Education and Training Procedure

RANZCP Accreditation Procedure – Training Posts

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1. Introduction and scope

Specialist medical colleges must have a clear process and criteria to assess, accredit and monitor facilities, posts and programs as training settings. The process and criteria must be linked to the outcomes of their specialist medical program[1].

This procedures document:

- outlines the process the Royal Australian and New Zealand College of Psychiatrists (RANZCP) follows to accredit **training posts** (which **includes advanced training posts**)
- provides training settings with clear guidance on how the accreditation assessment works
- should be read in conjunction with the RANZCP Accreditation Standards (Programs and Posts).

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.

1.2 Related documents to be read in conjunction with this procedure

This procedure is part of a suite of other relevant documents that are referenced throughout, and are available on the RANZCP Accrediting posts, programs & courses webpage:

- RANZCP Accreditation Standards (Training Programs and Posts)
- Accreditation Decision Making Risk Framework
- Removal of Accreditation Policy and Procedure
- Review, Reconsideration and Appeals Policy and Procedure
- AMC Guidance Document: Application of the risk framework and development of conditions

1.3 Acknowledgement

This procedure has been based on the Model Procedures[2] document developed by the Australian Medical Council (AMC) and has been contextualised for the RANZCP.

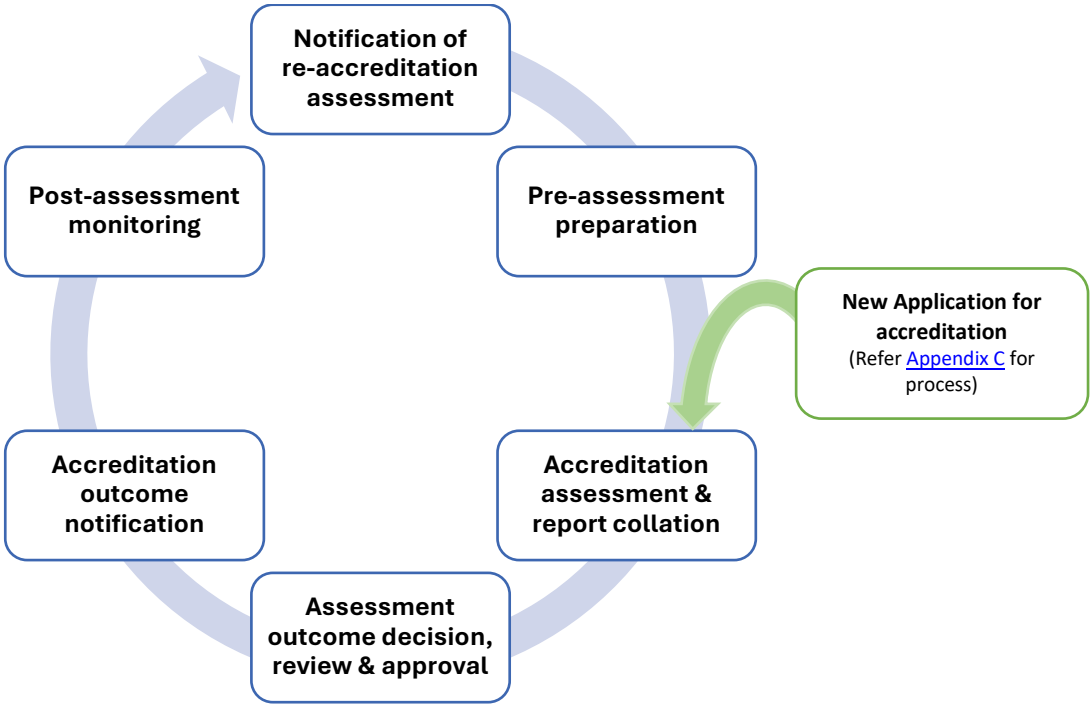
[1] *Assessment and accreditation of specialist medical programs*
[2] *Model procedures for specialist medical college accreditation of training settings 2025*

2. Glossary

Accredited	Official college 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.
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.
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 college. This includes sites, posts, practices and networks (which are composed of multiple settings). Where colleges accredit networks or programs, these standards will apply, recognising that various settings will contribute to meeting the standards overall.

3. Accreditation process overview

The following figure shows an overview of the steps in the accreditation process. A more detailed Flowchart of the process for Training Posts is located in Appendix B.



4. Accreditation review period and responsiblities

4.1. Review Cycles

FULL Cycle	Responsibility	MID-Cycle	Responsibility
Up to 5 years with a site visit	BTC/NZTC + DoT	Ongoing monitoring	BTC/NZTC + DoT
BTC = Branch Training Committee NZTC = New Zealand Training Committee DoT = Director of Training			

4.2. Roles and responsibilities

Accreditation responsibilities lie with both the College and the training setting. The following groups are involved in the accreditation process for **training posts**:

Role	Accreditation responsibilities	Composition and Process for appointment
Branch Training Committee (BTC) / New Zealand Training Committee (NZTC)	• Responsible for the management of training post accreditations and ongoing monitoring (including advanced training posts) • Approves accreditation/reaccreditation decision outcomes for post accreditation assessments. • Decisions to revoke accreditation are escalated to the Committee for Training (for endorsement) and the Education Committee (for approval), as per the Removal of Accreditation Policy and Procedure.	The Branch and New Zealand Training Committees are a subcommittee of the CFT and are chaired by a Branch fellow. Composition and election of members is as per the Branch Training Regulations (internal document).
Accreditation Visitors (Panel)	• Undertakes site visits and reviews associated accreditation evidence to determine whether a training post meets the Accreditation Standards • Provides an overall recommendation to the BTC/NZTC on whether a training post should be accredited • Writes the accreditation report detailing the recommended decision, performance against each standard, areas for commendation and quality	The Accreditation Panel/visitors will comprise: • Lead Visitor (refer below). • Optional Second Visitor (BTC/NZTC member for new posts, or problematic posts) • Trainee Representative

Role	Accreditation responsibilities	Composition and Process for appointment
	improvement recommendations, and any conditions on accreditation.	
Lead Visitor (Panel Lead)	• Chairs site visit meetings • Manages any conflicts of interest • Leads the questioning of interviewees • Leads the writing of the accreditation report, including the development of the overall conditions and recommendations, and the proposed accreditation outcome decision • Escalates any identified risks to training posts • Ensures due diligence e.g. fact checking of reports.	The Panel Lead is either a member of the BTC/NZTC or is appointed as the lead by the BTC/NZTC The Lead cannot be working in the local health network being visited.
DoT/BTC Administration Support	• Provides administrative support and assistance to the Accreditation Panel for accreditation-related activities. • Maintains up-to-date accreditation records of training post, supervisors and trainee postings, ensuring College records and systems are updated with accreditation status/dates.	Employed by the jurisdictional health service.
Training Post Lead Contact	• Liaises with the Accreditation Panel on training and accreditation matters. • Collates all relevant evidence to demonstrate the setting is meeting the accreditation standards. • Submits applications for accreditation/reaccreditation of the post. • Reviews the draft accreditation report and provides feedback. • Facilitates oversight of implementation of actions to meet any conditions/recommendations on accreditation. • Communicates the outcomes of accreditation to trainees, supervisors and other relevant stakeholders at the training setting	Typically, the Program DoT or Local Training Coordinator, who is employed by the training setting and oversees implementation of the psychiatry training within the setting.
Trainees, Supervisors, educators and other staff	• Provide information to support the accreditation assessment, including: o responding to relevant surveys o meeting with accreditation panels as part of site visits.	Contacted to complete or be involved in accreditation activities as required.

4.3 Accreditation Visitor (panel) selection criteria

As noted in the above table, accreditation panels (visitors) are BTC/NZTC members (or delegates). The criteria for the selection of the panel members includes:

- Be a current active member of the RANZCP, as either:
  - a Fellow
  - an Affiliate member (not currently participating in a training pathway)
  - a Trainee - either as an associate or a "new" Fellow (admitted to the Fellowship within the past twelve months).
- No perceived or potential or real conflict of interest.
- For Fellow and Affiliate panel members:
  - Current specialist medical registration and professional indemnity
  - Demonstrated experience in Psychiatry practice
  - Participation in the Continuing Professional Development Program
  - Experience in at least one of the following (Fellow and Affiliate):
    - a DoT, DoAT, or a service director,
    - at least 2 years' experience as an accredited RANZCP supervisor,
    - experience in prior accreditation activity as a panel member

- For Trainee panel members, active or recent (within the past twelve months) participation in the Fellowship Program as verified with the RANZCP Training Department. Trainees who are "not in training" are ineligible to apply to be an accreditation panel member. Additionally, Trainees who have been on a break in training for longer than twelve months will need BTC Chair consideration.

4.4 Training

Members of training post accreditation panels (visitors) will receive appropriate accreditation training through hands-on experience. New panel members will initially participate as the second panel member, working under the supervision of the Lead member, before becoming eligible to serve as Lead members in future assessments.

Trainee panel members will always participate under the guidance of the Lead and are not assigned Lead responsibilities; however, they also undertake training as accreditation panel members in the same way.

5. Managing conflict of interest

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

Accreditation panel/visitors must advise the BTC/NZTC of any personal or professional interest that may, or may be perceived, to impact their ability to be an impartial assessor. The BTC/NZTC may require the panel member to step aside from a particular accreditation process.

Where there is a perceived or potential conflict of interest, the BTC/NZTC will disclose this to the training setting and training provider and seek their comments on the accreditation panel membership. The BTC/NZTC will consider any declared interests as well as the training setting's comments when finalising the appointment of the panel.

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

Members of the BTC/NZTC 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. College 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 College's Declaring and Managing Conflict of Interest Guideline.

6. New applications for accreditation

To begin accreditation for a new Training Post, an application is required to be submitted to the relevant BTC/NZTC.

The application information required may differ across jurisdictions and it is recommended that the training setting contact and collaborate with the relevant network Director of Training to provide advice. The network DoT will then inform the relevant BTC/NZTC of the application and submit the form and all supporting documentation for review and consideration by the BTC/NZTC.

The process for the assessment of new applications is summarised in Appendix C. A successful application will receive Provisional Accreditation only (for up to 12 months), after which another assessment is required in order to obtain full or conditional accreditation.

Where the decision is to not accredit, the BTC/NZTC is required to provide direction as to what is required to attain accreditation.

7. Preparation for reaccreditation of existing posts

BTC/NZTCs will maintain a reaccreditation schedule of all posts within each training program. Each year, the Accreditation Committee will request the accreditation schedule for the upcoming year to provide to health departments, as per the Communication Protocol[3]. The AC will then report a combined accreditation scheduled of college training programs and posts as per the protocol.

For all scheduled accreditation assessments, the following preparation activities are required:

Timeframe	Activity
≥6-8 weeks prior	**Assessment/visit notification** • Formal communication to the training setting of accreditation expiry and to scheduled suitable time for a reaccreditation assessment. **Pre-assessment information gathering & review** • Collate and review the end-of-rotation post and supervisor feedback from trainees, the current post descriptor, and the previous accreditation report. • Conduct a survey of trainees in the post to determine if there are any problems with the physical space, to establish the need for a physical visit over a virtual one. • Provide the site with an Evidence Resource to assist in preparation of the assessment. A Document Declaration will need to be completed and returned as part of the process.
1 week prior	**Finalise visit schedule** • Agenda to allow sufficient time (60-90 minutes) to meet with trainee(s) and supervisors(s) separately, plus/minus time for a physical inspection (where necessary).

8. Site visit

8.1 New settings/posts

The BTC/NZTC will confirm if a site visit is required as part of the accreditation assessment (it may not always be required, depending on the circumstances). The CFT or AC may be asked for advice.

A site visit may be required to verify information in the initial application, hold interviews as well as make observations and clarify matters raised during the review of the application documents. Further information about site visits is captured in the next section on Existing Settings.

Supervisor and other relevant health service staff interviews will form the bulk of the visit for a setting seeking to become accredited. The Accreditation Panel will explore the reasons for seeking accreditation and confirm the college's expectations for the training program. Trainees from other posts within the same health service may also be interviewed.

It is important that interviewees are encouraged to give free and frank answers to questions from the Accreditation Panel. Groups with different interests should be interviewed separately i.e. supervisors and trainees.

8.2 Existing settings/posts

Reaccreditation of existing training settings can occur as either physical site visits or as virtual or hybrid visits (depending on the circumstances). Preparation of these visits is outlined in the Section 7.

Assessments provide the opportunity to meet with the health service management (where necessary), hold interviews with trainees (both current rotation and most recent rotation) and supervisors, as well as make observations and clarify any matters or concerns.

[3] 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, cl.6.3

Training settings will be required to:

- ensure interviewees are available. This includes trainee(s) currently in the post in addition to trainees in the most recent rotation, and current supervisor(s).
- organise interview rooms and/or video conferencing facilities
- provide site maps, internet access where the panel is attending in person.

The Accreditation Panel 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.

8.3 Unscheduled assessments/visits

The BTC/NZTC (or AC where necessary) has the right to conduct a full, unscheduled accreditation assessment. This may be virtual, on-site or hybrid visits:

- Where the college is not satisfied imposed conditions are being addressed within a reasonable period.
- 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.

9. Assessment against the criteria

The Accreditation Panel will use information gathered from various sources (the application form (for new settings only), surveys, interviews, documentation review, data analysis and the site visit) to assess and evaluate the training setting against each criterion in the standards.

Each standard 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.

Criteria classified as either ‘substantially met’ or ‘not met’ will require a rationale statement in the accreditation report against the relevant criterion.

The accreditation report also allows for the inclusion of conditions, recommendations and commendations.

- **Conditions** are a qualification attached to the granting of accreditation at a training setting which requires action within a defined timeframe. Conditions are required for items classified as ‘not met’. If deemed necessary, items classified as ‘substantially met’ may have a condition assigned. Note that conditions may be provided at the individual criterion level or address multiple criteria.
- **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. Recommendations can be assigned to items classified as both 'substantially met' and 'met' where agreed to by the panel.

- **Commendations** can be documented where it has found the training setting is significantly exceeding the requirements for accreditation. The college may share commendations with other training settings to promote best practice.

After completion of assessment of each standard and criteria, all Met/Substantially Met/Not Met numbers for each standard are tallied into the Summary of Accreditation Assessment section of the report. This provides an overall view of the assessment, ready for the next stage of the risk assessment and accreditation outcome and decision.

10. Decision-making processes

The following is extracted from the *Accreditation Decision Making Risk Framework* available on the RANZCP website and should be consulted for additional information. Flowcharts on the decision-making process for both new and existing settings have been provided within this reference.

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 in the following section).
- Where an urgent response to an issue is required to protect a trainee's health and safety, the college 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, 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.

10.1 Accreditation risk matrix and the overall accreditation risk rating

In the Accreditation Report under the Summary of Accreditation Assessment section where all of the individual criteria outcomes are tallied, a risk assessment may be required.

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 located below).

The risk assessment is run on the **totality of the risk**, not applied against each individual criterion i.e. the accreditation panel needs to look at all of the criterion that have been recorded as 'substantially met' or 'not met' and determine what the overall impact on training is and the likelihood of the setting being able to implement actions to meet the criterion/criteria within a reasonable period.

The Accreditation Risk Matrix 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.

		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.				
		Insignificant	Minor	Moderate	Major	Severe
The LIKELIHOOD of the training setting/training provider being ABLE to implement actions to meet the criterion/criteria within a *reasonable* period.	Rare	Low	Medium	High	Extreme	Extreme
	Unlikely	Low	Medium	High	High	Extreme
	Possible	Low	Low	Medium	High	High
	Likely	Low	Low	Low	Medium	Medium
	Almost certain	Low	Low	Low	Low	Medium

The outcome of this assessment is to be documented on in the report on the Summary of Accreditation Assessment section and will guide the college's response and accreditation decision. Undertaking the risk assessment will assist to contextualise the reasons for a decision (in the accreditation report) in terms of risk.

10.2 Accreditation outcomes

Once the **overall risk rating** has been determined, the accreditation outcome (Accredited, Conditionally Accredited, etc.), the conditions and monitoring approach can then be established. Refer to the *Accreditation Decision Making Risk Framework* for further information.

It is expected that when the risk rating is higher:

- any timeframes for demonstrating progress towards addressing accreditation conditions may need to be shorter
- the conditions themselves may need to be more rigorous (refer to the section on Guidance on developing conditions and recommendations within the *Accreditation Decision Making Risk Framework)*
- the monitoring requirements will be greater.

Conditions may be provided at the individual criterion level or address multiple criteria. The relevant BTC/NZTC will determine what monitoring activities and contact is required based on the risk assessment outcomes (refer to Section 17 for more information on monitoring, and the Guidance document *Application of the Risk Framework and Development of Conditions* for more information regarding the development of conditions).

The final accreditation outcome (Accredited, Conditionally Accredited, etc.) and decision granted (which includes the duration and the conditions) is captured in Appendix A.

Revocation of accreditation for an existing training setting should not be an outcome where the risk can be sufficiently mitigated through the imposition of conditions.

Should a training setting not meet the relevant accreditation standards, removal/revocation of accreditation may be recommended. For more information, refer to the Removal of Accreditation Policy and Procedure.

All current/existing training settings must be approved as either 'Accredited' or 'Conditionally Accredited' for trainees to be continually placed in the setting. Training settings are granted a maximum of five years of accreditation.

All new training settings must be approved as 'Provisionally Accredited' before trainees are placed in the setting. Provisional accreditation is for a maximum of 12 months duration.

11. Draft and final report

Documentation of the assessment and resulting risk and conditions is to be captured in the accreditation report (a template is available for Training Posts). Interviewees must not be named in reports without their consent (this instruction is included in the report template).

The scope of the accreditation report is limited to assessing compliance with the Accreditation Standards. However, if there are issues of concern relating to psychiatric care provided by a health service, this will be addressed separately with the health service and any relevant authority through the appropriate channels within the RANZCP.

- Any significant issue of concern identified, which is outside of the scope of the accreditation assessment, will be taken initially to the Executive Management Group (EM), including the Chief Executive Officer (CEO) and the President. The EM will discuss and recommend appropriate actions

Once drafted, reviewed and agreed to by the Accreditation Panel, the draft accreditation report with the proposed decision and justifications, conditions, recommendations and commendations will be provided to the Training Post Lead Contact to ensure procedural fairness.

The Training Post Lead Contact has **10 business days** to review the draft report and to provide a response. This can include highlighting any factual inaccuracies that require fixing for the final report.

The Training Post Lead Contact may wish to discuss the draft report to further explore the issues and propose possible solutions (which can be considered for inclusion in conditions/recommendations).

The final draft report with the proposed decision, conditions, recommendations and commendations is submitted to the relevant BTC/NZTC for approval of the accreditation outcome and associated conditions/recommendations (noting it should not change the text of the report without the agreement of the Panel Chair).

Where the recommendation is to refuse or revoke a program's accreditation, the EC will make the final decision and may request a separate working group be convened to assess the impact and develop an action plan. The Removal of Accreditation Policy and Procedure is then followed.

12. Communication of the final decision

Upon BTC/NZTC approval, any draft watermark is removed from the report, and it becomes the final version.

The BTC/NZTC may disseminate the report and/or its appendices as appropriate, including the option of a summarised report of the findings which may be distributed to current trainee(s) at the post.

A formal letter informing the health service clinical director of the outcome will be sent. The letter will include information on the Reconsideration, Review and Appeals (RRA) processes (see Section 13).

If the college is considering any of the actions below for a public health facility[4], it must act in accordance with Communication Protocol[3], 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

[4] 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.

- 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.

12.1 Updating InTrain with Accreditation decision and dates

The BTC/NZTC are responsible for maintaining post accreditation status within the college's InTrain system. This information ensures compliance with the AMC and facilitates information collation required as part of the Communication Protocol.[3]

13. Reconsideration, review and appeals process

Disagreements or dissatisfaction about an accreditation decision or a proposed accreditation decision should be resolved as early as possible. This procedure set out requirements for procedural fairness to be observed in relation to the making of accreditation decisions, including early discussions with the training setting on how matters may be resolved prior to a final accreditation decision being made. This could include discussions with the site about appropriate steps that the setting could put in place to resolve the accreditation concerns.

There will be circumstances where resolution as part of the accreditation process is not possible. Where this occurs and a training setting does not agree with a decision outcome, it should follow the college's *Reconsideration, Review and Appeals (RRA) policy*. Accreditation decisions that are subject to review under the RRA 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 reconsideration, review and appeal, it should still be the aim of both parties to determine if the matter can be resolved at the earliest possible stage of the RRA process. This requires a flexible approach.

Other complaints about accreditation (not related to the accreditation decision itself) will be covered under the college's complaints process, for example, if the training setting considers the accreditation decision to be appropriate but the processes were not timely or were inefficient.

14. Trainees impacted by accreditation being revoked

Where the decision has been made to revoke accreditation from an existing training setting, the *Removal of Accreditation Policy and Procedure* will come into effect. The college and BTC/NZTC will work with the training setting to develop a plan and support pathway for impacted trainees and any other relevant matters as soon as the decision to revoke has been approved by the CFT and the EC. 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. This is covered further in the Removal of Accreditation Policy and Procedure.

15. Training setting withdrawal from the 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 relevant approving committee. All requests to do so must be made to the college in writing.

16. Confidentiality

The accreditation process is confidential to the participants. To undertake its accreditation role, the college 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. The college requires members conducting accreditation assessments, members of the BTC/NZTC, Board members and staff to keep confidential all material provided to the college by training settings for the purpose of accreditation of their programs.

The confidentiality of individuals interviewed as part of an accreditation visit (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 (see College framework for the management of concerns and complaints about accredited training settings for further information).

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 11 and 14) until the final decision has been shared with the stakeholders.

17. Monitoring

Once accreditation has been granted, the training post will move into the monitoring phase. Monitoring:

- ensures a training setting is continuing to comply with the standards, is progressing towards meeting any conditions, and picks up on non-compliance with any conditions set
- helps detect any potential new issues between accreditation assessments
- provides proactive guidance to training settings experiencing challenges
- identifies and acknowledges high-performing settings

The type and frequency of monitoring requirements will depend on the assessment of risk associated with non-compliance with the standards. The BTC/NZTC undertakes the following monitoring activities for all training posts.

17.1 Progress Reports

The approved accreditation report will include any conditions and associated progress reporting requirements and timelines. Where there are no conditions or recommendations, a progress report is not required.

The relevant BTC/NZTC will request the progress report at the relevant time and will review all information and evidence sent by training settings to address conditions and decide if the conditions and associated criterion have been met. Additional information may be requested to help inform decisions where necessary.

An updated accreditation report will only be provided 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.

17.2 Ongoing routine monitoring activities

Routine monitoring activities are undertaken throughout the accreditation cycle of training posts. At the local level, these may include DoT meetings with trainees and supervisors, meetings with site coordinators of training, meetings with service executives relevant to the training post.

In addition to local monitoring, the following broad activities also occur which contribute to monitoring:

Activity	Frequency & Responsibility
Review of results of survey data from: • annual trainee survey • trainee rotation survey • Trainee exit survey (as they enter fellowship) • supervisor survey data/feedback reports • annual external Medical Training Survey	College responsibility conducted as per the college schedule.
Review of other relevant training data such as: • Assessment of completions and pass rates • Quality of supervisor feedback within the Work Based Assessments • Complaints	College responsibility conducted bi-annually.
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 • increases in trainee numbers and/or decreases in supervisor numbers • 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 the **training setting** to proactively provide this information to the college when it occurs, it will then be reviewed.

17.3 Lapsed accreditation and withdrawn posts

If an existing accredited post has no trainees for a period of time (e.g. 12 months), the relevant BTC/NZTC 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, the BTC/NZTC 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 withdraw from being an accredited training setting/post. 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. Once withdrawn, a full application to accredit the setting is required if the setting wants to be accredited again.

18. Raising a concern about an accredited training post

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

- contact their BTC/NZTC, DOT, SCOT or trainee representative organisation, in the first instance
- speak to a member of college staff (via contact details on website) or relevant college representative (e.g. Fellow, Trainee representative)
- raise a concern using the college's complaint management process, or
- where non-compliance with standards are a concern, an online confidential concern can be submitted, as per the *Accreditation Feedback and Concerns Outside Scheduled Assessments* procedure.

The college will review these concerns during monitoring (see Section 17).

19. Data and reporting

The college publishes a list of accredited training programs only on its website: Training programs and zones | RANZCP. Training Post accreditation status is currently managed internally in InTrain and the Program DoT is responsible for ensuring post accreditation and trainee allocation under their jurisdiction are regularly updated. BTC/NZTCs are ultimately responsible for ensuring college records are being maintained.

The college 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.

20. Review of accreditation procedures

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

21. RANZCPs commitment to Aboriginal and/or torres strait islander peoples and māori mental health

The RANZCP is committed to addressing the longstanding inequities experienced by Aboriginal and Torres Strait Islander peoples in Australia, and Māori in Aotearoa New Zealand, in both health outcomes and access to culturally safe mental health care. Central to this commitment is the College's work to grow and sustain the Indigenous psychiatric workforce, promote cultural safety for both patients and psychiatrists, and embed culturally responsive practices across training, policy, and service delivery. Guided by its vision, the RANZCP acknowledges the enduring disparities in health outcomes for Aboriginal and Torres Strait Islander peoples and Māori, which reflect systemic barriers to appropriate health services and the social determinants of health. The College is advancing this agenda through multiple initiatives, including increasing representation of Aboriginal, Torres Strait Islander and Māori peoples among its membership and staff, strengthening education in culturally appropriate care, and implementing its Reconciliation Action Plan and commitment to Te Tiriti o Waitangi.

22. Further information

If you have any questions or need more information about accreditation, please contact accreditation@ranzcp.org.

REVISION RECORD

Document Owner: Education and Training Department

Contact: Manager, Accreditation and Standards

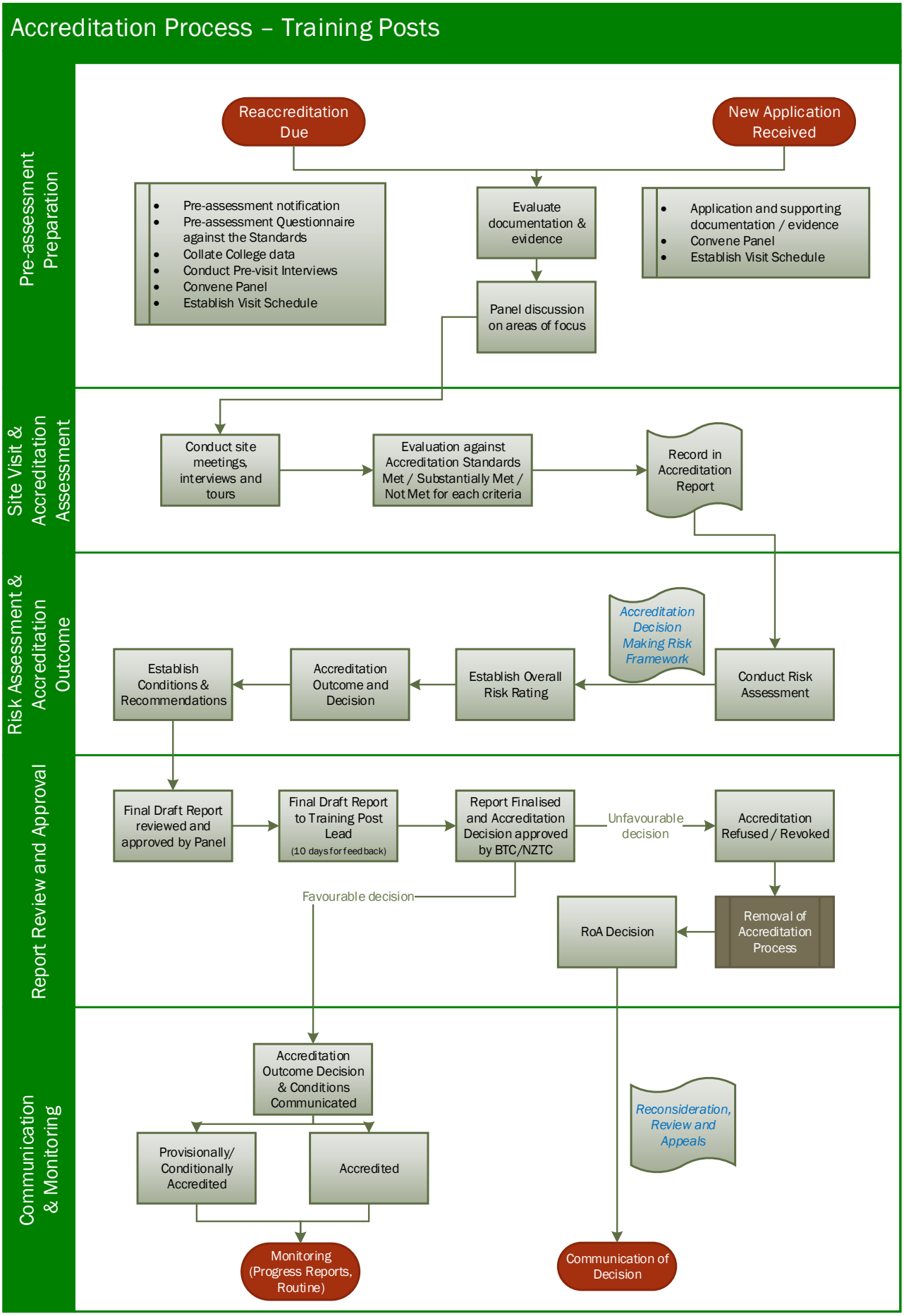
Date	Version	Approver	Description
11/09/2026	1.0	EC	New document. Separation of policy from procedure. Specific for training post accreditation process only. Aligns with AMC Model Procedures. AC approved 31/08/2026.
	NEXT REVIEW: Dec 2029		

APPENDIX A: Accreditation Outcomes and Decisions

Please refer to the RANZCP Accreditation Decision Making Risk Framework for more information including how accreditation decisions are made based on associated risk.

Accreditation Outcome	Alignment to risk framework	Accreditation Decision: Duration and conditions
New training settings		
Provisionally accredited	A new training setting 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. The overall risk assessment is rated as low or medium with conditions required.	Provisionally accredited for **up to 12 months**, subject to satisfactory routine monitoring submissions. The setting can appoint trainees but will be subject to an assessment within 12 months that will include confirming if any conditions have been met. At this point, training settings will be considered an 'existing training setting' for accreditation purposes. If no trainees are appointed within 12 months, the college will decide if provisional accreditation status should lapse or remain in place for a further period of time. If lapsed, the college 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 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.
Existing training settings		
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 it has been determined conditions are not required.	Accredited to a maximum of **5 years**, subject to satisfactory routine monitoring submissions.
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 **3 months** to **5 years** 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.
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**. Feedback and timeframes for reconsidering reaccreditation will be provided, including what criteria the training setting needs to address. 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. 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. 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).

APPENDIX B: Flowchart: Accreditation Process - Training Posts



APPENDIX C: Approvals process for the assessment of NEW applications