

Education and Training

ACCREDITATION - POLICY AND PROCEDURE



Authorising Committee/ Department:	RANZCP Board
Responsible Committee/ Department:	Education Committee
Document Code:	POL PRC EDT-TRN Accreditation - Policy and Procedure

1 POLICY PURPOSE

- 1.1 For the accreditation of Fellowship Programs, Certificates of Advanced Training, training posts, and Formal Education Courses (FECs) in compliance with the Royal Australian and New Zealand College of Psychiatrists (RANZCP) 2012 Fellowship accreditation standards.

2 PRINCIPLES OF ACCREDITATION

- 2.1 Accreditation is a quality assurance process to ensure that training delivered under the RANZCP 2012 Fellowship Regulations meets accreditation standards which specify educational, clinical and governance requirements for Fellowship Programs, Certificates of Advanced Training, training posts and FECs.
- 2.2 The RANZCP accredits Fellowship Programs, Certificates of Advanced Training, training posts and FECs. Individual training locations or health services are not accredited by the RANZCP.
- 2.3 The Education Committee (EC) is responsible for the assessment and recommendations regarding accreditation of Fellowship Programs and FECs. Branch Training Committees (BTCs) and the New Zealand Training Committee (NZTC) are responsible for the accreditation of training posts in which RANZCP trainees are located.
- 2.4 ¹Subcommittees for Advanced Training (SATs) are responsible for accreditation of Certificate of Advanced Training Programs.
- 2.5 Fellowship Programs, Certificates of Advanced Training, training posts and FECs must be accredited by the RANZCP before a trainee is placed in the Fellowship Program, Certificate of Advanced Training, a training post or commences an FEC.
- 2.6 Full, partial or provisional accreditation may be awarded to Fellowship Programs, Certificates of Advanced Training, training posts and FECs. The RANZCP has the authority to remove accreditation from Fellowship Programs, Certificates of Advanced Training, training posts and FECs.
- 2.7 A Fellowship Program, Certificates of Advanced Training, a training post or an FEC that partially meets accreditation standards may be awarded provisional accreditation with conditions or recommendations that must be addressed in order to be awarded full accreditation.

¹ The RANZCP acknowledges that the governance structure relating to accreditation of Certificates of Advanced Training is inconsistent with accreditation processes for the Fellowship program and, while clause 2.4 represents the situation at the time of this policy's publication, it is under review via the College Governance and Risk Committee.

- 2.8 The accreditation process is a five-year cycle, which may include an accreditation location visit, a mid-cycle desktop audit, and surveys of trainees and supervisors. Fellowship Programs, Certificates of Advanced Training, training posts and FEC providers must demonstrate continuing compliance with the RANZCP accreditation standards.
- 2.9 The period of accreditation commences from the date of advice of an accreditation approval to the date of the next accreditation assessment. A Fellowship Program, Certificate of Advanced Training, training post or FEC is provisionally accredited for the time between the assessment and the date of the formal outcome regarding eligibility for accreditation.
- 2.10 The RANZCP determines accreditation standards, for Fellowship Programs, Certificates of Advanced Training, training posts and FECs, and the Accreditation Committee (AC) monitors and maintains the standards.
- 2.11 The AC and/or the Committee for Training (CFT) reserve the right to commence an accreditation process at any time should either Committee deem it necessary, having regard to compliance, at the time, with the accreditation standards.
- 2.12 Only Fellows, Affiliates who are not on a training pathway, and Associates (trainees) of the RANZCP, and the appointed staff member, are eligible for membership of accreditation panels.
- 2.13 An observer may be permitted by the AC to join the accreditation panel.
- 2.14 New Fellowship Programs and FECs must apply to the Education Committee (EC) for RANZCP approval to commence the accreditation process.
- 2.15 An application for the accreditation of a new Fellowship Program must be submitted with sufficient time for the application outcome to be determined so that commencement of the new program will be in line with training rotation cycles. Similarly, an application for accreditation of new a FEC must be submitted with sufficient time for an accreditation outcome in the year before the commencement of the FEC (see Section 5).
- 2.16 An application for a new training post must be submitted to the BTC or to the NZTC to commence the accreditation process (see Section 3).
- 2.17 Accreditation processes ensure procedural fairness. A governance structure oversees processes and incorporates the right to appeal. The [Appeals process](#) is on the RANZCP website.
- 2.18 All stakeholders must adhere to accreditation outcomes in relation to Fellowship Programs, Certificate of Advanced Training Programs, training posts and FECs.
- 2.19 Representatives of the RANZCP involved in the accreditation process will sign a Deed of Undertaking in Relation to Confidential Information and Conflict of Interest.
- 2.20 In the event of the removal of accreditation of a Fellowship Program, Certificate of Advanced Training, training post or FEC, the welfare and training of trainees are the primary concern of the RANZCP. For more information regarding the removal of accreditation, refer to the [Removal of Accreditation Policy and Procedure](#).

3 ACCREDITATION OF FELLOWSHIP PROGRAMS

- 3.1 The accreditation of Fellowship Programs is on a five-year cycle, which includes a mid-cycle accreditation review, and an accreditation location assessment.
- 3.2 Fellowship Program accreditation includes:

- I. The collection and provision of evidence by the Fellowship Program, before the accreditation assessment, demonstrating compliance with the Training Program Accreditation Standards, in preparation for the accreditation panel.
 - II. A review by the accreditation panel of one or more training locations in the Fellowship Program by an accreditation panel.
 - III. After the accreditation assessment, the preparation of the accreditation panel's report on the Fellowship Program's compliance with the Training Program Accreditation Standards, which may include recommendations where the Standards have been partially met, or not met.
- 3.3 During the assessment, the accreditation panel meets trainees, supervisors, members of the health service management, the BTC or the NZTC, and/or local training committees.
 - 3.4 For current Fellowship Programs, the AC informs the Program (who can inform the local health services) at least one year in advance of the scheduled accreditation assessment, with a six-month reminder.
 - 3.5 In consultation with the Director of Training (DOT) (who drafts the timetable), the AC determines the scope of the accreditation assessment based upon the size and geography of the Fellowship Program, feedback from trainees in the responses to the pre-assessment survey, and any current or priority issues for the Program.
 - 3.6 The AC can initiate an extraordinary accreditation assessment at any time, with the CFT's consultation, should there be any training issues that require immediate attention or any circumstances that affect the safety and welfare of the trainees, and/or patients.
 - 3.7 The accreditation panel consists of a Lead member, a Second member, a trainee member, and an RANZCP staff member. An observer may be permitted by the AC, if appropriate.
 - 3.8 The accreditation panel is appointed by the AC chosen from amongst Fellows and Associates (trainees) of the RANZCP who have no conflict of interest.
- 3.9 Accreditation Report and Outcomes**
- 3.9 The accreditation report is drafted by the RANZCP staff member of the panel and approved in the first instance by the accreditation panel.
 - 3.9.1 The scope of the accreditation report is limited to assessing compliance with the Fellowship 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.
 - 3.9.1.1 Any issue 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.
 - 3.9.2 The draft accreditation report is sent to the Director of Training (DOT) for fact checking.
 - 3.9.3 Following fact checking, the accreditation report is reviewed by the AC Chair, or delegate.
 - 3.9.4 The accreditation report is submitted to the AC for consideration of the accreditation outcome and recommendations.

- 3.9.5 When accreditation is recommended, the report is watermarked “draft” and submitted by the AC:
- i) to the EC for approval of accreditation of the program, which is then noted by the Board.
 - ii) to the DOT and the BTC or the NZTC, who may disseminate appropriate appendices to local health services noting that accreditation status is pending EC approval.
 - iii) to the CFT for noting.
- 3.9.6 The Fellowship Program is accredited for a maximum of five years from the date of the accreditation assessment.
- 3.9.7 If the accreditation report includes recommendations, the AC may recommend provisional accreditation, with a timeline to implement the recommendations.
- 3.9.7.1 The AC shall inform the BTC or the NZTC advising of any recommendations, timelines for their implementation and deadlines for reporting progress to the AC. The AC will monitor the timeline and progress on implementations and will keep the EC informed of the program’s accreditation status.
- 3.9.8 The CFT may ask the BTC or the NZTC to provide an update on progress regarding accreditation recommendations. Any response to the CFT is copied to the AC.
- 3.9.9 Should a Fellowship Program not meet the Accreditation Standards removal of accreditation may be recommended. For more information regarding the removal of accreditation of a Fellowship Program, refer to the [Removal of Accreditation Policy and Procedure](#).

3.10 New Fellowship Programs

- 3.10.1 An application for a new Fellowship Program must be submitted by the relevant BTC or the NZTC to the CFT for consideration. The CFT will make a recommendation to the EC requesting in principle approval and RANZCP accreditation of the program. The EC, upon endorsement of the CFT recommendation, advises the AC who will assess and make a formal recommendation regarding RANZCP accreditation of the program. Final decision requires RANZCP Board approval.
- 3.10.2 An application for a new Certificate of Advanced Training Program must be submitted by the relevant BTC or the NZTC initially to the relevant SAT for consideration before any recommendations as per 3.10.1.
- 3.10.3 An application for a new Fellowship program should demonstrate the capacity, support, and funding, to deliver the program with trainees, supervisors, training posts, an FEC, and plans to recruit an appropriate number of DOTs, training coordinators, and support staff.
- 3.10.4 Should the Fellowship Program application not be approved, the BTC or the NZTC may consider re-submitting the application, with revised or additional information, or use the RANZCP appeals process. Each application is considered on a stand-alone basis and separate to any previous application.
- 3.10.5 All Fellowship Programs must be provisionally accredited by the AC and approved by the EC before trainees are placed in the Program. Following a positive assessment of an application by the AC, the Program will be granted 12 calendar months of provisional accreditation.

3.10.6 An accreditation assessment of the Program is conducted within 12 months after approval of the application. The accreditation assessment must be conducted according to RANZCP Standard Operating Procedures for accreditation assessments.

3.10.7 The accreditation report is drafted and finalised upon conclusion of the accreditation assessment. Where recommendations are made, the new Fellowship Program's provisional accreditation continues until the recommendations are addressed and implemented to the satisfaction of the AC and approved by the EC.

4 ACCREDITATION OF TRAINING POSTS

4.1 BTCs and the NZTC are responsible for the accreditation of training posts including advanced training posts.

4.2 Training posts require accreditation review no later than every five years.

4.3 To accredit a new training post, health services must apply to the local BTC or the NZTC.

4.3.1 The accreditation of a training post after it has lost its accreditation may require a new application for accreditation from the health service and, in some cases, an accreditation location visit or assessment by the BTC or the NZTC. For more information, refer to the [Removal of Accreditation Policy and Procedure](#)

4.4 A trainee cannot occupy a training post until it has been accredited by the BTC or the NZTC.

4.4.1 The accreditation of a training post cannot be backdated.

4.5 A trainee may occupy a training post if the post has been granted provisional accreditation by the BTC or the NZTC.

4.5.1 The BTC and the NZTC are responsible for the appointment of training post accreditation panels which must be composed of at least one Fellow or Affiliate member of the BTC or NZTC members (or delegate) and must include a trainee representative.

4.5.2 A training post accreditation report is finalised upon conclusion of the accreditation assessment as is provided to the BTC or the NZTC. The report may include recommendations to be met by the health service before full or provisional accreditation is awarded, or for the retention of accreditation.

4.5.3 If the training post meets the Training Post Accreditation Standards, with no recommendations, it is accredited from the date of the accreditation assessment.

4.5.4 If the training post partially meets the Training Program Accreditation Standards, with recommendations, it may be provisionally accredited.

4.5.4.1 Conditions or recommendations may be imposed by the panel with a timeline to be addressed. Trainees may be placed in a provisionally accredited post, with the approval of the BTC or the NZTC.

4.5.5 Progress towards addressing recommendations or conditions are monitored via ongoing liaison with the health service by the BTC or the NZTC.

4.5.6 If the timelines for the recommendations are not met, but the BTC or the NZTC determine that satisfactory progress has been demonstrated, then provisional accreditation may continue pending approval by the BTC or the NZTC.

4.5.7 Should a training post not meet the Training Program Accreditation Standards, removal of accreditation may be recommended by the BTC or the NZTC. For more information, refer to the [Removal of Accreditation Policy and Procedure](#).

5 FORMAL EDUCATION COURSES

- 5.1 FECs are accredited for a maximum of five years against the RANZCP FEC Accreditation Standards. Accreditation includes:
- I. The collection and provision of evidence by the FEC provider, before the accreditation assessment, demonstrating compliance with the FEC Accreditation Standards, in preparation for the accreditation panel's assessment.
 - II. A review by the accreditation panel of feedback from the FEC provider and trainees participating in that FEC.
 - III. After the accreditation assessment, the preparation of the accreditation panel's report on the FEC's compliance with the FEC Accreditation Standards, which may include recommendations where the Standards have been partially met, or not met.
- 5.2 For current FECs, the AC informs the FEC one year in advance of the scheduled accreditation assessment.
- 5.3 Providers proposing new FECs, or substantial change² to an existing FEC, must submit to the AC their proposal with course details and evidence to demonstrate how the proposal meets the RANZCP Fellowship syllabus, and FEC Accreditation Standards.
- 5.3.1 The AC reviews the content and conduct of the FEC against the Fellowship Program syllabus and the FEC Accreditation Standards.
- 5.3.2 An initial assessment of the FEC, using the information submitted by the FEC provider and participating trainees, is conducted by two members of the AC who will constitute the panel, who will form a recommendation to the AC.
- 5.3.3 The initial assessment by the AC may be followed by a visit to the FEC provider, or review of the FEC delivery by member of the AC attending lectures or tutorials, or requests to the FEC provider for further information to clarify any concerns or queries raised by the AC.
- 5.4 The AC can initiate an extraordinary accreditation assessment at any time, in consultation with the CFT, should there be any issues that require immediate attention or any circumstances that affect the safety and welfare of the trainees.
- 5.5 The accreditation panel consists of a Lead member, a Second member, a trainee member, and an RANZCP staff member. An observer may be permitted by the AC, if appropriate.
- 5.6 The accreditation panel is appointed by the AC chosen from amongst Fellows and Associates (trainees) of the RANZCP who have no conflict of interest.
- 5.7 The accreditation report is drafted by the RANZCP staff member of the panel and approved in the first instance by the accreditation panel.

² When an FEC is accredited, any substantial change must be approved prospectively by the Accreditation Committee. An example of a substantial change would be a complete change of delivery format from live to online. A change of facilitator personnel, or a reformat of content (provided it remains within the syllabus), would not constitute a substantial change. Clarification can be sought from the RANZCP, i.e. the BTC/NZCT, Director of Training (DOT) or Accreditation team, and may require a new accreditation review.

- 5.7.1 The scope of the accreditation report is limited to assessing compliance with the FEC Accreditation Standards.
- 5.7.1.1 Any issue identified, which is outside of the scope of the accreditation assessment, will be taken initially to the Executive Management Group (EM) to discuss and recommend appropriate actions.
- 5.7.2 The draft accreditation report is sent to the FEC provider for fact checking.
- 5.7.3 Following fact checking, the accreditation report is reviewed by the AC Chair, or delegate.
- 5.7.4 The accreditation report is submitted to the AC for consideration of the accreditation outcome and recommendations.
- 5.7.5 When accreditation is recommended, the report is watermarked “draft” and submitted by the AC:
- i) to the EC for approval of accreditation of the FEC, which is then noted by the Board.
 - ii) to the FEC provider noting that accreditation status is pending EC approval.
 - iii) to the CFT for noting.
- 5.7.6 Should the FEC meet the FEC Accreditation Standards, the AC will recommend to the EC (and for noting by the Board) that the FEC is accredited for five years from the date of advice of accreditation approval. FECs are provisionally accredited for the time between the time of the review and the advice of accreditation outcome.
- 5.7.7 If the accreditation report includes recommendations, the AC may recommend to the EC provisional accreditation, with a timeline to implement the recommendations.
- 5.7.7.1 The AC shall inform the FEC provider, advising of any recommendations, timelines for their implementation and deadlines for reporting progress to the AC. The AC will monitor the timeline and progress on implementations and will keep the EC informed of the FEC’s accreditation status.
- 5.7.7.2 If FEC response to recommendations demonstrates to the AC evidence of satisfactory progress towards implementing recommendations, a revised timeline may be given to the FEC provider to fulfil the recommendations.
- 5.7.7.3 If the FEC response to recommendations is not accepted by the AC, the AC informs the CFT and the EC. If it is a new FEC, the process ends pending appeal. For an existing FEC, the issue is escalated to the EC for review.
- 5.7.7.4 Should the FEC not respond to the accreditation report’s recommendations a recommendation for removal of FEC accreditation is made to the EC for endorsement by the Board. For more information regarding removal of FEC accreditation, refer to the [Removal of Accreditation Policy and Procedure](#).
- 5.7.8 The CFT may ask the FEC provider to provide an update on progress regarding accreditation recommendations. Any response to the CFT is copied to the AC.
- 5.7.9 Should an FEC not meet the Accreditation Standards removal of accreditation may be recommended. For more information regarding the removal of accreditation of an FEC, refer to the [Removal of Accreditation Policy and Procedure](#).

6 RECRUITMENT AND SELECTION OF ACCREDITATION PANEL MEMBERS

6.1 Recruitment of accreditation panel members will be through a periodic call for expressions of interest from amongst the membership of the RANZCP.

6.2 The AC will appoint members of accreditation panels based on their eligibility, expressions of interest, and confirmation of good standing in the RANZCP.

6.3 Criteria for the selection of Fellows will be:

- 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 Program
- demonstrated experience in Psychiatry practice
- experience as a DOT, a Director of Advanced Training, a service director, an accredited RANZCP supervisor, or previous experience in two accreditation assessments as a trainee member of an accreditation panel.

6.4 Criteria for selection of affiliates will be:

- current active affiliate membership of the RANZCP
 - no current activity on a training pathway
 - no perceived or potential or real conflict of interest
 - current specialist medical registration and professional indemnity
 - participation in the Continuing Professional Development Program
 - demonstrated experience in Psychiatry practice
 - experience as at least one of the following:
 - a DOT,
 - a Director of Advanced Training,
 - a service director,
 - previous experience in two accreditation assessments as a trainee member of an accreditation panel.
- AND**
- at least five years as an accredited RANZCP supervisor

6.5 Criteria for selection of trainees will be:

- current active Associate Membership of the RANZCP
- no perceived or potential or real conflict of interest
- demonstrated excellence in Psychiatric training (via CV)

- active participation in the Fellowship Program as verified by the RANZCP Training Department. Trainees who are 'not in training' are ineligible to apply to be an accreditation panel member.

7 TRAINING AND ROLES OF THE ACCREDITATION PANEL

- 7.1 Fellows and trainees selected as 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.
- 7.2 The primary model for accreditation training is an apprenticeship style.
- 7.3 The Lead Fellow will have completed a minimum of two assessments as a Second Fellow during the previous five calendar years.
- 7.4 Lead Fellows must maintain currency of experience in accreditation by participating in accreditation activities (a minimum of one assessment, either of a training post or training program) every two calendar years.
- 7.5 A Lead Fellow who does not maintain currency of experience will be required to become a Second Fellow and complete refresher training as requested by the AC.

8 ALLOCATION OF ACCREDITATION PANEL MEMBERS

- 8.1 Accreditation panel members will not be allocated to an accreditation assessment in their own state, territory, or training zone.
- 8.2 The AC will endeavour to provide gender balance in the accreditation panel.
- 8.3 The accreditation panel will be appointed by the AC according to the specific circumstances of the assessment.

9 RESPONSIBILITIES OF THE ACCREDITATION PANEL

- 9.1 Responsibilities of the accreditation panel are outlined in the relevant Position Descriptions for members, and include:
- participation in the assessment subject to completion of the required training,
 - participation in pre- or post-assessment meetings deemed necessary by the Lead Fellow, or the AC for the conduct of the assessment, or completing the accreditation report,
 - familiarity with accreditation pre-assessment documentation, and
 - liaison with other accreditation panels including a review of accreditation documentation, identification of key areas of focus for a assessment, and development of recommendations.
- 9.2 Panel members must exhibit integrity, professionalism, objectivity, and impartiality, and must treat all information acquired during the assessment as confidential used only for the purposes of the assessment.

The panel will treat discussions during the assessment with trainees, supervisors, and health service staff as confidential as per their signed Deed of Undertaking in Relation to Confidential Information and Conflict of Interest.

9.3 Panel members are to form one of the following ratings against each Accreditation Standard:

- Fully met:** The requirements of the standard/criteria are demonstrated in all circumstances and supported by comprehensive documentation and consistent verbal evidence.
- Substantially met:** The requirements of the standard/criteria are demonstrated in most circumstances, supported by basic documentary evidence and correlated by verbal discussions and evidence.
- Partially met:** The requirements of the standard/criteria are demonstrated in some circumstances with minimal documentation and/or verbal evidence.
- Not met:** The requirements of the standard/criteria fail to meet the standard owing to the lack of provision of documentary evidence or the failure to improve or address the standard if previously identified in past reports.

10 RECOGNITION OF SERVICE AS AN ACCREDITATION PANEL MEMBER

- 10.1 Trainees will be provided with a letter of thanks to their health service for releasing them to participate in the accreditation assessment.
- 10.2 Service as an accreditation panel member may be used to meet the Section 3 Quality Improvement requirements of the RANZCP's Continuing Professional Development (CPD) program.
- 10.3 Fellows will be provided at the end of each year with a letter acknowledging their service as an accreditation panel member. This letter may be used as substantiation for the hours claimed for CPD.

11 MONITORING, EVALUATION AND REVIEW

- 11.1 The AC shall implement, monitor, and review this Policy.
- 11.2 This Policy will be reviewed every three years and updated as required.

12 ASSOCIATED DOCUMENTS

- a. RANZCP Regulations:
- i. Regulations, policies and procedures
 - ii. Privacy Policy
 - iii. Code of Ethics
 - iv. Reconsideration and Appeals Policy
- b. RANZCP Accreditation Standards
- i. Addiction Psychiatry
 - ii. Adult Psychiatry
 - iii. Child and Adolescent Psychiatry
 - iv. Consultation-Liaison Psychiatry
 - v. Forensic Psychiatry

- vi. Psychiatry of Old Age
- vii. Psychotherapies
- viii. Training Program Accreditation Standards
- ix. FEC Accreditation Standards
- x. Training Post Accreditation
- xi. Standard Operation Procedures
- xii. Guidelines for appropriate adult acute inpatient workloads for RANZCP trainees

13 GLOSSARY

Glossary of Definitions

Term	Definition
Formal Education Course	A structured academic program accredited by the RANZCP which is designed to cover the Stage 1 and Stage 2 syllabus.
Fellowship Program	A program accredited by the RANZCP to provide the training curriculum. Each program will have a Branch Training Committee or the New Zealand Training Committee who are responsible for the quality of any Fellowship Programs in their area. Each program must have a Director of Training.
Training Post	An accredited position through which trainees can rotate during their training. Each post must provide the experiences outlined in the RANZCP Fellowship regulations 2012.
Provisional Accreditation	An accreditation granted with the purpose of gaining full compliance within the time given. Full accreditation will not be granted until these requirements are fully satisfied.
Partial Accreditation	Where an accreditation is granted for one component and full accreditation is dependent on other components of the accreditation being satisfied. E.g. pre-assessment accreditation.

• REVISION RECORD

Contact: Manager, Accreditation, CPD and Reporting

Date	Version	Approver	Description
14/08/21	V1	B2021/10 R18	New document
NEXT REVIEW 2023			