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Title: Specialist college training accreditation of hospital sites: The good, the bad and the ugly

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Abstract: Specialist training site accreditation is mandatory, and essential to training quality and accountability. We cannot do without accreditation, however sometimes the process goes awry, with risks of harm arising from accreditation loss per se or associated accreditation processes. We outline both benefits and potential sources and types of Accreditation Harm.

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It is harder than ever, for Specialist Medical Colleges to "get it right", given enormous changes to medical training and education, in the context of a complex, fractured health environment post-COVID, while meeting expectations of trainees, Fellows, and their governance body, the Australian Medical Council (AMC). Australian colleges are vested, by AMC and *Health Practitioner Regulation National Law Act 2009* with "*produc[ing] medical specialists who can practice unsupervised in the relevant medical specialty"*.[1] In executing this task, specialist colleges are vested with development of clear processes and criteria to assess, accredit and monitor facilities such as hospitals as training sites, i.e. accreditation.[2]

AMC dictates that accreditation: (i) links to specialist medical program's outcomes; (ii) promotes trainee health, welfare, interests; (iii) ensures trainees receive supervision and opportunities to develop appropriate knowledge and skills to deliver high-quality, culturally safe patient care; (iv) supports training and education opportunities in diverse settings; (v) ensures trainees access educational resources required to facilitate learning in clinical environments.[2] Specialist Colleges are obliged to make as explicit as possible their expectations of training sites seeking accreditation, with clear, transparent processes for responding to non-compliance, including withdrawal of accreditation, clearly articulated with appropriate guidance to assist training sites to address unmet requirements.[2]

Sometimes this goes awry, and there are risks of harm arising from accreditation loss per se or associated accreditation processes. This is Accreditation Harm: i.e. harm arising from accreditation processes, including harms to unit morale, leadership, team cohesion and harmony, consultant and trainee welfare and education processes (Table 1).

Table 1 Accreditation Harm: potential sources and manifestations

Sources of Accreditation Harm	Types of Harm* #
• Accreditation decision-making and feedback to sites is eminence-based, not evidence-based; • When input to the College about training sites is informed by vexatious grievances • Accreditation withdrawal is precipitous; • Insufficient time provided for training site responses and change processes; • Weaponisation** of accreditation withdrawal causing a Sword of Damocles effect by using threat and fear to drive change; • Accreditation and scrutiny is drawn out excessively (e.g. over years); • Accreditation muddles educational and operational issues; • Accreditation is contingent upon fixing the unfixable (i.e. the ubiquitous, wicked problems in health) • Accreditation withdrawal exacerbates rural/regional workforce shortages;	• Damage to unit reputation; • Damage to unit morale; • Damage to unit leadership; • Divided and fractured teams due to fuelling of intra- and inter-professional conflict; • Escalation of cultural concerns. • Spiralling negative feedback from ongoing prolonged accreditation processes may worsen the very cultural processes which are often targets of concern. • Worsening of trainee distress and burnout • Destruction of educational infrastructure by scaring existing and potential educators from education roles for fear of embroilment in conflict. • Workforce shortages increases pressure on the Unit.

Key: *While potential for individual workplace harm is acknowledged,[3] we rarely consider potential of systemic harm inflicted by one health system on another;
There is a direct link between some of the harms outlined and patient care, quality and safety.[4, 5,]
** Weaponization is a term commonly used in Healthcare to describe the misuse of organisational processes to serve purposes not otherwise intended.

We cannot do without accreditation. A vital component of the educational lifecycle of medical systems, accreditation gives voice to trainees and is often an early detector of failing systems. Accreditation often provides the only impetus for change. As strong advocates for College accreditation, we recognise that like with all clinical or systemic interventions, it carries both opportunities and risks.

AMC notes that specialist medical training is a shared responsibility between Colleges and training sites, noting mutual interests in ongoing quality improvements.[2] When the accreditation process goes awry it creates a “Them versus Us” attitude, neither advancing interests of trainees, nor Colleges, nor training sites, nor the patients we serve.

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