

# Standardised Approach to Accreditation of Specialist Medical Training Settings

## Why is accreditation of specialist medical training settings changing?

In 2023, the National Health Practitioner Ombudsman (NHPO) released the report [Processes for progress - A roadmap for greater transparency and accountability in specialist medical training site accreditation](#). The report provided a number of recommendations which collectively aim to:

- increase consistency in how training settings are accredited across the 16 specialist medical colleges
- improve transparency and clarity for health services in relation to expectations around accreditation
- build trust and improve quality assurance in medical education by ensuring stakeholders have confidence in the system
- foster improved collaboration between colleges and health services
- improve data and reporting about accreditation.

Health Ministers released a [policy direction in September 2023](#) requiring that the Australian Medical Council (AMC) work with specialist medical colleges and jurisdictional health departments to implement the NHPO's recommendations for reform. The AMC has since been engaged in a collaborative project with colleges and jurisdictional and Aotearoa New Zealand stakeholders to design new accreditation arrangements which will be rolled out across all colleges over the next few years. *AOA has been represented on this working group and has been deeply engaged with the development of the model standards, providing feedback at all opportunities on the importance of maintaining standards.*

## What is changing?

Over the next few years all colleges will transition to a standardised accreditation approach including:

- accrediting training settings against a common set of **model accreditation standards** (supplemented by college-specific requirements where required)
- embedding **procedural fairness** in accreditation processes, including giving health services the right to respond to draft accreditation findings before a final decision is made.
- use of a **risk-based framework** for accreditation decision making, ensuring decisions are proportionate and based on risk
- use of **common terminology** for accreditation decisions and outcomes, providing clarity for health services as to their accreditation status and what this means across colleges.

*Members will note that many of these changes align well with the recommendations from the AOA 21 Review relating to Accreditation of Training Sites.*

## What are college specific requirements?

Within the new model accreditation standards, the following hierarchy is used:

<b>Domain</b>	The <b>type</b> of matters addressed by the standards.
<b>Standard</b>	The <b>outcome</b> that must be achieved at the training setting.
<b>Criterion</b>	The <b>measurable component</b> of a standard.
<b>College-specific requirements</b> (optional)	Requirements that are <b>specific to each college and training program</b> that supplement a criterion (e.g. specific equipment needs).

It is recognised that individual colleges may have requirements specific to their specialty that are unique to them and essential to measure as part of the accreditation process. College-specific requirements will be developed by each college in conjunction with the AMC project team. They will be subject to consultation with jurisdictions (including New Zealand) and approved by the AMC. In order to be approved as college-specific requirements, a requirement must be unique to the college/training program (or to a small number of colleges/training programs) and not merely supplement existing standards.

*College specific requirements for the AOA 21 training program are being drafted with a view to implementing for 2027 accreditation reviews. AOA will also stipulate the forms of evidence required to demonstrate that each criterion is met.*

## What are the benefits of a standardised approach to accreditation?

- **Reduced duplication of effort** across colleges, removing the need for 16 different organisational approaches to updating, maintaining and consulting on accreditation standards.
- **Improved collaboration and cooperation between colleges and health services** to address issues impacting accreditation, including a better understanding of roles and responsibilities.
- **Improved flexibility for health services** in how they might demonstrate delivery of quality training, through a focus on outcome-based accreditation standards and a reduction in prescriptive requirements that can create barriers to accreditation for rural and regional settings.
- **Improved consistency and fairness in accreditation outcomes** with decisions being made using a common risk framework, reducing variability across colleges and providing improved clarity for health services as to what their accreditation status means.
- **Consistent application of procedural fairness arrangements** promoting early collaboration when issues are identified.
- **Reduced administrative burden** for health services, who currently have to navigate and respond to multiple different college accreditation standards and processes
- **Improved clarity on accreditation expectations and processes** allowing health services to more adequately prepare for and respond to accreditation assessments.
- **Improved access to data to support comparative analysis** of accreditation across colleges and health services to inform continuous improvement initiatives.

## **When will the standardised accreditation approach be rolled out?**

Each college will start to adopt aspects of the standardised approach from 2025. However, the date by which each college will be fully aligned to the standardised approach will vary, depending on complexity and individual circumstances.

It is expected that all colleges will be using the model standards by February 2028, with the majority of colleges implementing the standards earlier than this. Compliance with procedural fairness requirements and use of the risk framework and common terminology will occur earlier.

*AOA has now published updated AOA Accreditation of Training Settings Procedures which cover procedural fairness requirements, use of the risk framework and common terminology.*

*AOA intends to move to the Model Standards framework for 2027 accreditation reviews.*

## **How does the standardised accreditation approach support Aboriginal and/or Torres Strait Islander and Māori communities?**

A core component of the standardised accreditation approach is focused on promoting cultural safety in medical education. The model standards include requirements for training settings to demonstrate how they support Aboriginal and/or Torres Strait Islander and Māori trainees, as well as support non-Indigenous trainees to develop the capabilities to provide specialist care that is regarded as culturally safe by Aboriginal and/or Torres Strait Islander and Māori communities.

## **What does the standardised accreditation approach mean for training settings and health services?**

The standards against which training settings within health services are accredited or reaccredited will change to the new model standards. Mapping work has identified that the model standards have a high alignment with existing college standards and so there should not be a substantively greater effort required by training settings to meet the new standards.

Each college will inform training settings of the date from which they will be implementing the model standards. Training settings may also see changes in accreditation procedures, such as an updated application form and updated information about what evidence they need to provide. Over time, training settings will also see colleges using the same accreditation terminology for assessing standards and accreditation decisions, and settings will be given the opportunity to respond to draft accreditation decisions prior to them being finalised (*NB: This has been in place for AOA Accreditation Processes for many years*). It is intended that implementation of the standardised accreditation approach will reduce administrative burden and streamline accreditation processes for health services.