The Royal Australian and New Zealand College of Ophthalmologists

Procedures for Accreditation of Training Posts

Incorporating the AMC *Model Procedures for specialist medical college accreditation of training settings 2024*

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We acknowledge the Aboriginal and Torres Strait Islander Peoples, the Traditional Owners of Country throughout Australia and recognise their continuing connection to land, waters and community. We pay our respects to them and their cultures; and to their Elders past, present and emerging.
In recognition that we are a bi-national College, we also acknowledge the Rangatiratanga of Māori as Tangata Whenua and Treaty of Waitangi partners in Aotearoa New Zealand.

Contents

Introduction

Specialist medical colleges must have a clear process and criteria to assess, accredit and monitor facilities, posts and programs as training settings. The process and criteria must be linked to the outcomes of their specialist medical program[1].

This procedures document:

- outlines the steps the <name of medical college> follows to accredit training settings.
- provides training settings with clear guidance on how the accreditation assessment works.
- should be read in conjunction with the RANZCO Accreditation Standards.

Context of Accreditation

Accreditation of training settings takes place in the context of a joint endeavour between colleges, training providers, their training settings, and governing health departments, in which all parties have the shared goal of achieving high-quality specialist medical training that is responsive to the needs of the communities of Australia and Aotearoa New Zealand.

The context in which accreditation takes place is complex. It involves different legislative environments across Australia and in Aotearoa New Zealand, a variety of training settings, and parties that have multiple obligations. When engaging in accreditation, colleges, training providers and their settings, and health departments should acknowledge this complexity and respect each party's wider obligations. These include the maintenance of high standards in specialist medical practice, as well as service delivery obligations to a diverse range of communities.

Accreditation can foster communication and be the foundation for engagement, continuous quality improvement and innovation. The parties should approach accreditation in good faith, acknowledging that, in addition to its assessment role, accreditation provides an opportunity to discuss and resolve problems in a constructive manner and share information about issues for which both colleges and training providers have responsibilities. This will enhance outcomes for trainees, patients and consumers and support the long- term sustainability of the specialist medical workforce.

[1] Standard 8.2, *Standards for Assessment and Accreditation of Specialist Medical Programs by the Australian Medical Council 2023*

Glossary

Accredited	Official college approval that a specialist medical training setting has met/substantially met the required accreditation standards.
Accreditation standard	Defines the outcome that must be achieved at the training setting. A standard consists of a series of criteria which are the measurable components of the standard.
College	An organisation accredited by the Australian Medical Council to provide specialist medical education and training. The Royal Australian and New Zealand College of Ophthalmologists (RANZCO) is accredited by the Australian Medical Council to provide specialist medical education and training in Ophthalmology.
Commendation	A training setting's area of strength relevant to the delivery of the training program.
Condition	A qualification attached to the granting of accreditation at a training setting which requires action within a defined timeframe.
Fellow	A medical practitioner who has successfully completed a recognised medical specialty training program and has been awarded fellowship of the college.
FRANZCO	Ophthalmologists who have successfully graduated from the RANZCO VTP or who have been through the SIMG process and have been admitted to Fellowship by the RANZCO Board.
Jurisdictional health department	An Australian State or Territory government department, or ministry, reporting to a minister for health, or the Aotearoa New Zealand Ministry of Health, as well as government in general.
Procedural fairness	A legal principle to act fairly without bias (real or apprehended) in administrative decision making. It includes the right to a fair hearing, including the opportunity to respond to allegations. Steps associated with ensuring procedural fairness include: • providing the affected person with reasonable notice that an adverse decision may be made, including details of any issues being discussed and the information available to the decision maker. • an opportunity for the affected person to directly address the issue/s being decided on. • ensuring that conflicts of interest are declared and managed appropriately.
Recommendation	A non-mandatory action to improve trainee experience and/or outcomes at the training setting.
Supervisor	An appropriately qualified and trained medical practitioner, senior to the trainee appointed, approved or accredited by a college, who guides the trainee's education and/or on the job training on behalf of the college. RANZCO defines the following supervisory roles: • Post / Term Supervisor

	• Clinical Tutor The supervisor's training and education role is outlined in the following documents: • *Roles and Responsibilities of a RANZCO Term Supervisor* • *Roles and Responsibilities of a RANZCO Clinical Tutor* • *Procedure for approving and appointing non-FRANZCO Clinical Tutors* *Please email the Learning Delivery Team for copies of these documents*
Term / Post Supervisor	a Clinical Tutor who is a RANZCO Fellow who has been appointed by the Training Post and who coordinates the team of Clinical Tutors to provide education, training and work-based assessment of RANZCO Trainees. The Post Supervisor also completes the Trainees' End of Post Supervisor's report in consultation with Clinical Tutors and with other members of the internal professional team, if appropriate.
Clinical Tutor	a RANZCO Fellow (FRANZCO)
Trainee	A doctor in training enrolled in the RANZCO VTP.
Vocational Training program (VTP)	The curriculum, the content/syllabus, and assessment and training that leads to independent practice in a recognised medical specialty or field of specialty practice, or in Aotearoa New Zealand, in a vocational scope of practice. It leads to a formal award certifying completion of the program.
Training provider	The entity legally responsible for the administration of the training setting. This may be a government provider (government department), statutory corporation (local health district, statutory hospital, statutory health service), a for-profit corporation, a not-for-profit corporation (charity), a partnership (a general practice partnership), or any other entity legally responsible for the training setting.
Training setting	The place or position accredited, or applying for accreditation, by the college. This includes sites, posts, practices and networks (which are composed of multiple settings). Where colleges accredit networks or programs, these standards will apply, recognising that various settings will contribute to meeting the standards overall.
Training Post	A post accredited by RANZCO and where a Trainee is placed. It is identified by a unique ID in RANZCO's CRM and may span multiple sites to meet accreditation standards. Training Post can be allocated to basic or advanced trainees, unless restricted to specific stages or years. Accreditation applications must include all sites associated with a Training Post.
Training Network	A formal grouping of training sites (hospitals, clinics and/or health services) that is part of a combined training program and is endorsed by college, health department and health services. Information on RANZCO Training Networks are available on the website.

1. Accreditation process overview

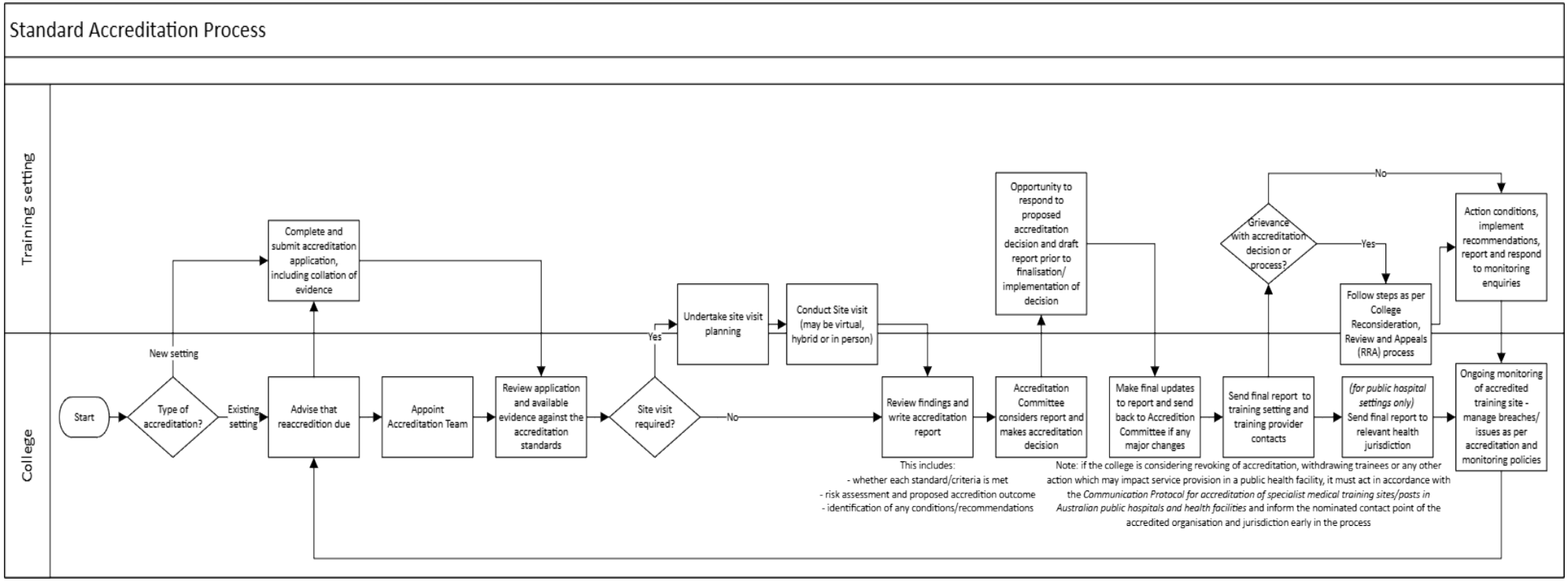


FIGURE 1: STEPS IN THE ACCREDITATION PROCESS

2. Roles and responsibilities

The following are involved in the accreditation process:

Role	Accreditation responsibilities	Composition	Process for appointment
RANZCO			
Board	**Governance** • Has overarching responsibility for all College Committees **Policy and Standards** • Adopts the Training Post Accreditation Policy and Standards on recommendation from the REC and the Inspectorate	Board of Directors	As per Board governance arrangements.
RANZCO Education Committee (REC)	**Oversight** • Considers and, as appropriate, approves Inspectorate-recommended amendments to the Standards and Policy • Seeks Board approval for amendments (except minor amendments approved by the CEO)	Committee constituted under College governance	As per committee terms and College governance processes.
Training Post Inspectorate Committee (The Inspectorate)	**Decision-making** • Reviews and considers proposed accreditation recommendations and training setting accreditation reports (as submitted by Inspection teams) and makes accreditation decisions • Keeps the REC informed where a training setting's accreditation is proposed to be refused or revoked • Approves Final Accreditation Reports **Monitoring and Standards** • Monitors accredited and conditionally accredited training settings to ensure they continue to meet the accreditation standards and any imposed conditions • Reviews the Standards, Policy and processes periodically	Committee constituted under College governance • Chief Inspector (Chair) • Senior Inspectors • Training Post Inspectors	Members appointed after Expressions of Interest; appointments made by the Board; terms as per ToR.

Role	Accreditation responsibilities	Composition	Process for appointment
	• Engages with monitoring and evaluation activities **Support and Advisory** • Provides advice and support to new training settings • Provides advice and support to training settings that have had accreditation revoked and/or are seeking reaccreditation • Provides advice (as required) to the Board on accreditation matters **Communication** • Informs jurisdictions of accreditation decisions and status changes **Policy and Systems** • Reviews and improves the effectiveness of accreditation policies, systems and procedures		
Chief Inspector of Training Posts	**Leadership** • Chairs Inspectorate meetings **Governance and Oversight** • Manages any conflicts of interest • Ensures due diligence, including fact checking of reports • Escalates any identified risks to training settings **Management** • Sets the Accreditation Schedule • Determines composition of Inspection Teams (including selection of the Senior Inspector) • Develops proposed amendments to the Standards • Considers out-of-cycle temporary accreditation decisions	Chair of the Inspectorate Committee	Elected via Inspectorate Committee election and approved by the Board per ToR.
Inspection Team	**Assessment**	Senior Inspector; Training Post Inspector; RANZCO staff member.	Team composition determined by the Chief Inspector.

Role	Accreditation responsibilities	Composition	Process for appointment
	• Reviews evidence (including undertaking site visits where required) to determine whether a training setting meets the Accreditation Standards • Assesses applications solely against the Standards **Decision-making Support** • Provides an overall recommendation to the Inspectorate on whether a training setting should be accredited **Reporting** • Writes the accreditation report detailing the recommended decision, performance against each Standard, areas for commendation, quality improvement recommendations, and any conditions on accreditation • Prepares the draft Accreditation Report within 14 days including findings, recommendations, and outcomes **Inspection Activities** • Conducts inspections		
Senior Inspector (Inspection Team Lead)	**Advisory** • Advises the Chief Inspector on amendments to Standards, policies and processes **Leadership** • Leads inspection interviews • Prepares the Draft Accreditation Report and recommendations in consultation with the Inspection Team **Liaison** • Liaises with College staff and the training post on draft accreditation report factual agreement and immediate remedial actions	Senior Inspector (member of Inspectorate).	Selected by the Chief Inspector for each inspection.

Role	Accreditation responsibilities	Composition	Process for appointment
Training Post Inspectors	**Advisory** • Advise the Chief Inspector on amendments to Standards, policies and processes **Support** • Support the Senior Inspector with inspection interviews • Support the Senior Inspector with preparation of the Draft Accreditation Report and recommendations	Training Post Inspector (member of Inspectorate).	

College Staff (Accreditation Secretariat)	**Support**
	• Collates documentation for the Inspection Team
	• Makes arrangements to support the accreditation assessment (for example, logistics of site visits)
	• Coordinates the Inspection visit
	  ○ Attends inspections or arranges for other staff to attend
	  ○ Finalises and schedules inspection timetables
	  ○ Liaises with the training posts and the Inspection Team to agree the timetable
	  ○ Issues and manages draft accreditation report correspondence
	• Advises the Accreditation Team on the application and interpretation of the Accreditation Standards and processes
	• Ensures reports appropriately address the Accreditation Standards and remain within the scope of the College's accreditation function
	• Submits the Accreditation Team's assessment report to the Inspectorate for consideration
	• Liaises with training posts on accreditation matters
	• Communicates accreditation decisions in a timely manner
		RANZCO accreditation staff.	Allocated per internal staff processes.

Role	Accreditation responsibilities	Composition	Process for appointment
	• Ensures training posts and sites receive a copy of reports • Follows up on progress reports required due to conditions placed, and presents these to the Inspection Team or Chief Inspector for review • Supports the monitoring and evaluation function **Administration** • Provides administrative support to the Inspectorate and the Chief Inspector • Records minutes and outcomes of relevant meetings • Maintains up-to-date records of training settings, including accreditation conditions and status • Keeps track of upcoming inspections and monitoring activities • Gathers and collates required data for inspections and monitoring • Stores applications and accreditation documents		
Network Education Committee	**Advisory** • Advises the Chief Inspector of Training Posts on network performance and deficiencies **Inspection and Standards** • Participates in inspections of the network through the Chair & DoT • Ensures adherence to the Standards for Ophthalmology Training Posts **Appointments** Works with the Selection Committee on appointments to accredited training posts	NEC Chair; Network Director of Training; trainee representative; at least five Fellows involved in training; relevant medical services director; ex-officio President or delegated Director(s); community representative.	NEC Chair and DoT appointed per RANZCO role descriptions; other members appointed after Expressions of Interest, as per NEC ToR.
Director of Training (DoT)	**Inspection Engagement** • Liaises with the College and training provider on accreditation matters • Meets with the Accreditation Team during site visits	Fellow of RANZCO appointed to lead network training.	Appointed by the Censor-in-Chief, on advice from the NEC Chair as per the NEC ToR

Role	Accreditation responsibilities	Composition	Process for appointment
	• Provides additional information or evidence as required Advises the Chief Inspector of Training Posts on network performance and deficiencies		
Training Setting			
Training Setting Lead Contact Head of Department (HoD) and or Term / Post Supervisor	**Accreditation Preparation** • Collates evidence to demonstrate the setting is meeting the Standards • Submits applications for accreditation or reaccreditation • Works with the College Accreditation Secretariat to support the accreditation assessment (for example, logistics of site visits) • Approves the inspection timetable in liaison with the College and Inspection Team • Ensures compliance information and evidence are available **Inspection Engagement** • Liaises with the College and training provider on accreditation matters, including dates, interviews and distribution of information • Confirms attendees and invites Clinical Tutors to meetings • Meets with the Accreditation Team during site visits • Provides additional information or evidence as required • Reviews the Draft Accreditation Report and provides feedback **Communication and Oversight** • Communicates accreditation outcomes to trainees, supervisors and other stakeholders at the training setting	Identified staff member at the training setting, normally the Head of Department (HoD) and or Term / Post Supervisor. Fellow of RANZCO (FRANZCO)	Determined by training setting

Role	Accreditation responsibilities	Composition	Process for appointment
	• Ensures trainees receive supervised training and experiences consistent with the curriculum • Facilitates oversight of implementation of actions to meet any conditions on accreditation • Provides monitoring submissions as required by the College		
Clinical Tutors and other Educators/ supervisors	**Support** • Provide information to support accreditation assessments, including responding to surveys and meeting with Accreditation Teams during site visits • Cooperate with College accreditation activities • Support Head of Department/ Term Supervisors to meet standards locally	Fellow of RANZCO (FRANZCO) Maybe non-FRANZCO is approved by the NEC	Determined by training setting
Trainees	**Support** • Provide information to support accreditation assessments, including responding to surveys and meeting with Accreditation Teams during site visits • Participate in interviews as required	n/a	Identified and coordinated by the Training Setting Lead Contact for interviews.
Training site Administration / Health Agencies	**Support** • Plan and resource the delivery of ophthalmology services • Support training posts • Participate in accreditation and inspection meetings as needed	Practice manager, Site administrators and jurisdictional agency staff	Determined by training setting

TABLE 1: ROLES & RESPONSIBILITIES IN ACCREDITATION

3. Managing conflicts of interest

To support procedural fairness, conflicts of interest must be declared and managed appropriately.

Potential Inspection team members must advise the Inspectorate of any personal or professional interest that may, or may be perceived, to impact their ability to be an impartial assessor. The College may require the team member to step aside from a particular accreditation process.

Where there is a perceived or potential conflict of interest, the college will disclose this to the training setting and training provider and seek their comments on the inspection team membership. The Inspectorate will consider any declared interests as well as the training setting's comments when finalising the appointment of the inspection team.

If an Inspection team member becomes aware that they may have an actual or perceived conflict of interest during an assessment, the Senior Inspector or Chief Inspector will determine an appropriate course of action. This may include replacing the team member, changing the responsibilities of the team member, e.g. requiring them to abstain during relevant discussions, or altering the site visit program. Any such conflicts, and the course of action taken, will be reported to the Inspectorate.

Members of the Inspectorate will declare any conflicts of interest at the beginning of meetings and may be asked to leave a meeting while that item is discussed or excuse themselves from decisions. College staff members involved in the accreditation process should also declare any conflicts of interest at the beginning of the process. Further information is contained in the College's conflict of interest policy.

4. Application requirements

Training settings seeking accreditation for a new post, or reaccreditation of an existing post, must complete the Training Post Application form. A link to the form will be provided before the scheduled inspection..

The application form includes the training setting's self-assessment against the accreditation standards and outlines what supporting evidence should be provided to demonstrate how the setting is meeting the Accreditation Standards.

The application form should be completed by the Training Setting Lead Contact and submitted to via the method advised by RANZCO when the site is contacted to schedule the inspection.

Settings applying for accreditation for the first time are recommended to start the application process at least twelve (12) months before they would like training to begin.

The college will contact accredited training posts approximately three (3) to six (6) months before their existing accreditation expires to remind them to start the reaccreditation process. The college may also advise the training provider and jurisdictional health department[2].

5. Initial documentation review

The Inspection Team will review the application form and evidence provided by the training setting, along with any data about the training setting held by the college. This may include trainee and supervisor survey data, prior monitoring submissions, e-Portfolio data, complaints received and other relevant correspondence.

[2] Note that under the Communication Protocol *Accreditation of specialist medical training sites/posts in Australian public hospitals and health facilities*, colleges are to provide health departments an advance timetable of accreditation visits that are planned for sites/posts in accredited organisations in their jurisdiction for the coming year, cl.6.3

The Inspection Team may request that the training setting clarifies details or provides additional information.

(Refer also to Standards for Ophthalmology Training Posts, section: Evidence supporting assessments and decisions).

6. Site visit

The College will confirm if and when a site visit is required as part of the accreditation assessment (it may not always be required, depending on the circumstances). The Chief Inspector will be asked for advice.

Site visits are used to verify information from the application form, hold interviews as well as make observations and clarify any matters raised during the review.

Site visits may be physical, virtual or hybrid.

- Physical visits involve the Inspection Team attending in person to conduct an Inspection.
- Virtual visits involve the Inspection Team using video and teleconferencing technology to conduct an Inspection.
- Hybrid visits involve an Inspection Team using both a physical and virtual visit to conduct the Inspection.

The site visit is arranged in consultation with the Training Post/ Term Supervisor. Training settings will be required to:

- ensure interviewees are available and aware of their interview time (the college may provide advice on any trainee, supervisors or other staff members the Inspection Team would like to interview)
- organise interview rooms and/or video conferencing facilities
- inform the college of any issues with interviews or logistics as soon as possible
- provide site maps, internet access and catering for the Inspection Team where the team is attending in person.

A site visit will usually occur over a period of 3 hours to two days depending on the number of training post at the training setting.

An Inspection schedule must be developed by the training setting, in consultation with the Inspection Team and College Accreditation Secretariat.

An indicative schedule (for guidance purposes only) is available at **Appendix A – Indicative site visit schedule**. Each schedule will vary depending on the availability of interviewees and issues identified by the Accreditation Team prior to the visit.

The schedule should provide time for:

- discussions with trainees, supervisors, hospital executives/practice manager/site managing body and other staff involved in training so they can present their views and for the Inspection Team to verify statements
- the Inspection Team to view relevant facilities
- confidential team discussions, review and reflection.

Supervisors and other relevant staff interviews will form the bulk of the visit for a new training setting seeking training post accreditation. The Inspection Team will explore the reasons for seeking accreditation and confirm the college's expectations for the training program.

Trainee interviews will form the bulk of the visit where a setting is being reaccredited. The Inspection Team will focus on reviewing how the training program has been running and any improvements or issues faced since the last accreditation assessment.

It is important that interviewees are encouraged to give free and frank answers to questions from the Inspection Team. Groups with different interests will be interviewed separately i.e. supervisors and trainees.

The Inspection Team will limit its interactions with staff and stakeholders to only what is relevant for the accreditation assessment, ensuring that a professional perspective is maintained, and that unbiased, defensible and fair outcomes are delivered.

Additional meetings may be requested to address issues that may arise during the visit.

7. Assessment against the criteria

The Inspection Team will use information gathered from the application form, surveys, documentation review, data analysis and the site visit to assess and evaluate the training setting against each criterion in the standards.

Each criterion will be assessed and given one of the following findings

Finding against criterion	Definition
Met	There is evidence that the criterion has been fully met.
Substantially met	Some but not all aspects of the criterion have been met. For example, there is alignment of policy/intent but evidence of delivery is not yet available, or there is some misalignment of policy/intent that needs to be addressed.
Not met	The criterion has not been met i.e. there is a gap or significant misalignment of outcome or policy with the criterion.

TABLE 2: ASSESSMENT AGAINST CRITERIA

It is noted that new settings may not be able to meet all accreditation criteria because they do not yet have trainees at the setting, or for other relevant reasons.

The Inspection Team will record the rationale for its decision and any other comments in the draft report.

The draft accreditation report also allows for the inclusion of conditions and recommendations.

Conditions are a qualification attached to the granting of accreditation at a training post which requires action within a defined timeframe, whilst recommendations are intended to support continuous improvement. Unlike conditions, training posts are not required to act on a recommendation, however acting on the recommendation demonstrates a commitment to quality improvement.

The Inspection Team may also make commendations in the report where it has found the training post is significantly exceeding the minimum requirements for accreditation. The college may share the commendations with other training posts to promote best practice.

8. Decision-making processes

Decision making is driven by the following principles:

- Accreditation is focused on the training post's ability to deliver the training program and to provide a safe learning environment for trainees.
- Accreditation findings and decisions relate to the accreditation standards and do not extend to areas outside of this scope.
- Accreditation decisions will be risk based and proportionate.
- A consistent approach is used for assessing risk and determining the accreditation outcome and any subsequent actions, using the risk assessment framework for accreditation (see Accreditation Risk Matrix and Risk Rating Outcomes below).
- Where an urgent response to an issue is required to protect a trainee's health and safety, the college will communicate the matter appropriately to the accredited training setting/provider to allow for all parties to meet their workplace health and safety obligations. If this includes removal of the trainee from the training setting (for example, providing immediate leave, moving the trainee to another setting), the parties will cooperate and coordinate actions to allow this to occur.

Accreditation Cycle

- Accreditation will ordinarily be granted for a maximum period of five (5) years, subject to mid-cycle monitoring and out-of-cycle reviews as required.
- The accreditation cycle may be shortened if risk-based assessment identifies significant concerns, or if the Inspectorate imposes conditions requiring earlier review.

Accreditation Risk Matrix and Risk Rating Outcomes

Where a training post has a finding of 'met' for all criteria within the standards, accreditation will be granted.

Where a training post has a finding of 'substantially met' or 'not met' for any criteria within the standards, a risk assessment will be conducted (using the Accreditation Risk Matrix at Figure 2). The outcome of this assessment will guide the college's response and accreditation decision.

The Accreditation Risk Matrix (Figure 2) is used to determine the level of risk based on reviewing the totality of the criteria that are substantially met and not met against the following dimensions:

- the impact on training at the training post, noting that this has consequences for patient safety. This includes considering the impact on current and future trainees.
- the likelihood that actions will be implemented to meet the criterion/a within a reasonable period.

		Likelihood of the training post/setting/ provider being ABLE to implement actions to meet the criterion/criteria within a reasonable period				
		Rare	**Unlikely**	**Possible**	**Likely**	**Almost certain**
Impact on training	**Insignificant**	Low	Low	Low	Low	Low
	Minor	Medium	Medium	Low	Low	Low
	Moderate	High	High	Medium	Low	Low
	Major	Extreme	High	High	Medium	Low
	Severe	Extreme	Extreme	High	Medium	Medium

FIGURE 2:ACCREDITATION RISK MATRIX

The college will use the risk rating in the Accreditation Risk Matrix to help guide the accreditation approach, outcome and monitoring requirements (see Risk Rating Outcomes in Table 3 below).

Conditions may be provided at the individual criterion level or address multiple criteria. The college will determine what monitoring activities and contact is required based on the risk assessment outcomes (refer to section 15 for more information on monitoring).

Note: Refer to 'Guidance for Using the Specialist Medical College Accreditation Risk Matrix' for more information regarding using the risk matrix, including definitions, scenarios, application of conditions and monitoring requirements

Risk rating	**Approach**	**Outcome**	
		New settings	Existing settings

Low risk	• Determine if conditions are required. Where they are required:
	  ○ impose conditions against the criteria
	  ○ outline what the conditions are, the timeframes for showing progress and how they will be monitored, including any reports that need to be provided.
	• Will likely require some 'light touch' monitoring and there might be more flexibility on timelines for the condition to be met (e.g. within 6-12 months).
	• There will likely be limited need for ongoing review or intervention.
		Provisionally Accredited	Accredited OR Conditionally accredited

Medium risk	• Impose conditions against the criteria. • Outline what the conditions are, the timeframes for showing progress and how they will be	Provisionally Accredited	Conditionally accredited

Risk rating	Approach	Outcome	
		New settings	Existing settings
	monitored, including any reports that need to be provided. • May require a more formal monitoring approach with specific timelines for completion (e.g. within 6 months). This might include more than one review point to check in on progress towards meeting the conditions.		
High risk	**New setting**: Do not grant accreditation (accreditation is refused). **Existing setting**: • Impose conditions against the criteria. • Outline what the conditions are, the timeframes for showing progress and how they will be monitored, including any reports that need to be provided. • Due to the high-risk nature of the criteria that have not been met, the timeframes for demonstrating progress may need to be shorter and more rigorous than for medium risk (e.g. within 3 months).	Not accredited (refused)	Conditionally accredited
Extreme risk	**New setting**: Do not grant accreditation (accreditation is refused). **Existing setting**: Move to revoke accreditation. • Outline what requirements must be met in the future to be considered for accreditation/reaccreditation, including timeframes for showing progress. • Note: For existing settings, colleges may take an active management approach with the training setting to help it take immediate steps to lower the risk which in turn moves the setting back to a conditionally accredited pathway rather than revocation. The situation should be carefully deliberated between the college, training setting and training provider, noting that each case will be different.	Not accredited (refused)	Not accredited (revoked)

Accreditation outcomes

The period for which accreditation will be granted is outlined below.

Decision	Alignment to risk framework	Duration of accreditation awarded and any other impacts
New training settings		
Provisionally accredited	A new training setting that: • meets all of the accreditation criteria OR • does not meet all of the accreditation criteria but has the potential to meet them once trainees are in place. The overall risk assessment is rated as low or medium with conditions required.	Provisionally accredited for up to 12 months, subject to satisfactory routine monitoring submissions. The setting can appoint trainees but will be subject to an assessment within 12 months that will include confirming if any conditions have been met. At this point, training settings will be considered an 'existing training setting' for accreditation purposes. If no trainees are appointed within 12 months, the college will decide if provisional accreditation status should lapse or remain in place for a further period of time. If lapsed, the college will determine if the setting is required to submit a new accreditation application before trainees can be appointed.
Not accredited (refused)	A new training setting that does not meet all of the accreditation criteria. The overall risk assessment is rated as high or extreme.	Accreditation not granted. Any requirements that must be met in the future will be outlined. Once requirements have been met, the setting may be required to submit a new accreditation application providing assurance that it continues to meet all other accreditation criteria at the time of reapplication.
Existing training settings		
Accredited	An existing training post that: • meets all of the accreditation criteria OR • does not meet all of the accreditation criteria but the overall risk assessment is rated as low and it has been determined conditions are not required.	Accredited for five (5) years, subject to satisfactory routine monitoring submissions.
Temporarily accredited	An existing training setting that: • meets all of the accreditation criteria AND • requires a training post for a trainee who has completed most VTP requirements, including examinations, but must fulfil the full duration commitment before	Accredited for the duration of training required by the trainee and no more than three (3) months. The Training Post stops existing once the trainee has completed their 4th year of training and does not form part of routine accreditation assessments/inspections

Decision	Alignment to risk framework	Duration of accreditation awarded and any other impacts
	progressing to a fifth-year post.	
Conditionally accredited	An existing training setting that: • does not meet all of the accreditation criteria and the overall risk assessment is rated as low, medium or high with conditions required.	Accredited for three (3) months to four (4) years depending on the severity of the risk and: • conditions being addressed within the defined timeframe • satisfactory routine monitoring submissions • meeting any other specific monitoring requirements.
Not accredited (revoked)	An existing training setting that: • does not meet all of the accreditation criteria and the overall risk assessment is rated as extreme with conditions required. *Note: this accreditation outcome should only be applied in the final accreditation report if, since the initial accreditation assessment was undertaken, steps to actively manage the training setting to a conditionally accredited pathway have been unsuccessful.*	Accreditation not granted. Feedback and timeframes for reconsidering reaccreditation will be provided, including what criteria the training setting needs to address. The date the accreditation will be revoked will be set. Prior to this, trainees may continue to complete their training term at the setting unless their safety is at immediate risk. From the revocation date: • trainees at the setting will not be able to count training towards their training program unless specific arrangements are made • no new trainees can be appointed. A new application for accreditation must be submitted once requirements have been met (the setting must also be continuing to meet all other accreditation criteria at the time of submitting the application).

TABLE 3: ACCREDITATION OUTCOMES

9. Draft and final report

The accreditation report template is available in **Appendix C – College accreditation report template**. Interviewees must not be named in reports without their consent.

The Inspection Team will present the draft report with the proposed decision, conditions, recommendations and commendations to the Chief Inspector for their review. The Chief Inspector can endorse or modify the report and any proposals, noting it should not change the text of the report without the agreement of the Senior Inspector leading the Inspection Team.

To ensure procedural fairness, the college will then notify the training post/ setting/ provider of the proposed decision, providing a copy of the draft report as well as any reasons for its proposed decision.

The training post/setting/ provider has 10 business days to review the draft report and to provide a response. This can include highlighting any factual inaccuracies that require fixing for the final report, as well as any additional evidence that it wishes to be considered.

The training setting/training provider and/or the college may wish to discuss the draft report to further explore the issues and propose possible solutions.

If, after the above discussion, the college is considering any of the actions below for a public health facility[3], it must act in accordance with the *Communication Protocol for accreditation of specialist medical training sites/posts in Australian public hospitals and health facilities* , which requires colleges to inform the nominated contact point of the accredited organisation and jurisdiction if:

- accreditation is to be revoked
- trainees are to be withdrawn from the accredited setting/post
- any other action is to be taken that is likely to significantly impact the training setting/training provider's ability to provide services to patients and the public.

Any responses from the training post/setting/ provider and jurisdiction will be considered by the Inspectorate and Inspection Team (where required) before making a final decision.

The Inspectorate will then finalise the report and accreditation decision.

The final report will include acknowledgement of any responses to the draft report, including how feedback has been considered in the making of the final decision.

10. Communicating the final decision

The college will provide the final report to the following stakeholders:

Stakeholder and order of notification	Timeline for provision of the final report
• Training Setting Lead Contact and General Manager/Chief Executive (or equivalent) of the training post/provider • Director of Training and Network Education Committee Chair	To be provided once final decision made by Inspectorate. Includes information on the college's policy/process to review an accreditation decision (see section 11).
• Relevant jurisdictional health department (e.g. NSW Health)	To be provided once the training setting and provider have had time to prepare advice to the health department if required. Noting for potential decisions to revoke accreditation, the jurisdictions will already have been informed earlier as per process in section 9: Draft and final report.

Table 4: Communication to Stakeholders

Transparency and Publication

RANZCO is committed to transparency in its accreditation decisions. While this Procedures Manual governs the internal process, requirements for publication of accreditation outcomes, lists of training posts, and complaints pathways are set out in the Training Post Accreditation Policy. All final accreditation outcomes will be published in accordance with that Policy.

11. Policy/process to review an accreditation decision

Disagreements or dissatisfaction about an accreditation decision or a proposed accreditation decision should be resolved as early as possible. These model procedures set out requirements

[3] Informing health departments of withdrawal of trainees and updates to the accreditation status of private health facilities (e.g. GP training settings) is not required.

for procedural fairness to be observed in relation to the making of accreditation decisions, including early discussions with the training post on how matters may be resolved prior to a final accreditation decision being made (see Section 9 Draft and final report). This could include discussions with the post about appropriate steps that the setting could put in place to resolve the college's concern.

There will be circumstances where resolution as part of the accreditation process is not possible. Where this occurs and a training post does not agree with a decision outcome, it should follow the college's policy and process to review an accreditation decision (Reconsideration, Review and Appeals (RRA) policy). Accreditation decisions that are subject to review under the policy include:

- refusal and revocation of accreditation
- suspension of accreditation
- the length of accreditation granted
- imposition or continuation of conditions
- terms of an accreditation condition (including timeframe to meet the requirements of a condition)

Where the setting applies for a review of an accreditation decision, it should still be the aim of both parties to determine if the matter can be resolved at the earliest possible stage of the process. This requires a flexible approach.

Other complaints about accreditation (not related to the accreditation decision itself) may be covered under the college's complaints policy, for example, if the training setting considers the accreditation decision to be appropriate but the processes were not timely or were inefficient.

12. Trainee impacted by accreditation being revoked

The college will work with the relevant Network Education Committee (NEC) and training setting/ provider to develop a plan and support pathway for impacted trainees and any other relevant matters as soon as the setting/provider receives the draft report outlining there is a possibility of accreditation being revoked. The plan will consider how any actions resulting from the accreditation being revoked will support duty of care and continuity of training for trainees, as well as impacts on the service delivery obligations of the training provider.

13. Training setting withdrawal from the accreditation process

A training setting can withdraw from the accreditation process at any stage, up until a final accreditation decision has been made by the Inspectorate. All requests to do so must be made to the college in writing.

14. Confidentiality

The accreditation process is confidential to the participants. To undertake its accreditation role, the college requires detailed information from training posts/settings. This typically includes sensitive or commercial-in-confidence information such as plans, budgets, appraisals of strengths and weaknesses and other confidential information. The college requires members of the Inspection Teams, members of the Inspectorate, Board members and staff to keep confidential all material provided to the college by training post/settings for the purpose of accreditation of their programs.

The confidentiality of individuals interviewed as part of an accreditation visit (e.g. trainees, supervisors, staff members) should be respected. Interviewing a variety of individuals at a setting, where this is practicable, may assist in protecting confidentiality as feedback can be aggregated. However, this may not be possible in smaller sites and judgment will need to be exercised regarding the disclosure of information that is relevant to accreditation. Obligations to protect individuals from serious and imminent harm or work health and safety obligations may require identifying information to be disclosed in certain circumstances (see College framework for the management of concerns and complaints about accredited training settings* (* guidance for colleges expected mid-2026) for further information).

Information collected through the accreditation process is to be used only for the purpose for which it is obtained, unless disclosure is otherwise required by law.

The draft and final accreditation decisions will be kept confidential (with the exception of steps identified in sections 9 and 12) until the final decision has been shared with the stakeholders identified in section 10.

15. Monitoring

Once accreditation has been granted, all training settings will be monitored. Monitoring:

- ensures a training setting is continuing to comply with the standards
- ensures the training setting is progressing towards meeting any conditions and picks up on non-compliance with any conditions set (the type and frequency of monitoring requirements will depend on the assessment of risk associated with non-compliance with the standards – see Section 8)
- helps detect any potential new issues between accreditation assessments
- provides proactive guidance to training settings experiencing challenges
- identifies and acknowledges high-performing settings.

The college undertakes the following monitoring activities:

Type of monitoring	**Activity** *Colleges to review the table and amend/delete/add further detail based on their processes (e.g. names of the surveys)*	**Frequency**
Routine monitoring (all settings)	Review of results of annual trainee survey data	• *Annual*
	Review of results of trainee rotation survey data	• *Annual*
	Review of results of supervisor survey data/feedback reports	• *Annual*
	Review of relevant data/information available in the college's internal IT systems (*e.g. procedural numbers, workplace-based assessment (WBA) completions and quality of supervisor feedback within the WBAs, complaints*)	• *Annual*
	Review of the changes at the training setting that could impact effective and safe delivery of training programs, including:	• Responsibility of training setting to proactively provide this information to

Type of monitoring	Activity *Colleges to review the table and amend/delete/add further detail based on their processes (e.g. names of the surveys)*	Frequency
	• changes to a training setting's services, support, resources, infrastructure or opportunities • changes to a training setting's governance and management • increases in trainee numbers and/or decreases in supervisor numbers • revisions to the training program • the absence of staff or roles which impact training and have been left vacant for an extended period • roster changes which alter access to supervision and/or training opportunities • anything that could impact the training setting's integrity or capacity to deliver the training program.	the college when it occurs, it will then be reviewed.
	Review of results of annual setting census return/monitoring report	• Annual
Additional specific monitoring	Request for additional monitoring reports from training setting and review of how it is progressing with meeting conditions.	• As set out in the accreditation report.
	Review of training setting data held by the college relevant to monitoring progress against conditions.	• As required and set out in the accreditation report where possible.
	Meeting with the training setting to assess progress against conditions.	• As required and set out in the accreditation report where possible.
	Request for information and/or meeting with the training setting based on a specific issue/concern that has been raised (e.g. direct feedback from training supervisors or other clinicians, lodged complaint(s), correspondence or media articles).	• As required.
	Review of relevant training setting data.	• As required.
	Conduct of virtual, on site or hybrid site visit(s).	• As set out in the conditions of the accreditation report

Type of monitoring	Activity *Colleges to review the table and amend/delete/add further detail based on their processes (e.g. names of the surveys)*	Frequency
		• Where the college is not satisfied imposed conditions are being addressed within a reasonable period of time • Where monitoring, data or concerns raised indicate the training setting may no longer be meeting the accreditation standards. • This may be a focused assessment, looking at specific criteria or conditions rather than all.
	Conduct of a full, unscheduled accreditation assessment.	• Where the college is not satisfied imposed conditions are being addressed within a reasonable period of time • Where monitoring, data or concerns raised indicate the training setting may no longer be meeting the accreditation standards.

TABLE 5: MONITORING ACTIVITY & FREQUENCY

Monitoring changes and conditions

The college will review information gained from monitoring activities, including any information sent by training settings, and decide if the risk rating of a criterion should be reviewed and if conditions have been met. The college may also ask for more information or activities to help inform decisions.

Resulting from this, the Inspectorate may change the training setting's accreditation status, as follows:

- If all criteria are now 'met', the training setting will move from 'conditionally accredited' to 'accredited'.
- If one or more criterion that were previously met are now 'substantially met' or 'not met' or a condition has not been met within the required timeframe or is unlikely to be met within the required timeframe (e.g. no work has started on it), a risk assessment will be

completed (section 8). The risk assessment result will inform next steps, which may include
  - imposing further conditions,
  - extending the timeline of existing condition(s) and conditional accreditation,
  - changing the scope of the existing condition(s) or
  - moving to revoke accreditation.

The monitoring requirements for these will also be outlined.

An updated accreditation report will be provided to the training setting if there is a change to its accreditation status or conditions. Reporting and appeals will follow the process in sections 9 to 11.

Lapsed and voluntarily withdrawn accreditation

If an existing accredited training setting has no trainees for a period of time (e.g. 12 months), the college will decide with the training setting as part of monitoring activities if the accreditation status should lapse or remain in place for a further period of time. If lapsed, the college will determine if the setting is required to submit a new accreditation application before trainees can be appointed.

Training settings can also choose to lapse or voluntarily withdraw from being an accredited training setting. This may be because their circumstances have changed/they feel they are no longer able to meet the standards, or they no longer want to provide training.

16. Training Post Alerts

Any individual who is concerned that an accredited training setting is not meeting the accreditation standards can:

- speak to a member of college staff or relevant college representative (e.g. Fellow, Trainee representative)
- raise a concern using the college's training post alert process
- others TBC – Note: this aspect of the model procedure may be updated once work on Recommendations 13 of the NHPO report has further progressed.

The college will review these concerns during monitoring (see section 15).

17. Data and reporting

The college publishes a list of accredited training settings on its website.

The college submits collated training setting accreditation data to the Australian Medical Council (AMC) annually which will be further collated with data from the other specialist medical colleges and shared with jurisdictional health departments. Some data will be published on the AMC's website.

18. Review of accreditation procedures

These accreditation procedures will be regularly reviewed (at least every five years) and updated based on feedback from participants and inspectors, and on benchmarking with other accreditation processes and activities.

19. Training

All Inspectorate and Inspection Team members will receive training from the college to ensure accreditation processes and policies are understood and delivered appropriately.

All new Inspectors will receive an induction from the College. This will include the key accreditation documents, including the **RANZCO Training Post Accreditation Policy**, the **Standards for Ophthalmology Training Posts**, this Process document and the Inspectorate Terms of Reference. New Inspectors will undertake inspection visits with experienced Senior Inspectors. Post Inspectors will not ordinarily lead an inspection until they have participated in at least three inspections. Each inspection visit will include a Senior Inspector and a Post Inspector. This document will be updated if additional Inspector training requirements or materials are introduced.

20. Further information

If you have any questions or need more information about accreditation, please contact:

Name of College: RANZCO

Generic Email: ranzco@ranzco.edu or accreditation@ranzco.edu

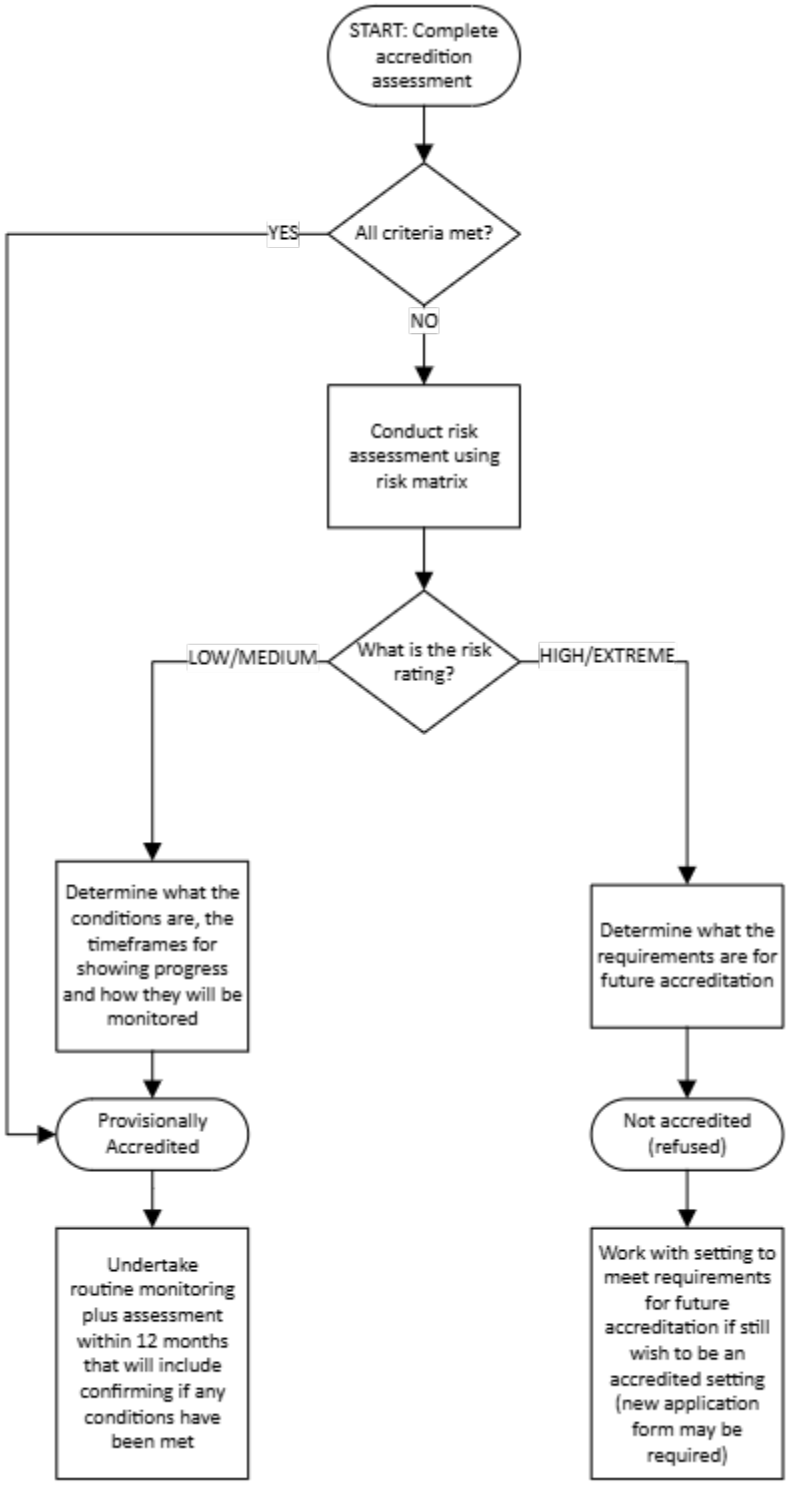
Phone number: +61 2 9690 1001

Appendix A – Indicative site visit schedule

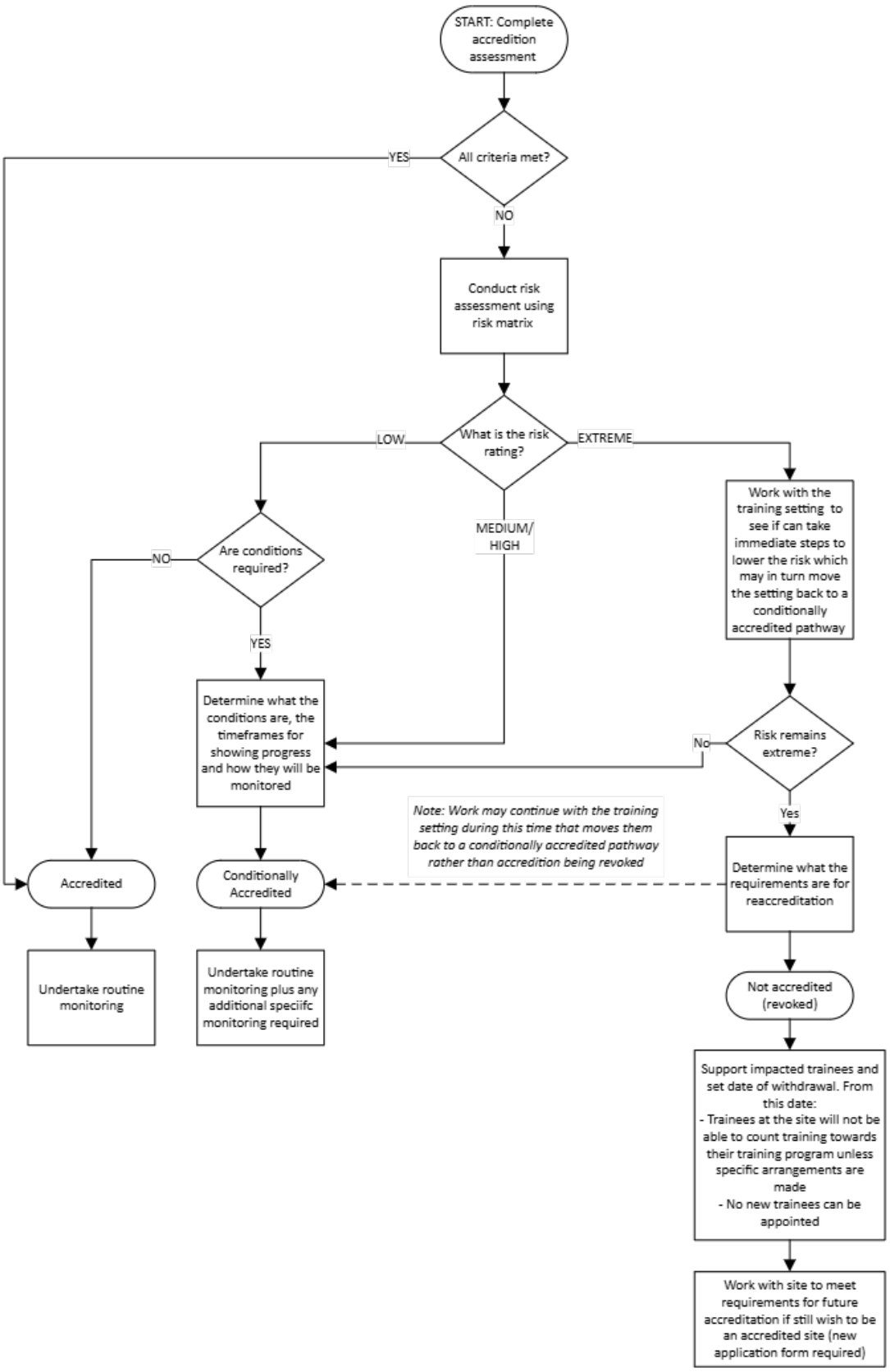
Network X Inspection, DATES **Names of team (Senior Inspector, Post Inspector, RANZCO Staff)**							
Add travel instructions into this section **Team will assemble in the city of the inspection the night before, usually a Sunday night.**							
Day 1: DATE							
Team to assemble in foyer of hotel at time, Taxi to XX Hospital (XX MINS provide approx. timings for travel)							
Hospital	**Time**	**Name**	**Position**	**Purpose**	**Meeting Place**	**Contact**	**Notes**
XX Hospital 1	9:00am – 9:30am		Trainee	Interview			
	9:30 – 10:00am		Trainee	Interview			
	10:00 – 10:30 am	**Morning tea**					
	10:30 – 11:15 am		HoD/ Term Supervisor	Meeting + Site Inspection			
	11:15 am – 11:30 am		Hospital Admin (usually DMS/DSS and maybe CEO)	Meeting			
11:45am – XX Travel instructions to next hospital, (taxi, airport or accommodation as relevant)							
Hospital	**Time**	**Name**	**Position**	**Purpose**	**Meeting Place**	**Contact**	**Notes**
XX Hospital/Clinic 2 Address Phone Number	12:30 – 1:00 pm		Trainee	Interview			
	1:00 – 1:30 pm	**Lunch**					
	1:30 – 2:15 pm		HoD/ Term Supervisor	Meeting + Site Inspection			
	2:00 – 2:15 pm		Hospital Admin (usually DMS/DSS and maybe CEO)	Meeting			
Travel instructions to next hospital, airport or accommodation (XX MINS provide approx. timings for travel)							
Day 2: DATE							
Team to assemble in foyer of hotel at time, Taxi to XX Hospital (XX MINS provide approx. timings for travel)							

Appendix B - Accreditation decision-making flowchart

New Settings



Existing Settings



Appendix C – College accreditation report template

Part 1 – Report Overview

Report details

Training setting being accredited	
Training program/specialty/ subspecialty	
Date of report	
Report version	*e.g. draft/final*

Accreditation outcome

Accreditation decision	***New Settings:*** ☐ Provisionally accredited ☐ Not accredited (refused)	***Existing Settings:*** ☐ Accredited ☐ Conditionally accredited ☐ Not accredited (revoked)
Effective date		
Duration of accreditation		

	Conditions attached to the accreditation decision	To be met by

	Recommendations		Commendations

Monitoring/reporting requirements	

Summary of accreditation assessment
(see Part 2 for further detail)

Note this section is optional and can be removed if not required.

Standards		Met	Substantially met	Not met
Domain 1	Trainee health and welfare			
1.1	Training takes place in a learning environment that supports trainee health and welfare.	#/10[1]	#/10[1]	#/10[1]
Domain 2	Supervision, management and support structures			
2.1	Clear governance structures support the delivery of effective education and training.	/7	/7	/7
2.2	Trainees receive appropriate and effective supervision.	/5	/5	/5
2.3	Trainees are supported in delivering quality patient care, including culturally safe care.	/3	/3	/3
Domain 3	Educational and clinical training opportunities			
3.1	Trainees are provided with the appropriate depth, volume and variety of clinical and other learning experiences.	/4	/4	/4
3.2	Learning opportunities are transparent, equitable and appropriate for the level of training.	/3	/3	/3
Domain 4	Educational resources, facilities and equipment			
4.1	Trainees have access to appropriate educational resources and facilities.	/2	/2	/2
4.2	Trainees have access to appropriate clinical equipment.	/1	/1	/1

Summary of reasons for accreditation decision