in the assessment and that the sources and content of feedback are known to the trainee. The College must ensure that this transparency is also adopted by all committees that

- deal with trainee performance and progression. (Standard 5.2.1 and 5.3.1)
- 27 Implement a process of review of borderline candidates in examinations and work-based assessments before pass, remediation or fail determinations are made. (Standard 5.2.3)
 - 28 Review the processes used by the Trainee Progression Committee for dealing with trainees in difficulty and ensure members are trained in assessment, feedback, educational support and remediation processes. (Standard 5.3.3)
 - 29 Revise the remediation policy to allow a trainee to repeat a 'term' with a different educational supervisor at the request of the trainee, supervisor or Director of Training. (Standard 5.3.3)
 - 33 Implement regular and safe processes for trainees to provide feedback about program delivery and program development. (Standard 6.1.3)
 - 37 Publish the weightings for the various components used by each of the training networks for selection into the training program. (Standard 7.1.1 and 7.1.2)
 - 41 Institute a framework to promote the wellbeing of trainees and to deal specifically with issues of discrimination, bullying and sexual harassment in association with other key stakeholders. (Standard 7.4)
 - 42 Review the process for training-related disputes and develop an accessible, safe and confidential complaints process for trainees. (Standard 7.5)
 - 51 Develop and implement a formal process for fellows who request or require retraining. (Standard 9.2.1)
 - 52 Develop and implement a formal process for fellows who require remediation. (Standard 9.3.1)
- (b) By the 2018 progress report, evidence that the College has addressed the following conditions from the accreditation report:
- 5 Develop and implement a program of effective collaborations and formal partnerships with other educational institutions, health services, government departments and other organisations to achieve the College's strategic vision. (Standard 1.4.2, 1.6.1 and 1.6.3)
 - 7 Establish a standing curriculum committee or working party which has responsibility for continual review of the curriculum to ensure that it is up-to-date with medical advances, societal needs and educational good practice. (Standard 1.2.1 and 1.7.1)
 - 8 Engage other eye care providers, lay representatives, and health funders and services, when defining the purpose, graduate and program outcomes, to ensure community engagement and community perspective are considered. (Standard 2.1.3)
 - 16 Address the negative attitudes towards part-time training and provide clear information to trainees who wish to pursue this option. (Standard 3.4.3)

- 17 Develop guidelines for trainees and trainers to enable a transition into training from periods of extended leave and ensure patient safety when trainees return from such leave. (Standard 3.4.3)
- 19 Develop innovative ways to arrange three-monthly rotations so that trainees can become more familiar with the service. (Standard 4.1.1, 4.2.1 and 4.2.4)
- 20 Expand on the teaching and learning resources and opportunities to ensure trainees develop a substantive understanding of the issues affecting the Aboriginal and Torres Strait Islander peoples of Australia and Māori of New Zealand. (Standard 4.2.2)
- 21 Develop or provide access to methods for consistently delivering cultural safety training. (Standard 4.2.2)
- 24 Train work-based assessors, monitor the application of work-based assessments and evaluate the validity and the reliability of these assessments. (Standard 5.2.1, 5.4.1 and 5.4.2)
- 26 Conduct a review of the standard setting methods for all examinations and ensure that the methods used are valid for determining passing scores. (Standard 5.2.3)
- 30 Institute a systematic program of statistical analysis to evaluate assessment quality, consistency and fairness. (Standard 5.4.1)
- 31 Establish formal governance and operational structures and plans for monitoring and evaluation of the training program. (Standard 6.1, 6.2 and 6.3)
- 32 Implement regular and safe processes for supervisors to provide feedback about program delivery and program development. (Standard 6.1.2)
- 34 Develop a framework for evaluating the training program that includes goals for participation, satisfaction, educational impact, outputs and outcomes. (Standard 6.2.1)
- 35 Implement regular and safe processes for external stakeholders, including consumers and Indigenous people, to provide feedback about program delivery and program development. (Standard 6.2.3)
- 36 Develop a regular monitoring and evaluation report that describes how feedback was evaluated, what actions were taken and whether goals for improvement were met. (Standard 6.3)
- 38 Establish a mechanism for ensuring robust evaluation of selection processes and consistency across jurisdictions. (Standard 7.1.5)
- 39 Develop and implement a plan to increase recruitment of Aboriginal and Torres Strait Islander and/or Māori trainees. (Standard 7.1.3)
- 40 Review and change processes for the appointment of trainees to the Trainee Representative Group to ensure true representation and implement reforms that strengthen representation of trainees within the College. (Standard 7.2.1)

- 43 Develop and implement a process for defining the required capabilities for selection of supervisors. (Standard 8.1.3)
 - 45 Develop and implement a process for evaluating the performance of supervisors. (Standard 8.1.4)
 - 47 Ensure all accredited training positions comply with safe working hours, specifically ensuring that trainees are not required to undertake continuous on-call shifts for extended periods. (Standard 8.2.2)
 - 48 Identify and develop training opportunities for trainees to work with rural, regional and Indigenous communities. (Standard 8.2.2 and 8.2.3)
 - 49 Collaborate with education providers within the health services to support common accreditation processes and share relevant information. (Standard 8.2.4)
 - 50 Review the continuing professional development requirements for part-time fellows including the requirement for Level 2 clinical expertise input. (Standard 9.1.3)
 - 53 Communicate to Specialist International Medical Graduates at all stages of the assessment process the reasons that lie behind the College's decision making. (Standard 10.4.2)
- (c) By the 2019 progress report, evidence that the College has addressed the following conditions from the accreditation report:
- 9 Strengthen leadership in workforce planning, particularly in light of the identified shortages of paediatric ophthalmologists, disparities of service provision in rural or remote areas, and inequities in providing services to Aboriginal and Torres Strait Islander peoples of Australia and Māori of New Zealand. (Standard 2.2)
 - 10 Enhance the curriculum by adding curriculum themes (such as malignancy or trauma that overarch subspecialty areas) and map teaching and learning resources and assessments to the curriculum outcomes. (Standard 3.1.1)
 - 11 Develop explicit learning outcomes for leadership and teamwork in interdisciplinary and interprofessional teams and link these to teaching and learning resources. (Standard 3.2.5 and 3.2.7)
 - 12 Develop explicit learning outcomes for reflective practice, clinical audit, quality improvement and critical appraisal and link these to teaching and learning resources and assessment. (Standard 3.2.8)
 - 13 Develop explicit learning outcomes in cultural competence and Indigenous health and include specific teaching and learning resources, and appropriate assessments related to cultural competence and safety. (Standard 3.2.9 and 3.2.10)
 - 14 Revise the curriculum to indicate where and how spiral learning is to be achieved across the learning outcomes and key roles, acknowledging the constraints of the available training posts in Australia and New Zealand. (Standard 3.3.1)

- 15 Revise the curriculum to indicate how training is to be realistically achieved and delivered throughout the five-year period, in terms of the sequence and duration of rotations. (Standard 3.4.1)
- 18 Map the teaching and learning opportunities provided by training networks, regional committees and universities to the curriculum content. (Standard 4.1.1)
- 22 Revise the Clinical Curriculum Performance Standards Spreadsheet tool to allow trainees and supervisors to effectively align training rotations and experiences with the expectations of the training program. (Standard 4.2.4)
- 23 Revise the Surgical Logbook with trainee and supervisor input and consider the introduction of a more technologically advanced tool. (Standard 4.2.4)
- 44 Develop and implement a complete suite of supportive programs for supervisors and assessors in more easily accessible formats, with a consideration of mandating participation. (Standard 8.1.3)
- 46 Develop and implement a system to monitor training sites to ensure adequate follow-up of any recommendations between accreditation cycles. (Standard 8.2.1)

(iii) That in October 2017, and at a time suitable to the College, a small AMC assessment team will undertake a review visit and report on the College's progress in addressing the 2017 conditions on its accreditation.

The accreditation conditions in order of standard are detailed in the following table:

Standard	Condition	To be met by
Standard 1	1 Develop and implement procedures for identifying, managing and recording conflicts of interest in the College's training and education functions, governance and decision making. (Standard 1.1.6)	2017
	2 Revise the reconsideration, review and appeals policies to provide for consistent and impartial review of decisions related to training and education functions. These policies must be publically available and consistent with the principles of natural justice and procedural fairness. (Standard 1.3.1)	2017
	3 Revise the complaints policy and processes, to ensure safety for complainants and consistency with other related policies (such as the code of conduct, conflict of interest policy, remediation policy, and the reconsideration, review and appeals policies). (Standard 1.3.2)	2017

Standard	Condition	To be met by
	4 Develop and implement a clear and documented process for evaluating de-identified appeals and complaints to identify any systems issues. This process must protect the parties involved. (Standard 1.3.2)	2017
	5 Develop and implement a program of effective collaborations and formal partnerships with other educational institutions, health services, government departments and other organisations to achieve the College's strategic vision. (Standard 1.4.2, 1.6.1 and 1.6.3)	2018
	6 Develop more formal and effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to support specialist training and education. (Standard 1.6.4)	2017
	7 Establish a standing curriculum committee or working party which has responsibility for continual review of the curriculum to ensure that it is up-to-date with medical advances, societal needs and educational good practice. (Standard 1.2.1 and 1.7.1)	2018
Standard 2	8 Engage other eye care providers, lay representatives, and health funders and services, when defining the purpose, graduate and program outcomes, to ensure community engagement and community perspective are considered. (Standard 2.1.3)	2018
	9 Strengthen leadership in workforce planning, particularly in light of the identified shortages of paediatric ophthalmologists, disparities of service provision in rural or remote areas, and inequities in providing services to Aboriginal and Torres Strait Islander peoples of Australia and Māori of New Zealand. (Standard 2.2)	2019
Standard 3	10 Enhance the curriculum by adding curriculum themes (such as malignancy or trauma that overarch subspecialty areas) and map teaching and learning resources and assessments to the curriculum outcomes. (Standard 3.1.1)	2019
	11 Develop explicit learning outcomes for leadership and teamwork in interdisciplinary and interprofessional teams and link these to teaching and learning resources. (Standard 3.2.5 and 3.2.7)	2019

Standard	Condition	To be met by
	12 Develop explicit learning outcomes for reflective practice, clinical audit, quality improvement and critical appraisal and link these to teaching and learning resources and assessment. (Standard 3.2.8)	2019
	13 Develop explicit learning outcomes in cultural competence and Indigenous health and include specific teaching and learning resources, and appropriate assessments related to cultural competence and safety. (Standard 3.2.9 and 3.2.10)	2019
	14 Revise the curriculum to indicate where and how spiral learning is to be achieved across the learning outcomes and key roles, acknowledging the constraints of the available training posts in Australia and New Zealand. (Standard 3.3.1)	2019
	15 Revise the curriculum to indicate how training is to be realistically achieved and delivered throughout the five-year period, in terms of the sequence and duration of rotations. (Standard 3.4.1)	2019
	16 Address the negative attitudes towards part-time training and provide clear information to trainees who wish to pursue this option. (Standard 3.4.3)	2017
	17 Develop guidelines for trainees and trainers to enable a transition into training from periods of extended leave and ensure patient safety when trainees return from such leave. (Standard 3.4.3)	2018
Standard 4	18 Map the teaching and learning opportunities provided by training networks, regional committees and universities to the curriculum content. (Standard 4.1.1)	2019
	19 Develop innovative ways to arrange three-monthly rotations so that trainees can become more familiar with the service. (Standard 4.1.1, 4.2.1 and 4.2.4)	2018
	20 Expand on the teaching and learning resources and opportunities to ensure trainees develop a substantive understanding of the issues affecting the Aboriginal and Torres Strait Islander peoples of Australia and Māori of New Zealand. (Standard 4.2.2)	2018
	21 Develop or provide access to methods for consistently delivering cultural safety training. (Standard 4.2.2)	2018

Standard	Condition	To be met by
	22 Revise the Clinical Curriculum Performance Standards Spreadsheet tool to allow trainees and supervisors to effectively align training rotations and experiences with the expectations of the training program. (Standard 4.2.4)	2019
	23 Revise the Surgical Logbook with trainee and supervisor input and consider the introduction of a more technologically advanced tool. (Standard 4.2.4)	2019
Standard 5	24 Train work-based assessors, monitor the application of work-based assessments and evaluate the validity and the reliability of these assessments. (Standard 5.2.1, 5.4.1 and 5.4.2)	2018
	25 In relation to the End of Term Assessment, ensure that multiple sources of documented feedback are considered in the assessment and that the sources and content of feedback are known to the trainee. The College must ensure that this transparency is also adopted by all committees that deal with trainee performance and progression. (Standard 5.2.1 and 5.3.1)	2017
	26 Conduct a review of the standard setting methods for all examinations and ensure that the methods used are valid for determining passing scores. (Standard 5.2.3)	2018
	27 Implement a process of review of borderline candidates in examinations and work-based assessments before pass, remediation or fail determinations are made. (Standard 5.2.3)	2017
	28 Review the processes used by the Trainee Progression Committee for dealing with trainees in difficulty and ensure members are trained in assessment, feedback, educational support and remediation processes. (Standard 5.3.3)	2017
	29 Revise the remediation policy to allow a trainee to repeat a 'term' with a different educational supervisor at the request of the trainee, supervisor or Director of Training. (Standard 5.3.3)	2017
	30 Institute a systematic program of statistical analysis to evaluate assessment quality, consistency and fairness. (Standard 5.4.1)	2018

Standard	Condition	To be met by
Standard 6	31 Establish formal governance and operational structures and plans for monitoring and evaluation of the training program. (Standard 6.1, 6.2 and 6.3)	2018
	32 Implement regular and safe processes for supervisors to provide feedback about program delivery and program development. (Standard 6.1.2)	2018
	33 Implement regular and safe processes for trainees to provide feedback about program delivery and program development. (Standard 6.1.3)	2017
	34 Develop a framework for evaluating the training program that includes goals for participation, satisfaction, educational impact, outputs and outcomes. (Standard 6.2.1)	2018
	35 Implement regular and safe processes for external stakeholders, including consumers and Indigenous people, to provide feedback about program delivery and program development. (Standard 6.2.3)	2018
	36 Develop a regular monitoring and evaluation report that describes how feedback was evaluated, what actions were taken and whether goals for improvement were met. (Standard 6.3)	2018
Standard 7	37 Publish the weightings for the various components used by each of the training networks for selection into the training program. (Standard 7.1.1 and 7.1.2)	2017
	38 Establish a mechanism for ensuring robust evaluation of selection processes and consistency across jurisdictions. (Standard 7.1.5)	2018
	39 Develop and implement a plan to increase recruitment of Aboriginal and Torres Strait Islander and/or Māori trainees. (Standard 7.1.3)	2018
	40 Review and change processes for the appointment of trainees to the Trainee Representative Group to ensure true representation and implement reforms that strengthen representation of trainees within the College. (Standard 7.2.1)	2017
	41 Institute a framework to promote the wellbeing of trainees and to deal specifically with issues of discrimination, bullying and sexual harassment in association with other key stakeholders. (Standard 7.4)	2017

Standard	Condition	To be met by
	42 Review the process for training-related disputes and develop an accessible, safe and confidential complaints process for trainees. (Standard 7.5)	2017
Standard 8	43 Develop and implement a process for defining the required capabilities for selection of supervisors. (Standard 8.1.3)	2018
	44 Develop and implement a complete suite of supportive programs for supervisors and assessors in more easily accessible formats, with a consideration of mandating participation. (Standard 8.1.3)	2019
	45 Develop and implement a process for evaluating the performance of supervisors. (Standard 8.1.4)	2018
	46 Develop and implement a system to monitor training sites to ensure adequate follow-up of any recommendations between accreditation cycles. (Standard 8.2.1)	2017
	47 Ensure all accredited training positions comply with safe working hours, specifically ensuring that trainees are not required to undertake continuous on-call shifts for extended periods. (Standard 8.2.2)	2018
	48 Identify and develop training opportunities for trainees to work with rural, regional and Indigenous communities. (Standard 8.2.2 and 8.2.3)	2018
	49 Collaborate with education providers within the health services to support common accreditation processes and share relevant information. (Standard 8.2.4)	2018
Standard 9	50 Review the continuing professional development requirements for part-time fellows including the requirement for Level 2 clinical expertise input. (Standard 9.1.3)	2018
	51 Develop and implement a formal process for fellows who request or require retraining. (Standard 9.2.1)	2017
	52 Develop and implement a formal process for fellows who require remediation. (Standard 9.3.1)	2017
Standard 10	53 Communicate to Specialist International Medical Graduates at all stages of the assessment process the reasons that lie behind the College's decision making. (Standard 10.4.2)	2018

By March 2020, before this period of accreditation ends, the College will undergo a follow-up assessment. If the College is continuing to satisfy the accreditation standards, the AMC Directors may extend the accreditation by a maximum of three years, to March 2023.

Overview of findings

The findings against the nine accreditation standards are summarised below. Only those sub-standards which are not met or substantially met are listed under each overall finding.

Conditions imposed by the AMC so the College meets accreditation standards are listed in the accreditation decision (pages 1 to 6). The team’s commendations in areas of strength, conditions and recommendations for improvement are given below for each set of accreditation standards.

<p>1. The context of education and training (governance; program management; reconsideration, review and appeal processes; educational expertise and exchange; educational resources; interaction with the health sector; continuous renewal)</p>	<p>This set of standards is NOT MET</p>
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Standard 1.1.6 (governance) is not met.

Standard 1.2.1 (program management) is substantially met.

Standard 1.3.1 (reconsideration, review and appeal processes) and standard 1.3.2 (process for evaluating de-identified appeals and complaints) is not met.

Standard 1.4.2 (educational expertise and exchange) is substantially met.

Standard 1.6.1 (effective relationships with health-related sectors) and standard 1.6.3 (work with training sites and jurisdictions on matters of mutual interest) are substantially met. Standard 1.6.4 (effective partnerships in Indigenous health sector) is not met.

Standard 1.7 (continuous renewal) is substantially met.

Commendations

A The College’s commitment to adapting its governance, management and programs to meet the current and anticipated challenges in medical education and eye health.

B The support given to the College’s education, training and continuing professional development programs by the Board, fellows and staff.

Conditions to satisfy accreditation standards

1 Develop and implement procedures for identifying, managing and recording conflicts of interest in the College’s training and education functions, governance and decision making. (Standard 1.1.6)

- 2 Revise the reconsideration, review and appeals policies to provide for consistent and impartial review of decisions related to training and education functions. These policies must be publicly available and consistent with the principles of natural justice and procedural fairness. (Standard 1.3.1)
- 3 Revise the complaints policy and processes, to ensure safety for complainants and consistency with other related policies (such as the code of conduct, conflict of interest policy, remediation policy, and the reconsideration, review and appeals policies). (Standard 1.3.2)
- 4 Develop and implement a clear and documented process for evaluating de-identified appeals and complaints to identify any systems issues. This process must protect the parties involved. (Standard 1.3.2)
- 5 Develop and implement a program of effective collaborations and formal partnerships with other educational institutions, health services, government departments and other organisations to achieve the College’s strategic vision. (Standard 1.4.2, 1.6.1 and 1.6.3)
- 6 Develop more formal and effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to support specialist training and education. (Standard 1.6.4)
- 7 Establish a standing curriculum committee or working party which has responsibility for continual review of the curriculum to ensure that it is up-to-date with medical advances, societal needs and educational good practice. (Standard 1.2.1 and 1.7.1)

Recommendations for improvement

- AA Appoint a trainee with voting rights to the Council and/or Board to provide a substantive trainee perspective at a strategic level. (Standard 1.1.3)
- BB Appoint lay members (consumer, community and/or skills-based) to the Council and/or Board and/or other committees to facilitate more diverse perspectives at a strategic level. (Standard 1.1.3)
- CC Increase the use of staff and/or contractors with educational qualifications and expertise in continued curriculum review, assessment standard setting, and monitoring and evaluation of College programs. (Standard 1.4.1)

2. The outcomes of specialist training and education (educational purpose; program outcomes; graduate outcomes)	This set of standards is MET
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Standard 2.1.3 (consulted stakeholders in defining its educational purpose) is substantially met.

Standard 2.2 (program outcomes) is substantially met.

Commendations

- C The high-quality training that equips graduates for the independent specialist practice of general ophthalmology in both metropolitan and regional/rural settings.

D The College’s facilitation of subspecialty training in the final year of the program and through continuing professional development provides appropriately specialised services in Australia and New Zealand.

Conditions to satisfy accreditation standards

8 Engage other eye care providers and professions, lay representatives, and health funders and services, when defining the purpose, graduate and program outcomes, to ensure community engagement and community perspective are considered. (Standard 2.1.3)

9 Strengthen leadership in workforce planning, particularly in light of the identified shortages of paediatric ophthalmologists, disparities of service provision in rural or remote areas, and inequities in providing services to Aboriginal and Torres Strait Islander peoples of Australia and Māori of New Zealand. (Standard 2.2)

Recommendations for improvement

DD Develop and implement strategies to engage with key stakeholders on the need to develop medical ophthalmology as a graduate and program outcome. (Standard 2.2 and 2.3)

EE Monitor and evaluate the impact of increasing subspecialisation on workforce requirements in Australia and New Zealand. (Standard 2.3)

<p>3. The specialist medical training and education framework (curriculum framework; content; continuum of training, education and practice; structure of the curriculum)</p>	<p>This set of standards is NOT MET</p>
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Standard 3.1.1 (curriculum framework) is substantially met.

Standard 3.2.5 (curriculum prepares for roles as professionals and leaders) and 3.2.7 (curriculum prepares for role of teacher and supervisor) are substantially met. Standard 3.2.8 (curriculum includes formal learning about research methodology, critical appraisal and evidence-based practice), standard 3.2.9 (curriculum develops understanding of Aboriginal and Torres Strait Islander and Māori health, history and cultures) and standard 3.2.10 (curriculum develops understanding of relationship between culture and health) are not met.

Standard 3.3.1 (curriculum design demonstrates horizontal and vertical integration) is substantially met.

Standard 3.4.1 (curriculum articulates what is expected at each stage) is substantially met. Standard 3.4.3 (program allows for part-time, interrupted and other forms of flexible training) is not met.

Commendations

- E Graduates from the training program who are widely recognised by institutions in Australia, New Zealand and internationally as having very sound knowledge of ophthalmic basic sciences and a high level of competence in clinical ophthalmology.
- F Curriculum standards for ophthalmic sciences and subspecialty areas that represent a thorough and comprehensive exposition of the specialty of ophthalmology.

Conditions to satisfy accreditation standards

- 10 Enhance the curriculum by adding curriculum themes (such as malignancy or trauma that overarch subspecialty areas) and map teaching and learning resources and assessments to the curriculum outcomes. (Standard 3.1.1)
- 11 Develop explicit learning outcomes for leadership and teamwork in interdisciplinary and interprofessional teams and link these to teaching and learning resources. (Standard 3.2.5 and 3.2.7)
- 12 Develop explicit learning outcomes for reflective practice, clinical audit, quality improvement and critical appraisal and link these to teaching and learning resources and assessment. (Standard 3.2.8)
- 13 Develop explicit learning outcomes in cultural competence and Indigenous health and include specific teaching and learning resources, and appropriate assessments related to cultural competence and safety. (Standard 3.2.9 and 3.2.10)
- 14 Revise the curriculum to indicate where and how spiral learning is to be achieved across the learning outcomes and key roles, acknowledging the constraints of the available training posts in Australia and New Zealand. (Standard 3.3.1)
- 15 Revise the curriculum to indicate how training is to be realistically achieved and delivered throughout the five-year period, in terms of the sequence and duration of rotations. (Standard 3.4.1)
- 16 Address the negative attitudes towards part-time training and provide clear information to trainees who wish to pursue this option. (Standard 3.4.3)
- 17 Develop guidelines for trainees and trainers to enable a transition into training from periods of extended leave and ensure patient safety when trainees return from such leave. (Standard 3.4.3)

Recommendations for improvement

- FF Restructure the separate curriculum documents to form an integrated curriculum that functions as a guide to training rather than an examination syllabus. (Standard 3.1.1)
- GG Develop learning outcomes to enhance trainee understanding of the impact of highly specialised, high-cost procedures on the healthcare system. (Standard 3.2.6)

HH Revise the College’s policy and procedures on recognition of prior learning to recognise relevant prior training and experience locally and overseas. (Standard 3.3.2)

4. Teaching and learning (teaching and learning approach; teaching and learning methods)	This set of standards is SUBSTANTIALLY MET
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Standard 4.1.1 (teaching and learning approach) is substantially met.

Standard 4.2.1 (training is practice-based), standard 4.2.2 (appropriate adjuncts to learning) and standard 4.2.4 (increasing degree of independence) are substantially met.

Commendations

G The high-quality work-based teaching delivered by enthusiastic and committed supervisors in the training networks.

H The high-volume and diverse case-load for experiential learning available in the training networks.

Conditions to satisfy accreditation standards

18 Map the teaching and learning opportunities provided by training networks, regional committees and universities to the curriculum content. (Standard 4.1.1)

19 Develop innovative ways to arrange three-monthly rotations so that trainees can become more familiar with the service. (Standard 4.1.1, 4.2.1 and 4.2.4)

20 Expand on the teaching and learning resources and opportunities to ensure trainees develop a substantive understanding of the issues affecting the Aboriginal and Torres Strait Islander peoples of Australia and Māori of New Zealand. (Standard 4.2.2)

21 Develop or provide access to methods for consistently delivering cultural safety training. (Standard 4.2.2)

22 Revise the Clinical Curriculum Performance Standards Spreadsheet tool to allow trainees and supervisors to effectively align training rotations and experiences with the expectations of the training program. (Standard 4.2.4)

23 Revise the Surgical Logbook with trainee and supervisor input and consider the introduction of a more technologically advanced tool. (Standard 4.2.4)

Recommendations for improvement

II Develop and implement a structured teaching and learning program covering key paediatric skills to ensure trainees are adequately equipped with the skills required to manage paediatric patients before starting remotely supervised rotations. (Standard 4.1.1)

JJ Support training networks to integrate simulation with live patient surgery as a mandatory part of meeting the curriculum. (Standard 4.2.2)

KK Develop a formal program of interdisciplinary and interprofessional learning. (Standard 4.2.3)

LL Introduce a process for signing off trainees with a level of competency in the wet-labs before operating on patients and consider whether this should be a College induction standard to be applied universally. (Standard 4.2.4)

5. Assessment of learning (assessment approach; assessment methods; performance feedback; assessment quality)	This set of standards is NOT MET
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Standard 5.2.1 (assessment methods that are fit for purpose) is substantially met. Standard 5.2.3 (using valid methods of standard setting) is not met.

Standards 5.3.1 (regular and timely feedback to trainees on performance) and standard 5.3.2 (informs supervisors of the assessment performance of their trainees) are substantially met.

Standard 5.4.1 (regularly review the quality, consistency and fairness of assessment methods) and standard 5.4.2 (maintains comparability in the scope and application of assessment practices) are substantially met.

Commendations

- I The College’s significant effort in implementing a range of assessment methods, including eight examinations, a suite of work-based assessments including a new multisource feedback tool, and a formal research project.
- J The examination program which is widely acknowledged as being thorough and fair.
- K The introduction of a multisource feedback tool to assess trainee performance in the non-medical expert roles which will include feedback from practitioners from other medical disciplines and health professions.

Conditions to satisfy accreditation standards

- 24 Train work-based assessors, monitor the application of work-based assessments and evaluate the validity and the reliability of these assessments. (Standard 5.2.1, 5.4.1 and 5.4.2)
- 25 In relation to the End of Term Assessment, ensure that multiple sources of documented feedback are considered in the assessment and that the sources and content of feedback are known to the trainee. The College must ensure that this transparency is also adopted by all committees that deal with trainee performance and progression. (Standard 5.2.1 and 5.3.1)
- 26 Conduct a review of the standard setting methods for all examinations and ensure that the methods used are valid for determining passing scores. (Standard 5.2.3)
- 27 Implement a process of review of borderline candidates in examinations and work-based assessments before pass, remediation or fail determinations are made. (Standard 5.2.3)
- 28 Review the processes used by the Trainee Progression Committee for dealing with trainees in difficulty and ensure members are trained in assessment, feedback, educational support and remediation processes. (Standard 5.3.3)

- 29 Revise the remediation policy to allow a trainee to repeat a 'term' with a different educational supervisor at the request of the trainee, supervisor or Director of Training. (Standard 5.3.3)
- 30 Institute a systematic program of statistical analysis to evaluate assessment quality, consistency and fairness. (Standard 5.4.1)

Recommendations for improvement

- MM Monitor the impact of the examination workload on trainee progress in meeting the clinical and surgical learning outcomes. (Standard 5.1.1)
- NN Develop assessments for elements 1 and 2 of the Evidence-based Ophthalmic Practice Curriculum standard. (Standard 5.1.1)
- OO Re-evaluate the balance between multiple-choice questions and other question formats in the written examinations. (Standard 5.2.1)
- PP Monitor, evaluate and report the effect on trainee progression of the limit of three attempts at each examination. (Standard 5.2.1)
- QQ Monitor supervisor satisfaction with information provided about trainees under their supervision, in light of revisions to the End of Term Assessment process. (Standard 5.3.2)

6. Monitoring and Evaluation (monitoring; evaluation; feedback, reporting and action)	This set of standards is NOT MET
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Standard 6.1.1 (regularly reviews its training and education programs) is substantially met. Standard 6.1.2 (supervisors contribute to monitoring and program development) and standard 6.1.3 (trainees contribute to monitoring and program development) are not met.

Standard 6.2.1 (develops standards against which its program and graduate outcomes are evaluated) is not met. Standard 6.2.2 (collects, maintains and analyses both qualitative and quantitative data) and standard 6.2.3 (stakeholders contribute to evaluation) is substantially met.

Standard 6.3 (feedback, reporting and action) is not met.

Commendations

- L The contribution of trainees and supervisors to monitoring of the training program and their input into program development in a variety of ways, including through the governance structure, interviews, surveys, workshops and the College's complaints process.
- M The health insight mapping project which will identify patterns of specialist practice bi-nationally and identify opportunities for additional training posts in regional and rural areas.
- N The appointment of a manager with expertise in monitoring and evaluation to develop this function for the College.

Conditions to satisfy accreditation standards

- 31 Establish formal governance and operational structures and plans for monitoring and evaluation of the training program. (Standard 6.1, 6.2 and 6.3)
- 32 Implement regular and safe processes for supervisors to provide feedback about program delivery and program development. (Standard 6.1.2)
- 33 Implement regular and safe processes for trainees to provide feedback about program delivery and program development. (Standard 6.1.3)
- 34 Develop a framework for evaluating the training program that includes goals for participation, satisfaction, educational impact, outputs and outcomes. (Standard 6.2.1)
- 35 Implement regular and safe processes for external stakeholders, including consumers and Indigenous people, to provide feedback about program delivery and program development. (Standard 6.2.3)
- 36 Develop a regular monitoring and evaluation report that describes how feedback was evaluated, what actions were taken and whether goals for improvement were met. (Standard 6.3)

Recommendations for improvement

- RR Monitor the effects of changing practice patterns and training arrangements, such as the move of uninsured patients into the private sector and the rotation of trainees to private practice settings. (Standard 6.1)

<p>7. Trainees (admission policy and selection; trainee participation in education provider governance; communication with trainees, trainee wellbeing; resolution of training problems and disputes)</p>	<p>This set of standards is SUBSTANTIALLY MET</p>
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Standard 7.1.1 (clear and documented selection policies), standard 7.1.2 (processes for selection) and standard 7.1.5 (monitors consistent application of selection policies) are substantially met. Standard 7.1.3 (supports increased recruitment of Aboriginal and Torres Strait Islander and/or Māori trainees) is not met.

Standard 7.2.1 (trainee participation in education provider governance) is substantially met.

Standard 7.4 (trainee wellbeing) is substantially met.

Standard 7.5 (resolution of training problems and disputes) is not met.

Commendations

- 0 The College’s Mentorship Scheme which provides beneficial outcomes for many trainees.

Conditions to satisfy accreditation standards

- 37 Publish the weightings for the various components used by each of the training networks for selection into the training program. (Standard 7.1.1 and 7.1.2)

- 38 Establish a mechanism for ensuring robust evaluation of selection processes and consistency across jurisdictions. (Standard 7.1.5)
- 39 Develop and implement a plan to increase recruitment of Aboriginal and Torres Strait Islander and/or Māori trainees. (Standard 7.1.3)
- 40 Review and change processes for the appointment of trainees to the Trainee Representative Group to ensure true representation and implement reforms that strengthen representation of trainees within the College. (Standard 7.2.1)
- 41 Institute a framework to promote the wellbeing of trainees and to deal specifically with issues of discrimination, bullying and sexual harassment in association with other key stakeholders. (Standard 7.4)
- 42 Review the process for training-related disputes and develop an accessible, safe and confidential complaints process for trainees. (Standard 7.5)

Recommendations for improvement

- SS Facilitate the enhanced functioning of the Trainee Representative Group:
 - develop standard governance structures such as positions of Chair and Secretary elected from within the Trainee Representative Group. (Standard 7.2.1)
 - establish more regular meetings including face-to-face meetings. (Standard 7.2.1)
 - implement leadership and governance training for trainee representatives. (Standard 7.2.1)
- TT Review methods of data management and the tracking of trainee progression and consider the development of a trainee e-portfolio. (Standard 7.3.3)
- UU Develop an online trainee forum to facilitate direct communication from the Trainee Representative Group and disseminate information about the training program. (Standard 7.3.1)

<p>8. Implementing the program – delivery of educational and accreditation of training sites (supervisory and educational roles; training sites and posts)</p>	<p>This set of standards is SUBSTANTIALLY MET</p>
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Standard 8.1.3 (selects supervisors who have demonstrated appropriate capability for the role) is substantially met. Standard 8.1.4 (routinely evaluates supervisor effectiveness) is not met.

Standard 8.2.1 (clear processes and criteria to assess, accredit and monitor training sites), standard 8.2.2 (criteria for the accreditation of training sites), standard 8.2.3 (works with jurisdictions to effectively use the capacity of the health care system), and standard 8.2.4 (engages with other providers to support common accreditation processes) are substantially met.

Commendations

- P The College's efforts in developing a robust and dedicated network of Clinical Tutors, Term Supervisors, and Directors of Training across its networked training sites.
- Q The College's clear and detailed documentation articulating the requirements and processes related to training site accreditation.

Conditions to satisfy accreditation standards

- 43 Develop and implement a process for defining the required capabilities for selection of supervisors. (Standard 8.1.3)
- 44 Develop and implement a complete suite of supportive programs for supervisors and assessors in more easily accessible formats, with a consideration of mandating participation. (Standard 8.1.3)
- 45 Develop and implement a process for evaluating the performance of supervisors. (Standard 8.1.4)
- 46 Develop and implement a system to monitor training sites to ensure adequate follow-up of any recommendations between accreditation cycles. (Standard 8.2.1)
- 47 Ensure all accredited training positions comply with safe working hours, specifically ensuring that trainees are not required to undertake continuous on-call shifts for extended periods. (Standard 8.2.2)
- 48 Identify and develop training opportunities for trainees to work with rural, regional and Indigenous communities. (Standard 8.2.2 and 8.2.3)
- 49 Collaborate with education providers within the health services to support common accreditation processes and share relevant information. (Standard 8.2.4)

Recommendations for improvement

- VV Improve communication to supervisors regarding their roles and responsibilities and important changes in the training program. (Standard 8.1.2)
- WW Assess the educational training of the supervisors and the support that is available to supervisors through the process of accreditation of training sites. (Standard 8.1.3 and 8.2.2)
- XX Map the College's accreditation standards against the accreditation domains as outlined in the Accreditation of Specialist Medical Training Sites Project Final Report. (Standard 8.2.4)

9. Continuing professional development, further training and remediation (continuing professional development; further training of individual specialists; remediation)	This set of standards is SUBSTANTIALLY MET
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Standard 9.1.3 (continuing professional development requirements) is substantially met.

Standard 9.2.1 (further training of individual specialists) is substantially met.

Standard 9.3.1 (remediation) is substantially met.

Commendations

- R A continuing professional development program that is based on self-directed learning and has been designed to meet the requirements of relevant authorities.
- S The continuing professional development online tool which is user friendly, has domains that are aligned with the training curriculum standards, and requires participants to engage in a variety of activities including practice improvement.
- T The readiness for the vertical integration of the continuing professional development program with practice improvement elements in the training program, such as multisource feedback and audit.

Conditions to satisfy accreditation standards

- 50 Review the continuing professional development requirements for part-time fellows including the requirement for Level 2 clinical expertise input. (Standard 9.1.3)
- 51 Develop and implement a formal process for fellows who request or require retraining. (Standard 9.2.1)
- 52 Develop and implement a formal process for fellows who require remediation. (Standard 9.3.1)

Recommendations for improvement

Nil

10. Assessment of specialist international medical graduates (assessment framework, assessment methods; assessment decision; communication with specialist international medical graduate applicants)	This set of standards is MET
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Standard 10.4.2 (provide timely and correct information to specialist international medical graduates) is substantially met.

Commendations

- U The comprehensive and well-documented processes for assessing the qualifications, training and experience of specialist international medical graduates seeking specialist registration in Australia or vocational registration in New Zealand.

Conditions to satisfy accreditation standards

- 53 Communicate to specialist international medical graduates at all stages of the assessment process the reasons that lie behind the College's decision making. (Standard 10.4.2)

Recommendations for improvement

- YY Provide more specific information to specialist international medical graduates on the criteria it uses and the related weightings to assess applications for all phases of the assessment process. (Standard 10.1.3)