

Accreditation Feedback and Concerns Outside Scheduled Assessments



Authorising Committee/ Department:	RANZCP Education Committee
Responsible Committee/ Department:	Accreditation Committee
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1. Introduction

The RANZCP is accredited by the Australian Medical Council (AMC) and the Medical Council of New Zealand (MCNZ) to set Accreditation Standards and monitor adherence by programs, zones, Subcommittees for Advanced Training (SATs) and Formal Education Course (FEC) providers.

Stakeholder feedback informs reviews of accredited status and trainee feedback is a fundamental element. As per the RANZCP [Accreditation Policy](#) and related accreditation procedures, 5-yearly accreditation assessments and mid-cycle reviews include opportunities for all relevant stakeholders (trainees, supervisors, Directors of Training (DoTs), FEC providers) to provide their views on compliance with the respective Accreditation Standards.

Outside of the scheduled assessments, there may be occasions when stakeholders want to provide feedback to the College relating to concerns for compliance with the accreditation standards. This document provides information on how to provide feedback, separate from accreditation assessments.

2. Purpose and Scope

This procedure outlines the process for submitting, receiving, assessing and responding to **accreditation related concerns** (where local resolution is not successful) regarding:

- Fellowship Training Programs
- Training Posts
- Formal Education Courses (FECs)
- Certificates of Advanced Training (CATs)

It applies to concerns raised **outside** scheduled accreditation assessments or mid cycle reviews. Its purpose is to ensure **accreditation-related issues** are triaged centrally, recorded in a formal register, and managed consistently across committees.

3. Scope

3.1. In Scope

Concerns directly related to compliance with the RANZCP Accreditation Standards, including (but not limited to):

- Training post requirements (e.g., trainee safety, supervision, caseload, learning environment)
- FEC delivery and curriculum
- CAT program delivery
- Significant risks to accreditation compliance or training quality

3.2. Out of Scope

The following issues must use the [Training and Assessment Complaints](#) pathway:

- Bullying, harassment, discrimination
- Interpersonal conflicts and workplace behaviours
- Training decision disputes
- Early resolution processes

4. Principles

4.1. Centralised intake: All accreditation-related concerns must be submitted to the **Accreditation mailbox** to ensure central registration and consistent triage.

4.2. Evidence based: Submissions must reference **specific Accreditation Standard(s)** and include supporting evidence.

4.3. Confidentiality:

- Details of the program/post/FEC/CAT are mandatory in order to conduct an investigation
- Information received will be deidentified as appropriate. Where the complainant elects to provide their personal details on the form, this information will be deidentified to maintain confidentiality.

4.4. Safety and quality: Issues representing risk may be escalated to RANZCP Executive.

4.5. Procedural fairness for all parties. Everyone involved in the process is treated fairly, consistently and respectfully, and the process is transparent and reasonable.

- Each party is given an opportunity to be heard and treated respectfully
- Decisions are made objectively, using evidence rather than assumptions
- Any conflicts of interest are managed in accordance with the RANZCP [Conflict of Interest Guideline](#)
- The process is transparent and consistent
- Right to clarification or escalation

5. Submission Requirements

A valid submission must include:

- a) **Accredited Area Affected:** Program / Post / FEC / CAT
- b) **Location (mandatory):**
 - Training post name
 - Hospital or health service name
- c) **Relevant Accreditation Standard(s):** Identify which standard(s) are alleged not to be met.
- d) **Description of Concern:** Clear explanation including context and timeline.
- e) **Supporting Evidence:** Examples, documents, supervision notes, dates, etc.
- f) **Complainant Details (optional):**
 - Name and contact details are optional (and will be deidentified and withheld from committees)
 - Role (trainee, supervisor, DOT, etc.) – also optional

6. Submission Pathway

All accreditation-related concerns must be submitted centrally to: accreditation@ranzcp.org

This ensures:

- Registration in the **Central Accreditation Concerns Register**
- Consistent initial screening
- Appropriate allocation to BTC/NZTC, SAT, CFT or AC
- Reliable tracking and auditing

7. Procedure

7.1. Central Intake

The Accreditation mailbox receives submissions and:

- a) Confirms whether the issue is in scope or must be redirected (such as general complaint, training dispute, etc)
- b) Logs the in-scope concern into the Central Accreditation Concerns Register
- c) Determines the appropriate committee allocation and forwards the submission:

	BTC/NZTC	SAT	CFT	AC
Training Programs				✓
Training Posts	✓		✓	
FECs				✓
CAT programs		✓		
CAT Training Posts	✓	✓		

7.2. Preliminary Assessment

A member of the receiving committee (typically the committee secretariate in consultation with the Chair) will:

- a) Assess the reported concern against the Accreditation Standards
- b) Clarify or request missing evidence (if complainant details provided)
- c) Identify risk level (minor → urgent)

7.3. Committee Review

The receiving committee:

- a) Reviews evidence and context, in relation to accreditation standard(s) in question
- b) Ensures conflicts of interest are declared and managed
- c) May request additional documentation from the program/post/FEC/CAT
- d) Considers whether immediate risk or safety issues require escalation

7.4. Determination and Action

Possible outcomes:

- a) No action required
- b) Monitoring or informal follow-up
- c) Request for corrective measures
- d) Earlier-than-scheduled accreditation review
- e) Alteration of accreditation status to the relevant Standard Criteria: Met / Substantially Met / Not Met
- f) Engagement of [Removal of Accreditation](#) process if multiple standards and criteria are not met
- g) Escalation to RANZCP Executive if significant risk is identified

7.5. Communication

The appropriate committee responsible for the accreditation type will notify both the Accreditation Team (via the accreditation email) and the complainant (to the extent possible within privacy limits, where personal details have been provided) of the:

- a) Outcome
- b) Planned follow-up actions
- c) Expected timelines
- d) Appeal options under the [Review, Reconsideration and Appeals](#) process.

7.6. Update Central Register

The Central Accreditation Concerns Register must be updated with the outcome and actions undertaken. This will be completed by a College staff member within the responsible Committee/team that has access to the register.

8. Record Keeping

All concerns, actions and outcomes will be recorded in the Central Accreditation Concerns Register.

Where possible and appropriate, deidentified information will be reported to committees.

All records will be managed under the RANZCP [Privacy Policy](#).

9. Support of Complainants

There are a number of support options available to complainants.

- The **Member Welfare Support Line** is available for support and confidential advice:
AUS 1800 941 002 | NZ 0800 220 728.
Further details are available on the RANZCP website: [Wellbeing support for members | RANZCP](#)
- The **Bi-national Council for Trainees (BCT)** can also be contacted via details available on the RANZCP website: [Bi-national Committee for Trainees | RANZCP](#)
- Director of Training (DoT) or mentor support where relevant
- Direct contact with the relevant local Branch or Branch Training Committee

10. Monitoring, Evaluation and Review

The AC shall implement, monitor, and review this procedure.

The AC may conduct annual thematic analysis of the register. Trends are to be reported to the AC for quality improvement.

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

This procedure will be effective from its publication date

11. RANZCP's 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.

12. Associated Documents

- Accreditation Standards (Program, Post, FEC, CAT)
- Accreditation Policy
- Accreditation Procedure (Program, Post, FEC, CAT)
- Removal of Accreditation Policy and Procedure
- Review, Reconsideration and Appeal Policy
- Flowchart: Training and Assessment Complaints
- RANZCP Privacy Policy
- RANZCP Code of Ethics

Revision Record

Contact: Manager, Accreditation and Standards

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03/05/2026	V1	Board	New document. Related to NHPO recommendation. EC approved 17/04/2026.

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