

Standards for Ophthalmology Training Posts

Incorporating the AMC Model standards for specialist medical college accreditation of training settings 2025

Copyright	© The Royal Australian and New Zealand College of Ophthalmologists (RANZCO) 2023
Approved by: Board Version: Current Department: Education	Next review date: March 2029 Approval date: March 2026 Policy inventory number: 25.2026.03 03

Table of Contents

Glossary	3
Introduction	5
Specialist medical college accreditation of training settings	5
Australia.....	5
Aotearoa New Zealand	5
Context of Accreditation	6
The structure of these standards.....	6
Evidence categories and examples.....	7
A – Application:	7
C - College Records:.....	7
S - Surveys:.....	7
I - Interviews:	7
Ob - Observation:	7
Ot – Other	7
Overview of Domains, Standards, Criteria and Evidence	8
Domain 1 Trainee health and welfare	23
Domain 2 Supervision, management and support structures.....	28
Domain 3 Educational and clinical training opportunities	34
Domain 4 Educational resources, facilities and equipment	37
Evidence supporting assessments and decisions	39
Guiding principles on the identification and use of evidence	40

Acknowledgement of Country

RANZCO acknowledges 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 take this opportunity to acknowledge the Rangatiratanga of Māori as Tangata Whenua and Treaty of Waitangi partners in Aotearoa New Zealand.

Glossary

Aboriginal, Torres Strait Islander and Māori	Aboriginal refers to the First People and Traditional Custodians of the Australian mainland and many of its islands, such as Tasmania, K'gari, Hinchinbrook Island, the Tiwi Islands, and Groote Eylandt, but excluding the Torres Strait Islands. Torres Strait Islander refers to the First People and Traditional Custodians of the Torres Strait Islands. Māori refers to the tangata whenua, or the Indigenous people of Aotearoa New Zealand.
College	An organisation accredited by the Australian Medical Council (AMC) to provide specialist medical education and training. The Royal Australian and New Zealand College of Ophthalmologists (RANZCO) is accredited by the AMC & MCNZ to provide specialist medical education and training in Ophthalmology.
Cultural safety and culturally safe	There are three definitions of cultural safety which are relevant to these standards. The definition that should be applied depends on whether the standards are being applied in Australia or Aotearoa New Zealand and, in Australia, whether the relevant standard refers to Aboriginal and/or Torres Strait Islander people specifically or to all people. This latter consideration will be clear in the phrasing of the standard. In Australia, the AMC has endorsed two definitions of cultural safety, in line with the approach of the Medical Board of Australia in its guidance Good Medical Practice: a code of conduct for doctors in Australia. The first is a general definition of cultural safety, which is relevant when cultural safety is being referred to in a way that is not exclusive to Aboriginal and/or Torres Strait Islander people: Cultural safety is based on the experience of the recipient of care and involves the effective care of a person or family from another culture by a healthcare professional who has undertaken a process of reflection on their own cultural identity and recognises the impact their culture has on their own practice. The second is the National Registration and Accreditation Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy definition of cultural safety. This definition is relevant when specifically referring to Aboriginal and/or Torres Strait Islander people: "Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities. "Culturally safe [practice] is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism." The AMC works in partnership with the Medical Council of New Zealand (MCNZ) in Aotearoa New Zealand, and as such applies the MCNZ's definition of cultural safety. This definition is relevant to all people and contexts: Cultural safety is "The need for doctors to examine themselves and the potential impact of their own culture on clinical interactions and healthcare service delivery. "The commitment by individual doctors to acknowledge and address any of their own biases, attitudes, assumptions, stereotypes, prejudices, structures and characteristics that may affect the quality of care provided. "The awareness that cultural safety encompasses a critical consciousness where healthcare professionals and healthcare organisations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities." In addition, "cultural safety is of particular importance in the attainment of equitable health outcomes for Māori."

Model standards	Standards that are to be used as a model for each college's accreditation standards.
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.
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: • Term / Post Supervisor • Clinica Tutor The supervisor's training and education role is outlined in the following documents: • <i>Roles and Responsibilities of a RANZCO Term Supervisor</i> • <i>Roles and Responsibilities of a RANZCO Clinical Tutor</i> • <i>Procedure for approving and appointing non-FRANZCO Clinical Tutors</i> <i>Please email the Learning Delivery Team for copies of these documents.</i>
Term / Post Supervisor	A Term Supervisor 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 Term 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) Non-FRANZCOs may be approved to tutor RANZCO trainees provided they meet the following conditions: • Registered to practice ophthalmology in Australia and/or New Zealand • Fulfil RANZCO CPD program requirements • Nominated by the network education committee (NEC) • Complete the on-line supervisor training modules
Trainee	A doctor in training, enrolled in the RANZCO VTP.
Vocational Training program (VTP)	Sets out the curriculum, syllabus, assessments, and supervised clinical training for independent practice in ophthalmology. In Australia, this sits within a recognised medical specialty. In Aotearoa New Zealand, it aligns with the vocational scope of practice. Completion leads to the award of Fellowship of RANZCO (FRANZCO).
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 RANZCO ID and may span multiple sites to meet accreditation standards. Training Post can be allocated to basic or advanced trainees, unless restricted to specific stage 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 is available on the website.

Introduction

Specialist medical college accreditation of training settings

Australia

The Medical Board of Australia registers specialist medical practitioners in Australia under the Health Practitioner Regulation National Law, to ensure practitioners have the necessary knowledge, skills and professional attributes to practise in a recognised specialty in Australia.

The Medical Board of Australia has appointed the Australian Medical Council (AMC) as its accreditation authority to assess specialist medical colleges and accredit their specialist medical training programs in Australia which lead to qualifications for practice in recognised medical specialties.

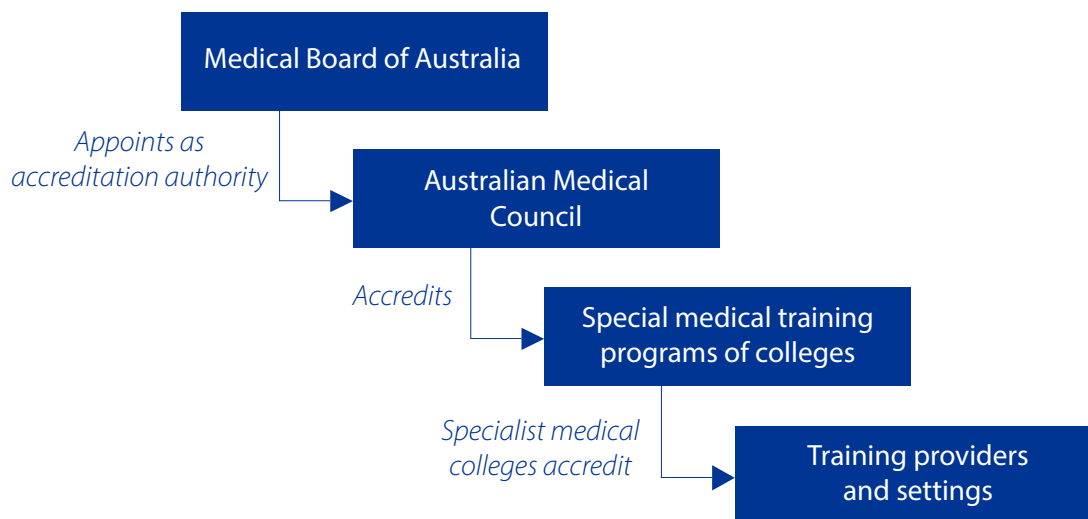


Figure 1 - Accreditation bodies in Australia

Aotearoa New Zealand

The Medical Council of New Zealand registers doctors who are competent and fit to practise medicine in a vocational scope of practice in Aotearoa New Zealand.

The Medical Council of New Zealand uses AMC accreditation reports to assist it to make decisions about recognising specialist medical training programs in Aotearoa New Zealand. The AMC works with the Medical Council of New Zealand in reviewing bi-national training programs of specialist medical colleges. Figure 2 - Accreditation bodies for binational colleges in Aotearoa New Zealand

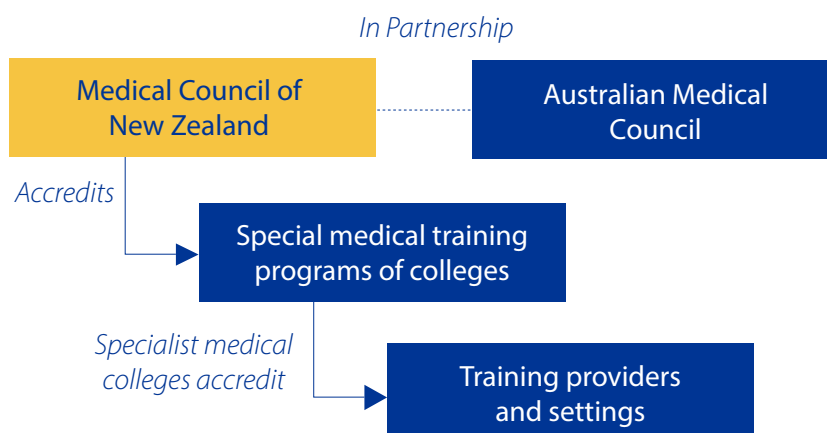


Figure 2 - Accreditation bodies for binational colleges in Aotearoa New Zealand

Colleges accredit the health service and other training settings in which specialist medical training takes place. Colleges may do this in different ways by accrediting posts, sites, practices and networks. These standards are intended to apply regardless of the approach taken by individual colleges.

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 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.

Several of these model standards cover matters for which colleges also have responsibilities. This is noted in the commentary on relevant criteria. Accreditation measures the appropriateness of a training setting, not the extent to which a college meets its own obligations. However, responsibilities are often shared and how the parties do this will be relevant to achieving high-quality training at the setting. Nothing in these model standards is intended to create additional legal responsibilities for colleges or training providers – rather, it is intended that application of the model standards will result in training providers evidencing how they meet their legal obligations.

Accreditation can foster communication and be the foundation for engagement, continuous quality improvement and innovation. It underpins the training pathway which is important to the long-term sustainability of the workforce and the provision of safe and high-quality health services to the public. High standards of training are essential to patient safety. Compliance with the standards contributes to patient safety and the training of safe specialist medical practitioners.

All parties involved in accreditation should approach the process in good faith, acknowledging that, in addition to its assessment role, accreditation provides an opportunity to discuss and resolve problems in a constructive and timely manner and share information about issues for which both colleges and training providers have responsibilities. A collaborative and responsive approach will enhance outcomes for trainees, patients and consumers and support the long-term sustainability of the specialist medical workforce.

The structure of these standards

Domain	The type of matters addressed by the standards.
Standard	The outcome that must be achieved at the training setting.
Criterion	The measurable component of a standard.
College-specific requirements (optional)	Requirements that are specific to each college and training program that supplement a criterion (e.g. specific equipment needs).
Evidence	Accreditation decisions are informed by a range of evidence collected from training settings, the College, and external sources. Evidence types have been categorised to ensure a consistent and transparent approach across all model standards. These categories encompass information provided by training sites, data collated by the College, survey results, interviews with stakeholders, and direct observation during site visits. A detailed outline of the evidence categories and examples of each is included in the Overview of Domains, Standards, Criteria and Evidence and further outlined below in Evidence Categories and examples. Also see the section Evidence supporting assessments and decisions

Evidence categories and examples

Below are the types of evidence that RANZCO may gather to make assessments. A through list of required evidence is available in the section [Overview of Domains, Standards, Criteria and Evidence](#)

A – Application:

Information provided by the training setting as part of their application for accreditation/ reaccreditation.

- Training provider self-assessment (if part of application form)
- Clinical/case-mix data
- Training schedule/timetable
- Orientation guide, manual or procedure
- Governance diagram and/or roles and responsibilities
- Other relevant accreditation reports
- Governing/executive body/clinical council minutes/records
- Example trainee/training rosters/hours worked (recent rosters)
- Handover process/documentation
- Policies and procedures
- Information regarding future plans

C - College Records:

Information which is manually put together by the College accreditation staff and provided to the panel ahead of a visit

- Previous accreditation and/or monitoring reports
- Documented complaints or other information received about a training provider/setting
- e-Portfolio or logbook data

S - Surveys:

Data from College surveys and external surveys.

- RANZCO-administered surveys (end of term and annual trainee surveys, supervisor survey) *
- Australian Medical Training Survey (MTS)

***Note:** The RANZCO survey is currently under review and will also be circulated for feedback

I - Interviews

Interviews with trainees, supervisors, managers, nursing or other clinical staff, the Director of Training or equivalent, heads of department, administrative staff and other relevant stakeholders during (in person or virtual) site visits.

Ob - Observation

Observations during an in person or virtual visit examine the facilities, equipment and resources that are available to trainees.

Ot – Other

Any other types of evidence not covered above.

Overview of Domains, Standards, Criteria and Evidence

Anonymised documented complaints or other relevant information provided to RANZCO will be gathered and used to review and monitor training posts as required.

Domain 1 Trainee health and welfare			
1.1 Training takes place in a learning environment that supports trainee health and welfare.			
Criterion	Evidence Type		Evidence Source ¹
	From Training Site ²	External / College Sourced ³	
1.1.1 Effective processes are implemented for trainees to raise concerns, grievances and complaints about matters affecting their training. Trainees are informed of these and feel safe to use them.	<i>Relevant organisational policies, procedures and governance documents addressing trainee health, welfare, safety, equity and cultural safety, as applicable to the training setting.</i> <i>Examples may include:</i> • <i>Bullying, Harassment and Discrimination Policy</i> • <i>Workplace Behaviour or Code of Conduct</i> • <i>Complaints Management Policy</i> • <i>Grievance Resolution Policy</i> • <i>Speaking Up or Raising Concerns Policy</i> • <i>Whistleblower Policy</i> • <i>Psychological Safety or Psychosocial Risk Management Policy</i> • <i>Workplace Health and Safety Policy</i> • <i>Respectful Workplace Policy</i> • <i>Organisational Risk Management Framework</i> • <i>Clinical and Corporate Governance Framework</i> • <i>Work Health and Safety Risk Register</i> • <i>Psychosocial Risk Assessment Framework</i>	<i>Documented complaints or other information received about a training provider/setting</i> <i>End of Term and/or other relevant internal and external survey data</i> <i>Trainee, supervisor, staff interviews during inspections</i>	A, C, S, I

¹See [Evidence categories and examples](#)

²(through the application form + supporting documents as required) *Blank sections indicate that a related question will be included in the application form.

³(data from internal/ external sources, Inspection Visit, Interviews/ Meetings)

	<i>Process document showing how each policy is implemented & listing persons responsible for managing these.</i> <i>Evidence showing that RANZCO Fellows and Trainees understand these (e.g. orientation document & attendance at orientation and/or specific sessions for BHD)</i> <i>Smaller training settings may not hold standalone organisational policies for all matters covered by these criteria.</i> <i>Where this is the case, training settings may demonstrate compliance by providing evidence that they have adopted, implemented, or operate under relevant policies and procedures of the local health service, district, or employing organisation.</i> <i>The training setting should be able to show that these policies are accessible to trainees, are applied in practice within the training setting, and that supervisors and trainees understand how to use them.</i>			
1.1.2	Risks to trainees regarding bullying, harassment, discrimination, racism and other unlawful or unacceptable workplace behaviours are identified, investigated, managed and recorded.	<i>Relevant organisational policies, procedures and governance documents addressing trainee health, welfare, safety, equity and cultural safety, as applicable to the training setting. (see examples in 1.1.1)</i> <i>Evidence of complaint numbers, types, actions taken, and outcomes - across the training site</i> <i>Changes made to policies/procedures over a period in response to issues raised.</i> <i>See also note on smaller settings</i>	<i>Documented complaints or other information received about a training provider/setting</i> <i>Trainee, supervisor, staff interviews during inspections</i> <i>Trainee, supervisor, staff interviews during inspections</i> <i>*See also Inspector Guidance Disclosure Protocol</i>	A, C, S, I
1.1.3	There is a positive learning environment that fosters respect, diversity, inclusion, equity and cultural safety for trainees of diverse backgrounds.	<i>Relevant organisational policies, procedures and governance documents addressing trainee health, welfare, safety, equity and cultural safety, as applicable to the training setting. (see examples in 1.1.1)</i> <i>Evidence of complaint numbers, types, actions taken, and outcomes - across the training site.</i> <i>See also note on smaller settings</i>	<i>Trainee, supervisor, staff interviews during inspections</i> <i>Information from visits to the training setting</i>	A, I, Ob

1.1.4	Risks to the cultural safety of Aboriginal and/or Torres Strait Islander and Māori trainees are identified, managed and recorded.	<i>Relevant organisational policies, procedures and governance documents addressing trainee health, welfare, safety, equity and cultural safety, as applicable to the training setting. (see examples in 1.1.1)</i> <i>Evidence of complaint numbers, actions taken, and outcomes (e.g. changes to relevant policies/procedures) - across the training site⁴</i>	Trainee, supervisor, staff interviews during inspections	A, I
1.1.5	Risks to trainees associated with fatigue and volume of work are identified, managed and recorded.	<i>Relevant organisational policies, procedures and governance documents addressing trainee health, welfare, safety, equity and cultural safety, as applicable to the training setting.</i> <i>Example may include:</i> <i>Fatigue Management Policy</i> <i>Safe Working Hours Policy</i> <i>Rostering and Overtime Policy</i> <i>After-Hours and On-Call Policy</i> <i>Workload Management Policy</i> <i>Trainee rosters demonstrating hours of work, on-call arrangements, and workload distribution.</i> <i>Description of processes used to review and manage trainee workload and fatigue, including how rosters are monitored, reviewed, and adjusted where risks are identified.</i> <i>Smaller training settings may not hold standalone organisational policies for all matters covered by these criteria.</i> <i>Where this is the case, training settings may demonstrate compliance by providing evidence that they have adopted, implemented, or operate under relevant policies and procedures of the local health service, district, or employing organisation.</i>	<i>End of Term and/or other relevant internal and external survey data</i> <i>Trainee, supervisor, staff interviews during inspections</i>	A, S, I

⁴See also 'Intent' for this criterion

1.1.6 Trainees can access leave arrangements, including leave to fulfil community cultural obligations, in accordance with employment and/or appointment conditions.	<i>Relevant organisational policies, procedures and governance documents addressing trainee health, welfare, safety, equity and cultural safety, as applicable to the training setting.</i> <i>Example may include:</i> • Leave Policy • Parental Leave Policy • Cultural Leave Policy or Special Leave Policy • Flexible Working Arrangements Policy • Part-Time Work Policy • Return from Extended Leave Policy <i>Process document showing how the policy is implemented & listing persons responsible for managing these.</i> <i>Evidence showing that RANZCO Fellows and Trainees understand these (e.g. orientation document & attendance at orientation)</i> <i>Smaller training settings may not hold standalone organisational policies for all matters covered by these criteria.</i> <i>Where this is the case, training settings may demonstrate compliance by providing evidence that they have adopted, implemented, or operate under relevant policies and procedures of the local health service, district, or employing organisation.</i>	<i>End of Term and/or other relevant internal and external survey data</i> <i>Trainee, supervisor, staff interviews during inspections</i>	<i>A, S, I</i>
1.1.7 Trainees can access flexible working arrangements in accordance with employment and/or appointment conditions.	<i>Relevant organisational policies, procedures and governance documents addressing trainee health, welfare, safety, equity and cultural safety, as applicable to the training setting. (see examples in 1.1.6)</i> <i>See also note on smaller settings</i>	<i>End of Term and/or other relevant internal and external survey data</i> <i>Trainee, supervisor, staff interviews during inspections</i>	<i>A, S, I</i>

1.1.8	Trainees who have had a break in training are supported in their return to training.	<i>Relevant organisational policies, procedures and governance documents addressing trainee health, welfare, safety, equity and cultural safety, as applicable to the training setting.</i> <i>Examples may include:</i> • <i>Return to Work Policy</i> • <i>Return to Training or Re-Entry Policy</i> • <i>Rehabilitation and Injury Management Policy</i> • <i>Reasonable Adjustment and Return-to-Work Procedures</i> <i>Smaller training settings may not hold standalone organisational policies for all matters covered by these criteria.</i> <i>Where this is the case, training settings may demonstrate compliance by providing evidence that they have adopted, implemented, or operate under relevant policies and procedures of the local health service, district, or employing organisation.</i>	<i>End of Term and/or other relevant internal and external survey data</i> <i>Trainee, supervisor, staff interviews during inspections</i>	A, S, I
1.1.9	Reasonable adjustments for trainees with disabilities are provided, in accordance with legislative requirements and employment and/or appointment conditions.	<i>Relevant organisational policies, procedures and governance documents addressing trainee health, welfare, safety, equity and cultural safety, as applicable to the training setting.</i> <i>Examples may include:</i> • <i>Reasonable Adjustments Policy</i> • <i>Disability Inclusion or Accessibility Policy</i> • <i>Equal Employment Opportunity Policy</i> • <i>Workplace Adjustments Procedure</i> <i>See also note on smaller settings</i>	<i>End of Term and/or other relevant internal and external survey data</i> <i>Trainee, supervisor, staff interviews during inspections</i>	A, S, I
1.1.10	Trainees have access to resources that support their health and welfare.	<i>Relevant organisational policies, procedures and governance documents addressing trainee health, welfare, safety, equity and cultural safety, as applicable to the training setting.</i> <i>Examples may include:</i> • <i>Employee Wellbeing Policy</i> • <i>Employee Assistance Program (EAP) Policy</i> • <i>Peer Support Program Policy</i> • <i>Critical Incident Management Policy</i> • <i>Staff Support After Adverse Events Policy</i> • <i>Mental Health and Wellbeing Strategy</i> <i>See also note on smaller settings</i>	<i>End of Term and/or other relevant internal and external survey data</i> <i>Trainee, supervisor, staff interviews during inspections</i>	A, S, I

Domain 2 Supervision, management and support structures

2.1 Clear governance structures support the delivery of effective education and training.

Criterion	Evidence Type		Evidence Source ³
	From Training Post ³	External / College Sourced ⁴	
2.1.1 There is an effective, transparent and clearly understood educational governance system that demonstrates a commitment to the training program and manages the quality of training.	<i>Governance Structure: diagram and/or roles and responsibilities, organisational chart for supervision oversight; orientation manuals showing roles of Director of Training, Term Supervisors, Clinical Tutors.</i> <i>Identified person responsible for managing Training delivery at the Training site - in larger Tertiary hospitals this is expected to be a Head of Department for Ophthalmology, appropriate number of Term Supervisors and Clinical Tutors, with at least one or few involved with the NEC;</i> <i>In large tertiary centres it is expected that management and administrative staff support is provided to support activities to enable effective and efficient delivery of the VTP.</i>	<i>End of Term and/or other relevant internal and external survey data</i> <i>Trainee, supervisor, staff interviews during inspections</i>	A, S, I
2.1.2 Trainees and the training provider engage constructively about how training is delivered at the training setting and trainees can provide input and feedback into how their local training is delivered.	<i>Governance process: Description of the formal or informal mechanisms through which trainees can provide input and feedback on the delivery of training at the site and/or Network, and how that feedback is considered or responded to.</i> <i>(e.g. scheduled meetings with supervisors, trainee forums, feedback sessions, or other local processes)</i> <i>Evidence showing that Trainees understand and use these mechanisms</i> <i>e.g. Orientation guide, manual or procedure</i> <i>Examples of changes to training arrangements, schedules, or supervision over a period in response to issues raised.</i>	<i>Completion rate of E-portfolios (surgical logbooks), End of Term assessments & surveys</i> <i>End of Term and/or other relevant internal and external survey data</i> <i>Trainee, supervisor, staff interviews during inspections</i>	A, C, S, I
2.1.3 Management and administrative resources, such as rostering and recruitment, effectively support the delivery of training.	<i>Governance Structure: diagram and/or roles and responsibilities</i> <i>Trainee rosters</i> <i>Identified person/ resources responsible for supporting the HoD/ Term Supervisor managing Training delivery at the Training site.</i>	<i>End of Term and/or other relevant internal and external survey data</i> <i>Trainee, supervisor, staff interviews during inspections</i>	A, S, I

2.1.4	Trainees are provided with effective orientation for each training setting/rotation.	<i>Orientation guide, manual or procedures provided to trainees for each training setting or rotation.</i> <i>Evidence showing that RANZCO Trainees receive orientation (e.g. attendance records, description of local processes used to deliver orientation) specific to each training setting and/or rotation.</i>	<i>End of Term and/or other relevant internal and external survey data</i> <i>Trainee, supervisor, staff interviews during inspections</i>	A, S, I
2.1.5	The training provider engages with the college to resolve issues raised about the training program and training setting.	<i>Responsiveness of the training site to college-identified issues.</i>	<i>Previous accreditation & progress reports and/or monitoring data.</i> <i>Trainee, supervisor, staff interviews during inspections on whether identified problems are addressed collaboratively and promptly</i>	A, C, I
2.1.6	The training provider/setting has been accredited by relevant accreditation bodies.	<i>Evidence that the training setting holds current quality and safety accreditation from a relevant external body, where applicable, or has adopted recognised quality and safety frameworks appropriate to its jurisdiction and service type.</i> <i>Evidence may include accreditation certificates, confirmation letters, or documentation describing the quality and safety standards applied and how they are monitored.</i>		A
2.1.7	The training provider engages with structures, such as training networks and programs, to ensure overall training program outcomes can be achieved.	<i>Governance diagram and/or roles and responsibilities</i> <i>Identified person responsible/involved with the Network Education Committee (NEC)</i>	<i>Trainee, supervisor, staff interviews during inspections</i>	A, I

Domain 2 Supervision, management and support structures

2.2 Trainees receive appropriate and effective supervision.

Criterion	Evidence Type		Evidence Source ³
	From Training Post ³	External / College Sourced ⁴	
2.2.1 There is effective and timely clinical supervision of trainees to support them to achieve the training program outcomes and to protect patient safety.	<i>Trainee rosters demonstrating supervised clinics and theatre sessions & On-call, showing supervisor availability</i> <i>A clear description of supervision arrangements, including how supervision is maintained during periods of leave and after hours.</i> <i>Orientation guides, manuals or procedures that set out supervision arrangements and escalation pathways.</i> <i>Evidence that supervisors and trainees are informed of, and understand, these arrangements, such as orientation documents.</i> <i>Documentation of supervisor feedback or performance review processes, which may include employer-based reviews, or other documented mechanisms appropriate to the setting.</i> <i>Evidence, where available, of issues identified through supervisor review processes and how these were addressed, considered at a whole-of-site and Network level and assessed using a risk framework.</i>	<i>Completion data of the 'Intention to achieve' form</i> <i>Previous accreditation & progress reports and/or monitoring data</i> <i>End of Term and/or other relevant internal and external survey data</i> <i>Trainee, supervisor, staff interviews during inspections</i>	A, C, S, I
2.2.2 Supervisors engage effectively with trainees and provide regular and timely feedback on performance to guide trainee learning.	<i>Trainee rosters demonstrating weekly meetings with Term Supervisors</i> <i>Governance diagram and/or roles and responsibilities clearly showing Supervisors responsible for trainee feedback.</i> <i>Documentation of supervisor feedback or performance review processes, which may include employer-based reviews, or other documented mechanisms appropriate to the setting.</i> <i>Evidence, where available, of issues identified through supervisor review processes and how these were addressed, considered at a whole-of-site level and assessed using the risk framework.</i>	<i>Data for all Training posts showing timely submission of Work Based assessments required for VTP</i> <i>End of Term and/or other relevant internal and external survey data</i> <i>Trainee, supervisor, staff interviews during inspections</i>	A, C, S, I

2.2.3	Trainees having difficulty in meeting the requirements of the training program are identified and appropriate support measures are available and promoted.	<i>Governance diagram and/or roles and responsibilities; Procedures + Orientation guide, manual or procedure addressing this criterion</i> <i>e.g. Local policy/process for identifying trainees in difficulty & escalation and support pathway. Orientation documents outlining/explaining these for trainees and supervisors, Examples of how support processes operate in practice, where available, such as de-identified descriptions of support pathways used or actions taken.</i>	<i>Trainees in difficulty support pathway data for all Training posts</i> <i>End of Term and/or other relevant internal and external survey data</i> <i>Trainee, supervisor, staff interviews during inspections</i>	A, C, S, I
2.2.4	A designated person is responsible for overseeing the training program and is provided with the time and resources necessary for the role.	<i>Governance diagram and/or roles and responsibilities</i> <i>Identified person responsible for managing Training delivery at the Training site.</i> <i>In larger Tertiary hospitals this is expected to be a Head of Department for Ophthalmology, appropriate number of Term Supervisors and Clinical Tutors, with at least one or few involved with the NEC;</i> <i>In large tertiary centres it is expected that management and administrative staff support is provided to support activities to enable effective and efficient delivery of the VTP.</i>	<i>Trainee, supervisor, staff interviews during inspections</i>	A, I
2.2.5	Supervisors are supported in meeting their education and training responsibilities, including in providing culturally safe supervision and contributing to a culturally safe environment.	<i>Documented supervisor role descriptions and policies that support supervisor development, including provision of time and resources for education and training.</i>	<i>Records confirming completion of required supervisor training, including cultural safety, maintained centrally by the College.</i> <i>Trainee, supervisor, staff interviews during inspections</i>	A, C, I

Domain 2 Supervision, management and support structures

2.3 Trainees are supported in delivering quality patient care, including culturally safe care.

Criterion	Evidence Type		Evidence Source ³
	From Training Post ³	External / College Sourced ⁴	
2.3.1 Trainees are supported in delivering quality patient care, including culturally safe care, to patients of diverse backgrounds.	Orientation material, policies, or local guidance addressing culturally safe care and care for patients from diverse backgrounds. Where relevant, contextual information about the patient population served by the training setting, including demographic characteristics, to support interpretation of how opportunities for culturally safe care are provided.	Trainees' Cultural Safety Training completion certificates Trainee, supervisor, staff interviews during inspections	A, C, I
2.3.2 Trainees are supported in developing specific knowledge and skills to deliver quality patient care, including culturally safe care, to Aboriginal and/or Torres Strait Islander and Māori people.	Orientation material, policies, or local guidance addressing culturally safe care for Aboriginal and/or Torres Strait Islander and/or Māori people. Where relevant, contextual information about the patient population served by the training setting, including demographic characteristics, to support interpretation of how opportunities for culturally safe care are provided.	Trainees' Cultural Safety Training completion certificates Trainee, supervisor, staff interviews during inspections	A, C, I
2.3.3 Trainees have the opportunity to reflect on critical incidents and engage with local clinical governance and quality improvement processes, including how to raise concerns about standards of patient care.	Description of local clinical governance structures or mechanisms that support trainee involvement in quality improvement, incident review, and raising concerns about patient care. Evidence of opportunities for trainees to participate in governance and quality activities, such as: grand rounds, audits, morbidity and mortality meetings, or journal clubs, in smaller or private settings, this may be structured case discussions with Term Supervisors or Clinical Tutors. Training or learning roster, demonstrating trainee access to these activities.	Trainee, supervisor, staff interviews during inspections	A, I

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.

Criterion	Evidence Type		Evidence Source ³
	From Training Post ³	External / College Sourced ⁴	
3.1.1 Trainees are provided with a clinical caseload and casemix to achieve the training program outcomes.	<i>Trainee rosters demonstrating, on average over a four-week period, access to four supervised clinic sessions and two supervised theatre sessions per week, or other arrangement acceptable to RANZCO*</i> <i>* Where an alternative arrangement is proposed, documented justification explaining how the caseload and case mix meet training program outcomes will be required. The Inspectorate will consider limited flexibility where a RANZCO committee determines that theatre sessions may not be essential for a subspecialty or defined practice area post. Any exemption must outweigh the risk of surgical skill loss, be granted only in exceptional circumstances, and be supported by evidence that non-surgical experience alone maintains competence as a general ophthalmologist.</i>	<i>End of Term and/or other relevant internal and external survey data</i> <i>Trainee, supervisor, staff interviews during inspections</i>	A, S, I
3.1.2 Trainees have the opportunity to engage in structured and unstructured learning activities to achieve the training program outcomes.	<i>Teaching/Learning Roster</i> <i>Trainee Roster - showing evidence of allocated learning & teaching sessions of at least 4 hours per week on average across a 4-week period or other arrangement acceptable to RANZCO.</i>	<i>End of Term and/or other relevant internal and external survey data</i> <i>Trainee, supervisor, staff interviews during inspections</i>	A, S, I
3.1.3 Trainees are involved in clinical handovers during transitions of care.	<i>Relevant policies and procedures + Orientation guide, manual or procedure describing clinical handover processes and expectations, including trainee involvement.</i> <i>Description of how trainees participate in clinical handovers in practice, appropriate to the training setting (e.g. shift handovers, on-call handover, transfer of care between services or teams).</i>	<i>End of Term and/or other relevant internal and external survey data</i> <i>Trainee, supervisor interviews during inspections regarding handover</i>	A, S, I

3.1.4 Trainees are given experience working and learning in multidisciplinary teams and/or settings.	<i>Evidence should demonstrate that trainees have regular, meaningful exposure to multidisciplinary working and learning that supports training outcomes including:</i> <i>Description of multidisciplinary settings and teams that trainees work with/within, relevant to ophthalmology practice (e.g. emergency departments, theatre teams, optometry, orthoptics, nursing, anaesthetics, pathology, radiology, allied health)</i> <i>Description of how trainees are exposed to, and interact with, different clinical settings within the training site or network, including through consultation, shared care, peri-operative management, or case discussion.</i> <i>Trainee Rosters showing trainee participation in:</i> <i>Emergency or acute care settings/ management of ophthalmic casualties</i> <i>Evidence of access to relevant facilities or services, which may be:</i> <i>At the primary training post</i> <i>At a linked or affiliated training site</i> <i>Elsewhere within the training network</i> <i>(e.g. Microsurgical skills laboratory/ EYESI, Wet Lab)</i> <i>Examples of multidisciplinary learning activities, such as:</i> <i>Multidisciplinary team meetings</i> <i>Case conferences or combined clinics</i> <i>Joint teaching sessions, audits, or morbidity and mortality meetings</i>	<i>End of Term and/or other relevant internal and external survey data</i> <i>Trainee, supervisor, staff interviews during inspections</i>	A, S, I
---	--	--	----------------

Domain 3 Educational and clinical training opportunities

3.2 Learning opportunities are transparent, equitable and appropriate for the level of training.

Criterion	Evidence Type		Evidence Source ³
	From Training Post ³	External / College Sourced ⁴	
3.2.1 Trainees are given an increasing degree of responsibility as their skills, knowledge and experience grow.	<i>A related question will be included in the application form to understand how trainee responsibilities are structured and progress over time at the training setting.</i>	<i>End of Term and/or other relevant internal and external survey data Trainee, supervisor, staff interviews during inspections</i>	A, S, I
3.2.2 Training, learning and professional development opportunities are transparent and equitable for all trainees.	<i>Relevant policies and procedures + Orientation guide, manual or procedure describing how training, learning, and professional development opportunities are allocated, communicated to and accessed by trainees. Trainee rosters demonstrating equitable training & learning opportunities for all trainees at the site (see also 3.1.1).</i>	<i>Records confirming trainee completion of required College programs, where such records are maintained centrally by the College (e.g. RANZCO Induction Program [Eye Camp], RANZCO EyeSi Surgical Skills Simulator Program) Trainee, supervisor, staff interviews during inspections</i>	A, C, I
3.2.3 Trainees are supported to complete their training program assessments in a timely manner.	<i>Governance Structure and supervision arrangements supporting assessment completion, including roles and responsibilities for oversight of trainee assessments. Orientation manuals outlining: Roles of Director of Training, Term Supervisors, Clinical Tutors in supporting assessment completion. Description of local processes for monitoring assessment completion and managing incomplete or overdue assessments, including escalation or support pathways where required.</i>	<i>RANZCO Trainee Support and Development Pathway data: identifying trainees requiring additional support due to delayed or incomplete assessments. End of Term and/or other relevant internal and external survey data Trainee, supervisor, staff interviews during inspections</i>	A, C, S, I

Domain 4 Educational resources, facilities and equipment

4.1 Trainees have access to appropriate educational resources and facilities.

Criterion	Evidence Type		Evidence Source ³
	From Training Post ³	External / College Sourced ⁴	
4.1.1 Trainees have access to an appropriate quiet space with adequate computer and internet access for their learning.	Description of the learning or study spaces available to trainees, including location and access arrangements. Relevant local policies, guidelines, or orientation material describing trainee access to study space, computers, and internet resources. Where dedicated study space is not available, a description of alternative arrangements demonstrating how trainees can access a quiet and reasonably available space for learning. This may include: - shared or multipurpose spaces, or - virtual or remote access arrangements where on-site space is limited.	Trainee, supervisor, staff interviews during inspections Information from visits to the training setting	A, I, Ob
4.1.2 Trainees have access to educational resources that support their learning.	Evidence should include: Description of educational resources accessible to trainees, including access to - ophthalmic texts, journals, or online learning and - literature search resources. Description of learning or scholarly activities available to trainees, appropriate to the setting, such as - exposure to/involvement in audits, case reports, clinical research, journal clubs, or teaching sessions. Where resources are not available on-site, description of how trainees access educational resources through linked sites, the training network, or external platforms.	End of Term and/or other relevant internal and external survey data Trainee, supervisor, staff interviews during inspections	A, S, I, Ob

Domain 4 Educational resources, facilities and equipment

4.2 Trainees have access to appropriate clinical equipment.

Criterion	Evidence Type		Evidence Source ³
	From Training Post ³	External / College Sourced ⁴	
4.2.1 Clinical or other equipment needed for trainees to achieve the training program outcomes are available, accessible and fit for purpose.	<i>Evidence must demonstrate that trainees have access to the clinical equipment necessary to achieve the VTP outcomes.</i> <i>Evidence must include whether each item is:</i> • located on-site • located at a linked or affiliated site • accessible elsewhere within the accredited training network <i>A list of available equipment including:</i> <u>Diagnostic and outpatient equipment</u> • Fundus photography including fluorescein angiography and autofluorescence • Automated visual field testing • OCT • Corneal topography • Ultrasound A-scan • Ultrasound B-scan • Ocular biometry (e.g. IOL Master / Lenstar) <u>Laser and procedural equipment</u> • Photocoagulation laser • Nd:YAG laser. <u>Operating theatre equipment</u> • Operating microscope with assistant's scope • Phacoemulsification equipment • Vitrectomy equipment, where relevant to the scope of surgical training provided. • Cryosurgical equipment, where relevant to the scope of surgical training provided. <i>Confirmation that equipment is</i> • accessible, • supervised, and • fit for purpose, <i>including how trainees access equipment not located at the primary training site.</i>	Information from visits to the training setting	A, Ob, Ot

Domain 1 Trainee health and welfare



Standard 1.1 Training takes place in a learning environment that supports trainee health and welfare.

Criteria

1.1.1 Effective processes are implemented for trainees to raise concerns, grievances and complaints about matters affecting their training. Trainees are informed of these and feel safe to use them.

Intent

Colleges should assess whether there are mechanisms available for trainees to raise concerns, grievances or complaints about any matter affecting their training with the training provider (including complaints about workplace behaviour and work conditions). Mechanisms need to be practical, easy to navigate and culturally safe. Barriers to doing this (such as fear of reprisals or adverse outcomes, racism and systemic bias) should be identified and managed by the training provider, that is, barriers should be eliminated where this is reasonably practicable and if not, minimised insofar as is reasonably practicable.

The processes should be effective, in that they lead to consideration of the grievance or complaint by a person other than the person who is the subject of the complaint, and an appropriate response is made. Colleges should also assess whether there is evidence that any concerns, grievances, or complaints raised have been responded to and managed.

Mechanisms should be appropriate to the size and nature of the setting and commensurate to the potential harm to trainees.

1.1.2 Risks to trainees regarding bullying, harassment, discrimination, racism or other unlawful and unacceptable workplace behaviours are identified, investigated, managed and recorded.

Intent

Colleges should assess whether training providers have processes and systems to identify and manage risks of unlawful or unacceptable behaviour at the training setting, both on a proactive and reactive basis, and whether these are being applied. This involves assessing whether there are mechanisms to identify and respond to individual incidents, as well as ongoing or long-term risks. The mechanisms should be easily accessible to trainees and understood.

Management of risks involves eliminating the risk where this is reasonably practicable and if not, minimising the risk insofar as is reasonably practicable.

Mechanisms should be appropriate to the size and nature of the setting and commensurate to the potential harm to trainees.

Note: It is not intended that colleges assess how a training provider has managed a single isolated incident of unlawful or unacceptable behaviour (although colleges and training providers may have other duties in this regard). However, multiple and ongoing instances of unlawful or unacceptable behaviour may indicate that risks are not being identified, investigated, managed and/or recorded which would be relevant to the assessment of this criterion.

Colleges also have obligations to consult, cooperate and coordinate actions with training providers to reduce risks to trainees. How colleges and training providers do this may be relevant to the assessment of this criterion.

1.1.3 There is a positive learning environment that fosters respect, diversity, inclusion, equity and cultural safety for trainees of diverse backgrounds.

Intent

Colleges should assess whether there is a positive, supportive, inclusive and equitable learning environment for all trainees that acknowledges and values their diversity. This involves assessing the general environment where trainees carry out their day-to-day duties and identifying factors that may either contribute to, or detract from, a positive and respectful environment.

1.1.4 Risks to the cultural safety of Aboriginal and/or Torres Strait Islander and Māori trainees are identified, managed, and recorded.

Intent

Colleges should have a documented process in place to assess whether training providers identify and manage risks of culturally unsafe, unacceptable, discriminatory or unlawful behaviour at the training setting, relating to Aboriginal and/or Torres Strait Islander and Māori trainees. Management of risks involves eliminating the risk where this is reasonably practicable or if not, minimising the risk insofar as is reasonably practicable. It is expected that training providers will engage with Aboriginal and/or Torres Strait Islander and Māori trainees, local networks and/or colleges' Indigenous networks to support the risk assessment and identify potential mitigating actions, determine organisational processes, and ensure that trainees are supported through this process. The risk assessment should be documented and made available to the college, whether stand alone or integrated into a broader risk assessment. Training settings should have mechanisms to identify and respond to individual incidents, as well as ongoing or long term structural or organisational risks. Mechanisms should be appropriate to the size and nature of the training setting and commensurate to the potential harm to trainees. Large settings may have a range of formal policies and procedures in place, whereas small settings may have mechanisms more suited to their size and risk profile.

Note: It is not intended that colleges assess how a training provider has managed a single isolated incident of unlawful or unacceptable behaviour (although colleges and training providers may have other duties in this regard). However, multiple and ongoing instances of unlawful or unacceptable behaviour may indicate that risks are not being identified, investigated, managed and/or recorded which would be relevant to the assessment of this criterion and would be an indicator of concern.

1.1.5 Risks to trainees associated with fatigue and volume of work are identified, managed and recorded.

Intent

Colleges should assess whether there are ongoing unacceptable working hours and/or volume of work that may be impacting the learning of trainees and/or their health and welfare. This involves assessing the training setting's proactive strategies (for example, rostering safe working hours, the use of rostering best practice guidance) as well as mechanisms to identify, monitor and manage risks when they do arise (for example, monitoring of unrostered overtime). Management of risks involves eliminating the risk where this is reasonably practicable or if not, minimising the risk insofar as is reasonably practicable.

Colleges should assess the actual outcome for trainees rather than impose blanket rules on training settings (such as the number of shifts to be worked in a given period).

1.1.6 Trainees can access leave arrangements, including leave to fulfil community cultural obligations, in accordance with employment and/or appointment conditions.

Intent

Colleges should assess whether trainees can reasonably access the leave entitlements, including cultural leave, that are set out in their employment and/or appointment conditions. It involves assessing whether reasonable leave is being denied on an ongoing basis and if this has adversely impacted trainees' ability to meet their training program outcomes and/or their health and welfare. Colleges should assess whether certain trainees are disadvantaged such as parents of younger children, trainees with carer's responsibilities or trainees with cultural obligations.

Note: It is not intended that colleges regulate whether training providers meet industrial obligations, but to consider outcomes for trainees working at the training setting, for example, whether trainees are actually taking leave to which they are entitled, whether leave is being consistently denied to trainees or a particular group of trainees. It is not intended that training providers be required to grant all leave requests, as many contingencies must be managed in relation to trainee leave.

1.1.7 Trainees can access flexible working arrangements in accordance with employment and/or appointment conditions.

Intent

Colleges should assess whether trainees can reasonably access the flexible working arrangements set out in their employment and/or appointment conditions. This involves assessing whether reasonable flexible working arrangements are being denied on an ongoing basis and if this has adversely impacted trainees' ability to meet their training program outcomes. Colleges should assess whether certain trainees are disadvantaged such as parents of younger children, trainees with carer's responsibilities or trainees with cultural obligations.

Note: It is not intended that colleges regulate whether training providers meet industrial obligations, but to consider outcomes for trainees working at the training setting, for example, whether requests for flexible working are being adequately considered, or subject to rules that prevent flexible working. It is not intended that training providers be required to grant all requests for flexible working, as many contingencies must be managed in relation to working arrangements.

1.1.8 Trainees who have had a break in training are supported in their return to training.

Intent

Colleges should assess whether trainees who have taken a break in training (for example parental leave, sick leave or extended leave) are provided with support by the training provider to reintegrate into the training program upon their return. Colleges should assess whether a lack of support by the training provider may disadvantage certain trainees including parents of young children, or those with health issues.

Adequate support will differ depending on the size and nature of the training setting. Large settings may have structured mechanisms or policies, such as return to work programs, whereas small settings may meet this criterion through more personalised or individual support.

1.1.9 Reasonable adjustments for trainees with disabilities are provided, in accordance with legislative requirements and employment and/or appointment conditions.

Intent

Colleges should assess whether trainees with disabilities are provided with reasonable adjustments as required by law and any employment/appointment conditions to support them to meet their training program requirements. Large training settings should be able to provide policies and procedures for meeting this criterion. Small settings may meet this criterion through demonstrating their understanding of their obligations and their ability to make necessary arrangements when needed.

1.1.10 Trainees have access to resources that support their health and welfare.

Intent

Colleges should assess whether there are a range of resources that are appropriate to the size and nature of the training setting to support trainee health and welfare, and that trainees are aware of, and are able to access, those resources. Examples of resources include peer support networks, opportunities for professional debriefing, support after experiencing traumatic events, mentorship or confidential counselling services such as Employee Assistance Programs.

Large settings may offer a range of formal resources and programs. Small settings may have more informal ways of providing resources or utilise external resources.

Domain 2 Supervision, management and support structures



Standard 2.1 Clear governance structures support the delivery of effective education and training.

Criteria

2.1.1 There is an effective, transparent and clearly understood educational governance system that demonstrates a commitment to the training program and manages the quality of training.

Intent

Colleges should assess whether there are appropriate governance structures that ensure accountability for training within the organisation. These structures should set out clear roles and responsibilities for the oversight and management of training.

Appropriate governance structures will differ depending on the size and nature of the training setting. Large settings may need a documented structure with an identified leader and other accountable roles. In small settings, the criterion may be satisfied by evidence that trainees understand which person in the setting is responsible for managing their training.

2.1.2 Trainees and the training provider engage constructively about how training is delivered at the training setting and trainees can provide input and feedback into how their local training is delivered.

Intent

Colleges should assess whether trainees have opportunities to give input and feedback to those who provide their training without repercussions. This may include supervisors and managers, directors of training (or equivalent) and other relevant stakeholders. There should be genuine engagement with the trainee, rather than token feedback mechanisms whereby feedback is not considered and responded to. Discussions with trainees about their expectations in relation to training is an example of constructive engagement.

Appropriate feedback mechanisms will differ depending on the size and nature of the training setting. Large settings may have formal processes such as trainee attendance at governance forums or committees. Small settings may have more informal processes such as individual communication with trainees.

2.1.3 Management and administrative resources, such as rostering and recruitment, effectively support the delivery of training.

Intent

Colleges should assess whether there are appropriate ancillary resources in place to support the effective delivery of the training program including, as relevant: resources to support term allocations; rostering; leave management; and the training provider's recruitment process.

The level and type of support will differ depending on the size and nature of the training setting.

Note: It is not intended that colleges impose requirements about staffing structures or recruitment processes, as these are often governed by the training provider's own policies and legal obligations. However, severe and ongoing delays with recruitment, rotations, processing of leave requests etc, that impact the ability of trainees to meet their training program requirements in a timely manner and/or that impact their health and welfare are relevant to the assessment of this criterion.

2.1.4 Trainees are provided with effective orientation for each training setting/ rotation.

Intent

Colleges should assess whether orientation covers matters that are unique to each training setting/rotation, or significantly different to previous settings/rotations. The information trainees need for an effective orientation will differ depending on the size and nature of the setting, but may include:

- who is responsible for their training
- who is responsible for managing their work (line manager)
- the nature of the work and patient cohort
- the availability of trainee health and welfare support mechanisms
- relevant local policies and processes
- orientation to clinical and related IT systems (e.g. electronic medical records, ordering of diagnostic tests, rostering systems)
- life support or emergency equipment.

2.1.5 The training provider engages with the college to resolve issues raised about the training program and training setting.

Intent

Colleges should assess whether the training provider demonstrates a willingness to partner and collaborate with the college to maximise the quality and effectiveness of training.

The appropriate level of engagement will depend on the size and nature of the training setting, and the type of matter that is the subject of the engagement. Engagement can be both during, and outside of, the accreditation process.

Note: This criterion focusses on overall engagement, not the management of a particular concern, grievance, complaint, or issue. Engagement is also the responsibility of both training providers and colleges and requires participation from each of the parties.

2.1.6 The training provider/setting has been accredited by relevant accreditation bodies.

Intent

Colleges should ascertain whether the training provider/setting has achieved accreditations relevant to the training carried out in that setting, for example, accreditation under relevant national safety and quality standards, laboratory standards or equipment safety standards.

Examples of relevant, recognised accreditations include:

- National Safety and Quality in Healthcare Services (NSQHS) Standards for Australian public and private hospitals, day surgeries and other healthcare services
- The Ngā paerewa Health and disability services standard for Aotearoa New Zealand public and private hospitals, primary care services and other healthcare services
- National General Practice Accreditation Scheme for Australian general practices.

(Optional for colleges with training networks)

2.1.7 The training provider engages with structures, such as training networks and programs, to ensure overall training program outcomes can be achieved.

Intent

Where there are training structures with more than one setting (for example networks, programs), colleges should assess whether the training provider adequately engages with the relevant structures and is meeting its responsibilities under those structures.

Standard 2.2 Trainees receive appropriate and effective supervision.

Criteria

2.2.1 There is effective and timely clinical supervision of trainees to support them to achieve the training program outcomes and to protect patient safety.

Intent

Colleges should assess whether there are appropriate governance structures that ensure accountability for training within the organisation. These structures should set out clear roles and responsibilities for the oversight and management of training.

Appropriate governance structures will differ depending on the size and nature of the training setting. Large settings may need a documented structure with an identified leader and other accountable roles. In small settings, the criterion may be satisfied by evidence that trainees understand which person in the setting is responsible for managing their training.

2.2.2 Supervisors engage effectively with trainees and provide regular and timely feedback on performance to guide trainee learning.

Intent

Colleges should assess whether trainees receive the feedback they need to support their learning. This includes assessing whether feedback is effective, timely, constructive and provided in a professional and supportive manner. Feedback may be provided through both formal and informal mechanisms and will differ according to the nature of the training setting. Large settings may have more structured opportunities for feedback whereas small settings may depend more on more informal opportunities.

Note: Colleges also have a role in providing feedback to trainees and supervisors. How colleges and training providers share trainee and supervisor feedback may be relevant to the assessment of this criterion.

2.2.3 Trainees having difficulty in meeting the requirements of the training program are identified and appropriate support measures are available and promoted.

Intent

Colleges should assess whether there are appropriate supports for trainees who are struggling to meet training milestones. This involves assessing the training setting's commitment to identifying trainees in difficulty and to providing them with effective and timely support.

Methods of identifying trainees in difficulty will differ according to the nature of the training setting. Large settings may have structured programs and policies on identifying and supporting trainees in difficulty while small settings may rely on more informal measures.

Note: Colleges also have a role to play in assisting trainees in difficulty. How colleges and training providers share information that will identify and support trainees in difficulty may be relevant to the assessment of this criterion.

2.2.4 A designated person is responsible for overseeing the training program and is provided with the time and resources necessary for the role.

Intent

Colleges should assess whether there is effective oversight of the training program and that there is a person at the setting accountable for the delivery of the program. This may be for example, a Director of Training, designated supervisor or other relevant individual. This involves assessing if trainees are informed of who this person is and have access to them. The appointed person must have sufficient capacity and capability to undertake this role.

The role, time and resources needed by the person, will differ depending on the size and nature of the training setting. In a large setting, it may be appropriate to have an individual appointed to a designated position, with a formal position description and time attributed to complete the duties of that role. In small settings, it may be appropriate for the person to take on this role as part of their supervision duties and/or other responsibilities.

2.2.5 Supervisors are supported in meeting their education and training responsibilities, including in providing culturally safe supervision and contributing to a culturally safe environment.

Intent

Colleges should assess whether supervisors are supported by the training provider to perform their dual roles of delivering healthcare services and supervising/supporting trainees and that they have adequate time to carry out education and assessment functions, such as conducting workplace-based assessments. Monitoring the performance of supervisors is also relevant to this criterion, including opportunities for trainees, the Director of Training (or equivalent), and other relevant people to provide feedback to supervisors.

Colleges should assess whether the training provider supports supervisors in professional development opportunities related to appropriate workplace behaviour, cultural safety, cultural competence and, in Aotearoa New Zealand, Hauora Māori.

The support provided should be appropriate to the size and nature of the training setting and commensurate to the potential harm to trainees. Support may be formal or informal, including professional development activities, provision of time to undertake supervision and supervisor forums.

Note: Colleges also have a role to play in supporting supervisors through formal supervisor training, feedback and evaluation.

Standard 2.3 Trainees are supported in delivering quality patient care, including culturally safe care.

Criteria

2.3.1 Trainees are supported in delivering quality patient care, including culturally safe care, to patients of diverse backgrounds.

Intent

Colleges should assess whether trainees are exposed to the full diversity of patients and clients treated at the training setting where this is clinically appropriate. Diversity of patients means patients of diverse cultures, religious beliefs, gender, age, disability, language, rurality and geography or other such factors. This includes assessing whether trainees are supported to understand the needs of diverse patients and informed of how diverse patients are supported at the setting, including the provision of culturally safe care.

For non-patient facing roles (for example pathology, other diagnostics), trainees should be supported in their role of indirectly delivering quality patient care, including culturally safe care, to patients of diverse backgrounds.

2.3.2 Trainees are supported in developing specific knowledge and skills to deliver quality patient care, including culturally safe care, to Aboriginal and/or Torres Strait Islander and Māori people.

Intent

Colleges should assess whether the training provider supports trainees in developing knowledge and skills to provide quality patient care using a patient-centred approach. This approach should recognise that Australian communities are diverse and patients will have different preferences, needs and values about their health care.

Colleges should assess whether the training provider has engaged with Aboriginal and/or Torres Strait Islander and Māori clinicians, communities and medical education experts to identify clinical experiences that support trainees to develop the skills and reflective practice that support culturally safe care for Aboriginal and/or Torres Strait Islander and Māori patients. In Aotearoa New Zealand, this includes developing Hauora Māori professional standards for doctors.

In ensuring opportunities for all trainees to have clinical experience in providing health care to Aboriginal and/or Torres Strait Islander and Māori people, it is recognised that Aboriginal and/or Torres Strait Islander and Māori people seek and are provided care in all healthcare settings, not only in community-controlled health settings.

In smaller training settings, support could include trainees being able to attend other centrally delivered sessions.

For non-patient facing roles (for example, pathology, other diagnostics), trainees should be supported in developing specific knowledge and skills to deliver quality indirect patient care, including to Aboriginal and/or Torres Strait Islander and Māori people.

2.3.3 Trainees have the opportunity to reflect on critical incidents and engage with local clinical governance and quality improvement processes, including how to raise concerns about standards of patient care.

Intent

Colleges should assess whether trainees are given appropriate opportunities to learn about the policies, procedures, roles and responsibilities for managing critical incidents and near misses, and to be involved in quality improvement processes, such as clinical audits and peer review. Trainees should also have the opportunity to learn how to raise a concern about standards of patient care within governance processes.

The types of clinical incident review, clinical governance and quality improvements processes will differ depending on the size and nature of the training setting. In large settings, trainees should be given an opportunity to engage in any established processes, such as committees or formal review mechanisms. In small settings, the process may be less formal or more personalised.

For non-patient facing roles (for example, pathology, other diagnostics), trainees should be able to engage in relevant laboratory or other appropriate governance processes regarding quality improvement (for example incident reviews and multi-disciplinary governance and quality improvement processes).

Domain 3 Educational and clinical training opportunities



Standard 3.1 Trainees are provided with the appropriate depth, volume and variety of clinical and other learning experiences.

Criteria

3.1.1 Trainees are provided with a clinical caseload and casemix to achieve the training program outcomes.

Intent

Colleges should assess whether clinical services provided at the setting adequately cover the caseload and casemix (including varying acuity and complexity) required to give trainees a broad enough range of experiences to meet the curriculum's learning outcomes that the setting is intended to support. This should be assessed in the context of the training setting and the training program overall, noting that in networked training, learning opportunities will be distributed throughout the network.

(Those colleges that have formal tiers or levels of settings may wish to add the following sentence)

Some colleges formally classify training settings into different tiers or levels. For those colleges, it is noted that the setting is only required to provide a clinical caseload and casemix in line with its tier or level.

For non-patient facing roles (for example, pathology, other diagnostics), trainees should be provided with an appropriate range of cases or types of work to achieve the training program outcomes.

3.1.2 Trainees have the opportunity to engage in structured and unstructured learning activities to achieve the training program outcomes.

Intent

Colleges should assess whether there are a range of formal and informal learning experiences available to trainees at the training setting and that provision is made within the trainee's workplace to allow them to engage in these.

The range of opportunities available should be appropriate to the size and nature of the training provider and training setting. Large settings may have formal learning opportunities, for example tutorials, patient rounds, technology-enhanced/simulation training, quality and safety activities, research, journal club, multidisciplinary meetings, and morbidity and mortality meetings. Small settings may provide opportunities through more informal mechanisms, including the diversity of health care provided at the setting, engagement with the community and other on-the-ground experiences, or through engagement with larger settings.

3.1.3 Trainees are involved in clinical handovers during transitions of care.

Intent

Colleges should assess whether trainees engage in the full range of clinical handovers that occur in the training setting. While trainees may not be required to attend every handover, the trainee should have an opportunity to gain appropriate experience in handovers.

Handover will differ according to the size and nature of the training setting. Handover may involve shift handovers, transferring care to other clinical team members, transferring care between other facilities or other settings in the facility, discharge arrangements, handover to other primary care providers, as well as family or community support.

For non-patient facing roles (for example, pathology, other diagnostics), handover will be relevant to the type of work being conducted (for example, diagnostic handover in relation to samples, follow up of clinically significant results and cascade testing based on initial results).

Standard 3.2 Learning opportunities are transparent, equitable and appropriate for the level of training

Criteria

3.2.1 Trainees are given an increasing degree of responsibility as their skills, knowledge and experience grow

Intent

Colleges should assess whether trainees are provided with increasing responsibility and complexity of learning experiences as their competence grows, to allow progression through the training program.

3.2.2 Training, learning and professional development opportunities are transparent and equitable for all trainees.

Intent

Colleges should assess whether all trainees in the training setting are made aware of the relevant training and learning opportunities available and have equitable access to them, for example, access to performing procedures and attending meetings. Preference should not be given to certain trainees based on criteria that are not relevant to the training program.

3.2.3 Trainees are supported to complete their training program assessments in a timely manner.

Intent

Colleges should assess whether there are sufficient opportunities for trainees to meet milestones and progress through the training program at the expected rate. This includes the opportunity to complete workplace-based assessments in a timely manner and time to study for college examinations. Reasonable steps should be taken to remove any systemic barriers to the progression of trainees, for example, lack of time with colleagues who can assess workplace-based assessments.

Domain 4 Educational resources, facilities and equipment



Standard 4.1 Trainees have access to appropriate educational resources and facilities necessary to achieve the learning outcomes.

Criteria

4.1.1 Trainees have access to an appropriate quiet space with adequate computer and internet access for their learning.

Intent

Colleges should assess whether trainees have reasonable access to spaces at, or near, the training setting that support them to meet learning requirements.

The spaces and access will depend on the size and nature of the training setting, the number of trainees needing to access those spaces and what can reasonably be expected from the type of setting being assessed.

Note: Colleges should avoid specifying the type or size of facilities that must be made available. Training providers should have the flexibility to demonstrate how the training setting supports trainee study and learning.

4.1.2 Trainees have access to educational resources that support their learning.

Intent

Colleges should assess whether educational resources are available to support trainees to meet the training program outcomes. This involves assessing the resources and their accessibility in the context of the individual training setting.

The suitability of educational resources will depend on the size and nature of the training setting, the requirements of the training program and other relevant factors. Educational resources may include periodicals/journals, clinical guidelines and policies, and medical databases. Colleges should allow flexibility in how trainees can access the resources, for example, resources may not be physically available at the setting but at another setting or location nearby, or available virtually/online.

Standard 4.2 Trainees have access to appropriate clinical equipment.

Criteria

4.2.1 Clinical or other equipment needed for trainees to achieve the training program outcomes are available, accessible and fit for purpose.

Intent

Colleges should assess whether the setting has the appropriate clinical equipment to allow trainees to develop specific competencies required by the training program. This includes assessing whether the equipment is fit for purpose, whether trainees have reasonable access to the equipment, and whether appropriate orientation to the equipment is provided.

Evidence supporting assessments and decisions



Guiding principles on the identification and use of evidence

Assessments should follow these guiding principles:

- Standards and criteria should be assessed based on relevant evidence.
- College accreditation teams should look at multiple sources of evidence where available and triangulate these where practical.
- Colleges should clearly articulate what evidence training providers need to provide 'up front' as part of the accreditation application.
- Training providers are encouraged to demonstrate how documentary evidence, such as policies and procedures, have been put into practice at the training setting. This may involve giving examples of how policies and procedures have been implemented to achieve the outcomes described in the standards, for example, how concerns and grievances have been managed or how the setting has identified particular health and welfare needs of its trainees.
- Additional evidence may come from a variety of sources and diversity of evidence is encouraged. For example, minutes from executive committees and management/board forums may demonstrate how specialist medical training issues are raised and considered by a training provider's governing body, thereby indicating how the training provider's governance structures support the delivery of effective education and training.
- Colleges should also gather evidence from their own sources, for example, supervisor reports, trainee surveys, previous accreditation reports, monitoring etc.
- Training providers should be advised at the time of application that the college may request additional evidence. Training providers should be given adequate time to collate the evidence requested.
- Requests for evidence should be as targeted as possible and reasonable in breadth to reduce the burden on both the training provider and the college accreditation team.
- Colleges and training providers should discuss the volume and types of evidence that could be used to assess the standards/criteria if this is unclear. Types of evidence will vary depending on the training provider and the training setting. Large settings are more likely to have written policies and formalised procedures covering a wider range of matters than small settings.
- Assessing standards and criteria involves a degree of professional judgment. Colleges and training providers may seek guidance from expert opinion, third party guidelines or published literature. Sometimes evidence of best practice is not available, is unclear or contested, particularly in areas such as acceptable volumes of work, working hours, or effective supervision. In these cases, colleges and training providers should have open discussions about the evidence and how it should be applied in the context of the particular training setting to achieve the best outcome.