



RANZCO

The Royal Australian
and New Zealand
College of Ophthalmologists

RANZCO Training Post Accreditation Policy

Approved by: Board

Version: Current

Department: Education

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1. Policy Adoption

- 1.1 This Policy governs the Accreditation of Training Posts by the College in Australia and New Zealand on and from the date of adoption of this Policy by the Board unless and until formally revoked, amended or repealed.

2. Policy Purpose

- 2.1 The Board has adopted this Policy to determine the method of and considerations relevant to the Accreditation of Training Posts.
- 2.2 This Policy recognises that:
- 2.2.1 Training Posts may comprise one or more Training Sites;
 - 2.2.2 Training Posts must demonstrate that they meet the Standards before they are Accredited by the College;
 - 2.2.3 Accreditation is conferred by the College to enable Training Posts to participate in the training of approved Training Positions;
 - 2.2.4 Substantial Compliance with the Standards may be appropriately addressed by conditional Accreditation;
 - 2.2.5 ongoing Accreditation is conditional on a Training Post being able to demonstrate ongoing compliance with the Standards;
 - 2.2.6 under certain circumstances, suspension of Accreditation may be necessary to address a failure to satisfy the Standards and to ensure the health and safety of Trainees;
 - 2.2.7 Training Posts must be afforded natural justice and procedural fairness in connection with Applications for Accreditation, suspension and loss of accreditation;
 - 2.2.8 A need for Temporary Accreditation may arise out of schedule and in response to unusual circumstances.

3. Responsibilities

- 3.1 The Chief Inspector, assisted by The Training Post Inspectorate (**Inspectorate**) if required, shall be responsible for setting the Accreditation Schedule, determining the composition of Training Post Inspection Teams (including the selection of Senior Inspector) and developing proposed amendments to the Standards.
- 3.2 College Staff shall be responsible for providing administrative support to the Inspection Team in connection with Applications for Accreditation including, but not limited to:
- 3.2.1 collating Applications and associated information;
 - 3.2.2 assisting with the scheduling of Inspections including consulting the training Posts as soon as possible of the proposed dates for inspections.

- 3.2.3 liaising with Network Director, Training Posts and the Inspection Team to reach an agreed timetable for:
 - 3.2.3.1 inspections of all Training Sites within the Training Post (including all physical facilities and equipment);
 - 3.2.3.2 interviewing of Trainees presently occupying Training Positions at the Training Post; and
 - 3.2.3.3 meeting with the Network Director, Head of Department, Supervisor of Training, Clinical Tutors and key Training Post medical administrative staff.
 - 3.2.3.4 College staff will collate the timetable for the inspection and send to the Head of Department (HoD) and Supervisor of Training (SoT) for approval. It is the responsibility of the HoD/SoT to invite Clinical Tutors to attend the allocated meeting. College staff will confirm the timetable 2 weeks prior to the visit and the HOD will confirm all attendees have been informed.

(“Training Post Inspection Timetable”)

- 3.2.4 storage of Applications and associated documentation including but not limited to:
 - 3.2.4.1 Fact and Document Notice;
 - 3.2.4.2 Draft Reports;
 - 3.2.4.3 Accreditation Reports;
 - 3.2.4.4 suspension notices; and
 - 3.2.4.5 documents provided by the Training Post in connection with any Application for Accreditation, suspension and loss of Accreditation.
- 3.3 College staff shall be responsible for finalising individual Training Post’s Inspection Timetable. The Inspection Team are responsible for conducting the Inspection of the Training Post.
- 3.4 The Senior Inspector shall be responsible for preparing the Draft Accreditation Report (in consultation with the Inspection Team).
- 3.5 The Training Post Inspectorate shall be responsible for approving the Final Accreditation Report and submitting it to the QEC for noting.
- 3.6 The QEC shall be responsible for approving any amendments to the Standards.
- 3.7 The CiC and the Chief Inspector in consultation with the CEO shall be responsible for determining whether to suspend Accreditation.
- 3.8 The CiC, and Chief Inspector shall be responsible for any Temporary Accreditation decision made in accordance with **paragraph 7**.
- 3.9 The Board shall be responsible for adoption of this Policy and its amendment.
- 3.10 The following people and organisations are responsible for the accuracy and correctness of the following information provided to the College:

- 3.9.1 People providing information on behalf of Training Posts in connection with Applications for Accreditation;
- 3.10.2 Trainees providing information during interviews conducted in connection with Applications for Accreditation; and
- 3.10.3 Fellows, Trainees and Inspectors providing information by way of a Training Post Alert (“TPA”).
- 3.10.4 Hospital administration.

4. The Standards

- 4.1 The Standards constitute the sole criteria against which all Applications for Accreditation will be assessed.
- 4.2 The Standards shall reflect the prevailing expectations concerning the standards of Accredited Training Posts and where possible, best practice.
- 4.3 In the event of any ambiguity in the Standards, such ambiguity shall be resolved by the QEC and its decision in this regard shall be final and not subject to Reassessment of any kind.
- 4.4 The Inspectorate shall actively solicit feedback from Inspection Teams regarding proposed amendments to the Standards.
- 4.5 The Standards shall be reviewed at least biennially by the Inspectorate with a view to recommending any proposed amendments to the QEC for consideration.
- 4.6 The QEC shall consider and as appropriate, approve any Inspectorate recommended amendments to the Standards where such amendments are expected to result in an improvement to the Standards and to the overall quality of training experience.
- 4.7 Except in cases of minor amendments to the Standards which may be approved by the CEO, the QEC shall, by way of recommendation, seek Board approval for amendments to the Standards.
- 4.8 Current Standards shall be published on the College website.

5. Organisation and Conduct a Training Post inspection

The processes undertaken in the organisation and conduct of a training post inspection are outlined on the RANZCO website.

These processes relate to:

- 5.1 **Prior to the Inspection**
 - 5.1.1 The Application
 - 5.1.2 Accreditation Scheduling
 - 5.1.3 Inspection Team Composition
- 5.2 **The Inspection**
 - 5.2.1 Conduct of the Inspection

- 5.2.2 Inspection Findings Notice
- 5.2.3 Assessment against The Standards

5.3 **Following the Inspection**

- 5.3.1 Training post review and response to Inspection Findings Notice
- 5.3.2 Preparation of the Draft Accreditation Report
- 5.3.3 Approval of Accreditation Report by the Training Post Inspectorate
- 5.3.4 Submission of final report to QEC for tabling at six-monthly meetings.

6. **Outcomes of Accreditation**

6.1 **Accredited**

- 6.1.1 Accreditation for three (3) years (where the Standards have been met);

6.2 **Conditional Accreditation**

- 6.2.1 Where the Inspection Team recommend conditional Accreditation, the Draft Accreditation Report must specify:
 - a. the duration of the conditional Accreditation;
 - b. the conditions to be met by the Training Post;
 - c. the method via which the Training Post is to evidence compliance with the conditions;
 - d. the timing of any and all Interim Inspection(s); and
- 6.2.2 Any Interim Inspection must be:
 - a. followed with the preparation of a draft **IFN**.
 - b. followed with the preparation of a draft Interim Accreditation Report (as if it were a Draft Accreditation Report).
 - c. Approval of Interim Accreditation Report by the Training Post Inspectorate

6.3 **Suspended Accreditation**

- 6.3.1 Where the Inspection Team recommend suspended Accreditation, the Draft Accreditation Report must specify:
 - a. the conditions to be met by the Training Post in order to qualify to have the suspension lifted;
 - b. the method via which the Training Post is to evidence compliance with the conditions;
 - c. a period (being not more than twelve (12) months) within which the Training Post may satisfy the condition. Failing this, the Training Post must lodge a new Application for Accreditation;
 - d. the timing of the Interim Inspection(s); and
 - e. whether the Interim Inspection(s) is to be confined to verification of the specified conditions or whether the Interim Inspection will cover some or all elements of the Standards.
- 6.3.2 Any Interim Inspection must be:

- a. followed with the preparation of a draft IFN and
- b. followed with the preparation of a draft Interim Accreditation Report (as if it were a Draft Accreditation Report).
- c. Approval of the Interim Accreditation Report by the Training Post Inspectorate

7. Temporary Accreditation

- 7.1 Notwithstanding any other paragraph of this Policy, where the College becomes aware of unanticipated demand and/or circumstances that give rise to a need for immediate Temporary Accreditation, the CiC, and the Chief Inspector (The **Temporary Accreditation Committee**) may meet and determine, to grant Accreditation to a Training Post for a specified duration and on specific terms.
- 7.2 The Temporary Accreditation Committee will consider applications electronically and must:
- 7.2.1 ensure compliance with the *Conflict of Interest Policy*;
 - 7.2.3 retain all Committee received and generated documents for a period three (3) years.
- 7.4 Any decision on the Temporary Accreditation Committee's part to grant Temporary Accreditation shall be communicated to the Training Post by the CiC. The CiC shall notify the Training Post and the regional QEC Chair of the granting of Temporary Accreditation, including the duration and terms of the Temporary Accreditation and the details of any and all approved Training Positions.
- 7.6 The Training Post Inspectorate's decision to reject or accept a recommendation by the Temporary Accreditation Committee shall be binding and final and not subject to Reassessment of any kind.

8. Adverse Reporting

- 8.1 Training Posts must immediately provide the College with written notice of any material change to the Training Post that may be reasonably contemplated to adversely impact the Training Post's capacity to continue to comply with the Standards.
- 8.2 Immediately upon receipt of written notice pursuant to **paragraph 8.1**, the Chief Inspector, CiC and CEO, shall convene to determine the next steps. Subject to the facts, matters and issues identified in the notice and perceived risks, available options include, but are not limited to:
- 8.2.1 take no action;
 - 8.2.2 conduct investigations;
 - 8.2.3 put the Accredited Training Post on notice of any required response or action;
 - 8.2.4 by written notice, request that the Accredited Training Post show cause why its Accreditation should not be suspended or revoked;
 - 8.2.5 by written notice to the Training Post, suspend Accreditation pending further investigation.

9. Training Post Alert

- 9.1 A Member who becomes aware of a fact, matter or issue that reasonably indicates to the Member that:
- 9.1.1 an Accredited Training Post does not meet the Standards; and/or
 - 9.1.2 Trainees may be exposed to a health or safety risk at an Accredited Training Post, must immediately lodge a written Training Post Alert (“**TPA**”) with the CEO.
- 9.2 Any person who is not a Member is also strongly encouraged to lodge a TPA where the preconditions specified in **paragraph 9.1** are satisfied.
- 9.3 The TPA should specify:
- 9.3.1 subject to **paragraph 9.4**, the reporting Member’s name;
 - 9.3.2 details of all relevant facts, matters and issues;
 - 9.3.3 details of how all relevant facts, matters and issues came to the Member’s attention;
 - 9.3.4 details of any alleged unmet Standards;
 - 9.3.5 details of how the relevant facts, matters and issues give rise to a Trainee health or safety risk; and
 - 9.3.6 the name of any Trainee subject to the identified risk (if known).
- 9.4 This Policy recognises that lodging a TPA is a serious step and that such action may not be taken if a lodging party is required to disclose their identity. Therefore, notwithstanding **paragraph 9.3.1**, a lodging party is strongly encouraged *but is not required* to disclose their identity in the TPA.
- 9.5 If a lodging party declines to disclose their identity in the TPA, the College may be limited in how they are able to proceed. Such limits may include, but may not be limited to:
- 9.5.1 an inability to obtain further relevant information;
 - 9.5.2 an inability to properly assess the relevant facts, matters and issues;
 - 9.5.3 an inability to properly raise the TPA with the Accredited Training Post;
 - 9.5.4 an inability to provide natural justice to the Accredited Training Post;
 - 9.5.5 an inability to resolve the concern as expressed in the TPA to the reasonable satisfaction of the Member.
- 9.6 The CEO may at any time and at his/her discretion decide to cease any action undertaken in relation to a TPA due to the failure of a lodging party to disclose their identity.
- 9.7 If a TPA is made under this Policy, the identity of the person lodging the TPA shall accompany the TPA at all times unless:
- 9.7.1 a lodging party requests in writing de-identification; and

- 9.7.2 such de-identification is, in the opinion of the CEO, reasonably necessary and not prejudicial to any relevant interest.
- 9.8 Lodging parties making anonymous complaints should assume that their identity may become known during the course of any investigation due to the disclosure of relevant facts, matters and issues. The College shall not be responsible for any identification of anonymous lodging parties.
- 9.9 The CEO, CiC and Chief Inspector shall immediately, upon receipt of a TPA, meet to determine further steps. Subject to the facts, matters and issues identified in the TPA and perceived risks, available options include, but are not limited to:
- 9.9.1 take no action;
 - 9.9.2 conduct investigations;
 - 9.9.3 inform the Accredited Training Post of some or all of the facts, matters and issues identified in the TPA;
 - 9.9.4 put the Accredited Training Post on notice of any required response or action;
 - 9.9.5 by written notice, request that the Accredited Training Post show cause why its Accreditation should not be suspended or revoked;
 - 9.9.6 by written notice to the Training Post, suspend Accreditation pending further investigation (refer to section 10).
- 9.10 Save for cases involving suspension of Accreditation (refer to section 10) the College must provide the Accredited Training Post with a reasonable opportunity to respond and/or act prior to the College taking further or additional action adverse to the Accredited Training Post's interests.
- 9.11 The College shall not suspend Accreditation without prior notice unless the TPA includes an allegation that Trainees may be exposed to a health or safety risk at an Accredited Training Post.

10. Suspension of Accreditation

- 10.1 Suspension of Accreditation is an interim measure used to limit possible risk to a Trainee whilst providing an opportunity for the Accredited Training Post to address relevant concerns.
- 10.2 If Accreditation is suspended, the College:
- 10.2.1 may conduct additional enquiries in relation the facts, matters and issues disclosed in the written notice;
 - 10.2.2 may take additional relevant action to address the facts, matters and issues disclosed in the written notice.
- 10.3 If Accreditation is suspended, the College:
- 10.3.1 shall, as soon as practicable, provide a copy of the TPA to the Training Post and seek a detailed response within a specified timeframe;

- 10.3.2 may conduct additional enquiries in relation the facts, matters and issues disclosed in the TPA;
- 10.3.3 may take additional relevant action to address the facts, matters and issues disclosed in the TPA.
- 10.4 Where any additional enquiries conducted disclose facts, matters and issues adverse to ongoing Accreditation, the College shall provide the Training Post with written notice of those facts, matters and issues and seek a detailed response within a specified timeframe.
- 10.5 Upon conclusion of additional enquiries conducted and receipt of any written response requested, the CEO, CiC, and Chief Inspector shall meet to determine further steps. Such steps may include but are not limited to:
 - 10.5.1 take no further action and by written notice to the Training Post, lift the suspension;
 - 10.5.2 by written notice, put the Training Post on notice of any required response or action that must be taken by the Training Post within a specified timeframe in order for suspension to be lifted;
 - 10.5.3 by written notice, request that the Training Post show cause why Accreditation should not be revoked;
 - 10.5.4 by written notice to the Training Post, lift the suspension and advise that the status of Accreditation is amended to conditional Accreditation pending compliance with specified conditions to be verified at a subsequent Interim Inspection;
 - 10.5.5 revoke Accreditation by written notice.
- 10.8 Suspension of Accreditation will only be lifted unconditionally where the CEO, CiC and Chief Inspector conclude there are no facts, matters and issues disclosed in the notice issued in accordance with **paragraph 8.1** or TPA that reasonably indicate:
 - 10.8.1 the Training Post does not meet the Standards; and
 - 10.8.2 the Trainees are exposed to a health or safety risk at the Training Post.

11. Loss of Accreditation

- 11.1 An Accredited Training Post will lose accreditation if:
 - 11.1.1 the Accredited Training Post is unwilling or unable on demand to demonstrate compliance with the Standards; or
 - 11.1.2 the College forms a reasonable belief that the Accredited Training Post poses an unacceptable risk to Trainee health and safety; and
 - 11.1.3 in the reasonable belief of the CEO and CiC, conditional Accreditation is not appropriate in the circumstances.

12. Effect of loss of Accreditation and Suspension

- 12.1 A Training Post which has lost Accreditation shall not:
 - 12.1.1 participate in the training of RANZCO Trainees;

- 12.1.2 be eligible for further Trainee rotations; and
- 12.1.3 represent that it is an Accredited Training Post or current participant in the training of RANZCO Trainees.
- 12.2 A Training Post which has lost Accreditation must reapply for Accreditation.
- 12.3 Subject to **paragraph 12.4**, suspension shall have the same effect as loss of Accreditation for the duration of the suspension.
- 12.4 A Training Post that has had Accreditation suspended is not required to lodge an Application to have the suspension lifted. The decision to lift suspension shall be made by the CEO, CiC and Chief Inspector in accordance with **paragraph 10.8**.
- 12.4 The College shall consult with all stakeholders with a view to limiting the negative impact on Trainees caused by suspension or a loss of Accreditation.
- 12.5 Training Posts must ensure that Trainees continue to receive all relevant employment benefits during the period of any suspension or loss of Accreditation.

13. Defined Terms

- 13.1 In this Policy unless otherwise specified the following capitalised words shall have the following meaning:

“Accreditation” means accredited by the College as a suitable Training Post for specified approved Training Positions in accordance with the Policy.

“Accreditation Decision” means the decision to accredit, not accredit, loose accreditation or accredit with conditions as specified in the Accreditation Report.

“Accreditation Report” means any Draft Accreditation Report or Interim Accreditation Report approved by the QEC.

“Accreditation Schedule” means the schedule for accrediting Training Posts in any given year.

“Application” means an application for Accreditation in the form specified in **Appendix 1** to this Policy.

“Board” means the Board of Directors of the College.

“CEO” means the College’s Chief Executive Officer as appointed from time-to-time.

“CiC” means the College’s Censor in Chief as appointed from time-to-time.

“Chief Inspector” means the Chair of the Training Post Inspectorate

“College Staff” means college staff responsible for providing administrative assistance in connection with this Policy.

“College” means the Royal Australian and New Zealand College of Ophthalmologists being an Australian public company limited by guarantee established under the Corporations Act (ACN 000 644 404).

“Inspectorate” means the College’s Training Post Inspectorate.

“Draft Accreditation Report” means a report prepared following the confirmation of the IFN.

“Draft Report” means draft Accreditation Report or draft Interim Accreditation Report.

“Fellow” means any fellow of the College as admitted from time-to-time.

“Inspection” means an inspection or interim inspection conducted by the Inspection Team.

Inspection Findings Notice” means any notice prepared following an accreditation inspection. **“Inspection Team”** means any Training Post inspection team determined and appointed by the Chief Inspector and Training Post Inspectorate.

“Interim Accreditation Report” means any report prepared following an interim accreditation inspection.

“Interim Inspection” means any interim inspection conducted in accordance with **paragraphs 6.2.2 or 6.3.2** of this Policy.

“Member” means any full member or associate member of the College.

“Network Director” means the network director specified on the Application.

“Policy” means this Accreditation of Ophthalmology Training Posts Policy as amended from time-to-time.

“QEC” means the College’s QEC Committee.

“Reassessment” means a Reconsideration, Review or Appeal arising under the College’s *Reconsideration, Review and Appeals Policy*.

“Senior Inspector” means the senior inspector appointed to the Training Post Inspection Team.

“Standards” means the College’s Standards for Ophthalmology Training Networks and Posts as amended from time-to-time.

“Inspection Findings Notice/IFN” means any notice prepared following an accreditation inspection.

“Temporary Accreditation” means temporary accreditation approved pursuant to **paragraph 7**.

“Trainee” means any trainee of the College.

“Training Post” means the hospital/clinic/facility applying for Accreditation including all Training Sites as specified in the Application

“Training Post Inspectorate” means the committee of the College tasked with overseeing the accreditation of training posts

“Training Post Inspection Timetable” means the timetable agreed between the Inspection Team and the Training Post prior to an accreditation inspection.

“Training Post Alert/TPA” means a Training Post Alert lodged pursuant to **this Policy**.

“Training Position” means an approved training position at a Training Post. Each Training Position is identified by reference to a specific year or years within the VTP e.g. “1st year Training Position” and has a unique training position number attached to it.

“Training Site” means each of the individual sites, if more than one, comprising the Training Post as specified in the Application.

14. Reassessment of Accreditation Decisions

14.1 For the purpose of this Policy, conditional Accreditation, suspension of Accreditation and loss of Accreditation are subject to Reassessment under the Reconsideration, Review and Appeals Policy which is published on the College’s website.

15. User Feedback

15.1 This Policy recognises that user feedback assists Policy evaluation and development.

15.2 College staff, on behalf of the Inspectorate shall actively solicit Training Post user feedback at the conclusion of each Inspection.

15.3 College Staff will keep a record of all user feedback and will provide that feedback to the Inspectorate to enable the Inspectorate to consider and formulate recommendations for amendment of this Policy.

16. Limits to Policy

16.1 To the fullest extent permitted by Law, this Policy does not oblige the College to take any steps which are not in its interest.

17. Priority

17.1 To the extent of any inconsistency between this Policy and the Constitution, the Constitution shall have priority.

17.2 This Policy is a Bylaw for the purpose of the Constitution.

18. Related Documents

18.1 Standards for Ophthalmology Training Networks and Posts

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Date of Adoption by the QEC:	