1 POLICY PURPOSE

1.1 For the removal of accreditation from Fellowship Programs, Certificates of Advanced Training, training posts, and Formal Education Courses (FECs) which are not compliant with the Royal Australian and New Zealand College of Psychiatrists (RANZCP) 2012 Fellowship Accreditation Standards.

2 PRINCIPLES OF ACCREDITATION

2.1 Accreditation is a quality assurance process to ensure that training delivered under the RANZCP 2012 Fellowship Regulations meets the RANZCP Accreditation Standards which specify educational, clinical, and governance requirements for Fellowship Programs, training posts, and FECs.

2.2 The RANZCP has the authority to remove accreditation from Fellowship Programs, Certificates of Advanced Training, training posts, and FECs.

2.3 Representatives of the RANZCP involved in accreditation processes will sign a Deed of Undertaking in Relation to Confidential Information and Conflict of Interest.

2.4 Information obtained from communications and interviews during accreditation assessments will be de-identified to preserve privacy and will only be used for the purposes of accreditation.

2.5 In the event of removal of the accreditation of a Fellowship Program, Certificate of Advanced Training, training post, or an FEC, the welfare and training of trainees are the primary concern of the RANZCP.

2.6 The Removal of Accreditation - Policy and Procedure ensures a transparent process with a governance structure and the right to appeal.

2.7 Accreditation decisions can be appealed, and the Appeals process is on the RANZCP website.

3 REMOVAL OF THE ACCREDITATION FROM A TRAINING PROGRAM

3.1 The Accreditation Committee (AC) is responsible for the accreditation of Fellowship Programs. Subcommittees for Advanced Training (SATs) monitor accreditation of Certificate of Advanced Training programs. For more information, refer to the Accreditation Policy and Procedure.
3.2 A recommendation that a Fellowship Program should have its accreditation removed can only be made after an accreditation assessment by the AC. An assessment may occur as part of the normal accreditation cycle, or as a response to concerns and training issues raised with the AC, or the Committee for Training (CFT).

3.3 When removal of accreditation is recommended, the accreditation report is watermarked “draft” and submitted by the AC to the CFT (for noting) and the Education Committee (EC) with the advice that removal of Fellowship Program accreditation is recommended, which requires Board approval.

3.3.1 The draft report's executive summary can be provided to the DOT and the BTC or the NZTC prior to Board approval and along with an AC and EC Chair letter explaining that removal of Fellowship Program accreditation is recommended for consideration and Board approval.

3.4 Should the EC agree with the AC’s recommendation to remove the accreditation of a Fellowship Program, the EC will determine the next steps to remove accreditation. This may include a recommendation to the Board for removal of accreditation, or the convening of an EC working group.

3.4.1 The working group, as a minimum, will include one panel member from the accreditation assessment, one CFT member, one EC member, one AC member, and a trainee member.

3.4.2 The working group will be responsible for developing a proposal for the Board on a plan of action for the management of affected trainees. The plan should include:

I. cessation of any planned intake of trainees to the Fellowship Program.

II. appointment of a person or body, in the absence of a Director of Training (DOT), to act as interim DOT for the Fellowship Program.

III. audit of every trainee and training post in the Fellowship Program to determine the feasibility of trainees to continue their training without moving health services or training sites.

IV. assessment of the suitability of any accredited training post, its supervisory arrangements, and its capacity to deliver training.

V. evaluation of whether it is safe, feasible, and practicable that trainees complete their training locally. If it is not possible to complete training locally, the trainees’ training trajectory should be put on hold until it is decided, with advice from the CFT, on how best to proceed.

VI. The Executive Manager, Education and Training, College President and CEO will liaise with the health services, the Australian Medical Council, and the Medical Council of New Zealand as indicated.

3.4.3 The working group proposal will be tabled, initially at the CFT and the AC, and progressed via the AC to the EC for consideration. Upon EC approval of the plan of action it shall be submitted to the Board for endorsement.

3.5 Should the Board not endorse the EC’s plan of action it may request the EC reconvene the working group to review the plan.

3.6 The Board makes the final decision on the removal of the accreditation of the Fellowship Program.

3.7 If the Board does not endorse the removal of accreditation it will provide direction on the steps to be taken to resolve the issues relating to the continued accreditation of the Fellowship Program.
3.8 Stakeholders are informed of the Board’s decision regarding accreditation status including trainees, supervisors, health service management, the local jurisdiction including district health boards, and the local Branch Training Committee (BTC) or the New Zealand Training Committee (NZTC), and the Specialist Training Program, if relevant.

3.8.1 The Board shall decide on how to communicate with stakeholders. This may include the AC finalising the accreditation report and providing it to the DOT and the NZTC who may disseminate the executive summary and appropriate appendices to stakeholders including local health services.

3.9 In the event of the removal of accreditation from a Fellowship Program, the welfare and education of trainees is the primary concern of the RANZCP.

4 REMOVAL OF THE ACCREDITATION FROM A TRAINING POST

4.1 BTCs and the NZTC are responsible for the accreditation of training posts. For more information, refer to the Accreditation Policy and Procedure.

4.2 Should a training post not meet the Training Post Accreditation Standards, the BTC or the NZTC may recommend to the CFT the removal of the training post’s accreditation.

4.2.1 Neither the DOT, the Director of Advanced Training (DOAT), or the BTC or the NZTC has the sole authority to remove a training post’s accreditation.

4.3 The CFT ratifies a BTC’s or NZTC’s recommendation for removal of accreditation of a training post unless it considers that doing so will have a significant impact on the training program, in which case it will refer consideration to the EC. The BTC or the NZTC may be further consulted by the CFT and/or the EC, and the EC can consult the Board if required in order to determine the post’s accreditation status.

4.4 In exceptional circumstances the CFT, in conjunction with the AC, may conduct an accreditation assessment of the training post which is recommended to have its accreditation removed.

4.5 Should the removal of the accreditation of a training post be approved by the CFT, the EC or the Board, the AC is advised for noting and the BTC or the NZBTC is notified accordingly.

4.5.1 The training post accreditation report may be made available to stakeholders.

4.6 The BTC or the NZTC must include plans for affected trainees if the removal of the accreditation of a training post occurs. The capacity and the feasibility to move affected trainees to an alternative training post must be considered as part of the plan, with details of support from the BTC or the NZTC and/or the DOT provided to trainees.

4.7 If the accreditation is removed from a training post, the training time, and workplace-based assessments for that rotation/run, will be recognised by the RANZCP and credited to the trainee’s record.

5 APPLICATION TO REGAIN THE ACCREDITATION OF A TRAINING POST

5.1 After the removal of the accreditation of a training post, a health service may apply to regain the accreditation of the post. A new application must be submitted to the BTC or the NZTC.

5.2 The BTC or the NZTC can recommend to the CFT reinstatement of the accreditation of a training post should the BTC or the NZTC agree that the post meets the Training Post Accreditation Standards. If met, the CFT may approve accreditation, and inform the BTC or the NZTC (and the AC for noting) of the post’s accreditation.
5.3 The training post remains unaccredited if it does not meet the Accreditation Standards. Provisional accreditation may be granted by the BTC or the NZTC with a timeline for full compliance and implementation of the recommendations of the BTC or the NZTC to meet the Accreditation Standards.

5.4 While a training post with provisional accreditation is working towards meeting the Accreditation Standards, the BTC or the NZTC will inform the CFT on the health service’s progress towards meeting requirements.

5.5 The BTC or the NZTC may conduct a site assessment to confirm that the Accreditation Standards are met if the training post had provisional accreditation.

6 REMOVAL OF THE ACCREDITATION OF A FORMAL EDUCATION COURSE

6.1 Should a FEC not meet the FEC Accreditation Standards, a recommendation for removal of accreditation is made by the AC to the EC for endorsement by the Board. The AC may consult with the CFT before making a recommendation to the EC. The FEC’s accreditation shall be removed following the Board’s endorsement of the recommendation.

6.2 The AC shall inform the CFT, the BTC or the NZTC, DOTs, trainees, and the FEC provider of the removal of accreditation if the Board endorses the removal of accreditation.

6.3 Following the removal of the accreditation of an FEC the FEC provider may submit a new application to the AC. For more information refer to the Accreditation Policy and Procedure.

6.4 After the removal of the accreditation of an FEC, trainees will be informed of alternative FEC providers.

7 MONITORING, EVALUATION AND REVIEW

7.1 The AC shall implement, monitor, and review this Policy.

7.2 This Policy will be reviewed every three years and updated as required.

8 ASSOCIATED DOCUMENTS

a. RANZCP Regulations:
   i. Regulations, Policies, and Procedures

b. RANZCP Policies:
   i. Privacy Policy
   ii. Code of Ethics
   iii. Reconsideration and Appeals Policy
   iv. Accreditation - Policy and Procedure

c. RANZCP Accreditation Standards:
   i. Addiction Psychiatry
   ii. Adult Psychiatry
   iii. Child and Adolescent Psychiatry
   iv. Consultation-Liaison Psychiatry
   v. Forensic Psychiatry
vi. Psychiatry of Old Age
vii. Psychotherapies
viii. Training Program Accreditation
ix. Training Post Accreditation
x. Formal Education Course Accreditation
xi. Guidelines for appropriate adult acute inpatient workloads for RANZCP trainees

9 GLOSSARY

Glossary of Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td>Formal Education Course</td>
<td>A structured academic program designed to cover the knowledge required at each stage in training through to vocational registration which is provided or approved by each Branch Training Committee (BTC) or the New Zealand Training Committee (NZTC).</td>
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<td>Fellowship Program</td>
<td>A part of the RANZCP accredited to provide a full course of training leading to the award of the Fellowship of the RANZCP. Each program will have a training committee, or a local training committee delegated from the BTC/NZTC. The BTC/NZTC are ultimately responsible for the quality of any Fellowship Program in their jurisdiction and each program will have a Director of Training.</td>
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<tr>
<td>Training Post</td>
<td>A position through which registrars can rotate during their training. Each training post must provide the experiences required for one of the designed rotations/runs in the Fellowship Program. During any rotation/run through the training post, an RANZCP accredited supervisor must be working with the trainee to meet the requirements set out in the Supervision Policy and Regulations.</td>
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REVISION RECORD

Contact: Manager, Accreditation, CPD and Reporting

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NEXT REVIEW 2023