AUSTRALASIAN COLLEGE OF SPORT AND EXERCISE PHYSICIANS

TRAINING SITE ACCREDITATION PROCEDURES

July 2026

Version	Approved By	Date of Approval	Modifications
1.1	Accreditation Sub-Committee	22 May 2024	N/A
2.0	Accreditation Sub-Committee	2 February 2026	Amended to incorporate AMC model accreditation procedures
	Workforce & Accreditation Committee	3 February 2026	

This document has been adapted from the Australian Medical Council's *Model procedures for specialist medical college accreditation of training settings.*

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Acknowledgment of Traditional Owners:

The ACSEP acknowledges the Wurundjeri people as the Traditional Owners of the land on which our national office stands. We pay our respect to Aboriginal and Torres Strait Islander cultures; and to Elders past and present.

ACSEP acknowledges tangata whenua of Aotearoa and we affirm our commitment to reflect the Treaty of Waitangi in our work and practice.

ACSEP Training Site Accreditation Procedures

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ACSEP Training Site Accreditation Procedures

1. Introduction

The Australasian College of Sport and Exercise Physicians (ACSEP) is accredited to train doctors in the specialty of Sport and Exercise Medicine by the Australian Medical Council (AMC) on behalf of the Medical Board of Australia (MBA) and the Medical Council of New Zealand (MCNZ). ACSEP is responsible for delivering and managing training, education and on-going professional development of Sport and Exercise Physicians in Australia and New Zealand.

As a specialist medical college, ACSEP must have a clear process and criteria to assess, accredit and monitor facilities as training settings. The process and criteria must be linked to the outcomes of the ACSEP specialist training program.

This handbook:

- outlines the steps ACSEP follows to accredit training settings.
- provides training settings with clear guidance on how the accreditation assessment works.
- Should be read in conjunction with the *ACSEP Accreditation Standards for Training Sites*.

Context of Accreditation

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 (if applicable) 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.

Eligibility for ACSEP Accreditation

Settings practicing Sport and Exercise Medicine that can provide ACSEP registrars with a minimum of 4 hours per week of Level 1 Supervision from an ACSEP Fellow are eligible to apply for accreditation as a training setting.

Training settings must also be familiar with the requirements of the ACSEP Training Program, including supervision requirements for each stage of training.

ACSEP trainees may also train in diverse settings that are not required to undergo ACSEP accreditation including sporting teams, public and private hospitals, and private rooms in physiotherapy or General Practice clinics. Trainees must ensure that they have appropriate supervision and approval to train in non-accredited settings as outlined in the *ACSEP Specialist Training Program Training Manual.*

Glossary

Accredited	Official college approval that a specialist medical training setting has met/substantially met the required accreditation standards.
Accreditation standard	Defines the outcome that must be achieved at the training setting. A standard consists of a series of criteria which are the measurable components of the standard.
College	An organisation accredited by the Australian Medical Council to provide specialist medical education and training. Where a college arranges another body to carry out all, or some, of its accreditation functions, the term 'college' includes that other body in so far as it carries out those functions.
Commendation	A training setting's area of strength relevant to the delivery of the training program
Condition	A qualification attached to the granting of accreditation at a training setting which requires action within a defined timeframe.
Fellow	A medical practitioner who has successfully completed a recognised medical specialty training program and has been awarded fellowship of the college.
Jurisdictional health department	An Australian State or Territory government department, or ministry, reporting to a minister for health, or the Aotearoa New Zealand Ministry of Health, as well as government in general.
Procedural fairness	A legal principle to act fairly without bias (real or apprehended) in administrative decision making. It includes the right to a fair hearing, including the opportunity to respond to allegations. Steps associated with ensuring procedural fairness include: • providing the affected person with reasonable notice that an adverse decision may be made, including details of any issues being discussed and the information available to the decision maker. • an opportunity for the affected person to directly address the issue/s being decided on. • ensuring that conflicts of interest are declared and managed appropriately.
Recommendation	A non-mandatory action to improve trainee experience and/or outcomes at the training setting.
Clinical Training Supervisor (CTS)	A Clinical Training Supervisor (CTS) is a Fellow of the ACSEP and usually works at an accredited training practice. A CTS provides teaching, support, and supervision to a registrar while on the training program.
Clinical Training Instructor (CTI)	A Clinical Training Instructor (CTI) is a Fellow from another specialist medical college. They provide teaching, support and supervision to a trainee.

Trainee	A doctor in training completing a specialist medical program. A trainee may also be referred to as an ACSEP registrar.
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 may include sites, posts, practices and networks (which are composed of multiple settings).

ACSEP Training Site Accreditation Procedures

2. Roles and responsibilities

The following groups are involved in the accreditation process:

Role	Accreditation responsibilities	Composition
College		
ACSEP Board	• Makes final decision regarding refusal or revocation of accreditation.	[ACSEP Board members](#)
Workforce and Accreditation Committee	• Providing strategic oversight and approval of recommendations from the accreditation review processes, ensuring that training sites meet the ACSEP Accreditation Standards. • Endorsing accreditation and re-accreditation decisions, including mid-cycle reviews, based on reports and evaluations conducted by relevant subcommittees and accreditation assessors. • Setting the strategic direction for accreditation policies, processes, and documentation to uphold the highest standards of training quality and cultural safety. • Approving updates to accreditation standards in alignment with regulatory requirements and emerging best practices in SEM education. • Advising the Board on accreditation-related trends, risks, and opportunities to expand training capacity and improve site quality.	[ACSEP Workforce and Accreditation Committee members](#)
Accreditation Sub-committee	• Makes recommendations to the Workforce and Accreditation Committee regarding accreditation outcomes. • Monitors accredited and conditionally accredited training settings to ensure they continue to meet the accreditation standards and any conditions that have been imposed. • Reviews and improves the effectiveness of accreditation policies, systems and procedures. • Provides advice (as required) to the Board on accreditation matters.	[Accreditation Sub-committee members](#)
Accreditation team	• Reviews evidence to determine whether a training setting meets the Accreditation Standards. • Provides an overall recommendation to the Accreditation Committee 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.	ACSEP Fellow ACSEP Staff member (Quality Coordinator)

College Accreditation Secretariat	• Collates documentation for accreditation team. • Makes arrangements to support the accreditation assessment (e.g. scheduling of interviews). • Advises the lead accreditor on the application and interpretation of the Accreditation Standards and processes. • Coordinates the Accreditation Sub-committee. • Ensures the report of the Accreditation Team's assessment is submitted to the Accreditation Committee for consideration. • Records minutes and outcomes of relevant meetings. • Maintains an up-to-date record of training settings, including accreditation conditions and status.	ACSEP Staff member (Quality Coordinator)
Training Setting		
Training Setting Lead Contact	• Liaises with college on all relevant matters such as dates, interviews, distribution of information etc. • Ensures that all relevant evidence is collated 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 interviews) • 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.	Identified staff member at the training setting, normally the CTS or Practice Manager.

Other staff (Supervisors, administrators, trainees)	• Provide information to support the accreditation assessment, including:
	   o responding to relevant surveys
	   o participating in accreditation interviews.
		TBA

3. Managing conflicts of interest

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

Potential assessment team members must advise the College Accreditation Sub-Committee 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 team 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 comments on the accreditation team membership. The Accreditation Sub-Committee Chair will consider any declared interests as well as the training setting's comments when finalising the appointment of the team.

If an accreditation team member becomes aware that they may have an actual or perceived conflict of interest during an assessment, the Accreditation Team Chair will determine an appropriate course of action. This may include replacing the team member, changing the responsibilities of the team 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 Accreditation Sub-Committee.

Members of the Workforce and Accreditation Committee and Accreditation Sub-Committee 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 available in P045 Conflict of Interest Policy.

4. Application Requirements

Training settings applying for accreditation must complete either:

- The application form (add hyperlink) for accreditation of a new training setting.
- The application form (add hyperlink) for reaccreditation of a training setting.

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

The application form should be completed by the Training Setting Lead Contact and submitted to: accreditations@acsep.org.au

Settings applying for accreditation for the first time are recommended to start the application process at least six 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 if the training setting is a public hospital.

4.1 Training sites with outreach/satellite clinics

If a training site includes training opportunities at separate outreach or satellite clinics, they may be included as part of the main site's accreditation, provided that the clinic is an extension of the main site, with the same supervision and governance arrangements. If an accredited training site wishes to add a new outreach or satellite clinic as a training site, they can contact the College to arrange a facility check at accreditations@acsep.org.au.

5. Initial documentation review

The Accreditation Team will review the application form and evidence provided by the training setting, along with any data about the training setting held by the college. This may include trainee and supervisor survey data, prior monitoring submissions, logbook data, complaints received and other relevant correspondence.

The Accreditation Team may request that the training setting clarifies details or provides additional information.

6. Site Visit

The College will confirm if a site visit is required as part of the accreditation assessment. Site visits are used to verify information from the application form, hold interviews as well as make observations and clarify any matters raised during the review.

Site visits may be physical, virtual or hybrid.

- *Virtual visits* involve the Accreditation Team using video and teleconferencing technology to conduct an assessment. Most ACSEP accreditations are conducted virtually.

- *Physical visits* involve the Accreditation Team attending in person to conduct an accreditation assessment.

- *Hybrid visits* involve an Accreditation Team using both a physical and virtual visit to conduct the accreditation assessment.

The site visit is arranged in consultation with the Training Setting Lead Contact.

Training settings will be required to:

- Coordinate times for accreditation interviews with staff at the site.
- Ensure interviewees are available and aware of their interview time
- Inform the college of any issues with interviews or logistics as soon as possible.

Each interview will usually take 45 minutes, and the College will usually request to interview the Clinical Training Supervisor, a trainee (for reaccreditations) and the Practice Manager. If the site visit is conducted virtually, the setting will be asked to provide photographs or video of relevant facilities, including the trainees' consulting rooms, treatment room etc.

The Accreditation Team will explore the reasons for seeking accreditation and confirm the college's expectations for the training program. During reaccreditations, the Accreditation Team will focus on reviewing how the training program has been running and any improvements or issues faced since the last accreditation assessment.

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

7. Assessment against the criteria

The Accreditation Team will use information gathered from the application form, surveys, documentation review, data analysis, interviews and the site visit to assess and evaluate the training setting against each criterion in the standards.

Each 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.

The Accreditation Team will record the rationale for its decision and any other comments in the draft report.

The accreditation report also allows for the inclusion of conditions and recommendations. Conditions are a qualification attached to the granting of accreditation at a training setting which requires action within a defined timeframe, whilst 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.

The Accreditation Team may also make commendations in the report where it has found the training setting is significantly exceeding the minimum requirements for accreditation. The college may seek permission from the site to share commendations with other training settings to promote best practice.

8. Decision-making processes

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 below).
- 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 engagement (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, training site and trainee will be needed.

Accreditation Risk Matrix and Risk Rating Outcomes

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 at Figure 2). The outcome of this assessment will guide the college's response and accreditation decision.

The Accreditation Risk Matrix (Figure 2) 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.

Likelihood of the training setting/training provider being ABLE to implement actions to meet the criterion/criteria within a reasonable period

		Rare	Unlikely	Possible	Likely	Almost certain
Impact on training	Insignificant	Low	Low	Low	Low	Low
	Minor	Medium	Medium	Low	Low	Low
	Moderate	High	High	Medium	Low	Low
	Major	Extreme	High	High	Medium	Low
	Severe	Extreme	Extreme	High	Medium	Medium

Figure 1 – Accreditation Risk Matrix

The college will use the risk rating in the Accreditation Risk Matrix to help guide the accreditation approach, outcome and monitoring requirements (see Risk Rating Outcomes at Figure 2 below). 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 15 for more information on monitoring).

Risk Rating	Approach	Outcome	
		New Settings	Existing settings

Low risk	• Determine if conditions are required. Where they are required:
	   o impose conditions against the criteria
	   o outline what the conditions are, the timeframes for showing progress and how they will be monitored, including any reports that need to be provided.
	• Will likely require some 'light touch' monitoring and there might be more flexibility on timelines for the condition to be met (e.g. within 6-12 months).
	• There will likely be limited need for ongoing review or intervention.
		Provisionally Accredited	Accredited OR Conditionally accredited

Medium risk	• Impose conditions against the criteria. • Outline what the conditions are, the timeframes for showing progress and how they will be monitored, including any reports that need to be provided.	Provisionally Accredited	Conditionally accredited

Risk Rating	Approach	Outcome	
		New Settings	Existing settings
	• May require a more formal monitoring approach with specific timelines for completion (e.g. within 6 months). This might include more than one review point to check in on progress towards meeting the conditions.		
High risk	**New setting:** Do not grant accreditation (accreditation is refused). **Existing setting:** • Impose conditions against the criteria. • Outline what the conditions are, the timeframes for showing progress and how they will be monitored, including any reports that need to be provided. • Due to the high-risk nature of the criteria that have not been met, the timeframes for demonstrating progress may need to be shorter and more rigorous than for medium risk (e.g. within 3 months).	Not accredited (refused)	Conditionally accredited
Extreme risk	**New setting:** Do not grant accreditation (accreditation is refused). **Existing setting:** Move to revoke accreditation. • Outline what requirements must be met in the future to be considered for accreditation/reaccreditation, including timeframes for showing progress. • Note: For existing settings, colleges may take an active management approach with the training setting to help it take immediate steps to lower the risk which in turn moves the setting back to a conditionally accredited pathway rather than revocation. The situation should be carefully deliberated between the college, training setting and training provider, noting that each case will be different.	Not accredited (refused)	Not accredited (revoked)

Figure 2 – Risk Rating Outcomes

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Accreditation outcomes

The period for which accreditation will be granted is outlined below.

Decision	Alignment to risk framework	Duration of accreditation awarded and any other impacts
New training settings		
Provisionally accredited	A new training setting that: • meets all of the accreditation criteria OR • does not meet all of the accreditation criteria but has the potential to meet them once trainees are in place. The overall risk assessment is rated as low or medium with conditions required.	Provisionally accredited for up to 12 months, subject to satisfactory routine monitoring and a check-in with the CTS and trainee. The setting can appoint trainees but will be subject to an assessment within 12 months that will include confirming if any conditions have been met. At this point, training settings will be considered an 'existing training setting' for accreditation purposes. If no trainees are appointed within 12 months, the college will decide if provisional accreditation status should lapse or remain in place for a further period of time. If lapsed, the college will determine if the setting is required to submit a new accreditation application before trainees can be appointed.
Not accredited (refused)	A new training setting that does not meet all of the accreditation criteria. The overall risk assessment is rated as high or extreme.	Accreditation not granted. Any requirements that must be met in the future will be outlined. Once requirements have been met, the setting may be required to submit a new accreditation application providing assurance that it continues to meet all other accreditation criteria at the time of reapplication.
Existing training settings		
Accredited	An existing training setting that: • meets all of the accreditation criteria OR • does not meet all of the accreditation criteria but the overall risk assessment is rated as low and it has been determined conditions are not required.	Accredited for five years, subject to satisfactory routine monitoring submissions.
Conditionally accredited	An existing training setting that: • does not meet all of the accreditation criteria and the	Accredited for 12 months to 5 years, depending on the severity of the risk and:

Decision	Alignment to risk framework	Duration of accreditation awarded and any other impacts
	overall risk assessment is rated as low, medium or high with conditions required.	• conditions being addressed within the defined timeframe • satisfactory routine monitoring submissions • meeting any other specific monitoring requirements.
Not accredited (revoked)	An existing training setting that: • does not meet all of the accreditation criteria and the overall risk assessment is rated as extreme with conditions required. *Note: this accreditation outcome would be applied in the final accreditation report if, since the initial accreditation assessment was undertaken, steps to actively manage the training setting to a conditionally accredited pathway have been unsuccessful.*	Accreditation not granted. Feedback and timeframes for reconsidering reaccreditation will be provided, including what criteria the training setting needs to address. The date the accreditation will be revoked will be set. Prior to this, trainees may continue to complete their training term at the setting unless their safety is at immediate risk. From the revocation date: • trainees at the setting will not be able to count training towards their training program unless specific arrangements are made • no new trainees can be appointed. A new application for accreditation must be submitted once requirements have been met (the setting must also be continuing to meet all other accreditation criteria at the time of submitting the application).

Figure 3 – Accreditation Outcomes

9. Draft and final report

Interviewees will not be named in reports without their consent.

To ensure procedural fairness, the college will notify the training setting/training provider of the proposed decision, providing a copy of the draft report as well as any reasons for its proposed decision. The training setting/training provider 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, as well as any additional evidence that it wishes to be considered. The training setting/training provider and/or the college may wish to discuss the draft report to further explore the issues and propose possible solutions.

The Accreditation Team will present the draft report with the proposed decision, conditions, recommendations and commendations to the Workforce and Accreditation Committee for its review. The Workforce and Accreditation Committee 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 Team Chair.

If, after the above discussion, the college is considering any of the actions below for a public health facility, it must act in accordance with the Communication Protocol for accreditation of specialist medical training sites/posts in Australian public hospitals and health facilities, which requires colleges to inform the nominated contact point of the accredited organisation and jurisdiction if:

- accreditation is to be revoked
- trainees are to be withdrawn from the accredited setting/post
- 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.

Any responses from the training setting/training provider and jurisdiction will be considered by the Workforce and Accreditation Committee and Accreditation Team (where required) before making a final decision.

The Workforce and Accreditation Committee will then finalise the report and accreditation decision. The Board will make the final decision where the Workforce and Accreditation Committee recommends to refuse or revoke a training setting's accreditation.

The final report will include acknowledgement of any responses to the draft report, including how feedback has been considered in the making of the final decision.

10. Communicating the final decision

The college will provide the final report to the following stakeholders:

Stakeholder and order of notification	Timeline for provision of the final report
Training Setting Lead Contact	To be provided once final decision made by Accreditation Committee. Includes information on the Reconsideration, Review and Appeals (RRA) processes (see section 11).
Public posts only: Relevant jurisdictional health department (e.g. NSW Health)	To be provided once the training setting and provider have had time to prepare advice to the health department if required. Noting for potential decisions to revoke accreditation, the jurisdictions will already have been informed earlier as per process in section 9.

A list of accredited training settings will be published on the ACSEP website.

11. Reconsideration, review and appeals processes

Disagreements or dissatisfaction about an accreditation decision or a proposed accreditation decision should be resolved as early as possible. These procedures set out requirements for procedural fairness to be observed in relation to the making of accreditation decisions, including early discussions with the training setting on how matters may be resolved prior to a final accreditation decision being made (see Section 9). This could include discussions with the site 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 setting

does not agree with a decision outcome, it should follow [P019 Reconsideration, Review and Appeals Policy.](#)

Accreditation decisions that are subject to review under the RRA policy include:

- refusal to grant provisional accreditation
- refusal to grant accreditation to an existing training setting (reaccreditation)
- time period for which accreditation is granted
- imposition of a new accreditation condition
- continuation of/decision not to close an existing accreditation condition
- terms of an accreditation condition (including timeframe to meet the requirements of a condition).

Where the setting applies for reconsideration, review and appeal, it should still be the aim of both parties to determine if the matter can be resolved at the earliest possible stage of the RRA process. This requires a flexible approach.

Other complaints about accreditation (not related to the accreditation decision itself) may be covered under [P002 Grievance Policy and Procedure](#) for example, if the training setting considers the accreditation decision to be appropriate but the processes were not timely or were inefficient.

12. Trainees impacted by accreditation being revoked

The college will work with the relevant training setting/training provider to develop a plan and support pathway for impacted trainees and any other relevant matters as soon as the setting/provider 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.

13. Training setting withdrawal from the accreditation process

A training setting can withdraw from the accreditation process at any stage, up until a final accreditation decision has been made by the Workforce and Accreditation Committee. All requests to do so must be made to the college in writing.

14. 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, appraisals of strengths and weaknesses and other confidential information. The college requires members of Accreditation Teams, members of the Workforce and Accreditation Committee, 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 circumstance.

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 9 and 12) until the final decision has been shared with the stakeholders identified in section 10.

15. Monitoring

Once accreditation has been granted, all training settings will be monitored.

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 – see Section 8)
- 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:

Type of monitoring	Activity	Frequency
Routine monitoring (all settings)	Review of trainee survey data	Annually
	Review of the changes at the training setting that could impact effective and safe delivery of training programs, including: • changes to a training setting's services, support, resources, infrastructure or opportunities. • changes to a training setting's governance and management. • increases in trainee numbers and/or decreases in supervisor numbers. • revisions to the training program. • the absence of staff or roles which impact training and have been left vacant for an extended period. • roster changes which alter access to supervision and/or training opportunities. • anything that could impact the training setting's integrity or capacity to deliver the training program.	Responsibility of training setting to proactively provide this information to the college when it occurs, it will then be reviewed.

Type of monitoring	Activity	Frequency
	Review of relevant data/information such as logbooks, workplace-based assessments, complaints etc.	Every 6 months
Additional specific monitoring	Request for additional monitoring reports from training setting and review of how it is progressing with meeting conditions.	As set out in the accreditation report.
	Review of training setting data held by the college relevant to monitoring progress against conditions.	As required, set out in the accreditation report where possible.
	Meeting with the training setting to assess progress against conditions.	As required.
	Check-in with CTS and trainee.	During 12-month Provisional Accreditation period for new training sites.
	Request for information and/or meeting with the training setting based on a specific issue/concern that has been raised (e.g. direct feedback from training supervisors or other clinicians, lodged complaint(s), correspondence or media articles).	As required.
	Review of relevant training setting data.	As required.
	Conduct of virtual, on site or hybrid site visit(s).	As set out in the conditions of the accreditation report. 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.
	Conduct of a full, unscheduled accreditation assessment.	• Where the college is not satisfied imposed conditions are being addressed within a reasonable period of time.

Type of monitoring	Activity	Frequency
		• Where monitoring, data or concerns raised indicate the training setting may no longer be meeting the accreditation standards.

Monitoring changes and conditions

The college will review information gained from monitoring activities, including any information sent by training settings, and decide if the risk rating of a criterion should be reviewed and if conditions have been met. The college may also ask for more information or activities to help inform decisions.

Resulting from this, the Workforce and Accreditation Committee 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 (section 8). 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.

The training site will be notified if there is a change to its accreditation status or conditions. Reporting and appeals will follow the process in sections 9 to 11.

Training sites are required to advise the college if there are any changes that may impact the accreditation status of the site, including substantial changes to supervision arrangements, major changes to the facilities or additional satellite sites. This may result in a review of the training site's accreditation status to ensure that the accreditation standards continue to be met.

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. If a training site chooses to allow their accreditation to lapse, they will need to undertake the accreditation process again if they wish to return to training again in the future.

16. Raising a concern about an accredited training setting

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

- speak to a member of college staff or relevant college representative (e.g. Fellow, Trainee representative)
- raise a concern using P002 Grievance Policy and Procedure.
- raise a concern using AD 1.4 Reporting issues in the Training Environment form (ACSEP trainees only).

The college will review these concerns during monitoring (see section 15).

17. Data and reporting

A list of ACSEP accredited training settings is published on the website.

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.

18. 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.

19. Further information

If you have any questions or need more information about accreditation, please contact:

ACSEP Quality Coordinator
accreditations@acsep.org.au
+61 3 9654 7672