

The Australasian
College of
Dermatologists
ACN 000 551 824



THE AUSTRALASIAN COLLEGE
OF DERMATOLOGISTS

ACCREDITATION REVIEWS AND OUTCOMES

GUIDELINES

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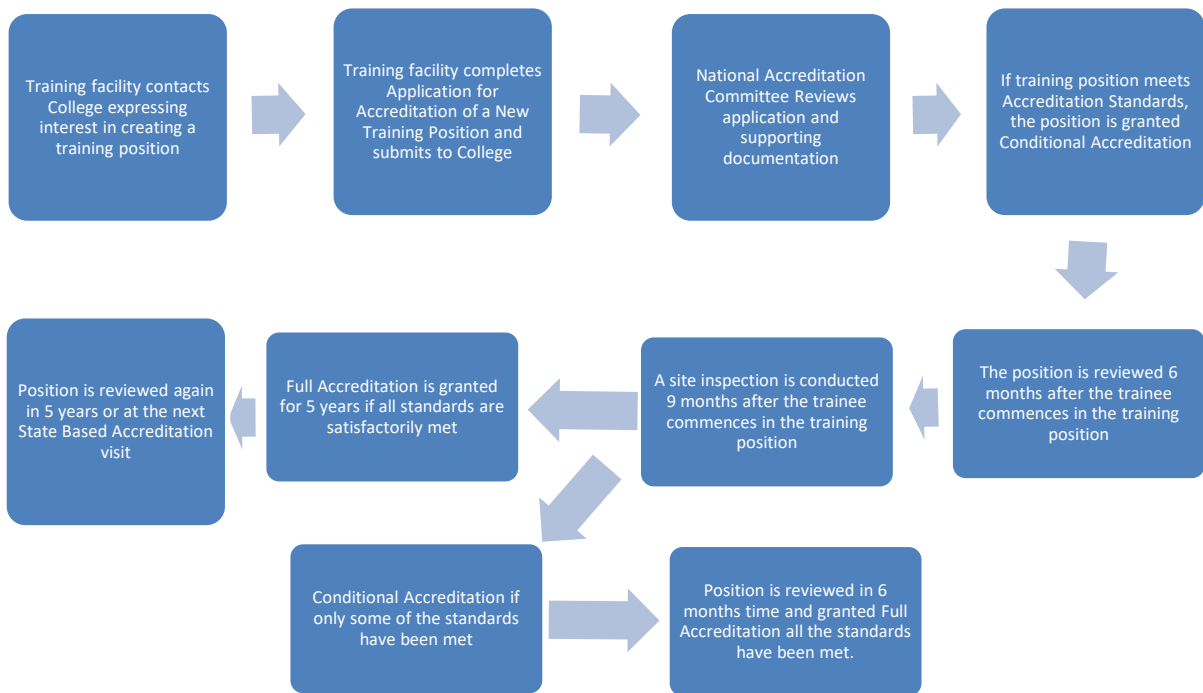
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ACCREDITATION STEPS



1. ACCREDITATION OF NEW TRAINING POSITIONS

1.1 Process and Timeframes

- The Training Facility submits an Application for Accreditation of a training position using the prescribed form available on the Australasian College of Dermatologists website.
- The Application is assessed by ACD staff for completeness of information.
- The Application is reviewed by the National Accreditation Committee (NACc) at the next meeting and a decision will be made. The NACc routine meetings are every 3 months.
- If the new position fulfils the requirements for accreditation, it will be granted conditional accreditation for a period of 12 months.
- The NACc may require more information from training institution before making a decision, which will be communicated to the facility in two weeks from the date the decision is made.
- The facility will have the opportunity to provide further information and documentation, which will be reviewed at the next meeting of the NACc.

Exceptionally, an urgent application maybe considered by the NACc in between ordinary meetings. In this case the application will be considered, and a decision will be made within 4 weeks of receiving the application.

2. RE-ACCREDITATION OF EXISTING TRAINING POSITIONS

The NACc accredits College Training Positions according to a State-based five-year cycle. The training positions to be accredited in the year will be placed on "Accreditation under Review" until the re- accreditation process is finalised.

2.1 Process and Timeframes

- At the beginning of the year, the facilities in the state due for re-accreditation, will be contacted by the ACD staff advising them that their training positions are now on "Accreditation under Review".

- The NAcC decides the dates for the site visits in the first meeting of the year. The facilities will be advised of the tentative dates for the site visits, which will be in the second semester of the year (September-October).
- Two months prior to the site visits, the facilities will be requested to submit new applications and updated timetables for the positions, using the prescribed form available on the Australasian College of Dermatologists website.
- Two members of the NAcC and 1 member of the ACD staff conduct the site visits. The inspection team will interview the following people:
 - The Heads of Department
 - The Supervisor of Training (for each training position)
 - The trainee currently occupying the post
 - Any other person(s) involved with the position or training at the training facility (clinical supervisor, business/practice manager/ hospital management) at the discretion of the NAcC or requested by the facility.
- Applications and timetables are reviewed by the inspection team, and site visits and interviews are conducted.
- Reports from the site visits and interviews are prepared within 4 weeks of the visits.
- Reports are approved/amended by the NAcC involved in the site visit within 2 weeks of receipt.
- Reports are approved by the Chair of the NAcC and the Chair of the Academic Standards Committee within 2 weeks of receipt.
- The Heads of Department receive the reports and outcome letters.
- The Heads of Department have 2 weeks from the receipt of the reports to respond before a final decision is made regarding the accreditation.
- The Chair of the NAcC and the Chair of the Academic Standards Committee will review any additional information and will make a final decision.
- Final reports from re-accreditation of training positions will be sent to the Heads of Department in between three months from the site visits.

All accredited positions in a state-base accreditation year will be monitored in between cycles. Activities surveys will be requested halfway through the cycle.

3. ACCREDITATION OUTCOMES

There are 3 outcomes of the College's accreditation process:

1. Full Accreditation
2. Conditional Accreditation
3. Withdrawn Accreditation

These outcomes of accreditation are described in detail below:

3.1 Full Accreditation

What is full accreditation?

When a position(s) gains the outcome of full accreditation, the position is not subject to any reviews, and enters the schedule for the next state- based re-accreditation of the state in which the position resides.

When can a position be granted full accreditation?

- At the satisfactory completion of a State based accreditation.
- At the satisfactory completion of a conditional accreditation period.

How long is full accreditation granted for?

For up to a period of 5 years, or the next scheduled State based re- accreditation of the State in which the position resides, whichever comes first.

Are there any reviews during a period of full Accreditation?

No, during a period of full accreditation a position is not subject to any reviews. However, if it is brought to the attention of the Accreditation Committee that there are deficiencies in/concerns for a position, or the structure of a training position is changed, the Accreditation Committee can change the accreditation status to conditional accreditation and commence a review at any time at their discretion.

During a period of full accreditation following a state-base accreditation, the training positions will be monitored, and Activities Surveys will be requested halfway through the cycle.

3.2 Conditional Accreditation

What is conditional accreditation and when can it be granted?

Conditional accreditation is granted:

1. Upon the creation of a new position
2. *Upon failure to meet the minimum accreditation standards following the State based re-accreditation*
3. Failure to continue to meet the minimum accreditation standards including all position activities for which it was approved

The Accreditation Committee may at its discretion give conditional accreditation to any of the positions, but in particular to those, which are time critical for trainees such as international medical graduates.

How long does conditional accreditation last for?

1. New positions

Conditional accreditation is granted upon the creation of a new training position. It is granted for a set period of time, usually 12 months, during which time the position will be subject to position review checks by an accreditation inspection team.

2. Upon failure to meet the minimum accreditation standards following the State based re-accreditation

Conditional accreditation is granted after reviews when a position has been re-accredited and has failed to meet some accreditation standards. It is granted for a set period of time during which time the position will be subjected to position review checks by an accreditation inspection team.

3. Failure to continue to meet the minimum accreditation standards.

Conditional accreditation will remain in place for a time determined appropriate by the National Accreditation Committee

Are there any reviews during a period of conditional accreditation?

1. New positions
Two reviews: zoom meeting and site visit.
2. Failure to meet the minimum accreditation standards following the State based re-accreditation
Review after 3-6 months

3. Failure to continue to meet the minimum accreditation standards.
Any reviews including their frequency will be determined by the NAcC and will be conducted in a manner decided by the Chair of the committee on a case- by- case basis.

The Academic Standards Committee will be advised when a position has been granted conditional accreditation.

What happens at the end of a period of conditional accreditation?

1. New positions

If, at the completion of the position review check and site visit, the training facility satisfies the Accreditation Committee that the minimum requirements for accreditation are continuing to be met, and the position has satisfactorily completed the period of conditional accreditation, the Accreditation Committee has the discretion to reassess the position and change the accreditation outcome of the position to full accreditation.

If, at the completion of the position review check and site visit, the training facility does not satisfy the Accreditation Committee that the minimum requirements for accreditation are met, and the position did not satisfactorily complete the period of conditional accreditation, the Accreditation Committee has the discretion to reassess the position and the conditional accreditation will remain in place for a time determined appropriate by the NAcC.

The Accreditation Committee may withdraw a position if it is clear that the minimum accreditation standards are not being met or cannot be addressed in time, which would have a detrimental effect on the training requirements of a trainee.

2. Failure to meet the minimum accreditation standards following the State based re-accreditation

If, at the completion of the position review check, the training facility satisfies the Accreditation Committee that the minimum requirements for accreditation are now met and are continuing to be met, and the position has satisfactorily completed the period of conditional accreditation, the Accreditation Committee has the discretion to reassess the position and change the accreditation outcome of the position to full accreditation.

If, at the completion of the review check, the training facility does not satisfy the Accreditation Committee that the minimum requirements for accreditation are met, and the position did not satisfactorily complete the period of conditional accreditation, the Accreditation Committee has the discretion to reassess the

position and Conditional accreditation will remain in place for a time determined appropriate by the NAcC.

The Accreditation Committee may withdraw a position if it is clear that the minimum accreditation standards are not being met or cannot be addressed in time, which would have a detrimental effect on the training requirements of a trainee.

3. Failure to continue to meet the minimum accreditation standards

If, at the completion of a period of conditional accreditation and review checks the training facility satisfies the Accreditation Committee that all issues have been addressed, the Accreditation Committee have the discretion to reassess the position and change the accreditation outcome to full accreditation.

If at the completion of a period of conditional accreditation and review checks the training facility fails to satisfy the Accreditation Committee that the issues have been addressed, the Accreditation Committee have the discretion to reassess the position and withdraw accreditation of the position.

3.3 Withdrawn Accreditation

What is withdrawn accreditation and when can it be granted?

When a position that has previously been accredited, fails to meet the minimum requirements for accreditation, and has consistently failed to improve, the accreditation of the position will be withdrawn, and the matter will be referred to the Academic Standards Committee.

A position may also be withdrawn for those positions which are time critical such as for international medical graduates, and fails to meet the minimum requirements and to remain accredited would have a detrimental effect on the training requirements of the IMG or other trainee.

How long does withdrawn accreditation last for?

Once a position has had accreditation withdrawn, the position is no longer accreditable. If the training facility wishes to apply for a further training position, they will need to re-commence the accreditation process by submitting a new application for accreditation of a training position to the Accreditation Committee.

3.4 OUTCOMES OF ACCREDITATION TABLE

Full Accreditation Up to 5 years or next State based accreditation	Continues to meet accreditation standards	No changes to accreditation
	Fails to continue to meet minimum accreditation standards at any time	Conditional Accreditation

Conditional Accreditation New positions Teleconference and site visit	Satisfies minimum standards	Full accreditation
	Does not satisfy minimum standards	Accreditation withdrawn

Conditional Accreditation Failure to meet accreditation following the State based re-accreditation Teleconference	Satisfies minimum standards	Full accreditation
	Does not satisfy minimum standards	Accreditation withdrawn

Conditional Accreditation Failure to continue to meet the minimum standards Teleconference	Satisfies minimum standards	Full accreditation
	Does not satisfy minimum standards	Accreditation withdrawn

4. DEFINITIONS OF REVIEWS “POSITION REVIEW CHECKS”

Position Review Check 1	Determined by the NAcC	Position Review Teleconference
Position Review Check 2	Determined by the NAcC	Position Review Site inspection (for new positions and at the discretion of the NAcC for other existing positions)

4.1 Position Review Check 1

A position review check teleconference will be arranged with the Accreditation Committee inspection team and other relevant stakeholders to check the progress of the position.

During the teleconference the inspection team may interview the following people:

- o The Director of Training of the relevant State
- o The Head of Department (for each training position)
- o The Supervisor of Training (for each training position)
- o The Clinical Supervisors (for each training position)
- o The Trainee currently occupying the post
- o The Trainee previously occupying the post
- o The business/clinical/practice manager
- o Any other person(s) involved with the position or training at the training facility.

A report of the teleconference will be produced and kept on file.

4.2 Position Review Check 2

A position review site inspection will be arranged with the Accreditation Committee inspection team for the accreditation of new positions and other existing positions if considered by the NAcC. The inspection team will attend the training facility and ask questions/conduct interviews based on the Standards and Criteria listed in the Policy and Process for Accreditation of Training Positions.

During the site review the inspection team may interview the following people:

- o The Director of Training of the relevant State
- o The Head of Department (for each training position)
- o The Supervisor of Training (for each training position)
- o The Clinical Supervisors (for each training position)
- o The Trainee currently occupying the post
- o The Trainee previously occupying the post
- o The business/clinical/practice manager

- o Any other person(s) involved with the position or training at the training facility

A report of the site inspection will be produced and distributed.

If, at the completion of both position review checks, the training facility **satisfies** the Accreditation Committee that the minimum requirements for accreditation are continuing to be met, and the position has satisfactorily completed the period of conditional accreditation, the Accreditation Committee have the discretion to reassess the position and change the accreditation outcome of the position to full accreditation.

If, at the completion of both position review checks, the training facility **does not satisfy** the Accreditation Committee that the minimum requirements for accreditation are continuing to be met, and the position did not satisfactorily complete the period of conditional accreditation, the Accreditation Committee have the discretion to reassess the position and change the accreditation outcome of the position and withdraw the position.

The Accreditation Committee may withdraw a position if it is clear that the minimum accreditation standards are not being met or cannot be addressed in time, which would have a detrimental effect on the training requirements of a trainee.

5. ACCREDITATION OUTCOME PROCESSES

5.1 Position gains full accreditation

When can full accreditation occur?

- *After a site inspection*
- *After a review check following conditional accreditation*

Process:

1. Report approved by Dean of Education and Chair of Accreditation Committee
2. Report Released by College Secretary to the following:
 - Director of Training (DoT) of State
 - Chair of Faculty
 - Dean of Education
 - President
 - Chief Examiner
 - Chief Executive Officer
 - Chair of Accreditation Committee
 - Head(s) of Department (HoD) for relevant hospitals in report
3. Letter to HoD (cc DoT) advising that the position at the training facility has gained full accreditation and that no reviews are due until the next State based reaccreditation, (unless the AC is advised of changes in position, or any deficiencies or concerns)
4. Letter to Medical Administration of relevant training institution advised of accreditation status.
5. Position(s) listed in the next scheduled State based reaccreditation for the State in which the position(s) reside.

5.2 Position gains conditional accreditation

When can conditional accreditation occur?

- *Upon the creation of a new position.*
- *Upon failure to meet the minimum accreditation standards following the State based re-accreditation.*
- *Failure to continue to meet the minimum accreditation standards.*
- *At the discretion of the Accreditation Committee for time critical training positions.*

Process:

a) **New positions**

1. Position conditionally accredited by the Accreditation Committee. Letter to HoD (cc DoT and Faculty) advising of accreditation status and review requirements.
2. Letter to Medical Administration of relevant training institution advising of accreditation status and provisos/reviews if applicable.
3. Letter to HoD (cc DoT) reminding of the upcoming teleconference.
4. Accreditation Committee 6 month post report teleconference with DoT, HoD, SoTs, and Trainee to discuss progress of the position.
5. Letter to HoD (cc DoT) reminding/confirming upcoming site inspection.
6. Site inspection occurs.
7. Report prepared by Accreditation Committee and forwarded to Dean of Academic Standards Committee for approval.

Approved report will advise that the position(s) have now gained either:

- Full accreditation
- Withdrawn Accreditation

b) ***Positions placed on Conditional Accreditation following the State based re-accreditation***

- Letter to the HoD advising of the position not meeting the minimum standards for accreditation
- Letters to HoD, SoT, Supervisors, Trainees, and site manager, requesting information/evidence

If after further evidence is provided the minimum standards for accreditation are not met:

1. Report approved by Dean of Education and Chair of Accreditation Committee.
2. Report released by College to the following:
 - Director of Training of State
 - Chair of Faculty
 - Dean of Education
 - President
 - Chief Examiner
 - Chief Executive Officer
 - Chair of Accreditation Committee
 - Head(s) of Department for relevant hospitals in report
3. Letter to HoD (cc DoT) advising that position(s) at their training facility have gained conditional Accreditation.
4. Letter to Medical Administration of relevant training institution advising of accreditation status and reviews if applicable.
5. Accreditation Committee to initiate re- accreditation reviews for all positions at training facility.
6. Accreditation Committee to notify Academic Standards Committee that position has gained conditional accreditation.
7. Letter to HoD (cc DoT) advising of periodic reviews with the training facility, inspection team and the Chair of the Accreditation Committee will be conducted, in a manner decided by the Chair of the Accreditation Committee on a case- by- case basis. Attendees at these meeting may include the Dean of Education and Director of Training.
8. Letter to HoD (cc DoT) reminding/confirming upcoming site inspection and advising of remaining reviews.

9. Site inspection occurs (at the Accreditation Committee discretion).
10. Report prepared by Accreditation Committee and forwarded to Dean of Academic Standards Committee for approval.

Approved report will advise that the position(s) have now gained either:

- Full Accreditation
- Withdrawn accreditation

c) ***Positions which fail to meet the minimum accreditation standards:***

- Letter to the HoD advising of concerns about the position not meeting the minimum standards for accreditation
- Letters to HoD, SoT, Supervisors, Trainees, and site manager, requesting information/evidence about the concerns raised

If, after further evidence is provided, the minimum standards for accreditation are not met:

1. Report approved by Dean of Education and Chair of Accreditation Committee.
2. Report Released by College to the following:
 - Director of Training of State
 - Chair of Faculty
 - Dean of Education
 - President
 - Chief Examiner
 - Chief Executive Officer
 - Chair of Accreditation Committee
 - Head(s) of Department for relevant hospitals in report
3. Letter to HoD (cc DoT) advising that position(s) at their training facility have gained conditional Accreditation.
4. Letter to Medical Administration of relevant training institution advising of accreditation status and reviews if applicable.
5. Accreditation Committee to initiate reaccreditation reviews for all positions at training facility.

6. Accreditation Committee to notify Academic Standards Committee that position has gained conditional accreditation.
7. Letter to HoD (cc DoT) advising of periodic reviews with the training facility, inspection team and the Chair of the Accreditation Committee will be conducted, in a manner decided by the Chair of the Accreditation Committee on a case by case basis. Attendees at these meeting may include the Dean of Education and Director of Training.
8. Letter to HoD (cc DoT) reminding/confirming upcoming site inspection and advising of remaining reviews.
9. Site inspection occurs (at the Accreditation Committee discretion).
10. Report prepared by Accreditation Committee and forwarded to Dean of Academic Standards Committee for approval.

Approved report will advise that the position(s) have now gained either:

- Full Accreditation
- Withdrawn accreditation

5.3 Position has accreditation withdrawn

When can withdraw accreditation occur?

- *At the completion of a conditional accreditation period*
 - *At the discretion of the Accreditation Committee for time critical positions*
1. Report approved by Academic Standards Committee and Accreditation Committee.
 2. Report Released by College to the following:
 - Director of Training of State
 - Chair of Faculty
 - Dean of Education
 - President
 - Chief Examiner
 - Chief Executive Officer
 - Chair of Accreditation Committee
 - Head(s) of Department for relevant hospitals in report
 3. Letter to HoD (cc DoT) advising that position(s) at their training facility have gained withdrawn accreditation.
 4. Letter to Medical Administration of relevant training institution advising of withdrawn accreditation.
 5. Report from Chair of Accreditation Committee, enclosing all reports, inspection notes and correspondence between the College, Accreditation Committee and the Training Facility to be prepared and sent to Academic Standards Committee for Review.

The training position(s) are no longer in existence.

6. APPEALS PROCESS

The College recognises the importance of natural justice, and of avoiding bias and conflict of interest in its dealings with all people. The College aims to ensure that all its official processes are conducted in a fair and transparent manner. Nevertheless, it is recognised that there is always the potential for grievances to arise and it is for this reason that the Reconsideration, Review and Appeals policy and procedures have been established.

The Reconsideration, Review and Appeals policy provides a means by which any person who believes they are or have been adversely affected by a decision of any Board or Committee of the College can have their grievances addressed in a properly constructed and formal manner.

The policy and associated procedures can be downloaded from the College website.