Procedure

AOA Accreditation of Training Settings Procedures



AOA

AUSTRALIAN
ORTHOPAEDIC
ASSOCIATION

AOA Accreditation of Training Settings Procedures

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1. Introduction

Specialist medical colleges must have a clear process and criteria to assess, accredit and monitor facilities, posts and programs as training settings. The Australian Orthopaedic Association (AOA) delivers the AOA 21 Training Program in orthopaedic surgery under the auspices of the Royal Australasian College of Surgeons (RACS). The responsibility for carrying out accreditation of training settings in orthopaedic surgery is delegated to AOA. The accreditation process and criteria are linked to the outcomes of the AOA 21 Training Program[1].

This procedures document:

- Outlines the steps the AOA follows to accredit training settings.
- Provides training settings with clear guidance on how the accreditation assessment works.
- Should be read in conjunction with the Model Standards for Accreditation of Training Settings for the AOA 21 Training Program in Orthopaedic Surgery (*The Standards*).

Training settings are reviewed to determine whether they offer training in accordance with *The Standards*. *The Standards* have been developed in consultation with colleges, jurisdictions and training settings to cover all relevant outcomes of specialist medical training. The *AOA 21 Training Program Policies* define the requirements for provision of education and training of trainees in the AOA 21 Training Program.

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 and/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 Context of Accreditation

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

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

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

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

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1.2 Glossary

Accredited	Official AOA approval that a specialist medical training setting has met/substantially met the required accreditation standards.
Accreditation standard	Defines the outcome that must be achieved at the training setting. A standard consists of a series of criteria which are the measurable components of the standard.
College	An organisation accredited by the Australian Medical Council to provide specialist medical education and training. Where a college arranges another body to carry out all, or some, of its accreditation functions, the term 'college' includes that other body in so far as it carries out those functions. In the context of Orthopaedic Surgery in Australia, this role is fulfilled by AOA.
Commendation	A training setting's area of strength relevant to the delivery of the training program.
Condition	A qualification attached to the granting of accreditation at a training setting which requires action within a defined timeframe.
Fellow	A medical practitioner who has successfully completed a recognised medical specialty training program and has been awarded fellowship of the college.
Jurisdictional health department	An Australian State or Territory government department, or ministry, reporting to a minister for health, or the Aotearoa New Zealand Ministry of Health, as well as government in general.
Procedural Fairness	A legal principle to act fairly without bias (real or apprehended) in administrative decision making. It includes the right to a fair hearing, including the opportunity to respond to allegations. Steps associated with ensuring procedural fairness include: • Providing the affected person with reasonable notice that an adverse decision may be made, including details of any issues being discussed and the information available to the decision maker. • An opportunity for the affected person to directly address the issue/s being decided on. • Ensuring that conflicts of interest are declared and managed appropriately.
Recommendation	A non-mandatory action to improve trainee experience and/or outcomes at the training setting.
Supervisor	An appropriately qualified and trained medical practitioner, senior to the trainee appointed, approved or accredited by a college, who guides the trainee's education and/or on the job training on behalf of the college. The supervisor's training and education role will be defined by the college, and may encompass educational, support and organisational functions. Colleges may or may not appoint the main supervisory role. Colleges frequently define a number of supervisory roles.

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Director of Training (DoT)	The individual primarily responsible for training within each accredited training site. Please refer to the DoT Role Description
Trainee Supervisor (TS)	The designated AOA Fellow responsible for the day-to-day supervision and training of a trainee in an AOA-accredited training post. Please refer to the TS Role Description.
Trainee	A doctor in training completing a specialist medical program.
Training program	The curriculum, the content/syllabus, and assessment and training that leads to independent practice in a recognised medical specialty or field of specialty practice, or in Aotearoa New Zealand, in a vocational scope of practice. It leads to a formal award certifying completion of the program.
Training provider	The entity legally responsible for the administration of the training setting. This may be a government provider (government department), statutory corporation (local health district, statutory hospital, statutory health service), a for-profit corporation, a not-for-profit corporation (charity), a partnership (a general practice partnership), or any other entity legally responsible for the training setting.
Training setting	The place or position accredited, or applying for accreditation, by the AOA. 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.

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1.3 AOA Accreditation Standards from 2027

Accreditation Reviews undertaken from the start of 2027 onwards will be assessed against the Model Standards for Accreditation of Training Settings for the AOA 21 Training Program in Orthopaedic Surgery. The standards are organised across the following Domains:

Domain 1: Trainee health and welfare
Domain 2: Supervision, management and support structures
Domain 3: Educational and clinical training opportunities
Domain 4: Educational resources, facilities and equipment

The accreditation application form requests information and evidence to demonstrate that the training setting meets the standards at a hospital, orthopaedic department and individual training post level.

The model standards are outcomes based. The standards articulate an outcome that a training setting must achieve to meet a standard, not the process by which the setting is required to achieve it. Outcomes-based standards provide training settings with the flexibility to meet accreditation requirements in a way that best suits their environment, resources and individual circumstances, without compromising training outcomes.

All standards are mandatory and must be met by all training settings, departments and training posts. Full accreditation will only be granted to training posts which meet all accreditation criteria.

Further information on the development of the Model Accreditation Standards, in accordance with the 2023 National Health Practitioner Ombudsman (NHPO) report *Processes for progress - A roadmap for greater transparency and accountability in specialist medical training site accreditation* and associated recommendations, is available on the AOA website.

1.4 Overview of the Accreditation Cycle

An accreditation review is scheduled by AOA in consultation with the relevant training setting. 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 training setting 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 setting, the accreditation team prepares a report, which is provided to the training setting for comment. The AOA Accreditation Committee then considers the report, including any correspondence from the training setting regarding the content of the report. Accreditation decisions are made by the Accreditation Committee and are ratified by the Federal Training Committee. Figure 1 below shows an overview of the steps in the accreditation process.

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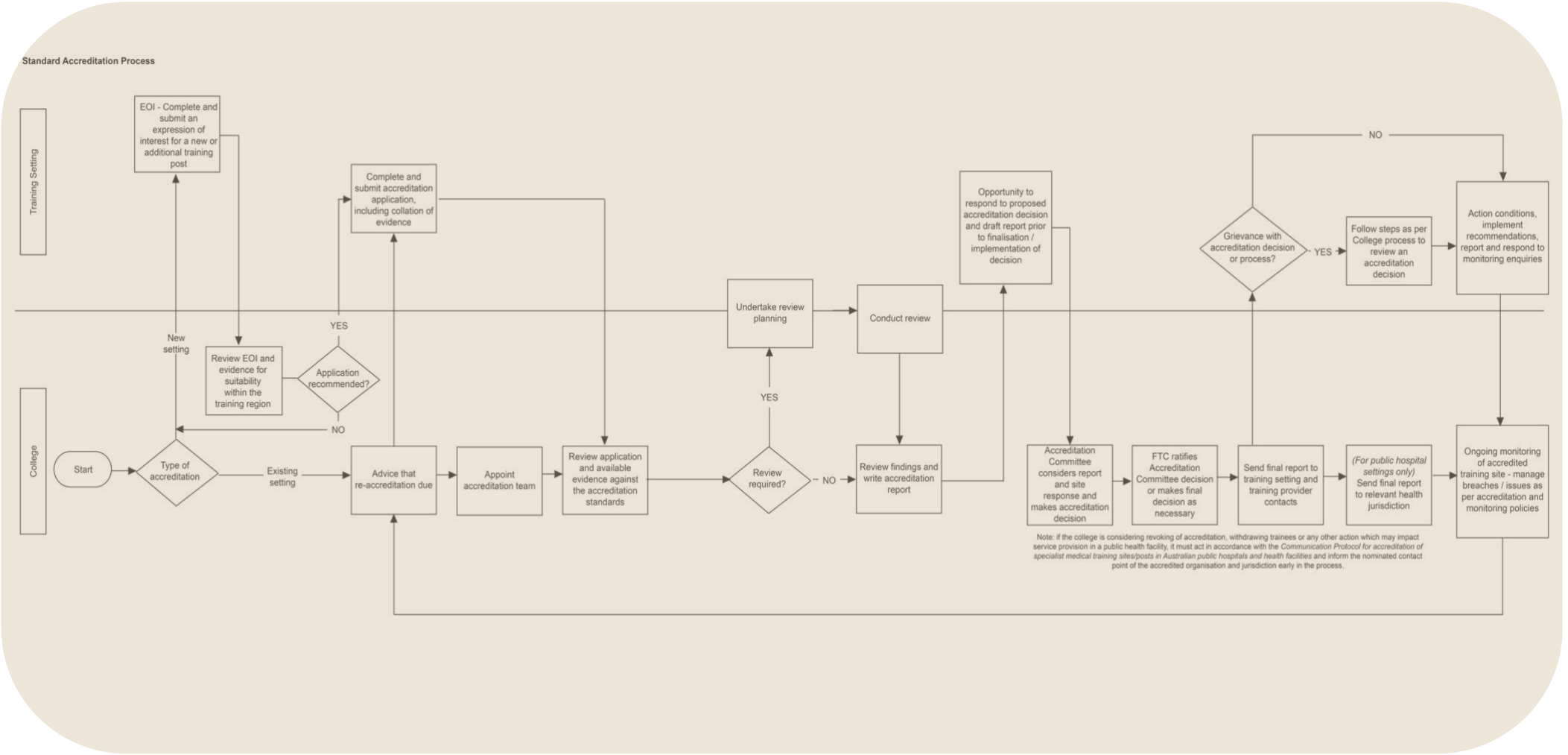
Figure 1: Standard Accreditation Process



1.5 Roles and Responsibilities

The following groups are involved in the accreditation process:

AOA

Role	Accreditation responsibilities	Composition	Process for appointment
Federal Training Committee (FTC)	• Approves Standards for the accreditation of training settings and associated processes • Ratifies decisions of the Accreditation Committee • Ratifies decisions of the Accreditation Committee • Engages with training settings where issues are identified	Membership of the FTC consists of: • Chair, Education & Training (Chair) • Chairs of Regional Training Committees: • President of the Australian Orthopaedic Registrars Association (AORA) • President • Senior Orthopaedic Examiner • Jurisdictional Representative • Dean of Education • Chair, SIMG Assessment Committee • Chair, Accreditation Committee • External Representative • Chair, Orthopaedic Women's Link • Regional/Rural Representative • Vice President (observer) • 2nd Vice President (observer) • Vice President of AORA (observer) *Members of the FTC are published on the AOA website*	Most members of the FTC hold their position on the Committee by virtue of the role they fulfil on another Committee or Board (i.e. are ex officio). All other roles are filled via an expression of interest process.

Role	Accreditation responsibilities	Composition	Process for appointment
Accreditation Committee	• 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*. • Ensures that all AOA-accredited training sites provide learning environments that facilitate the training of safe and competent surgeons • Reviews and considers proposed accreditation recommendations and training setting accreditation reports (as submitted by Accreditation teams) and makes accreditation decisions for ratification by FTC • Escalates any cases to the FTC for review and final decision where a training setting's accreditation is proposed to be refused/revoked • Monitors accredited and conditionally accredited training settings to ensure they continue to meet the accreditation standards and any conditions that have been imposed • Investigate any concerns raised in relation to the quality of training at any accredited training site • Provides advice and support to new training settings • Provides advice and support to training settings that may have had accreditation revoked, and/or are seeking to be reaccredited • Maintains a pool of trained accreditors for the purpose of conducting accreditation reviews, and oversees the training of them • Reviews the effectiveness of accreditation policies, systems and procedures and recommends improvements to the FTC • Provides advice (as required) to the FTC on accreditation matters	The Accreditation Committee is comprised of: • Chair • Two representatives nominated by each Regional Training Committee, one of whom shall be a Director of Training and one of whom is not. • Jurisdictional representative • Trainee representative • Regional/Rural representative • Orthopaedic Women's Link (OWL) representative *Members of the Accreditation Committee are published on the AOA website*	AORA and OWL representatives hold their position on the Committee by virtue of the role they fullfil on another Committee or Board (i.e. are ex officio) All other roles are filled via an expression of interest process.

Role	Accreditation responsibilities	Composition	Process for appointment
Regional Training Committees (RTC)	• Develop a program of training experiences across the training region for each trainee to meet the curriculum and assessment requirements of the AOA 21 Training Program • Review Expressions of Interest for new or additional posts submitted by training settings and make a preliminary recommendation to the Accreditation Committee regarding the suitability of the training post within the regional network • Advise the FTC of any changes to accredited training posts or sites that may impact accreditation status	Membership of the RTC consists of: • Chair • Deputy Chair • Bone School Coordinator • Research Coordinator • SIMG Assessment Committee Representative • Director of Training from each Accredited Training Setting within the region • Representative of the Australian Orthopaedic Registrars Association • Representative of Orthopaedic Women's Link (OWL)	Director of Training members of the RTC hold their position on the Committee by virtue of the role they fulfil at their training setting (i.e. are ex officio). SIMG, AORA and OWL representatives hold their position on the Committee by virtue of the role they fulfil on another Committee or Board (i.e. are ex officio) All other roles are filled via an expression of interest process..

Role	Accreditation responsibilities	Composition	Process for appointment
Accreditation Review Team	• Reviews evidence (including undertaking reviews and/or site visits where required) to determine whether a training setting meets the Accreditation Standards • Provides an overall recommendation to the Accreditation Committee on whether a training setting should be accredited • Writes the accreditation report detailing the recommended decision, performance against each standard, areas for commendation and quality improvement recommendations, and any conditions on accreditation.	The accreditation review team will usually comprise: • Lead accreditor (generally members of the Accreditation Committee.) • an orthopaedic surgeon drawn from the pool of accreditors. • a trainee representative. • an AOA staff member. A maximum of one surgeon from the review team may be from the same region. The review team may also include a: • Jurisdictional Health Department representative *(optional)* • Community representative *(optional)*	Accreditation review teams are created for each review by the AOA Accreditation Staff. AOA maintains a list of experienced accreditors. 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. Members with an interest in becoming an AOA accreditor are encouraged to contact AOA via accreditation@aoa.org.au.

Role	Accreditation responsibilities	Composition	Process for appointment
Lead Accreditor	• Chairs the review and any associated meetings • Manages any conflicts of interest • Leads the questioning of interviewees • Leads the writing of reports • Leads the development of overall recommendations and recommended accreditation decision • Escalates any identified risks to training settings • Ensures due diligence e.g. fact checking of reports.	• Lead Accreditors are generally members of the Accreditation Committee and are assigned to Reviews by AOA Accreditation Staff based on availability.	In addition to the Accreditor eligibility outlined above, Lead Accreditors have: • experience conducting accreditation reviews • completed formal accreditation review training.

Role	Accreditation responsibilities	Composition	Process for appointment
AOA Accreditation Staff	• Collates documentation for the accreditation review team • Liaises with training settings and accreditation review teams • Makes arrangements to support accreditation reviews (e.g. logistics or scheduling) • Advises the Accreditation Review Team on the application and interpretation of the Accreditation Standards and processes • Ensures reports have appropriately addressed the Accreditation Standards and are within the scope of the college's accreditation function • Ensures the report of the Accreditation Team's assessment is submitted to the Accreditation Committee for consideration • Drafts agendas, records minutes and outcomes of relevant meetings • Maintains an up-to-date record of training settings, including accreditation conditions and status. • Reports on accreditation matters as required. • Supports the Accreditation Committee Chair	• Identified member(s) of AOA staff	Allocated as per internal staff processes

Training Setting

Role	Accreditation responsibilities	Composition	Process for appointment
Training Setting Lead Contact	• Liaises with AOA and training provider on all relevant matters such as dates, interviews, distribution of information etc. • Collates all relevant evidence to demonstrate the setting is meeting the standards • Submits applications for accreditation/reaccreditation of the setting • Works with AOA Accreditation Team to support the accreditation assessment (e.g. logistics of reviews or site visits) • Meets with the Accreditation Team as part of reviews or site visits • Provides additional information/evidence as required • Reviews the draft accreditation report and provides feedback • Communicates the outcomes of accreditation to trainees, supervisors and other relevant stakeholders at the training setting • Facilitates oversight of implementation of actions to meet any conditions on accreditation Provides monitoring submissions as defined by the college.	• Identified staff member at the training setting, normally the *Director of Training or alternatively the Head of Department*	Determined by training setting

Role	Accreditation responsibilities	Composition	Process for appointment
Director of Training	• Completes relevant sections of the accreditation application • Meets with the Accreditation Team as part of reviews or site visits • Reviews the draft accreditation report and provides feedback • Works to implement relevant actions to meet any conditions on accreditation	N/A	Determined by training setting
Head of Department	• Completes relevant sections of the accreditation application • Meets with the Accreditation Team as part of reviews or site visits • Reviews the draft accreditation report and provides feedback • Works to implement relevant actions to meet any conditions on accreditation	N/A	Determined by training setting
Hospital CEO / General Manager	• Completes relevant sections of the accreditation application • Meets with the Accreditation Team as part of reviews or site visits • Reviews the draft accreditation report and provides feedback • Works to implement relevant actions to meet any conditions on accreditation	N/A	Determined by training setting

Role	Accreditation responsibilities	Composition	Process for appointment
Trainee Supervisors, and other staff	• Provide information to support the accreditation review, including: ○ responding to relevant surveys ○ meeting with accreditation review teams as part of site visits.	N/A	College will work with the Training Setting Lead Contact to identify trainee supervisors and other staff to be involved in the accreditation assessment.
Trainees	• Provide information to support the accreditation review, such as: ○ responding to trainee surveys ○ meeting with accreditation review teams as part of site visits.	N/A	College will contact trainees to collect feedback and/or refer to data from previous trainee surveys. Data will be provided directly to the Accreditation Review Team. Training Setting Lead Contact identifies trainees to be involved in interviews.

1.6 Conflicts of Interest

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

If an accreditor becomes aware that they may have an actual or perceived conflict of interest during an assessment, the Lead Accreditor will determine an appropriate course of action. This may include replacing the accreditor, changing the responsibilities of the accreditor, e.g. requiring them to abstain during relevant discussions, or altering the review or site visit program. Any such conflicts, and the course of action taken, will be reported to the Accreditation Committee.

Members of the Accreditation Committee will declare any conflicts of interest at the beginning of meetings and may be asked to leave a meeting while that item is discussed or excuse themselves from decisions as governed by the Committee Terms of Reference and Protocol.

AOA staff members involved in the accreditation process should also declare any conflicts of interest at the beginning of the process. Further information is contained in the AOA conflict of interest policy.

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2. Initiation of the Accreditation Process

2.1 Expressions of Interest

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

The training setting 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 review 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 training setting which currently provides training, must be submitted by 1 November each year.

Applications are made via the AOA online accreditation portal.

Full and complete documentation must be provided. Applications will be considered for a training post to be available to trainees in approximately a year's time, e.g. a submission made by 1 November 2026 if successful cannot be filled until February 2028 at the earliest.

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

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

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

For new sites and in situations where the training setting 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, if the initial review suggests that all standards are met, or are likely to be met once a trainee is in place, a site visit will be arranged prior to a decision being made by the Accreditation Committee. Please refer to section 3.2 below.

For potential outcomes of a new post application, please refer to section 5.2 below.

The format of the accreditation review is at the discretion of the Accreditation Committee.

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2.3 Applications for Reaccreditation of an Existing Training Post

In August each year, AOA will contact each training setting due for an accreditation review the following year. Contact will be made via email to the Head of the Orthopaedic Department, copied to the Director of Training and CEO/General Manager of the training setting.

Applications are made via the AOA online accreditation portal. The form and supporting documentation should be collated by the head of department and submitted 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 training setting.

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

2.4 Notification of Review Timetable

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

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3. The Accreditation Review

Accreditation reviews are conducted by an AOA accreditation review team. Accreditation Reviews are used to verify information from the application form, hold interviews as well as make observations and clarify any matters raised during the review.

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

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.

3.1 Initial Documentation Review

The Accreditation Review Team will review the application form and evidence provided by the training setting, along with any data about the training setting held by the AOA. This may include:

- Trainee and supervisor survey data
- Prior monitoring submissions
- Data collated from the Trainee Information Management System (TIMS) in relation to feedback entries and workplace-based assessments.
- eLog data.
- Complaints received and other relevant correspondence.

The Accreditation Review Team may request that the training setting clarifies details or provides additional information. Further review will only be scheduled after receipt of a full and complete application form and all required documentation.

3.2 Accreditation Reviews Which Include a Site Visit

Site visits will be arranged for new training settings as outlined at item 2.2 above. A site visit involves an accreditor attending the training setting in person to make an assessment.

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 training setting 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.

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.

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Once all documents are received a planned site visit date will be agreed with the Lead Accreditor and training setting before travel arrangements are made. Once travel and accommodation has been booked, any withdrawal from the process by the training setting will incur charges 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.

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:

3.3.1 To determine provisional accreditation of a new or additional training post (sometimes in combination with a site visit) OR to consider the accreditation status of a training post after a period of provisional accreditation.

3.3.2 To confirm a training setting, which recently had a review and was conditionally accredited, has addressed outstanding mandatory criteria.

3.3.3 For reaccreditation of an existing training post.

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)

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.

Interviews with hospital administration must be scheduled after the accreditation team has had the opportunity to speak with other interviewees. This allows the accreditation team to raise any issues that have come to the team's attention during the review. Prior to this meeting scheduling a short 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.

During interviews the Accreditation Review Team will explore the reasons for seeking accreditation and confirm AOAs expectations for delivery of the training program.

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For re-accreditation reviews, the Accreditation Review Team will focus on reviewing how the training program has been running and any improvements or issues faced since the last accreditation assessment.

It is important that interviewees are encouraged to give free and frank answers to questions from the Accreditation Review Team.

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

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

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4. Assessment Against the Criteria

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

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

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

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

Where colleges accredit networks, these criteria will apply, recognising that various settings may contribute to meeting the criteria overall.

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

The accreditation report also allows for the inclusion of conditions and recommendations. Conditions are a qualification attached to the granting of accreditation at a training setting which requires action within a defined timeframe, whilst recommendations are intended to support continuous improvement. Unlike conditions, training settings are not required to act on a recommendation, however acting on the recommendation demonstrates a commitment to quality improvement.

The Accreditation Team may also make commendations in the report where it has found the training setting is significantly exceeding the minimum requirements for accreditation. AOA may share the commendations with other training settings to promote best practice.

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5. Decision Making Process

Decision making is driven by the following principles:

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

5.1 Accreditation Risk Matrix and Risk Rating Outcomes

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

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

The *Accreditation Risk Matrix* (Figure 1) is used to determine the level of risk based on reviewing the totality of the criteria that are substantially met and not met against the following dimensions:

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

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Likelihood of the training setting/training provider being ABLE to implement actions to meet the criterion/criteria within a reasonable period

Impact on Training	Rare	Unlikely	Possible	Likely	Almost Certain
Insignificant	Low	Low	Low	Low	Low
Minor	Medium	Medium	Low	Low	Low
Moderate	High	High	Medium	Low	Low
Major	Extreme	High	High	Medium	Low
Severe	Extreme	Extreme	High	Medium	Medium

Figure 1 – Accreditation Risk Matrix

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

Conditions may be provided at the individual criterion level or address multiple criteria. AOA will determine what monitoring activities and contact is required based on the risk assessment outcomes (refer to section 11 for more information on monitoring).

Risk Rating	Setting	Outcome	Approach
Low Risk	New Settings	Provisionally accredited – where minor or insignificant issue can readily be resolved prior to post activation	• Impose conditions against the criteria • Outline what the conditions are, the timeframes for showing progress and how they will be monitored, including any reports that need to be provided. • Will likely require some 'light touch' monitoring and there might be more flexibility on timelines for the condition to be met (e.g. within 6-12 months). • There will likely be limited need for ongoing review or intervention.
	Existing Settings	Conditionally accredited	
Medium Risk	New Settings	Not accredited (refused)	• Do not grant accreditation (accreditation is refused).
	Existing Settings	Conditionally accredited	• Impose conditions against the criteria. • Outline what the conditions are, the timeframes for showing progress and h ow they will be monitored, including any reports that need to be provided. • May require a more formal monitoring approach with specific timelines for completion (e.g. within 6 months). This might include more than one review point to check in on progress towards meeting the conditions.

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

Figure 2 – Risk Rating Outcomes

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5.2. Accreditation Outcomes

Accreditation outcomes and the period for which accreditation will be granted is outlined below.

New Training Settings or Posts

Decision	Alignment to risk framework	Duration of accreditation awarded and any other impacts
Provisionally accredited	A new training setting or post that: • meets all of the accreditation criteria OR • does not meet all of the accreditation criteria but has the potential to meet them once trainees are in place OR • The overall risk assessment is rated as low with conditions required and the setting addresses deficiencies directly, prior to a trainee commencing NB: generally a new post at an existing training setting will only be considered where the setting is currently accredited (with no conditions).	Provisionally accredited for up to 12 months from the time a trainee occupies the training post, subject to a follow up review to be scheduled during the period of provisional accreditation, to assess the education and training provided to a trainee/s during this time. If the training post does not meet all mandatory criteria at this follow up review, accreditation may be withdrawn. Ongoing accreditation will be granted if the post has been proven suitable for training. If no trainees are appointed within 12 months, AOA will decide if provisional accreditation status should lapse or remain in place for a further period of time. If lapsed, AOA will determine if the setting is required to submit a new accreditation application before trainees can be appointed.
Not accredited (refused)	A new training setting that does not meet all of the accreditation criteria. The overall risk assessment is rated as medium, high or extreme.	Accreditation not granted. Any requirements that must be met in the future will be outlined. Once requirements have been met, the setting may be required to submit a new accreditation application providing assurance that it continues to meet all other accreditation criteria at the time of reapplication.

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Existing Training Settings

Decision	Alignment to risk framework	Duration of accreditation awarded and any other impacts
Accredited	An existing training setting that: • meets all of the accreditation criteria OR • does not meet all of the accreditation criteria but the overall risk assessment is rated as low and the setting addresses deficiencies directly, prior to finalisation of the report.	Accredited for up to five years, subject to satisfactory routine monitoring submissions. The Accreditation Committee may grant an extension of full accreditation status should accreditation be about to expire.
Conditionally accredited	An existing training setting that: • does not meet all of the accreditation criteria and the overall risk assessment is rated as low, medium or high with conditions required	Accredited for up to 12 months depending on the severity of the risk and: • conditions being addressed within the defined timeframe • satisfactory routine monitoring submissions • meeting any other specific monitoring requirements. During conditional accreditation the training setting must be actively resolving the issue or have other temporary arrangements in place to ensure there is no impact on the quality of training. Trainees may be reallocated where their safety is at immediate risk or the impact on their training is deemed too great A supplementary Special Measures accreditation review will occur during the conditional accreditation period to assess whether the training setting has rectified the issue. This review may take any form the Accreditation Committee deem is appropriate to ensure issues are addressed. At this time, the training setting 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. Should the training setting advise that they are unable to satisfy the mandatory criteria within the conditional accreditation period, the risk assessment may be elevated to extreme and accreditation may be withdrawn, effective from the next training period or at a date decided upon by the Accreditation Committee. In cases where sufficient progress is demonstrated, Conditional Accreditation may be extended.

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Decision	Alignment to risk framework	Duration of accreditation awarded and any other impacts
Not accredited (revoked)	An existing training setting that: • does not meet all of the accreditation criteria and the overall risk assessment is rated as extreme with conditions required. *Note: this accreditation outcome should only be applied in the final accreditation report if, since the initial accreditation assessment was undertaken, steps to actively manage the training setting to a conditionally accredited pathway have been unsuccessful.*	Accreditation not granted. The date the accreditation will be revoked will be set. Prior to this, trainees may continue to complete their training term at the setting unless their safety is at immediate risk or the impact on their training is deemed too great. From the revocation date: • trainees at the setting will not be able to count training towards their training program unless specific arrangements are made • no new trainees can be appointed. Feedback and timeframes for reconsidering reaccreditation will be provided, including what criteria the training setting needs to address. A new application for accreditation must be submitted once requirements have been met (the setting must also be continuing to meet all other accreditation criteria at the time of submitting the application).

Figure 4 – Accreditation Outcomes

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A flow chart of the decision-making process for new and existing training settings is available in Appendix B.

In accordance with the *AOA 21 Training Program Policies*, once accredited Training Posts are classified according to their ability to provide the appropriate Training Program Requirements for the Stage of Training. 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.

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6. Accreditation Reporting

6.1 The Accreditation Review Report

Following the completion of an accreditation review, the review team will prepare an accreditation report, which rates each criterion as met, substantially met or not met 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 training setting 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. The training setting may also submit any additional evidence that it wishes to be considered (noting that late submission of evidence may delay the accreditation outcome).

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

If, after the above discussion, AOA is considering any of the actions below for a public health facility[2], it must act in accordance with the *Communication Protocol for accreditation of specialist medical training sites/posts in Australian public hospitals and health facilities* , which requires colleges to inform the nominated contact point of the accredited organisation and jurisdiction if:

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

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

6.2 Determination of Accreditation Status

The Accreditation Committee review the draft report together with the training setting'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. The AOA FTC makes the final decision where Accreditation is likely to be refused or revoked.

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

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6.3 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 setting and training post/s will be communicated to the training setting. The final report will also be provided.

AOA will provide the outcome and final report to the following stakeholders:

Stakeholder and order of notification	Timeline for provision of the final report
Training Setting Lead Contact and General Manager/Chief Executive (or equivalent) of the training provider	To be provided once final decision made by Accreditation Committee. Includes information on the college's policy/process to review an accreditation decision (see section 7).
Relevant jurisdictional health department (e.g. NSW Health)	To be provided once the training setting and provider have had time to prepare advice to the health department if required. Noting for potential decisions to revoke accreditation, the jurisdictions will already have been informed earlier as per process in section 9.

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7. 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 settings to provide guidance and assistance to settings 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 Review 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 review team during the review. If the Accreditation Review 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 6.1).

If a training site only becomes aware that the Accreditation Review 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 and resolution as part of the accreditation process is not possible. 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.

Accreditation decisions that are subject to the policy include:

- refusal to grant provisional accreditation
- refusal to grant accreditation to an existing training setting (reaccreditation)
- time period for which accreditation is granted
- imposition of a new accreditation condition
- continuation of/decision not to close an existing accreditation condition
- terms of an accreditation condition (including timeframe to meet the requirements of a condition).

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

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

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8. Trainees Impacted by Accreditation Being Revoked

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

9. Training Setting Withdrawal from Accreditation Process

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

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10. Confidentiality

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

The confidentiality of individuals interviewed as part of an accreditation review (e.g. trainees, supervisors, staff members) should be respected. Interviewing a variety of individuals at a setting, where this is practicable, may assist in protecting confidentiality as feedback can be aggregated. However, this may not be possible in smaller sites and judgment will need to be exercised regarding the disclosure of information that is relevant to accreditation. Obligations to protect individuals from serious and imminent harm or work health and safety obligations may require identifying information to be disclosed in certain circumstances.
Information collected through the accreditation process is to be used only for the purpose for which it is obtained, unless disclosure is otherwise required by law.

The draft and final accreditation decisions will be kept confidential (with the exception of steps identified in sections 6 and 8) until the final decision has been shared with the stakeholders identified in section 6.2.

Please refer to Section 13 for information on data and reporting.

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11. Monitoring

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

- ensures a training setting is continuing to comply with the standards
- ensures the training setting is progressing towards meeting any conditions and picks up on non-compliance with any conditions set (the type and frequency of monitoring requirements will depend on the assessment of risk associated with non-compliance with the standards – see Section 5.1)
- helps detect any potential new issues between accreditation assessments
- provides proactive guidance to training settings experiencing challenges
- identifies and acknowledges high-performing settings.

Training setting 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 training setting, 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.

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AOA undertakes the following monitoring activities:

Type of monitoring	Activity	Frequency
Routine monitoring (all settings)	Review of results of trainee survey data	6-monthly
	Review of results of DoT / TS survey data/feedback reports	Annually
	Review of AORA feedback	Ongoing
	Review of TIMS data (e.g. eLog numbers, workplace-based assessment (WBA) completions and quality of supervisor feedback within the WBAs, complaints)	Ongoing
	Review of the changes at the training setting that could impact effective and safe delivery of training programs, including: • changes to a training setting's services, support, resources, infrastructure or opportunities • changes to a training setting's governance and management • decreases in supervisor numbers • revisions to the teaching program • the absence of staff or roles which impact training and have been left vacant for an extended period • roster changes which alter access to supervision and/or training opportunities • anything that could impact the training setting's integrity or capacity to deliver the training program.	Responsibility of training setting to proactively provide this information to AOA when it occurs, it will then be reviewed.
	Review of results of Training Setting Information Form return/monitoring report	Annually

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Type of monitoring	Activity	Frequency
Additional specific monitoring	Request for additional monitoring reports from training setting and review of how it is progressing with meeting conditions.	As set out in the accreditation report.
	Review of training setting data held by AOA relevant to monitoring progress against conditions.	As required, set out in the accreditation report where possible.
	Meeting with the training setting to assess progress against conditions.	As required.
	Request for information and/or meeting with the training setting based on a specific issue/concern that has been raised (e.g. direct feedback from training supervisors or other clinicians, lodged complaint(s), correspondence or media articles).	As required.
	Review of relevant training setting data.	As required.
	Conduct of reviews by web-conference and/or site visit(s).	• As set out in the conditions of the accreditation report • Where AOA is not satisfied imposed conditions are being addressed within a reasonable period of time • Where monitoring, data or concerns raised indicate the training setting may no longer be meeting the accreditation standards. • This may be a focused assessment, looking at specific criteria or conditions rather than all.
	Conduct of a full, unscheduled accreditation assessment.	• Where AOA is not satisfied imposed conditions are being addressed within a reasonable period of time. • Where monitoring, data or concerns raised indicate the training setting may no longer be meeting the accreditation standards.

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11.1 Monitoring Changes and Conditions

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

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

If all criteria are now 'met', the training setting will move from 'conditionally accredited' to 'accredited'.
If one or more criterion that were previously met are now 'substantially met' or 'not met' or a condition has not been met within the required timeframe or is unlikely to be met within the required timeframe (e.g. no work has started on it), a risk assessment will be completed (section 5.1). The risk assessment result will inform next steps, which may include imposing further conditions, extending the timeline of existing condition(s) and conditional accreditation, changing the scope of the existing condition(s) or moving to revoke accreditation. The monitoring requirements for these will also be outlined.

An updated accreditation report will be provided to the training setting if there is a change to its accreditation status or conditions. This may be an update to the full accreditation report or a monitoring report.

11.2 Lapsed and Voluntarily Withdrawn Accreditation

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

Training settings can also choose to lapse or voluntarily withdraw from being an accredited training setting. This may be because their circumstances have changed/they feel they are no longer able to meet the standards, or they no longer want to provide training. Where a currently accredited training setting wishes to withdraw from delivery of training, this should be flagged at the earliest opportunity with a view to ensuring the timing of their withdrawal doesn't have a negative impact on trainees.

12. Raising a Concern about an Accredited Training Setting

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

- speak to a member of AOA staff
- speak to a relevant AOA representative (e.g. Trainee representative, Accreditation Committee Chair, Regional Training Chair, Federal Training Committee Chair)
- raise a concern using the AOA complaint handling process.

AOA will review these concerns during monitoring (see section 11).

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13. Data and Reporting

AOA publishes a list of accredited training settings on its website. The list is subject to change and updated quarterly.

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

14. Review of Accreditation Procedures

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

15. Further Information

If you have any questions or need more information about accreditation, please contact:
Phone: 02 8071 8000
Email: accreditation@aoa.org.au

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Appendix A: Indicative Interview schedule

Director of Training (approx. 20 minutes)

Time		Name	Role
Zone 1	Zone 2		
			DoT

Previous Trainees (approx. 10-15 minutes each)

Time		Trainee Name	Current stage of training
Zone 1	Zone 2		

Current Trainees (approx. 20 minutes each)

Time		Trainee Name	Current stage of training
Zone 1	Zone 2		

Break/overflow

Orthopaedic Surgeons Involved in Training (approx. 10-15 minutes) / Head of Department (approx. 15 - 20 minutes)

Time		Name	Role
Zone 1	Zone 2		
			Trainee Supervisor
			Trainee Supervisor
			Head of Department

Director of Training Follow Up (as needed approx. 10 minutes)

Time		Name	Role
Zone 1	Zone 2		
			DoT

Break/overflow

Hospital Admin and other hospital staff (approx. 30 minutes each)

Time		Name	Role
Zone 1	Zone 2		
			*Director of Medical Services or equivalent
			*Chief Executive Officer.

*Can attend the same session if required

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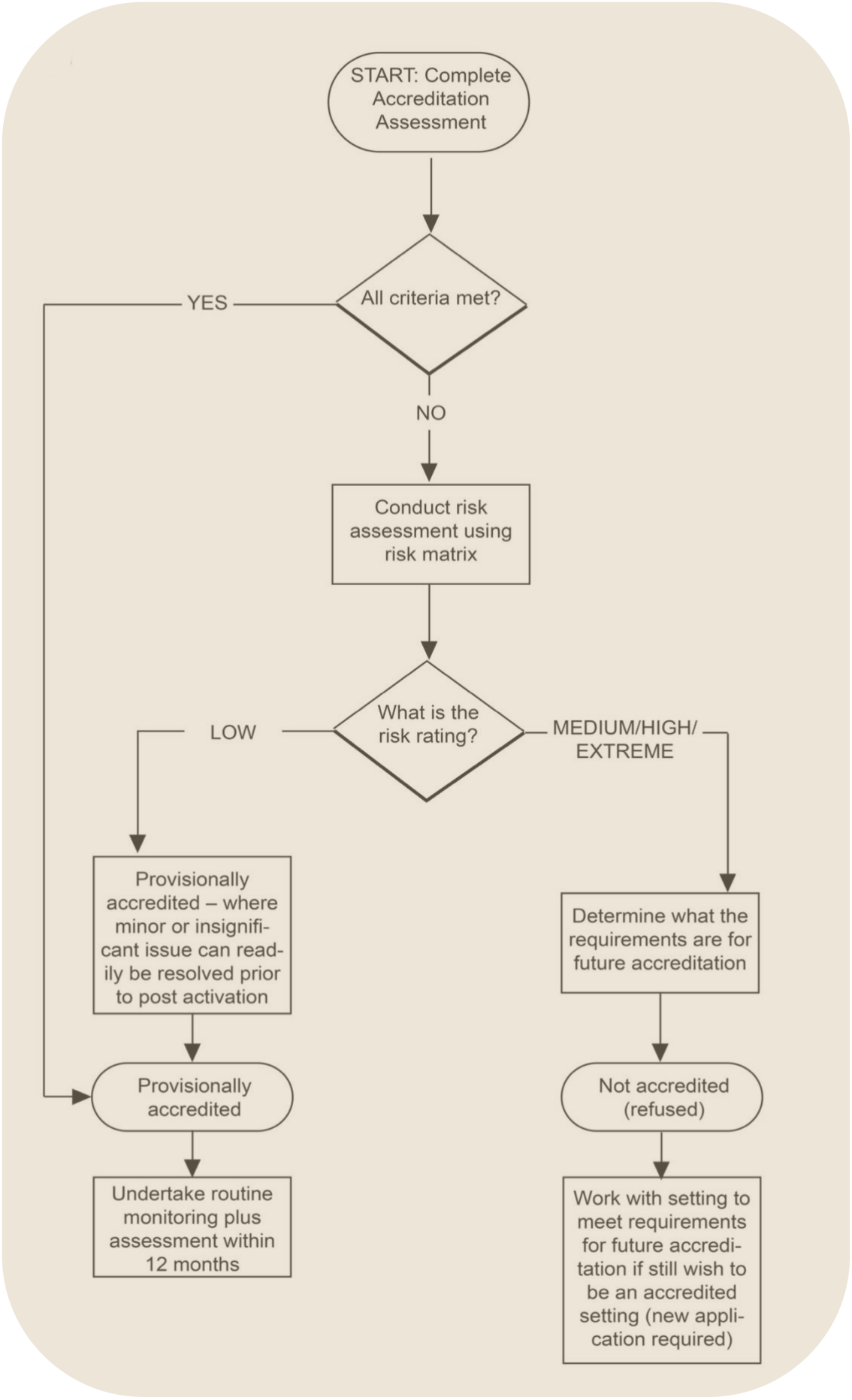
Appendix B: Accreditation decision-making flowcharts

New Settings



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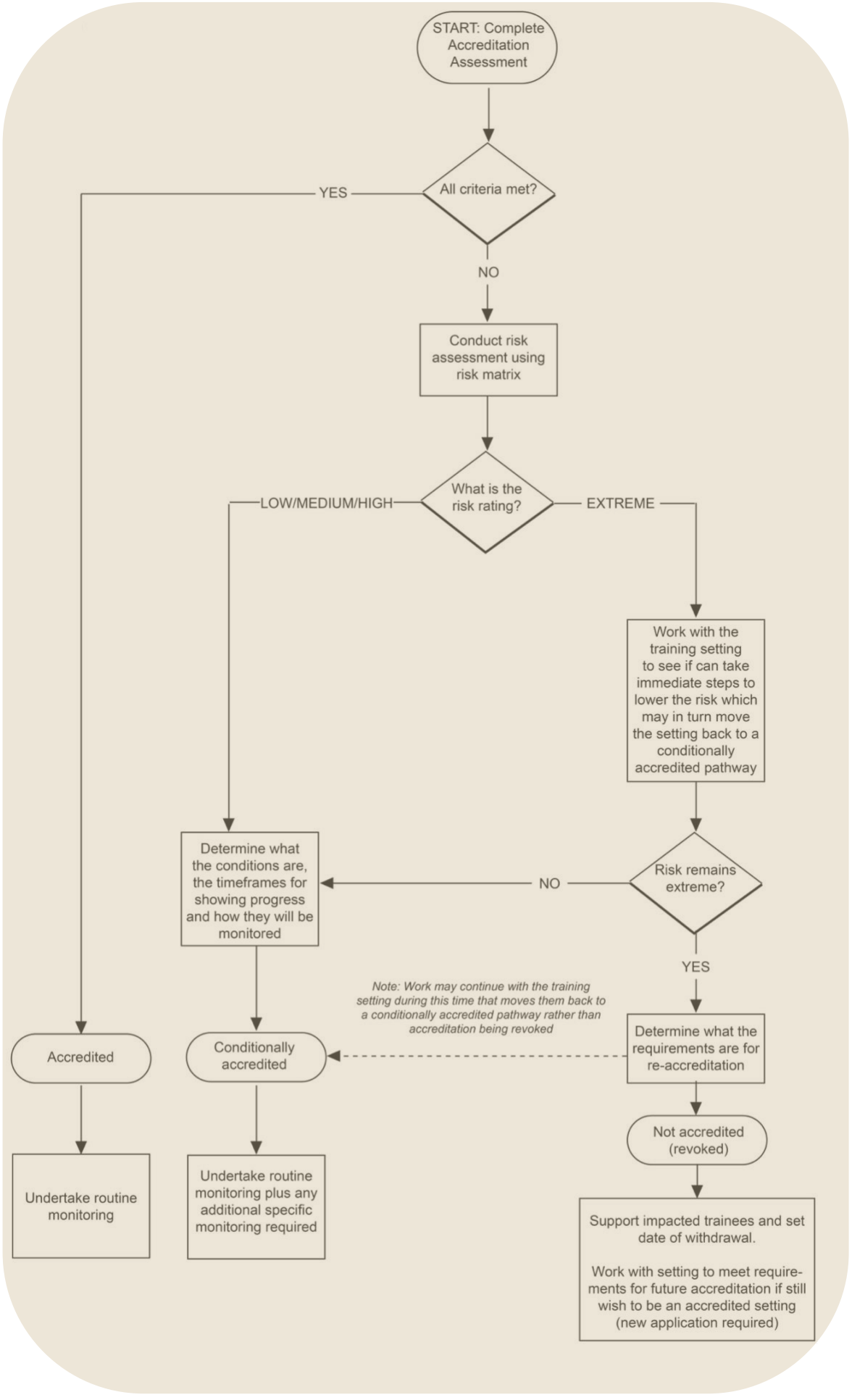
Existing settings



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