

RANZCP Accreditation Procedure – Training Programs



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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 program¹.

This document:

- outlines the process the Royal Australian and New Zealand College of Psychiatrists (RANZCP) follows to accredit fellowship **training programs**
- provides training settings with clear guidance on how the accreditation assessment works
- should be read in conjunction with the [RANZCP Training Program Accreditation Standards](#).

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 documents that are referenced throughout, and are available on the RANZCPs [Accrediting posts, programs & courses](#) webpage:

- RANZCP Training Program Accreditation Standards
- Accreditation Decision Making Risk Framework
- Guidance Document: *Application of the risk framework and development of conditions*
- Removal of Accreditation Policy and Procedure
- Review, Reconsideration and Appeals Policy and Procedure

1.3 Acknowledgement

This procedure has been based on the Model Procedures² document developed by the Australian Medical Council (AMC) and has been contextualised for the RANZCP.

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

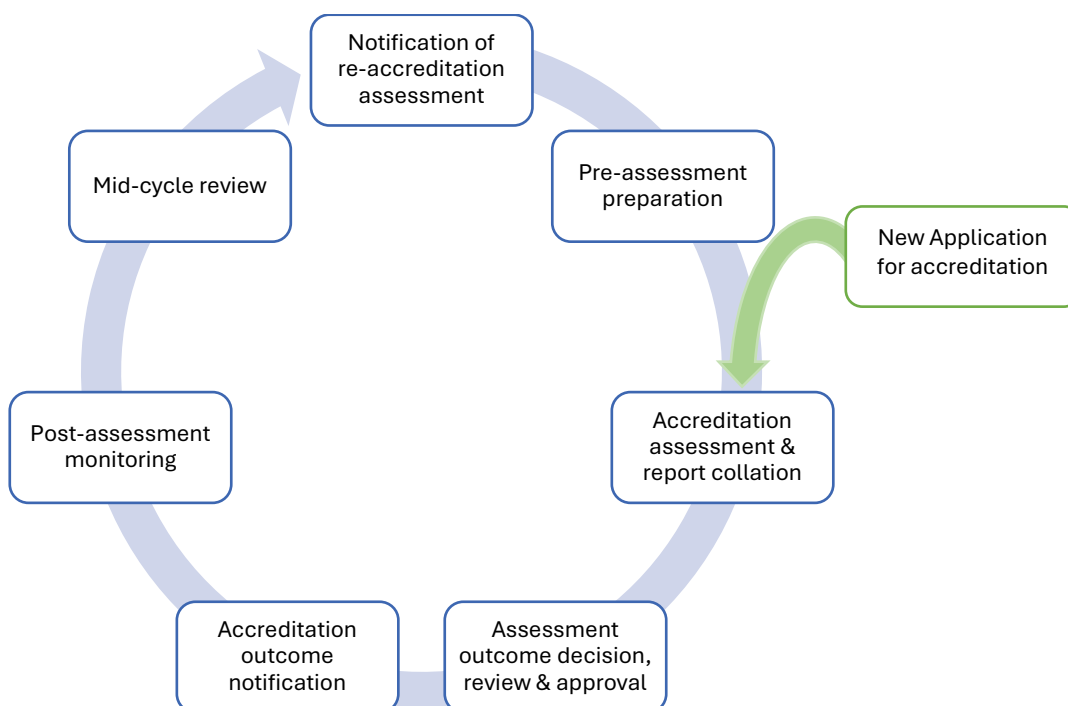
² [Model procedures for specialist medical college accreditation of training settings 2025](#)

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	<p>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.</p> <p>Steps associated with ensuring procedural fairness include:</p> <ul style="list-style-type: none"> • 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, programs 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 Programs is located in Appendix B.



4. Accreditation review period and responsibilities

4.1. Review cycles

FULL Cycle	Responsibility	MID-Cycle	Responsibility
Up to 5 years with a site visit	AC + Panel	2 – 3 years/ desktop review	AC + DoT
AC = Accreditation 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 programs**:

Role	Accreditation responsibilities	Composition and Process for appointment
College		
Board	<ul style="list-style-type: none"> Makes final decision where AC recommends to refuse or revoke a training setting’s accreditation. 	The RANZCP is governed by a Board of democratically elected directors, led by the College President. Further information about the Board and process for appointment is located on Governance webpage .
Accreditation Committee (AC)	<ul style="list-style-type: none"> Reviews and considers proposed accreditation recommendations and training setting accreditation reports (as submitted by Accreditation Panels) and makes recommendations regarding accreditation decisions to the Education Committee for approval. Escalates any cases to the Board, via the Education Committee (EC), for review and final decision where a training setting’s accreditation is proposed to be refused/revoked 	The composition of the AC is as per the AC Regulations (internal document). Committee member elections and appointments is covered within the regulation.

Role	Accreditation responsibilities	Composition and Process for appointment
	<ul style="list-style-type: none"> Monitors accredited and conditionally accredited training settings to ensure they continue to meet the accreditation standards and any conditions that have been imposed 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 Reviews and improves the effectiveness of accreditation policies, systems and procedures Provides advice (as required) to the EC and the Board on accreditation matters. 	
<p>Accreditation Panel</p> <p><i>Refer to 4.3 Accreditation Panel Member Selection Criteria</i></p>	<ul style="list-style-type: none"> Reviews evidence (including undertaking site visits where required) to determine whether a training setting meets the Accreditation Standards Provides an overall recommendation to the AC 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. 	<p>The Accreditation Panel will comprise:</p> <ul style="list-style-type: none"> Lead Member (Fellow or Affiliate) Second Member (Fellow or Affiliate) Trainee Representative RANZCP Staff member to provide policy guidance and secretariat support <p>Accreditation Panel Terms of Reference and member position descriptions is available on the Accrediting posts, programs & courses RANZCP website</p>
<p>Accreditation Panel Lead</p>	<ul style="list-style-type: none"> Chairs panel 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. 	<p>Appointed by the college as per the Fellowship Program Accreditation Panel – Lead Member Position Description location on the Accrediting posts, programs & courses RANZCP website.</p>
<p>College Accreditation Secretariat</p>	<ul style="list-style-type: none"> Collates documentation for the Accreditation Panel Makes arrangements to support the accreditation assessment (e.g. logistics of site visits) Advises the Accreditation Panel 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 Panel's assessment is submitted to the AC for consideration Records minutes and outcomes of relevant meetings Maintains an up-to-date record of training settings, including accreditation conditions and status. 	<p>Appointed by the college as a RANZCP staff member and as per the Position Description location on the Accrediting posts, programs & courses RANZCP website.</p>
<p>Training Program</p>		
<p>Training Program Lead Contact</p>	<ul style="list-style-type: none"> Liaises with college 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 College Accreditation Secretariat to support the accreditation assessment (e.g. logistics of site visits) Meets with the Accreditation Panel as part of site visits 	<p>Director of Training (DoT)</p> <p>The process of appointment is determined by the training setting.</p>

Role	Accreditation responsibilities	Composition and Process for appointment
	<ul style="list-style-type: none"> 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. 	
Supervisors, educators and other staff	<ul style="list-style-type: none"> Provide information to support the accreditation assessment, including: <ul style="list-style-type: none"> responding to relevant surveys meeting with accreditation panels as part of site visits. 	<p>College will contact trainees to complete pre-assessment surveys and/or refer to data from previous trainee surveys. Data will be provided directly to the Accreditation Panel.</p> <p>The College will work with the DoT to identify other staff to be involved in the accreditation assessment.</p>
Trainees	<ul style="list-style-type: none"> Provide information to support the accreditation assessment, such as: <ul style="list-style-type: none"> responding to trainee surveys meeting with accreditation panels as part of site visits. 	<p>College will contact trainees to complete pre-assessment surveys and/or refer to data from previous trainee surveys. Data will be provided directly to the Accreditation Panel.</p>

4.3 Accreditation panel member selection criteria

The criteria for the selection of the panel members includes:

Selection Criteria		
Fellows	Affiliates	Trainees
<ul style="list-style-type: none"> Current active Fellowship of the RANZCP. No perceived or potential or real conflict of interest. Current specialist medical registration and professional indemnity. Participation in the Continuing Professional Development (CPD) Program. Demonstrated experience in Psychiatry practice. Experience as a DoT, a service director, an accredited RANZCP supervisor, or previous experience in two accreditation assessments as a trainee member of an accreditation panel. 	<ul style="list-style-type: none"> Current active Affiliate membership of the RANZCP. Not current participation in a training pathway. No perceived or potential or real conflict of interest. Current specialist medical registration and professional indemnity. Participation in the CPD Program. Demonstrated experience in Psychiatry practice. Experience as at least one of the following: <ul style="list-style-type: none"> a DoT, or a service director, experience in prior accreditation activity, AND at least five years as an accredited RANZCP supervisor. 	<ul style="list-style-type: none"> Current active membership of the RANZCP 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. 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. Trainees who have been on a break in training for longer than twelve months will need AC Chair consideration.
<p>In Australia, as per the 14 March 2012 Statement Medical Board of Australia - Codes, Guidelines and Policies, retired Fellows may be eligible to participate in accreditation panels at upon approval by the AC. This is not possible in New Zealand as per the Policy on registration within a general scope of practice (mcnz.org.nz).</p>		

4.4 Training

All Accreditation Panel members will receive training from the college to ensure accreditation processes and policies are understood and delivered appropriately.

Training Program accreditation panel members shall undertake accreditation assessment training as directed by the AC. This may include induction by the AC and members of previous accreditation panels, completion of online training modules, and-on-the-job training.

The following accreditation process training resources are available online via the College's *Learnit* platform.

- RANZCP Accreditation Training – pre-module survey
- RANZCP Accreditation Training – learning path

The primary model for accreditation training is an apprenticeship style.

- a. Ideally, the Lead member will have completed a minimum of two assessments as a second member during the previous five calendar years.
- b. Lead members will ideally maintain currency of experience in accreditation by participating in accreditation activities (a minimum of one assessment, either of a Training Post, Training Program or Zone) every two calendar years.
- c. A Lead member who does not maintain currency of experience may be required to become a Second member and complete refresher training as requested by the AC.

5. Managing conflict of interest

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

Potential assessment panel members must advise the RANZCP AC of any personal or professional interest that may, or may be perceived, to impact their ability to be an impartial assessor. The College may require the panel member to step aside from a particular accreditation process.

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

If an accreditation panel member becomes aware that they may have an actual or perceived conflict of interest during an assessment, the Accreditation Panel Chair 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 AC.

Members of the AC 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

An application for a new Fellowship Program or Zone must be via completion of the *Application for accreditation of a new Fellowship Program Zone* form (located on [this webpage](#)) for accreditation of a new training program.

The application form includes a self-assessment against the accreditation standards and outlines what supporting evidence should be provided to demonstrate how the training program is meeting the Accreditation Standards.

The application form should be completed by the Training Setting Lead Contact and submitted to accreditation@ranzcp.org as per the instructions within the form. The complete application is forwarded to the relevant Branch Training Committee (BTC)/New Zealand Training Committee (NZTC) for initial consideration (the college will accept application submissions directly to the relevant training committee).

The approvals process for the assessment of new applications is summarised in Appendix C. Due to the number of steps involved and meeting schedules of relevant committees, the process from application to provisional approval is estimated to take 12 months. Following provisional accreditation, it is estimated that the pathway to full accreditation will take a further 24 months.

Settings applying for accreditation for the first time are recommended to start the application process 12 months before they would like training to begin.

The college will contact accredited training settings approximately six months before their existing accreditation expires to remind them to start the reaccreditation process. The college may also advise the training provider and jurisdictional health department.³

7. Preparation for reaccreditation of existing programs

For programs, the AC maintains a reaccreditation schedule and provides the schedule for the upcoming year to health departments, as per the protocol³. This is typically conducted towards the end of each calendar year.

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

Timeframe	Activity
12 months prior	<p>Assessment/visit notification</p> <ul style="list-style-type: none"> Formal communication to the training setting (who can inform the local health service) 12 months prior to the scheduled accreditation assessment, with a 6 reminder.
4 months – 1 week prior	<p>Pre-assessment information gathering & review</p> <ul style="list-style-type: none"> For training programs/zones, in consultation with the DoT, determine the scope of the accreditation assessment based upon the size and geography of the Program/Zone and any current or priority issues for the Program/Zone. Send the setting the pre-visit questionnaire (PVQ) with completion instructions. Receipt of completed PVQ and associated evidence documents. Request further information where necessary. Review previous progress reports and mid-cycle reviews. Obtain/request relevant internal data reports (such as post accreditation expiry, exam pass rates, any formal feedback/complaints received, etc.). Conduct online interviews with trainees and/or supervisors focusing on areas previously flagged with conditions to determine if previous issues still problematic, or new concerns arisen. Share relevant information with the accreditation panel members. <p>Finalise visit schedule</p> <ul style="list-style-type: none"> Ensure the agenda is finalised with the setting and includes online meeting links for participants to join remotely. Training setting to communicate visit and agenda to relevant members involved in the visit.
1 week prior	<p>Pre-visit panel discussion</p> <ul style="list-style-type: none"> Panel to meet prior to visit to discuss areas of concern and assessment strategy.

³ Note that 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

8. Site visit

8.1 New settings

The College 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 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 visit is captured in the next section on Existing Settings.

Supervisor and other relevant 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 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

Reaccreditation of existing training settings will occur as physical site visits. Preparation of these visits is outlined in the section 7, with the College Accreditation Secretariat coordinating the pre-assessment documentation and site assessment schedule with the site Director of Training and the Accreditation Panel Chair.

Site visits are used to verify information from the pre-visit assessment, hold interviews as well as make observations and clarify any matters raised during the review of the application documents.

Site visits may be physical, virtual or hybrid and will be arranged in consultation with the Training Setting Lead Contact.

Training settings will be required to:

- ensure interviewees are available and aware of their interview time (the college may provide advice on any trainee, supervisors or other staff members the Accreditation Panel would like to interview)
- organise interview rooms and/or video conferencing facilities
- inform the college of any issues with interviews or logistics as soon as possible
- provide site maps, internet access where the panel is attending in person.

A site visit will usually occur over a period of approximately two days depending on the size and complexity of the setting.

The accreditation visit schedule is developed by the College Accreditation Secretariat in consultation with the training setting and the Accreditation Panel Chair. The schedule will vary depending on the availability of interviewees and concerns identified from the review of the application documents.

The schedule should provide time for:

- discussions with supervisors, educators, trainees, hospital executives/practice manager/site managing body and other staff involved in training so they can present their views and for the Accreditation Panel to verify statements
- the Accreditation Panel to view relevant facilities
- confidential team discussions, review and reflection.

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 college has the right to conduct a full, unscheduled accreditation assessment. These may be virtual, on-site or hybrid visits:

- Where the college 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.

9. **Assessment against the criteria**

The Accreditation Panel will use information gathered from various sources (the application form (for new settings only), surveys, 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.

Where the college accredits networks or programs, these criteria will apply, recognising that various settings may contribute to meeting the criteria overall.

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.
- 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.
- Where it has found the training setting is significantly exceeding the minimum requirements for accreditation. The college may share the commendations with other training settings to promote best practice.

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 can be assigned to items classified as both 'substantially met' and 'met' where agreed to by the panel.

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 (link in section 1.2) 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 criteria 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 (see section 1.2).

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 college 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 / final report and approval

Documentation of the assessment and resulting risk and conditions is to be captured in the accreditation report (a template is available for Training Programs). The report is drafted by the RANZCP staff member of the panel. Interviewees must not be named in reports without their consent.

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 Director of Training (DoT) to ensure procedural fairness.

The DOT 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.

Following factual review, the accreditation report is reviewed by the AC Chair, or delegate.

The final draft report with the proposed decision, conditions, recommendations and commendations is submitted to the AC for consideration and approval of the accreditation outcome and recommendations. The AC can endorse or modify the report and any proposals, noting it should not change the text of the report without the agreement of the Accreditation Panel Chair.

When accreditation is recommended, the report remains watermarked “draft” and is submitted by the AC to the EC for approval of accreditation of the Program, which is then noted by the CFT and RANZCP Board (as per section 12).

Where the recommendation is to refuse or revoke a program’s accreditation, the Board may make the final decision. The Removal of Accreditation Policy and Procedure is then followed.

12. Communication of the approved decision

Upon verification of EC approval, the watermark is removed from the report and it is then submitted by the AC (via College Accreditation Secretariate) to:

- the DOT and the BTC/NZTC, who may disseminate the report and/or its appendices as appropriate.
- to the relevant Branch Chair
- a report summarising the findings of the accreditation may be distributed by the AC (via staff) to trainees enrolled in the Program or Zone.

Communications 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 facility⁴, it must act in accordance with Communication Protocol³, which requires colleges to inform the nominated contact point of the accredited organisation and jurisdiction if:

- accreditation is to be revoked

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.

- 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.

12.1 Certificate of accreditation

Where an accreditation outcome is favourable (Accredited or Provisionally/Conditionally Accredited) the College Accreditation Secretariat will create and send to the DOT a formal Certificate of Accreditation.

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 program and setting on how matters may be resolved prior to a final accreditation decision being made. This could include discussions with the setting about appropriate steps that the setting could put in place to resolve the college's concern.

There will be circumstances where resolution as part of the accreditation process is not possible. Where this occurs and a training program/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 program/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

The college will work with the relevant training program stakeholders (including the CFT and relevant BTC/NZTC) to develop a plan and support pathway for impacted trainees and any other relevant matters as soon as the program 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.

15. Training program withdrawal from the accreditation process

A training program and/or setting can withdraw from the accreditation process at any stage, up until a final accreditation decision has been made by the AC. 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 of Accreditation Panels, members of the AC, 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 program will move into the monitoring phase. 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)
- helps detect any potential new issues between accreditation assessments
- provides proactive guidance to training settings experiencing challenges
- identifies and acknowledges high-performing settings.

The college undertakes the following monitoring activities for all training programs.

17.1 Progress reports

When the approved accreditation report has been provided, any conditions and associated progress reporting and timelines will be communicated.

The AC 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 risk rating of a criterion should be reviewed and if conditions 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 Mid-cycle reviews (MCR)

An MCR is typically a desktop review and occurs mid-way during the accreditation cycle to ensure continuing compliance with the RANZCP accreditation standards throughout the accreditation cycle.

For Training Programs, MCRs are undertaken by the College Accreditation Secretariat and the final report and supporting evidence is provided to the AC.

MCRs require an assessment against all of the standards, in addition to a review of progress and status of conditions and recommendations assigned from the full accreditation assessment and is to be documented in a formal report.

When conducting an MCR, the college is required to follow similar steps to the full accreditation assessment by way of:

- Pre-notification of the review
- Requesting the pre-assessment information and gathering other sources of information (such as ad hoc feedback received by the College from trainees, BTC/NZTC, DoTs, or other stakeholders as reported to the CFT and/or AC for consideration).
- Conducting the assessment against each criterion in the relevant accreditation standards

Resulting from this review, the AC 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 (as per section 10 and the Accreditation Decision Making Risk Framework). 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.

Reporting and appeals will follow the process in sections 11 to 13.

17.3 Ongoing routine monitoring activities

Routine monitoring activities are undertaken throughout the accreditation cycle of training programs. These include the following activities:

Activity	Frequency & Responsibility
Review of results of survey data from: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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 • revisions to the training program • the absence of staff or roles which impact training and have been left vacant for an extended period 	Responsibility of the training setting to proactively provide this information to the college when it occurs, it will then be reviewed.

Activity	Frequency & Responsibility
<ul style="list-style-type: none"> 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. 	
Review of results of annual setting census return/monitoring report	College responsibility conducted annually.

17.4 Lapsed accreditation

If an existing accredited training setting has no trainees for a period of time (e.g. 12 months), the college 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 college 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. 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.

18. Raising a concern about an accredited training setting

Any individual who is concerned that an accredited training setting is not meeting the accreditation standards (and is not confident in following a local escalation process within their workplace) can:

- speak to a member of college staff or relevant college representative (e.g. Fellow, Trainee representative)
- raise a concern using the college's [complaint management process](#).

The college will review these concerns during monitoring (see section 17). Depending on the severity, the concern will be taken to the AC for consideration of action.

19. Data and reporting

The college publishes a list of accredited training settings on its website: [Training programs and zones | RANZCP](#). The DoT is responsible for ensuring post accreditation and trainee allocation under their jurisdiction are regularly updated in the college system InTrain.

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

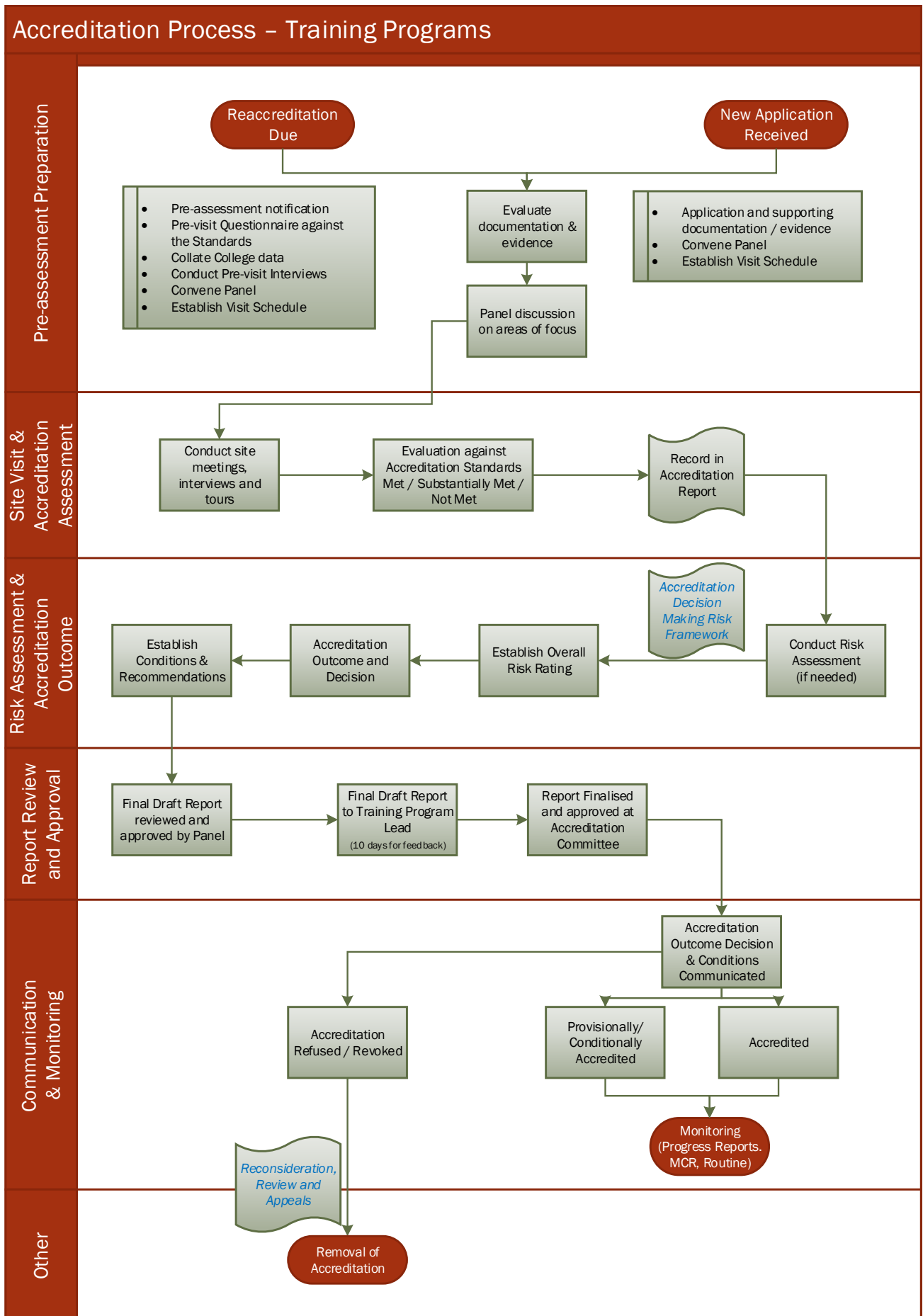
Document Owner: Education and Training Department			
Contact: Manager, Accreditation and Standards			
Date of approval:	Version	Approver	Description
21/03/2026	1.0	Board	New document. Separation of policy from procedure. Specific for training program accreditation process only. Aligns with AMC Model Procedures. EC approval 5/12/25.
Mar 2029	NEXT REVIEW		

APPENDIX A: Accreditation Outcomes and Decisions

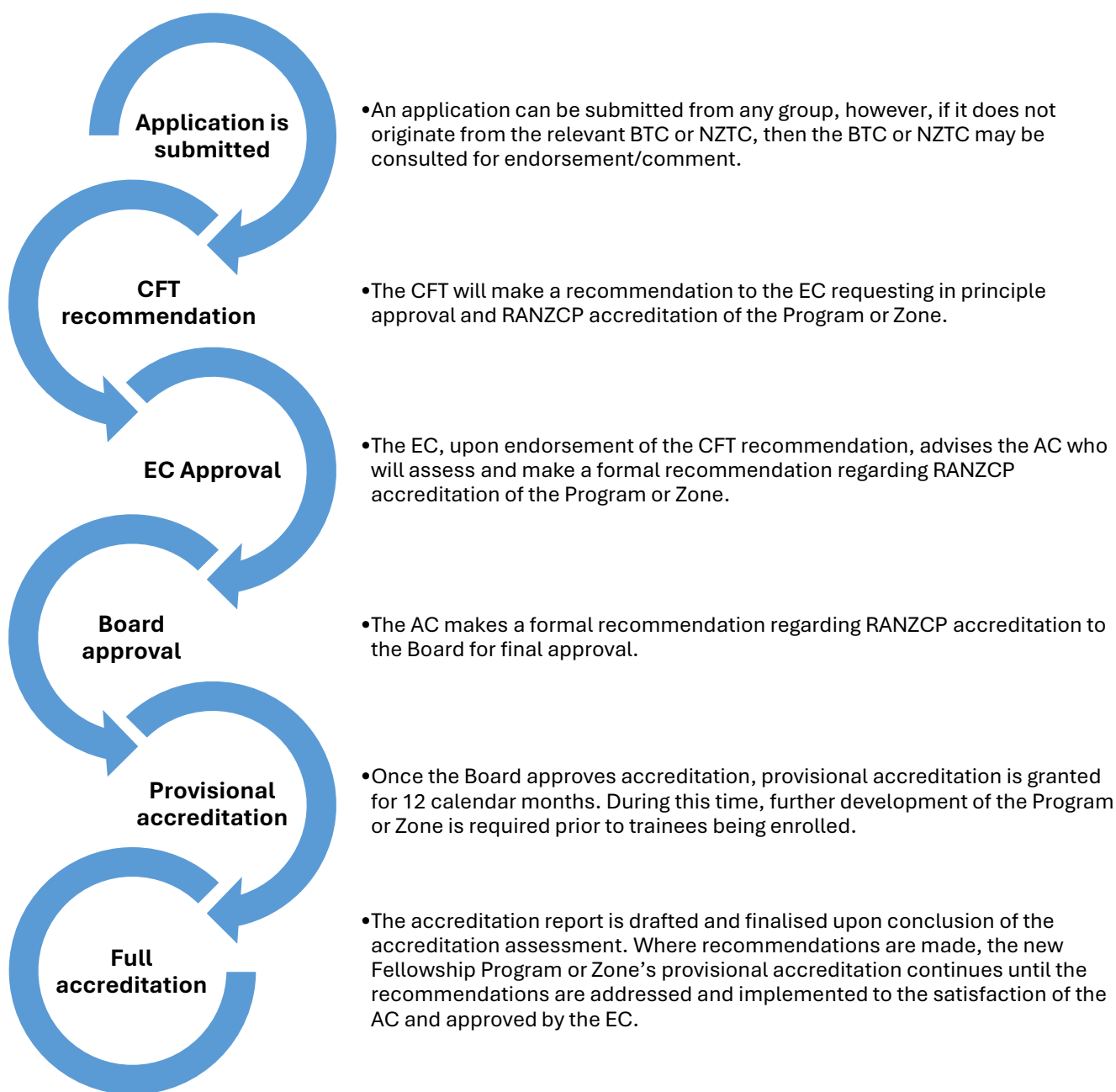
Please refer to the RANZCP Accreditation Decision Making Risk Framework for more information including how accreditation decisions are made based on associated risk.

Accreditation Outcome	Alignment to risk framework	Accreditation Decision: Duration and conditions
New training settings		
Provisionally accredited	<p>A new training setting that:</p> <ul style="list-style-type: none"> 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. 	<p>Provisionally accredited for up to 12 months, subject to satisfactory routine monitoring submissions.</p> <p>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.</p> <p>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.</p>
Not accredited (refused)	<p>A new training setting that does not meet all of the accreditation criteria. The overall risk assessment is rated as high or extreme.</p>	<p>Accreditation not granted.</p> <p>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.</p>
Existing training settings		
Accredited	<p>An existing training setting that:</p> <ul style="list-style-type: none"> 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. 	<p>Accredited to a maximum of 5 years, subject to satisfactory routine monitoring submissions.</p>
Conditionally accredited	<p>An existing training setting that:</p> <ul style="list-style-type: none"> does not meet all of the accreditation criteria and the overall risk assessment is rated as low, medium or high with conditions required. 	<p>Accredited for 3 months to 5 years depending on the severity of the risk and:</p> <ul style="list-style-type: none"> conditions being addressed within the defined timeframe satisfactory routine monitoring submissions meeting any other specific monitoring requirements.
Not accredited (revoked)	<p>An existing training setting that:</p> <ul style="list-style-type: none"> does not meet all of the accreditation criteria and the overall risk assessment is rated as extreme with conditions required. <p><i>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.</i></p>	<p>Accreditation not granted.</p> <p>Feedback and timeframes for reconsidering reaccreditation will be provided, including what criteria the training setting needs to address.</p> <p>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:</p> <ul style="list-style-type: none"> 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. <p>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).</p>

APPENDIX B: Flowchart: Accreditation Process - Training Programs



APPENDIX C: Approvals process for the assessment of new applications



Note: Due to the number of steps involved and meeting schedules of relevant committees, the process from application to provisional approval is estimated to take 12 months. Following provisional accreditation, it is estimated that the pathway to full accreditation will take a further 24 months.