

Accreditation Standards

Version 2.0 January 2015



Table of Contents

Introduction	1
1. Governance and Program Management	2
2. Monitoring, Evaluation and Continuous Improvement	4
3. Education, Training and Clinical Experience	6
4. Supervision.....	8
5. Assessment	10
6. Trainee Medical Officer Welfare.....	12
Glossary.....	14

Introduction

The South Australian Medical Education and Training (SA MET) Accreditation Standards provide a framework for the education and training of prevocational trainee medical officers (TMOs). TMOs in the context of this document are prevocational doctors who have not yet entered specialty training. The education and training of specialty trainees and career medical officers are not covered by these standards.

By meeting these standards, health services demonstrate that they provide safe and effective education and training programs for TMOs. The accreditation process will use evidence to test the extent to which health services meet these standards through document analysis, TMO surveys and visits to Local Health Networks (LHNs).

The term 'facility' is used throughout this document when allocating responsibility for meeting the criteria. SA MET recognises LHN based model of education and training; the term 'facility' can refer to a hospital and/or LHN.

1. Governance and Program Management

Education and training programs and welfare support need to be managed effectively by appropriately qualified, identifiable staff. These staff include: Directors of Clinical Training (DCT), Directors of General Practice Training, Medical Education Officers (MEOs), administrative support and other staff as appropriate. TMO education and training programs are ultimately accountable to the Local Health Network Chief Executive Officer (CEO) through an appropriate executive level officer, for example a Director of Medical Services (DMS).

Facilities coordinate the local delivery of the intern training program. Facilities that provide training in a variety of healthcare settings contribute to the coordination and management of the program across sites. These facilities are responsible for setting and promoting high standards of medical practice and TMO training.

Standard 1 is split into three areas: Executive Accountability, Resources, and the Education and Training Program Committee.

1. Governance and Program Management

Standard	Criteria
<p>1.1 Executive Accountability:</p> <p>Facilities have an organisational structure, ultimately accountable to the LHN CEO.</p>	<p>1.1.1 Facilities have a strategic plan for TMO education and training, endorsed by the LHN CEO. The LHN CEO is responsible for providing adequate resources to meet this plan.</p> <p>1.1.2 Facilities are funded as teaching and training organisations, and therefore give high priority to medical education and training.</p> <p>1.1.3 An organisational structure is in place to support TMO education and training, including a delegated manager with executive accountability for meeting postgraduate education and training standards, for example a Director of Medical Services.</p> <p>1.1.4 Facilities have patient safety policies to ensure TMOs work within their scope of practice. TMOs are made aware of these policies.</p> <p>1.1.5 Facilities provide clear and easily accessible information about the education and training program to TMOs.</p> <p>1.1.6 Facilities allocate TMOs within the program through a transparent, rigorous and fair process which is based on published criteria and the principles of the program.</p>
<p>1.2 Resources:</p> <p>Facilities provide appropriate financial, physical and staffing resources to support and promote high-quality education and training.</p>	<p>1.2.1 Facilities provide the physical, ICT, library and educational resources necessary for supporting TMO education and training.</p> <p>1.2.2 Facilities provide dedicated office space for a Medical Education Unit (MEU) or equivalent.</p> <p>1.2.3 Appropriate full time equivalent levels of qualified staff, including a DCT, MEO and administrative staff, are employed to manage, organise and support education and training. This is underpinned by regular appraisal of the unit and its personnel by the facility.</p> <p>1.2.4 Facilities have a dedicated budget to support and develop TMO education and training.</p> <p>1.2.5 TMOs are provided with a safe, secure and comfortable area away from clinical work spaces.</p>
<p>1.3 Education and Training Program Committee:</p> <p>The Education and Training Program Committee is the body that oversees the work of the Medical Education Unit.</p>	<p>1.3.1 Facilities have an Education and Training Program Committee which is adequately resourced, empowered and supported to advocate for TMO education and training</p> <p>1.3.2 The Education and Training Program Committee oversees and evaluates all aspects of TMO education and training and is responsible for determining and monitoring changes to education and training.</p> <p>1.3.3 The Education and Training Program Committee has Terms of Reference that outline its functions, reporting lines, powers and membership, which includes TMOs.</p> <p>1.3.4 Education and Training Program Committee outcomes are regularly communicated to TMOs.</p> <p>1.3.5 Facilities report changes to the program, units or terms, that may affect the delivery of the program, to SA MET in line with the Process for Accrediting a Change of Circumstance.</p>

2. Monitoring, Evaluation and Continuous Improvement

Education and training programs need to be monitored and evaluated by Medical Education Unit staff to ensure that they are providing effective education and training to TMOs, preparing them for future practice.

It is essential that facilities continuously improve the education and training program offered to TMOs to ensure these programs are contemporary and deliver training of the highest possible calibre.

2. Monitoring, Evaluation and Continuous Improvement

Standard	Criteria
<p>2.1 Monitoring, Evaluation and Continuous Improvement:</p> <p>Facilities monitor and evaluate TMO education and training and base a program of continuous improvement on the data gained from this.</p>	<p>2.1.1 Facilities have processes to monitor and evaluate the quality of TMO education and training.</p> <p>2.1.2 TMOs have the opportunity and are encouraged to provide feedback in confidence on all aspects of their education and training.</p> <p>2.1.3 Facilities use TMO evaluations of orientation, education sessions, supervision, terms and assessments to develop the education and training program.</p> <p>2.1.4 Mechanisms are in place to access feedback from supervisors to inform program monitoring and continuous improvement.</p> <p>2.1.5 Facilities act on feedback and modify the education and training program as necessary to improve the TMO experience, using innovative approaches as appropriate.</p> <p>2.1.6 Facilities form constructive working relationships with other agencies and facilities to support education and training.</p>

3. Education, Training and Clinical Experience

TMO education, training and clinical experience are intrinsically linked; the majority of TMO education and training occurs in the clinical setting. Facilities are responsible for providing the support and resources to supplement and enhance ward and/or unit-based experiential learning, including an educational program that includes topics not available on clinical rotations and of interest to TMOs.

3. Education, Training and Clinical Experience

Standard	Criteria
<p>3.1 Education and Training:</p> <p>Facilities provide a structured education and training program mapped to the Australian Curriculum Framework for Junior Doctors (ACF).</p>	<p>3.1.1 All TMOs can access the education and training program provided and supplementary training activities offered on all terms.</p> <p>3.1.2 Formal education and training program sessions are designated protected time.</p> <p>3.1.3 The education and training program offered is mapped to the ACF and covers topics relevant to TMO training.</p> <p>3.1.4 The education and training program is structured to reflect the requirements of the registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training.</p> <p>3.1.5 Facilities provide guidance to TMOs to inform career choices and how to access these careers.</p> <p>3.1.6 TMOs are encouraged to participate in hospital wide educational opportunities, for example Grand Rounds.</p>
<p>3.2 Clinical Experience:</p> <p>TMOs have appropriate opportunities for experiential learning.</p>	<p>3.2.1 Facilities provide TMOs with a program of terms that enables the attainment of ACF competencies, including relevant skills and procedures. Intern terms should reflect the requirements of the registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training.</p> <p>3.2.2 Facilities ensure TMOs are able to participate in learning opportunities appropriate to each term, including practical experience in each specialty undertaken with the opportunity to improve their practical skills. This includes exposure to theatre time during surgical terms. Intern terms should take into account the Australian Medical Council Guidelines for intern terms.</p> <p>3.2.3 In identifying terms for training, facilities consider the following:</p> <ul style="list-style-type: none"> • complexity and volume of the unit's workload • the TMO's workload • the experience TMOs can expect to gain • how the TMO will be supervised, and who will supervise them. <p>3.2.4 All clinical settings for TMOs are able to demonstrate the education and learning opportunities available.</p> <p>3.2.5 TMOs have access to the tools and opportunities for an appropriate handover at the start and end of each shift, during shifts if required, and at the start of each term.</p> <p>3.2.6 Facilities provide information to TMOs regarding the experiences available on all terms, including those at secondary sites.</p> <p>3.2.7 All terms have an approved term description that has been developed by the term supervisor with input from TMOs who have undertaken the term. Term descriptions are monitored and updated regularly to ensure they reflect the current practice and experience available on each term.</p> <p>3.2.8 Facilities provide a comprehensive orientation to TMOs at the beginning of their employment with that facility.</p> <p>3.2.9 TMOs receive an orientation to all secondary training sites that they rotate through.</p> <p>3.2.10 TMOs complete a Basic Life Support course as part of the facility orientation program, and every two years thereafter.</p> <p>3.2.11 All TMOs receive an appropriate orientation to each term.</p>

4. Supervision

Supervision involves direct or indirect monitoring of TMOs by senior medical practitioners. Facilities must ensure administrative, education and professional supervision is provided as well as clinical oversight to ensure TMOs are practising safely.

Term supervisors are senior clinicians appointed for each term and are responsible for the management of the TMOs on that particular unit. This role includes providing adequate orientation for and assessment of TMOs, and ensuring appropriate clinical supervision is always in place for TMOs. The clinical supervision of a TMO does not have to be provided solely by the term supervisor, it can be provided by other adequately trained and experienced staff.

4. Supervision

Standard	Criteria
<p>4.1 Supervision:</p> <p>Appropriate clinical supervision is provided to TMOs during all periods of duty.</p>	<p>4.1.1 TMOs are supervised at all times at a level appropriate to their experience and responsibilities.</p> <p>4.1.2 Facilities have a supervision guideline that is understood and adhered to by supervisors.</p> <p>4.1.3 Supervisors have the competencies, skills, knowledge, authority, time and resources to enable adequate supervision of TMOs at all times.</p> <p>4.1.4 TMOs' learning objectives are discussed with the term supervisor at the start of each term to assist the TMO to develop a learning plan for that term.</p> <p>4.1.5 Term supervisors and their delegates are known to and accessible by TMOs, understand their roles and responsibilities in assisting TMOs to meet learning objectives, and demonstrate a commitment to TMO training.</p> <p>4.1.6 Facilities provide appropriate support and professional development opportunities to supervisors for their roles.</p> <p>4.1.7 Supervisors are responsible for providing TMOs with regular constructive feedback.</p>

5. Assessment

TMOs are assessed regularly throughout their prevocational training, undergoing summative assessments at the end of each term. Assessments of TMOs are provided by their term supervisors, after consultation with other members of the unit who have worked with the TMO.

Assessments allow issues with performance to be formally identified and can provide the basis for discussions around substandard performance. Mid-term assessments provide feedback to TMOs on their performance and encourage improvements where necessary.

Intern assessments form the basis of the sign-off decision for general registration at the end of the intern year.

5. Assessment

Standard	Criteria
<p>5.1 Assessment:</p> <p>Assessment processes for TMOs are fair, reliable and timely.</p>	<p>5.1.1 TMOs are encouraged to take responsibility for their own performance, and to seek feedback from their supervisors in relation to their performance.</p> <p>5.1.2 Term supervisors outline unit-specific assessment processes at the start of each term, identifying team members involved in assessing TMOs.</p> <p>5.1.3 Interns undergo valid and reliable formative mid-term assessments for all terms exceeding five weeks. Ideally, this will also occur for all other TMOs.</p> <p>5.1.4 TMOs undergo valid and reliable summative end-of-term assessments for all terms. The supervisor should consult with other team members to maximise reliability. These assessments are discussed with TMOs, who have the opportunity to comment on these.</p> <p>5.1.5 TMO assessments are confidential and are not released by a facility for any human resources purposes, including employment applications. A copy of all assessments should be provided to the TMO.</p> <p>5.1.6 Facilities have a process to assist with decisions on the remediation of TMOs who do not achieve satisfactory supervisor assessments.</p> <p>5.1.7 Facilities implement and document assessments of TMO performance consistent with the registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training.</p> <p>5.1.8 Intern assessment is consistent with the guidelines in the AMC’s Intern training – Assessing and certifying completion, and based on interns achieving outcomes stated in the AMC’s Intern training – Intern outcome statements.</p>

6. Trainee Medical Officer Welfare

The early years of prevocational training are a particularly vulnerable time for TMOs, some of whom require a high level of pastoral support.

Facilities are to provide appropriate welfare support for TMOs. Underperforming TMOs are identified in a timely fashion and facilities have appropriate processes are in place to support and manage these TMOs.

Facilities must ensure adequate resources are provided to enable Medical Education Units to provide welfare support to TMOs and advocating on their behalf.

6. Trainee Medical Officer Welfare

Standard	Criteria
<p>6.1 TMO Welfare:</p> <p>Facilities provide appropriate welfare support for TMOs.</p>	<p>6.1.1 The duties, working hours and supervision of TMOs are consistent with the delivery of high-quality, safe patient care and TMO welfare.</p> <p>6.1.2 Facilities provide access to and information regarding welfare support for TMOs, including information regarding external, independent organisations. This is articulated within facility orientation processes.</p> <p>6.1.3 Facilities have written policies and processes in place, with appropriate reference to local and national jurisdictional guidelines, to manage welfare, workload, safety and substandard performance of TMOs.</p> <p>6.1.4 Facilities identify underperforming TMOs in a timely fashion and have appropriate processes to support and manage these TMOs. TMOs are informed of concerns regarding their practice to enable this to be remedied before the end of the training year wherever possible.</p> <p>6.1.5 Handover of TMO performance across terms is managed by the MEU. Confidential written records are kept of any notifications and discussions of substandard performance with term supervisors.</p> <p>6.1.6 Facilities have published, fair and practical policies for managing annual leave, sick leave and professional development leave.</p> <p>6.1.7 Facilities have clear, impartial and confidential pathways for the timely resolution of training-related disputes between TMOs and supervisors, or TMOs and the facility.</p> <p>6.1.8 Facilities guide and support supervisors and TMOs in the implementation and review of flexible training arrangements. Available arrangements for interns are consistent with the registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training.</p>

Glossary

ACF – Australian Curriculum Framework for Junior Doctors

CEO – Chief Executive Officer

DCT – Director of Clinical Training

DMS – Director of Medical Services

GP – General Practice

ICT – Information and computer technology

LHN – Local Health Network

MEO – Medical Education Officer

MEU – Medical Education Unit

SA MET – South Australian Medical Education and Training

TMO – Trainee medical officer. Within this document TMO refers to any prevocational doctor, including interns, not in a vocational training program.

