

AOA Accreditation Process

AOA Education & Training	Document created	July 2018
	Version	October 2024
	Next scheduled review	October 2027

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1. Introduction

AOA delivers the AOA 21 Training Program in orthopaedic surgery under the auspices of the Royal Australasian College of Surgeons (RACS). As such, the responsibility for carrying out accreditation of hospitals and training posts in orthopaedic surgery is delegated to AOA.

Hospitals and training posts are reviewed to determine whether they offer training in accordance with the *AOA Accreditation Standards (The Standards)*. The *Standards* act as a comprehensive framework that defines the requirements for provision of education and training of trainees in the AOA 21 Training Program. The *Standards* have been written to allow some flexibility and include both mandatory and desirable criteria.

Accreditation reviews aim to ensure that all trainees nationally receive the highest possible standard of orthopaedic education and training. Through the AOA 21 Training Program, trainees have the opportunity to acquire the knowledge, skills and professional behaviours required to become competent orthopaedic surgeons and be able to practice independently or as part of a multidisciplinary team in a range of hospitals, practice settings and locations.

Accreditation reviews are also an opportunity for AOA to gather feedback to improve all aspects of the training program. Feedback on the broader training program is provided to the Federal Training Committee (FTC).

1.1 AOA Accreditation Standards

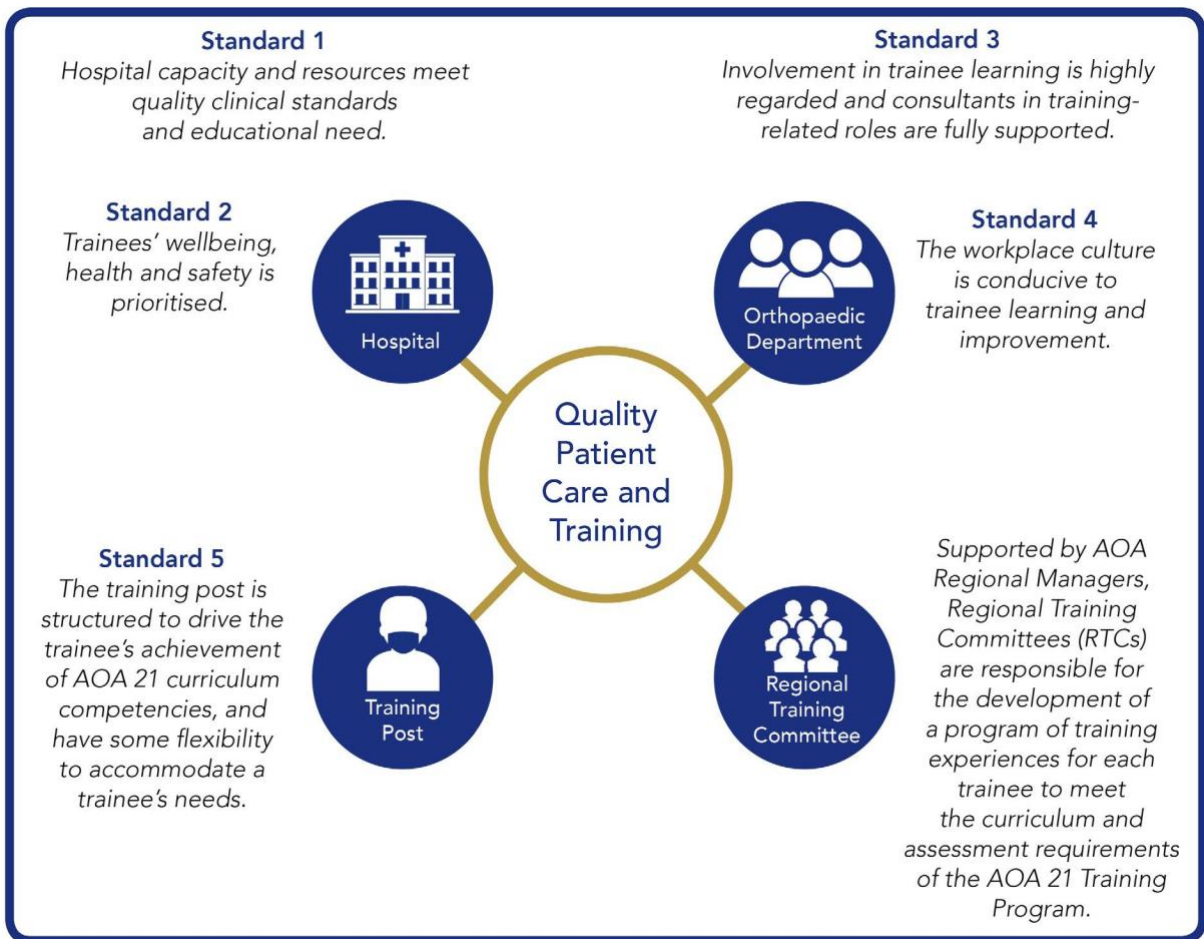
The following standards apply to all AOA training posts:

1. Hospital capacity and resources meet quality clinical standards and educational need.
2. Trainees' wellbeing, health and safety is prioritised.
3. Consultant involvement in trainee learning is highly regarded and those in training-related roles are fully supported.
4. The workplace culture is conducive to trainee learning and improvement.
5. Training posts are structured to drive the trainee's achievement of AOA 21 curriculum competencies, and have some flexibility to accommodate a trainee's needs.

The accreditation application form requests information and evidence to demonstrate that the hospital and orthopaedic department meet the standards. Standard 5 refers to the specific training post/s to be accredited and therefore the roster/s and further detail must be submitted for each individual post.

The accreditation standards for training posts include both mandatory and desirable criteria. Mandatory criteria must be met by all hospitals, departments and training posts. Desirable requirements provide a goal for hospitals and departments to improve toward and to which to aspire.

Full accreditation will only be granted to training posts which meet all mandatory accreditation criteria.



1.2 Overview of the accreditation cycle

An accreditation review is scheduled by AOA in consultation with the relevant hospital. Reviews are conducted by teams of accreditors comprised of AOA-nominated representatives and may be conducted via a site visit or a web conference.

Full accreditation is generally a period of five years and reviews for re-accreditation are often scheduled by region. An accreditation review of a training post/s may also occur at an alternate time interval. This may occur if a hospital applies for accreditation for a new training post, or applies for an additional post, in a different year to their regional cycle. A review may also be initiated in response to an identified issue/s or after a period of provisional accreditation.

After the accreditation review of a training site and post/s, the accreditation team prepares a report, which is provided to the hospital for comment. The AOA Accreditation Committee then considers the report, including any correspondence from the hospital regarding the content of the report. Accreditation decisions are made by the Accreditation Committee, and ratified by the Federal Training Committee for implementation in the following training year.

Annual Monitoring

Hospital staff and aspects of the training site and/or posts may change during the accreditation period. AOA should be notified immediately of any significant changes that impact on the hospital, department or training post in meeting the AOA Accreditation Standards, including the strategy implemented to minimise any effect on training. Accreditation status will remain unchanged if suitable measures have been put in place to ensure the training post continues to provide a quality training experience.

The Annual Training Site Information Form must be submitted prior to November 1 for the November Regional Training Committee meeting. A pre-populated form will be provided and details can be amended if required and any changes noted.

1.3 Accreditation review governance

Accreditation Committee

The Accreditation Committee is responsible for ensuring each training region collaboratively provides the breadth of orthopaedic surgery experiences required for attainment of the competencies outlined in the *AOA Curriculum*.

The Accreditation Committee is comprised of:

- Two representatives nominated by the following Regional Training Committees:
 - Queensland
 - Western Australia
 - South Australian/Northern Territory
 - Victoria/Tasmania
 - New South Wales, Northside
 - New South Wales, Southside
 - New South Wales, Newcastle
- Jurisdictional representative
- Trainee representative
- Regional/Rural representative
- Orthopaedic Women's Link (OWL) representative

The Chair shall be recommended by the FTC and appointed by the Board.

Decisions regarding accreditation of training posts are made by the Accreditation Committee and ratified by the FTC.

2. Initiation of the accreditation process

2.1 Expressions of interest

Hospitals wanting to apply for their first training post, or existing training sites wanting to apply for an additional training post, are invited to submit an Expression of Interest (EOI) in the first case.

The hospital should submit an EOI form, along with the specified supporting evidence including suggested rosters for the proposed training post. An EOI may be submitted at any time, however the application and review process must follow the defined timeline.

The completed EOI will be reviewed by the relevant Regional Training Committee (RTC), which will make a preliminary recommendation to the Accreditation Committee regarding the suitability of the training post within the regional network. If the RTC recommend that a site visit seems appropriate based on the EOI a full AOA Accreditation Application Form will need to be completed and submitted before 1 November, as outlined below.

2.2 Application for accreditation of a new or additional training post

Applications for accreditation of a new training post, or an additional training post at a hospital which currently provides training, must be submitted by 1 November each year. Full and complete documentation must be provided. Applications will be considered for a training post to be available to trainees in approximately a years time, e.g. a submission made by 1 November 2024 if successful cannot be filled until February 2026 at the earliest.

Applications must be complete and accurate. AOA will contact the hospital directly to request additional information or submission of outstanding documentation. Incomplete or inaccurate applications will delay the accreditation process.

If the RTC supports the application, and the application provides evidence to demonstrate mandatory criteria are substantially met, AOA will make contact to schedule an accreditation review. The initial review will occur via web conference.

For hospitals applying for an additional training post, rosters of all other accredited training posts at the hospital must be included in the application. eLog data for all training posts will be reviewed.

Potential outcomes of a new application:

- Provisional accreditation for a period of 12 months will be granted by the Accreditation Committee if the accreditation review team confirm mandatory criteria for the training post have been satisfied.
- Provisional accreditation for a period of 12 months will be granted if the hospital agrees to modify specific aspects of their application, within a given time frame, to ensure mandatory criteria are satisfied.
- Mandatory standards are not satisfied and the Accreditation Committee provides suggestions for subsequent re-application.

Following a period of Provisional accreditation, a site visit is scheduled when assessing the ongoing accreditation status of the post. A site visit will be arranged for new sites and in situations where the hospital applying for the training post has not had an accredited training post in the last two to three years, or if accreditation has been withdrawn in the last five years. The format of the accreditation review is at the discretion of the Accreditation Committee.

2.3 Applications for reaccreditation of an existing training post

In August each year, AOA will contact each hospital due for an accreditation review the following year. Contact will be made via email to the CEO/General Manager of the hospital, copied to the head of department and the Director of Training. The application form has three separate sections, each to be completed by the relevant party – hospital administration, the department, and the Director of Training (for details on training posts).

The form and supporting documentation should be collated by the head of department and returned to AOA by 1 November. Applications must be complete and accurate. AOA will contact the relevant party directly to request additional information or submission of outstanding documentation. Incomplete or inaccurate documentation will delay the accreditation process and may impact on the continued accreditation of a training post/s at the hospital.

When an application has been confirmed as complete by the Accreditation Committee Chair or delegate, AOA will contact the hospital to arrange the accreditation review.

3. The accreditation review

Accreditation reviews are conducted by an AOA accreditation review team.

While every effort is made to accommodate the preferences of the availability of hospital representatives, priority is given to the availability of accreditors.

The following information and data will be considered by the accreditation review team whilst conducting the review:

- Submitted application form.
- Data collated from the previous five trainee evaluations.
- Data collated from the Trainee Information Management System (TIMS) in relation to feedback entries and workplace based assessments.
- eLog data.
- Information gathered from interviews.

3.1 The accreditation review team

The accreditation review team will usually comprise:

- two orthopaedic surgeons, one of whom ideally sits on the Accreditation Committee and assumes the role of Lead Accreditor.
- one trainee representative.
- one AOA staff member.

A maximum of one surgeon from the review team may be from the same region.

Prior to appointment of a team for a specific review, accreditors are asked to declare any conflict of interest that would impact on their opinion and decision making in relation to the review. Hospitals will also be asked to advise if they have any concerns regarding the accreditors appointed. The Accreditation Committee Chair will determine if a substitution is required. Should the Accreditation Committee Chair be conflicted regarding the decision, the FTC Chair will make the final determination.

In order to become an AOA accreditor, an orthopaedic surgeon must be:

- A member of AOA.
- An AOA Director of Training or Trainee Supervisor, or have previously been directly involved in delivery of the AOA 21 Training Program.
- Actively participating in Continuing Professional Development (CPD).
- Knowledgeable about the AOA 21 Training Program, including the Curriculum and training regulations.

AOA maintains a list of experienced accreditors. Members with an interest in becoming an AOA accreditor are encouraged to contact AOA via accreditation@aoa.org.au.

In addition to above, members of the Accreditation Committee have:

- experience conducting accreditation reviews
- completed formal accreditation review training.

3.2 Accreditation reviews which include a hospital site visit

Hospital site visits will be arranged for new training sites as outlined at item 2.2 above.

Site Visits may occur at other times at the discretion of the FTC. In particular, a site visit may be arranged if there is a reasonable expectation that the hospital is likely to have accreditation withdrawn or if a wider group of staff and trainees need to be interviewed to further understand concerns raised. A site visit may also be arranged in combination with a web-conference review.

Hospital site visits for new posts do not include interviews with the personnel listed in 3.4. Interviews will still be conducted via web-conference. Accreditors may request to see certain facilities such as study space, private rooms and other orthopaedic facilities.

Hospital site visits will only be scheduled after receipt of a full and complete application form and all required documentation. Once all documents are received a planned site visit date will be agreed with the Lead Accreditor and hospital site before travel arrangements are made. Once travel and accommodation has been booked any withdrawal from the process by the hospital will incur costs relevant to cancellation fees and/or rebooking costs. These fees will be calculated at the time of withdrawal and will be payable prior to a further site visit being arranged. If a site visit cannot be arranged, accreditation will be withdrawn.

Accreditation recommendations reflect the quality of the accreditation application, and the information gathered by the accreditation team during the review. To recommend full accreditation, the accreditors must be able to obtain evidence to confirm the criteria of the *AOA Accreditation Standards* have been satisfied.

3.3 Accreditation reviews which include a web conference

Web conferences are usually conducted for between two and four hours or may be a series of conferences with key staff and trainees. As per the site visits, web conferences will only be scheduled after receipt of a complete application form and all required documentation.

Interviewees are expected to make themselves available at the agreed time and accreditation findings will not be reported by the team until all the necessary staff and trainees have been interviewed.

Web conferences are generally conducted for accreditation reviews:

- to determine provisional accreditation of an additional training post OR to consider the accreditation status of a training post after a period of provisional accreditation in combination with a site visit.
- to confirm a hospital, which recently had a review and was granted conditional accreditation, has addressed outstanding mandatory criteria.
- For reaccreditation of an existing training post

Accreditation recommendations reflect the quality of the accreditation application, and the information gathered by the accreditation team during the review. To recommend full accreditation, the accreditors must be able to obtain evidence to confirm the criteria of the *AOA Accreditation Standards* have been satisfied.

3.4 Interviews

Usually the accreditation team will interview (preferably in the following order):

- Director of Training (30 minutes)
- Trainees currently occupying accredited training posts, if applicable (20 minutes each)
- Trainee Supervisor/s (15 minutes)
- Head of department (20 minutes)
- Representatives from hospital administration including the Chief Executive Officer and Director of Medical Services (30-40 minutes)

Interviews with hospital administration must be scheduled after the accreditation team has had the opportunity to speak with other interviewees.

The accreditation review team will contact previous trainees and may request to talk with other staff members working with the trainees (e.g. nursing staff).

A timetable template is provided to the Director of Training to assist with planning for the visit.

After the accreditation review date has been set, it is the responsibility of the orthopaedic department to liaise with interviewees to determine the interview schedule. The suggested timing allocation should be used as a guide. In larger sites with multiple Trainee Supervisors and trainees it may be appropriate for a group interview. Where possible, all trainees currently occupying accredited training posts should be interviewed individually.

Ideally, the interview with hospital administration representatives is scheduled as the last interview. This allows the accreditation team to raise any issues that have come to the team's attention during the review. Prior to this meeting a short scheduled break for accreditors to consider preliminary findings is helpful.

AOA staff will contact the Director of Training to ensure preparations have been made. The finalised timetable must be submitted at least two weeks prior to the scheduled review.

4. Accreditation reporting

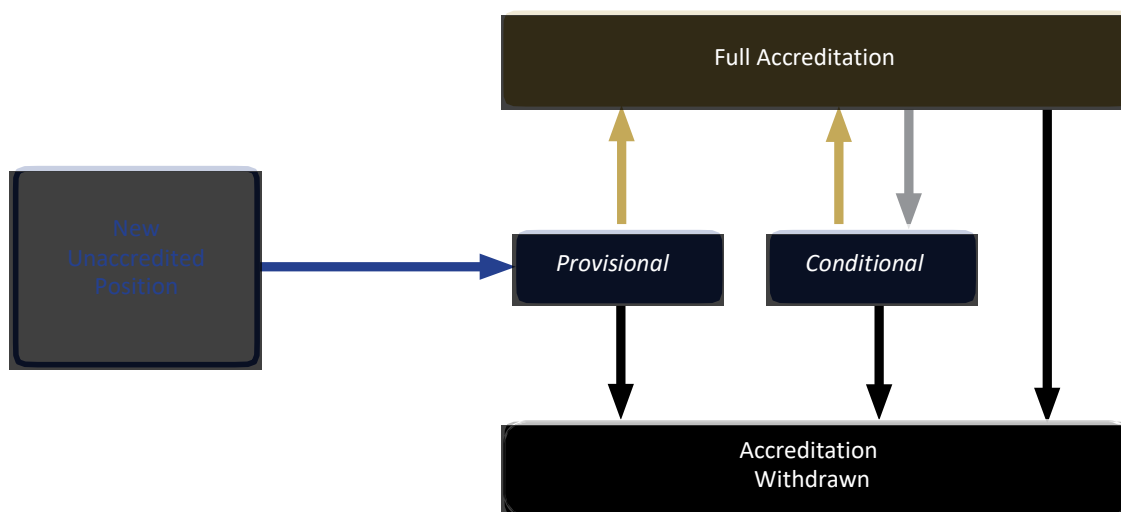
4.1 The accreditation review report

Following the completion of an accreditation review, the review team will prepare an accreditation report, which rates each criterion as satisfactory or unsatisfactory and identifies any areas of commendation or improvement.

The draft report will be reviewed by the Accreditation Committee Chair, or delegate, to ensure the review team's findings and comments are consistent with the expected standard articulated in the AOA Accreditation Standards.

The draft accreditation report will then be sent to the hospital within four weeks of the review. Hospital administration, the Head of Department and the Director of Training are invited to check for any factual inaccuracies and reply with any suggested amendments, within a fortnight of receipt.

4.2 Potential accreditation outcomes



There are four possible outcomes of an accreditation review of a training post/s.

<p>Full accreditation</p>	<p>Full accreditation is granted when the training site and post/s have been proven to be suitable for training by meeting the mandatory criteria of the AOA Accreditation Standards.</p> <p>Full accreditation is usually granted for a maximum of 5 years. The Accreditation Committee may grant an extension of full accreditation status should accreditation be about to expire.</p>
<p>Provisional accreditation</p>	<p>Provisional accreditation is granted to new training posts which satisfy all mandatory criteria of the AOA Accreditation Standards.</p> <p>Provisional accreditation usually is granted for 12 months from the time a trainee occupies the training post. An accreditation review (including a site visit if the post is at a new training site) will take place during the period of provisional accreditation, to assess the education and training provided to a trainee/s during this time.</p> <p>If the training post does not meet all mandatory criteria at this follow up review, accreditation may be withdrawn.</p> <p>Full accreditation will be granted if the post has been proven suitable for training.</p>
<p>Conditional accreditation</p>	<p>Conditional accreditation may be granted when a training site and post/s, which have previously had full accreditation, no longer satisfies all the mandatory criteria of the AOA Accreditation Standards. During conditional accreditation the hospital must be actively resolving the issue or have other temporary arrangements in place to ensure there is no impact on the quality of training.</p> <p>Conditional accreditation may be granted until the end of the next training period, or usually for a maximum of 12 months, to allow a hospital time to address outstanding criteria.</p> <p>A supplementary Special Measures accreditation review will occur during the conditional accreditation period to assess whether the hospital has rectified the issue. This review may take any form the Accreditation Committee deem is appropriate to ensure issues are addressed.</p> <p>At this time, the hospital will usually only need to provide evidence to demonstrate that the outstanding criteria are satisfactory. Where possible, at least one accreditor from the accreditation review team which conducted the review resulting in the conditional accreditation, will be involved.</p> <p>Should the hospital advise that they are unable to satisfy the mandatory criteria within the conditional accreditation period, accreditation may be withdrawn, effective from the next training period or at a date decided upon by the Accreditation Committee.</p> <p>In cases where sufficient progress is demonstrated, Conditional Accreditation may be extended.</p>
<p>Accreditation withdrawn</p>	<p>Accreditation may be withdrawn from a training site and/or training post/s which is unable to:</p> <ul style="list-style-type: none"> • satisfy multiple mandatory criteria of the AOA Accreditation

	<p>Standards</p> <ul style="list-style-type: none"> • satisfy mandatory criteria after the specified period of conditional accreditation. <p>Accreditation may be immediately withdrawn if serious issues have been raised and substantiated or if there is no strategy in place for a conditionally accredited post to resolve the issue or provide a quality training experience.</p> <p>Hospitals may re-apply for accreditation of the training post at a later time, when mandatory criteria are met.</p>
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All accredited training posts are considered suitable for a trainee completing the Core Orthopaedics stage of training. Certain training posts will be identified as being suitable for trainees during their Introduction to Orthopaedics or Transition to Practice stage.

4.3 Determination of accreditation status

The Accreditation Committee review the draft report together with the hospital’s reply, if any, and will determine in its absolute discretion whether the training site is to be accredited as a training site for the purposes of the AOA 21 Training Program. The AOA Federal Training Committee will ratify all accreditation decisions made by the Accreditation Committee.



Notification of Accreditation Outcome

Following the decision of the Accreditation Committee and ratification by the FTC, the outcome of the accreditation review and the accreditation status of the training site and training post/s will be communicated to the hospital. The final report will also be provided.

Reconsideration, Review and Appeal of Accreditation Outcomes

The AOA understands that training environments are complex, with many factors subject to regular change. Accreditation is considered an iterative process. AOA proactively engages with training sites to provide guidance and assistance to sites in working to satisfy the mandatory accreditation criteria. With the shared goal of delivering the highest possible standard of orthopaedic education and training, training sites are invited to respond to feedback from the Accreditation Team as part of the accreditation process.

As noted above, Accreditation recommendations reflect the quality of the accreditation application, and the information gathered by the accreditation team during the review. If the Accreditation Team is missing information pertinent to the Accreditation Outcome, training sites are encouraged to rectify this via urgent provision of missing information either immediately following interviews or on receipt of the draft report (as per clause 4.1).

If a training site only becomes aware that the Accreditation Team was missing information pertinent to

the Accreditation Outcome on receipt of the Outcome letter, training sites are urged to reply as soon as possible to rectify this omission via urgent provision of missing information. The Accreditation Committee will consider such correspondence and determine if any further follow up may be required to ensure the Accreditation Team is fully informed. If further follow up is required, this will be scheduled with the Accreditation Committee.

If the new information is sufficient to confirm conditions have been addressed, a new Recommendation may be made.

From time to time, a training site may believe they have been adversely affected by an Accreditation Outcome. A training site adversely affected by an Accreditation Outcome may request reconsideration, review or appeal of that decision in accordance with the [AOA Reconsideration, Review and Appeals Policy](#).