The Royal Australian and New Zealand College of Ophthalmologists

Training Post Accreditation Policy

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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.

1. Introduction

This policy sets the principles and governance responsibilities for accrediting ophthalmology training posts. Procedural requirements, including application forms, site visit arrangements, and report templates, are contained in the RANZCO Training Post Accreditation Procedures Manual, which adopts the AMC Model Procedures (2024).

1.1 Purpose

The policy establishes RANZCO's framework for accrediting ophthalmology training posts to ensure high-quality education and safe learning environments. It aligns with requirements set by the Australian Medical Council (AMC) and the Medical Council of New Zealand (MCNZ), which hold overall accreditation authority.

1.2 Procedural Fairness

RANZCO is committed to ensuring procedural fairness in all accreditation processes. Training Posts must be provided with an opportunity to review and respond to draft accreditation reports, including findings and proposed outcomes, before a final accreditation decision is made. All accreditation decisions must be made without bias, and conflicts of interest must be declared and managed in accordance with RANZCO's procedures.

1.3 Application

The policy applies to all settings in Australia and Aotearoa New Zealand participating in the Vocational Training Program (VTP). This includes hospitals, clinics, and institutions seeking accreditation or reaccreditation.

It also applies to College staff, Inspectors, Committees, Fellows, Trainees, the Censor in Chief (CiC), Chief Inspector, CEO, Board, and hospital administrators involved in accreditation.

1.4 Scope

This policy sets out the principles and governance framework for the accreditation of ophthalmology training posts. It establishes what matters are included within the policy's authority and clarifies those that are managed through separate documents or processes.

1.4.1 In Scope

- Accreditation decisions based on the Standards for Ophthalmology Training Posts[1].
- Use of the AMC risk matrix framework[2] for determining outcomes.
- Principles guiding the accreditation cycle, including applications, assessments, monitoring, and remediation.
- Outcomes: provisional, accredited, conditional, temporary, suspended, refused, or revoked.

[1] RANZCO Standards for Ophthalmology Training Posts, Adapted from the AMC Model standards for specialist medical college accreditation of training settings 2025

[2] *For guidance on applying risk ratings in accreditation decision-making refer to the "Accreditation Risk Matrix and Risk Rating Outcomes", Section 8, in the Procedures for Accreditation of Training Posts.*

- Consideration of alerts and non-compliance, including escalation and withdrawal.
- Decisions open to reconsideration, review, or appeal, as set out in the College's Reconsideration Review and Appeals Policy[3].
- Transparency, accountability, and reporting of accreditation outcomes.
- Alignment with external regulatory, professional, and legislative requirements.

1.4.2 Out of Scope

- Employment or human resource matters such as contracts, rostering, or remuneration.
- Clinical governance, service delivery, or hospital operations not related to training standards.
- Curricula, assessment frameworks, and teaching methods, which are governed by other RANZCO policies.
- Organisational strategy, budgeting, or allocation of resources.
- Grievances or complaints unrelated to accreditation standards.
- Procedural detail for inspections and reporting, which is specified in the Procedures Manual[4].

1.5 Definitions

- Accreditation – formal recognition of a training post against the RANZCO Standards.
- Conditional Accreditation – accreditation with specific requirements to be met within set timeframes.
- Temporary Accreditation – short-term approval in urgent circumstances.
- Suspension – temporary removal of accreditation due to extreme risks or non-compliance.
- Revocation – permanent withdrawal of accreditation.
- Training Post Alert – notification of a potential issue at a training setting.
- Inspectorate – the Training Post Inspectorate, responsible for accreditation decisions.
- Monitoring – ongoing oversight of accredited training posts.
- Accreditation Risk Matrix – framework used to determine risk rating outcomes guiding accreditation decisions[2].
- AMC – Australian Medical Council
- MCNZ – Medical Council of New Zealand

2. Strategic Alignment

This Policy supports the RANZCO Strategic Plan to remain the trusted provider of ophthalmic education and ensures compliance with AMC, MCNZ, and the College's Constitution.

[3] Reconsideration, Review and Appeals Policy
[4] RANZCO Procedures for Accreditation of Training Posts, Adapted from the AMC Model Procedures for specialist medical college accreditation of training settings 2024

3. Background and issues

A clear policy framework is required to guide decisions on accreditation, ensuring fairness, accountability, effective resource use, and compliance with AMC governance standards.

4. Objectives

- Ensure training posts meet RANZCO Standards.
- Safeguard Trainee wellbeing and safety.
- Maintain compliance with AMC and MCNZ accreditation requirements.
- Provide clear, fair, and transparent, accreditation decision-making processes.
- Support continuous improvement through monitoring and feedback.

5. Policies

5.1 General Provisions

Accreditation outcomes are determined using the AMC risk matrix framework[2] and compliance with the Standards for Ophthalmology Training Posts. Operational details are provided in the Procedures Manual.

5.2 Responsibilities

- Board – Adopts and approves this policy and makes final decisions on refusals or revocations, based on Inspectorate recommendations.
- RANZCO Education Committee (REC) – Approves changes to Accreditation Standards.
- Chief Inspector and Inspectorate – Set and propose amendments to Standards, oversee accreditation processes, and make decisions (except refusals or revocations).
- Censor in Chief (CiC), Chief Inspector, and CEO – May suspend or grant temporary accreditation in urgent risk situations and must report to the Inspectorate and Board at the next meeting.
- College Staff – Provide administrative support and manage accreditation processes.
- Training Posts, Supervisors and hospital administrative staff – Supply accurate information for assessments.

5.2.1 Conflict of Interest

All Inspectors, Committee members, staff and decision-makers involved in accreditation must declare any real or perceived conflict of interest. Conflicts will be recorded and managed in accordance with RANZCO procedures. Individuals with a conflict of interest must not participate in related accreditation decisions.

5.3 Compliance and Breach

- College staff involved in accreditation will complete annual training in alerts management, procedural fairness, and confidentiality.

- Training posts must maintain compliance with Standards and notify RANZCO of material changes.
- Non-compliance may lead to conditional accreditation, suspension, or withdrawal. Posts will be given an opportunity to respond before escalation.
- Out-of-cycle assessments may be initiated where risks are identified.

5.4 Training Post Alerts

Training Post Alerts (TPA) and adverse reporting mechanisms are available to safeguard training quality and Trainee safety.

- Alerts may be raised by any individual through the College's TPA form, email, or post.
- Examples of TPAs include supervision gaps, workload concerns, or trainee safety breaches.
- TPAs are acknowledged within 10 business days and escalated to the Chief Inspector within 5 business days where risks to trainee safety or supervision are identified.
- Where a TPA does not meet the threshold, the notifier will be informed, and the concern may be redirected to another College process (e.g. Complaints Resolution).
- Notifiers and training settings are informed of the process, timelines, and final outcome.
- Data from alerts informs monitoring.

RANZCO recognises that some individuals may be reluctant to raise concerns if their identity is disclosed. Options for submitting confidential or anonymous concerns will be developed in line with the national AMC framework for managing concerns. Once implemented, these options will be clearly explained in policy documents, training materials, and the RANZCO website.

5.5 Accreditation Outcomes

Accreditation outcomes will be applied consistently across all Training Posts and recorded in accreditation reports.

- The College adopts nationally consistent terminology for accreditation outcomes, in line with AMC Model Procedures:
  - Provisionally Accredited
  - Accredited
  - Conditionally Accredited
  - Not Accredited (Refused)
  - Not Accredited (Revoked)
  - Temporary Accreditation.
- All outcomes are time-limited and subject to reaccreditation within the maximum cycle defined in the Procedures Manual.
- Accreditation will ordinarily be granted for a period of up to five years, subject to interim monitoring requirements

5.5.1 Risk-Based Framework[2]

Accreditation decisions will be documented using a risk-based framework to ensure proportionality and consistency. The level of accreditation granted, and any conditions imposed, will be determined with reference to the severity and likelihood of risks identified in relation to trainee welfare, supervision, and training outcomes.

5.6 Appeals and Complaints

The following decisions maybe reconsidered, reviewed or appealed under the College's Reconsideration, Review and Appeals Policy:

- 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)

Administrative complaints about accreditation processes (e.g. timelines, documentation, fairness) are handled under the RANZCO Complaints Resolution Policy.
This process will be updated to align with the national administrative complaints' framework being developed by the AMC/NHPO project.

6. Monitoring and Evaluation

- Monitoring is risk-based and proportionate, as per the Accreditation Risk Matrix and Risk Rating Outcomes set out in the Procedures Manual.
- Monitoring outcomes and data informs continuous improvement, and accredited posts are subject to ongoing oversight between inspection cycles.
- College staff collect feedback from training posts after inspections, which the Inspectorate reviews when considering policy changes.
- This Policy operates with the College Monitoring and Evaluation Framework, which sets measures, data sources and triggers for out-of-cycle assessment.
- This Policy and the Procedures Manual are reviewed every three years, or earlier if AMC or MCNZ requirements change.

7. Transparency and Reporting

RANZCO is committed to transparency in its accreditation processes. To support this, the following information will be publicly available:

- A list of all accredited training posts with their expiry dates.
- Summaries of accreditation outcomes.
- Definitions of accreditation outcomes and their implications.
- Accreditation cycle timelines and monitoring processes.
- Plain-language resources such as FAQs, timelines, and infographics.
- Information on how to raise concerns or complaints, including confidential and anonymous pathways once implemented.
- Links to the Reconsideration, Review and Appeals Policy.

In addition, health departments will be notified of adverse outcomes in line with national protocols.

8. Limits and Priority

This policy does not oblige the College to act against its interests. Where inconsistent with the Constitution, the Constitution prevails. This policy is a Bylaw for the purposes of the Constitution.

9. Related Documents

- Standards for Ophthalmology Training Posts
- RANZCO Training post Accreditation Procedures Manual
- Reconsideration, Review and Appeals Policy
- RANZCO Complaints Resolution Policy
- Monitoring and Evaluation Framework
- RANZCO Constitution
- RANZCO Strategic Plan 2024-26

10. Record of amendments to this document

Page	Details of amendment	Date approved
Nil	Nil	Nil

11. Appendices

TBC. To attach other relevant material to this policy such as a guideline, a schedule or additional material to support policy's success.