

Australian Medical Council Limited

Accreditation Report:  
South Australian Medical Education and Training

**AMC**

Prevocational Standards Accreditation Committee

October 2013

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## Executive summary

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This report records the findings of the Australian Medical Council (AMC) assessment of South Australian Medical Education and Training, the intern training accreditation authority for South Australia.

This assessment was conducted as part of the AMC pilot of a process for reviewing intern training accreditation authorities against a quality framework for accreditation. The AMC has a set of policies on the conduct of its accreditation processes. These describe how the AMC manages confidentiality, conflicts of interest, complaints and appeals, and the key steps in any accreditation process, such as appointment of a team to complete the assessment, the activities by the team, and the interactions between the team and the organisation being reviewed. The AMC has applied these policies in the pilot reviews.

In 2013, an AMC team completed the assessment of South Australian Medical Education and Training's intern training accreditation work. The Team reported to the 11 October 2013 meeting of the AMC Prevocational Standards Accreditation Committee. The Committee considered the draft report and made recommendations on accreditation to AMC Directors within options recommended to the Directors.

### Decision on accreditation

The October 2013 meeting of the AMC Directors resolved that South Australian Medical Education and Training satisfied the domains of the quality framework.

The AMC Directors resolved:

- (i) That South Australian Medical Education and Training be granted accreditation for the maximum possible period of five years, to 31 December 2018, subject to satisfactory annual progress reports to the AMC.
- (ii) That this accreditation is subject to the conditions set out below:
  - (a) By 1 April 2014, evidence that SA MET has addressed the following conditions from the accreditation report:
    - 2.2 Develop procedures to manage the subtle conflicts of interest that arise in committee business.
    - 4.3 Develop a written policy on conflict of interests.  
After stakeholder consultation, broaden the definition of a conflict of interest.
  - (b) By the 2014 progress report to the AMC, evidence that SA MET has addressed the following conditions from the accreditation report:
    - 3.2 Implement the findings of the 2012 SA MET report, *The Quality of the SA IMET Accreditation Process: Evaluation 2012*.

In 2018, before this period of accreditation ends, the AMC will seek a comprehensive report from SA MET. The report should address the domains of the quality framework and outline SA MET's development plans for the next three to four years. The AMC will consider this

report and, if it decides SA MET is continuing to satisfy requirements, the AMC Directors may extend the accreditation by a maximum of three years (to December 2021), taking accreditation to the full period which the AMC will grant between assessments, 8 years.

At the end of this extension, SA MET will undergo a reaccreditation assessment by an AMC team.

### Overview of findings

The key findings of the 2013 AMC review of South Australian Medical Education and Training against the Quality framework for the review of intern training accreditation bodies are set out below.

The left column of the Table includes commendations and quality improvement recommendations. Quality improvement recommendations are suggestions not conditions.

The right column of the Table notes any conditions of accreditation and summarises the overall finding for each domain. The AMC imposes conditions where requirements are ‘not met’ or ‘substantially met’ to ensure that the intern training accreditation body does satisfy the domain in a reasonable timeframe. The AMC requires accreditation bodies to provide evidence of actions taken to address the condition and to meet the domain in the specified timeframe.

Domain with commendations	Findings and conditions
<b>Domain 1 – Governance</b>	<b>Met</b> 1.1 Substantially met
<u>Commendations</u> <ul style="list-style-type: none"> <li>• Intern training accreditation is clearly a core part of the business. (1.2)</li> <li>• The strong Health Department support for SA MET. (1.2)</li> <li>• The broad stakeholder representation on the Advisory Council and other committees. (1.6)</li> </ul>	<u>Note</u> <ul style="list-style-type: none"> <li>• The “registered as a business entity” element of the attribute cannot be met given SA MET’s legal structure but the intention of the attribute is met. The AMC would expect to be advised of any changes to the current arrangements. (1.1)</li> </ul>
<b>Domain 2 – Independence</b>	<b>Met</b> 2.2 Substantially met
<u>Commendations</u> <ul style="list-style-type: none"> <li>• The decision-making processes are clear and independent. (2.1)</li> </ul>	<u>Condition</u> <ul style="list-style-type: none"> <li>• Develop procedures to manage the subtle conflicts of interest that arise in committee business (2.2)</li> </ul>
<b>Domain 3 – Operational management</b>	<b>Met</b> 3.2 Substantially met
<u>Commendations</u> <ul style="list-style-type: none"> <li>• The resources available to SA MET, particularly the quality and number of staff. SA MET is effectively using its resources to meet accreditation objectives. (3.1)</li> </ul>	<u>Condition</u> <ul style="list-style-type: none"> <li>• Implement the findings of the 2012 SA MET report, <i>The Quality of the SA IMET Accreditation Process: Evaluation 2012</i>. (3.2)</li> </ul>

<p><u>Quality improvement recommendation</u></p> <ul style="list-style-type: none"> <li>• Make the current ad hoc processes for monitoring and improving accreditation processes part of routine evaluation. (3.2)</li> <li>• Engage stakeholders more broadly in monitoring and improving accreditation processes. (3.2)</li> <li>• The accreditation load on health facilities is acknowledged to be high. SA MET should consider how the process, including the paperwork, might be streamlined. (3.2)</li> </ul>	
<p><b>Domain 4 – Accreditation processes</b></p>	<p><b>Met</b> 4.3 Substantially met</p>
<p><u>Commendations</u></p> <ul style="list-style-type: none"> <li>• SA MET’s accreditation documentation is comprehensive. (4.1)</li> <li>• SA MET’s commitment to and process for training accreditation visitors. (4.2)</li> </ul> <p><u>Quality improvement recommendation</u></p> <ul style="list-style-type: none"> <li>• Consider a program for refreshing the knowledge of experienced visitors to ensure they stay abreast as policy and procedures change. (4.2)</li> <li>• Explicitly orient each accreditation visit to an assessment against the standards. (4.2)</li> <li>• For accreditations of larger facilities, include at least one external visitor in the accreditation team. (4.3)</li> <li>• So that accreditations remain focussed on the standards, provide a template assessment form for teams that lists the standards. (4.4)</li> <li>• On short cycles, focus the assessment on provisos rather than all the standards. (4.6)</li> <li>• Consider including in the Visitor Guide more information about how decisions are made about core term status.(4.8)</li> <li>• Make visitors and facilities aware of the broad definitions of the required experience in medicine, surgery and emergency medical care contained in the Medical Board of Australia’s registration standard and the potentially greater flexibility they</li> </ul>	<p><u>Condition</u></p> <ul style="list-style-type: none"> <li>• Develop a written policy on conflict of interests. (4.3)</li> <li>• After stakeholder consultation, broaden the definition of a conflict of interest. (4.3)</li> </ul>

<p>provide in the assessment of posts for accreditation (4.8).</p> <ul style="list-style-type: none"> <li>• Extend the complaints process to address the conduct of accreditation process. (4.10)</li> </ul>	
<b>Domain 5 – Stakeholder collaboration</b>	<b>Met</b>
<p><u>Quality improvement recommendations</u></p> <ul style="list-style-type: none"> <li>• Develop mechanisms for a broad range of stakeholder groups including consumer/community groups to contribute to SA MET policy and processes. (5.1)</li> <li>• Ensure that all the AMC national standards for intern training have an equivalent or associated SA MET accreditation standard. In particular, SA MET should consider a standard to ensure that interns are allocated to health facilities in a fair and transparent way. (5.4)</li> </ul>	

## Introduction

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### AMC and intern training accreditation

The Australian Medical Council (AMC) is the designated accreditation authority for the medical profession under the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory. Its purpose is to ensure that standards of education, training and assessment promote and protect the health of the Australian community.

The AMC assesses and accredits medical programs and providers in three of the four stages of medical education: primary medical education, specialist medical education and the continuing professional development phase.

In 2009, the Medical Board of Australia asked the AMC for advice on the standards that should apply for intern training under the National Law, and how the AMC might apply a national framework for intern training accreditation to the current state-based processes.

The AMC has been working with stakeholder bodies to develop this advice for the Medical Board.

Elements of this framework will take effect from 2014. The Medical Board of Australia will apply a new registration standard for granting general registration to Australian and New Zealand medical graduates on completion of internship, which was approved by the Australian Health Workforce Ministerial Council in November 2012. National guidelines and forms will be available for the assessment and certification of interns as having met the requirements for granting general registration in the national system.

The AMC has also developed a set of global outcomes statements for the intern year, which provide structured definitions of the expected outcomes of medical education. They do not constitute a curriculum per se, rather they represent a statement of broad and significant outcomes that interns should achieve by the conclusion of the internship. They are vertically integrated with the medical school graduate outcomes statements. In the nationally available forms for term supervisor assessments, assessment will align to global outcome statements. With assistance of health services and postgraduate medical councils, the AMC plans to pilot the use of the forms in 2014.

An important feature of the national framework is periodic review by the AMC of the bodies that accredit intern training programs, known collectively as the postgraduate medical councils<sup>1</sup>. These reviews will focus on intern training accreditation and will not address other functions performed by postgraduate medical councils. Intern training accreditation bodies will continue to accredit posts and programs in health facilities after assessing the quality of the education and training provided to junior doctors. The AMC will assess their processes and standards against the Quality Framework for Review of Intern Training Accreditation

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<sup>1</sup> Note: Intern training accreditation functions are currently performed by state-based postgraduate medical councils. The AMC has used the generic term “intern training accreditation bodies” in this documentation rather than postgraduate medical councils. This does not imply that postgraduate medical councils will not continue to perform these roles.



Bodies. This process provides a quality assurance and quality improvement mechanism for these intern training accreditation processes.

### **Pilot reviews of intern training accreditation bodies**

Since the AMC review of the postgraduate medical councils is a new development, the AMC is testing the proposed model before deciding on its implementation. With funding by the Medical Board of Australia and the assistance of the postgraduate medical councils, the AMC is reviewing the accreditation process and standards of two postgraduate medical councils against the domains of the draft Quality Framework for Review of Intern Training Accreditation Bodies.

The AMC has a set of policies on the conduct of its accreditation processes. These describe how the AMC manages confidentiality, conflicts of interest, complaints and appeals, and the key steps in any accreditation process, such as appointment of a team to complete the assessment, the activities by the team, and the interactions between the team and the organisation being reviewed. The AMC has applied these policies in the pilot reviews.

In this project, the AMC has also developed National Standards for Intern Training and Guidelines on the experience that interns should obtain during the internship to meet the registration standard. These documents help to define the requirements for intern training. The AMC will consider how they are applied when it assesses the work of intern training accreditation bodies.

### **AMC review of South Australian Medical Education and Training**

This report details the process used to assess South Australian Medical Education and Training (SA MET) against the Quality Framework for Review of Intern Training Accreditation Bodies and the findings of that review.

This pilot review was conducted using the following process

- AMC staff met senior staff and office bearers of SA MET in May 2013, after which there was regular discussions between AMC and SA MET staff to plan the review.
- SA MET developed a review submission, addressing the domains in the draft Quality Framework and responding to guidelines provided by the AMC. A copy of the AMC guidelines are at Appendix 1.
- The AMC appointed an expert team to complete the review, after SA MET had an opportunity to comment on the proposed membership. The membership of the team is shown in Appendix 2. With permission of SA MET, Dr Lynn Hemmings, Medical Education Advisor and Deputy Chair of the Postgraduate Medical Education Council of Tasmania joined the Team as an observer in preparation for the second pilot review.
- The AMC invited stakeholder bodies to comment on SA MET's response to the domains of the quality framework. To assist this process, SA MET placed its review submission on its website.
- The Team met on 17 July 2013 to consider SA MET's submission and to plan the review. In preparation for this meeting, each Team member had completed a preliminary assessment of the submission against the domains of the Quality Framework.

- SA MET arranged for Team members to observe some of its scheduled accreditation visits to health services.
- The Team met SA MET Unit staff, Advisory Council members, committees and selected stakeholders on 25 and 26 July 2013.
- The Team provided feedback to SA MET staff and office bearers at the end of the visit and subsequently prepared this report.
- The AMC invited SA MET to comment on the factual accuracy of the draft report and on any recommendations, conclusions, or judgments in the draft report.
- The report and the comments of SA MET were considered through the AMC's committee processes.

### **Appreciation**

The AMC thanks SA MET for agreeing to be part of the pilot process and contributing to the evaluation of the proposed process.

It acknowledges the additional work of SA MET staff to develop the documentation, and plan the review. The AMC also acknowledges with thanks the collegial and open discussion by individuals and groups who met the AMC Team in July 2013.

The groups met by the 2013 AMC Team are listed at Appendix 3.

# **1 Governance of South Australian Medical Education and Training**

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Domain requirement - The intern training accreditation body effectively governs itself and demonstrates competence and professionalism in the performance of its accreditation role.

## Attributes

- 1.1 The intern training accreditation body is a legally constituted body and registered as a business entity.
- 1.2 The intern training accreditation body's governance and management structures give appropriate priority to the accreditation of intern training programs relative to other activities.
- 1.3 The intern training accreditation body is able to demonstrate business stability, including financial viability.
- 1.4 The intern training accreditation body's accounts meet relevant Australian accounting and financial reporting standards.
- 1.5 There is a transparent process for selection of the governing body.
- 1.6 The intern training accreditation body's governance arrangements provide for input from stakeholders including input from the health services, intern supervisors, and junior doctors.

## **1.1 Constitution of South Australian Medical Education and Training**

There has been a state-based intern training accreditation body in South Australia since 1995, when the Council for Early Postgraduate Training in South Australia was established under the aegis of the Medical Board of South Australia. The intern training accreditation body has existed as an Advisory Council to the South Australian Minister for Health since January 2006.

The South Australian Medical Education and Training Health Advisory Council (the Advisory Council) is the intern training accreditation body for South Australia. It was established in 2013 under the South Australian Health Care Act 2008 as an unincorporated council established by, and reporting to, the Minister for Health and Ageing in South Australia. It operates under a schedule of rules determined by the Minister in accordance with the Act.

The South Australian Board of the Medical Board of Australia has authorised the Advisory Council to undertake the accreditation of all intern training positions in South Australia.

The Advisory Council is supported by the South Australian Medical Education and Training Unit, which comprises staff employed by the Department of Health and Ageing.

The formation of the SA MET Advisory Council follows an independent review in 2011, undertaken to determine opportunities to improve the structure and operation of the Unit and its Advisory Council. While the name has changed, and new committees have been created, the key responsibilities remain.

Under the rules for the Advisory Council, SA MET's role is to improve the quality of education, training and welfare for interns and trainee medical officers within South Australia and make recommendations for the accreditation of trainee medical officer positions in health services.

Whilst the South Australian Department of Health and Ageing is registered as a business entity, neither the Advisory Council nor the Unit are separately registered business entities.

The Team was satisfied that SA MET, particularly the Advisory Council, has sufficient legal status since it is scheduled in legislation and reports to the Minister and the Medical Board of Australia.

The Team considered that the "registered as a business entity" element of the attributes could not be met, but the existing structure meets the intention of the attribute, namely as evidence of legal standing of the organisation, and the existence of a set of operating rules which hold it accountable.

## **1.2 Priority to accreditation of intern training positions**

The rules regarding South Australian Medical Education and Training Health Advisory Council describe the functions of the Advisory Council. All its designated functions relate to postgraduate medical education and training. There is a specific function relating to undertaking the accreditation and monitoring of individual trainee medical officer positions and the clinical units, facilities and networks that support these positions using national and jurisdictional standards. Other functions relate to setting standards, encouraging innovation, gathering information and feedback on the quality of education and training, and advising the Minister, the Chief Executive of the Department and the Department.

While SA MET Unit has a broader role than that of accreditation, including intern and PGY2+ allocation on behalf of the Local Health Networks, the development of online education and training services, the development and delivery of training and support for junior doctors, and some workforce support, the Unit's core business clearly is to provide support to the Advisory Council for the accreditation of intern and PGY2+ posts and programs.

The importance of the accreditation function is also demonstrated in the governance structure. The Accreditation Committee is established under the rules for the South Australian Medical Education and Training Health Advisory Council, and the Chair of that Committee is a member of the Advisory Council under those rules.

The Team considered the priority given to intern training accreditation, as evidenced through the work of the Unit and interviews with stakeholders, is a strength. SA MET's involvement with vocational training and undergraduate training as well gives it some breadth, but does not compromise the priority given to prevocational training.

### **1.3 Business stability**

As noted earlier, a state-based system of intern training accreditation has existed in South Australia since 1995, with a legislated basis since 2006. The Team considered this evidence of stability.

The South Australian Department of Health and Ageing provides a majority of the operational funding for the SA MET Unit and Advisory Council work. The Department funds accreditation staff, including costs and relevant equipment, and provides office space, human resources support, IT support and some professional development.

A grant from the Medical Board of Australia subsidises activities directly related to accreditation.

The Team was given all possible assurances that SA MET's standing within SA Health is assured, with evidence of strong current support. The SA MET Unit's position within the Department is regarded as providing staffing and business stability, with appropriate independence for the Advisory Council provided through its structure and reporting lines.

The Team's discussions indicated that SA MET's work has been an area of funding priority and funding had increased appropriately as the scope of the SA MET Unit's work had increased. The SA MET Unit considered the work to be appropriately resourced.

The Team commends the way in which the business stability has been assured, particularly in an environment of tightening financial resources. Based on the organisation's history, it appears this will continue.

### **1.4 Financial arrangements**

The financial accounts of the SA MET Unit sit under the Department of Health and as such address reporting and accountability requirements of that organisation.

### **1.5 Selection of the governing body**

All appointments to the Advisory Council, including deputies, are made by the South Australian Minister for Health and Ageing. The rules regarding South Australian Medical Education and Training Health Advisory Council provide guidance to the Minister in exercising these powers. These rules require the following to be taken into account: the balance of skills, qualifications and experience appropriate to the power and functions of the Advisory Council and, as far as practicable, a range of stakeholder perspectives, and geography and gender.

The rules regarding South Australian Medical Education and Training Health Advisory Council clearly state the categories of membership of the Advisory Council.

In discussions, the Team explored the management of the most recent process for seeking nominations and selecting members for the Advisory Council. The Team was satisfied that there was an open nomination process, which resulted in members with appropriate qualifications and experience.

The Team was assured that this was a transparent process, within the limits imposed by a Ministerial appointment process. The AMC would expect to be notified of any changes to these processes, and the rules for selection and appointment.

## **1.6 Stakeholder input to governance**

The Team commended the level of stakeholders input to the governance of SA MET.

The membership of the SA MET Health Advisory Council includes representation from the Health Department, the South Australian local health networks, medical educationalists, doctors in training, the specialist colleges, medical schools and directors of clinical training. The Chair of the Accreditation Committee is also a member of the Advisory Council.

The membership of the Advisory Council's Education Committee and Accreditation Committee have similarly broad stakeholder representation. Three other committees, the Doctors in Training Committee, the Directors of Clinical Training Committee and the Professional Colleges Committee, provide opportunities for input from these specific groups.

The Team commended the wide representation of stakeholders on the Advisory Council and its committees. This has continued despite the reduction of size in the Advisory Council in the most recent review.

## 2 Independence

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Domain requirement - The intern training accreditation body carries out independently the accreditation of intern training programs.

Attributes

- 2.1 Decision making about accreditation of programs is independent and there is no evidence that any area of the community, including government, health services and professional associations has undue influence.
- 2.2 There are clear procedures for identifying and managing conflicts of interest.

### 2.1 Independence of accreditation decision making

The Advisory Council is an independent organisation. The Advisory Council reports to the Minister for Health and Ageing through an annual report on accreditation and the other functions of the Unit.

SA MET has a three-level process for the development and review of accreditation reports:

1. Teams of independent visitors appointed by the Accreditation Committee conduct the accreditations and recommend outcomes.
2. The Accreditation Committee receives these reports, and makes the recommendation to the Advisory Council. The Accreditation Committee is able to modify the accreditation recommendations of the visit team.
3. The Advisory Council reviews the Accreditation Committee's accreditation recommendations and provides the final decision to the South Australian Board of the Medical Board of Australia.

The Team considered that this process, and the balance of stakeholders on the decision making committees, resulted in proper review of recommendations to support the Advisory Council's decision making, and limits the influence of any one member or stakeholder group.

SA MET policies include processes for units and facilities undergoing accreditation to check the drafts for factual accuracy before they are finalised.

There is evidence that the Advisory Council is not limited in its capacity to make difficult accreditation decisions, such as withdrawal or limitation on accreditation.

The Team explored the close relationship with the South Australian Health Department and implications of that relationship for independence. The benefits, through staff opportunities, and strong procedures and systems in the broader department were obvious. The SA MET Unit has clear procedures for managing the relationship and the risks, and this is a responsibility of the Unit Manager. The Team was confident that SA MET understood these risks and is managing them appropriately.

Overall the Team considered that the accreditation decision making process was well-managed.

## **2.2 Managing conflicts of interest**

SA MET has procedures for managing conflicts of interest at Accreditation Committee and Advisory Council level. Members with an identified conflict are not sent relevant agenda items and leave the room during the discussion on the topic that involves their interests.

While these processes are sound, it was acknowledged that the small pool of people filling relevant roles within the South Australian health services and stakeholder bodies creates challenges in dealing with conflicts of interest and can lead to perceptions of bias. SA MET staff are aware of the need to manage these declarations.

The Team encourages SA MET to manage these processes more actively considering the more subtle interests that arise in committee discussions, such as the capacity to draw attention to perceived conflicts within a meeting, the capacity of juniors to challenge the views expressed by seniors, and the potential reliance on knowledge of committee members in clarifying questions rather than seeking a response from the unit or facility under review.

The same issues concerning the small pool of possible members also raises issues for managing potential conflict of interests in accreditation teams. The Team noted SA MET was discussing using visitors external to South Australia for accreditations of large facilities. It encourages SA MET to explore this possibility further. The management of these conflicts of interest is discussed further under 4.3.



### **3 Operational management**

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Domain requirements: The intern training accreditation body effectively manages its resources to perform functions associated with accreditation of intern programs.

#### Attributes

- 3.1 The intern training accreditation body manages the human and financial resources to achieve objectives in relation to accreditation of intern training programs.
- 3.2 There are effective systems for monitoring and improving the intern training accreditation processes, and identification and management of risk.
- 3.3 There are robust systems for managing information and contemporaneous records, including ensuring confidentiality.

#### **3.1 Resource to achieve accreditation objectives**

The SA MET Health Advisory Council is supported by SA MET Unit staff who provide secretariat support for the Council and undertake a range of other medical education, training and workforce functions for the South Australian health system.

While the Unit staff are employed by the Department, all staff, except the Manager of SA MET, report within the Unit and all performance indicators relate to Unit work.

The Unit Manager manages the Unit staff and the budget allocated by the Department.

The Manager of the SA MET Unit works closely with the Department to ensure that the good relationship with the Department is maintained. SA MET believes this close relationship enables the Unit and Advisory Council to demonstrate clearly its value to the Department and to justify continuing funding and support.

The Team was confident that resources were effectively targeted within SA MET. The Team commends the level of resourcing and the quality of staff within the Unit.

#### **3.2 Monitoring and improving processes**

The Unit regularly reviews its accreditation processes. It conducts periodic systematic reviews of aspects of accreditation, such as the Accreditation Standards, and processes, practices and guidelines.

Continuous improvement is generally initiated through staff, a Committee or Advisory Council member identify an issue or areas for improvement, or from stakeholder feedback. After each facility accreditation visit, there is a debriefing session to discuss the visit. This is used both to inform future accreditation visits and as a staff reflection and development tool.

The Accreditation Standards were revised in 2010 and, following evaluation, are currently in the process of review, with new standards due to be implemented in early 2014.

The SA MET Unit sets timelines for periodic reviews taking account of specific timeframes, for example the Accreditation Standards will be reviewed once all facilities have been accredited against them in the current accreditation cycle.

The Unit completed a stakeholder evaluation of its accreditation processes in 2012. It provided the Team with the report of this process. The process appears to be thorough and inclusive of all groups which experience the accreditation process. The evaluation provided the Unit with recommendations to improve its accreditation processes relating to communication about the process, submission guidelines and resources, and recruiting and supporting accreditation visitors. It also recommended review of the standards for user-friendliness.

At the time of the visit some recommendations have been completed, while others are ongoing. The AMC will be interested to see how the outcomes of this report are implemented.

The Team was satisfied there is a system for monitoring and improving accreditation processes. Some of the ad hoc review processes might be better incorporated in a routine evaluation process.

The Team suggest that SA MET facilitate broader stakeholder involvement in monitoring and improving accreditation processes, both to improve the evaluation process and to improve stakeholder understanding of the accreditation role.

The Team received feedback about the burden of accreditation on health facilities. The Team encourages SA MET to consider how the process, including paper work, might be streamlined.

As a unit within the Department of Health and Ageing, the Unit makes regular submissions on risks, controls and treatment. The Team was assured that there were processes in place to identify and manage risks.

### **3.3 Management of records and information**

The Team was provided with a draft data management guideline and a draft record keeping policy, which include specific schedules for accreditation. These explained how the Unit manages contemporaneous records and ensures confidentiality where appropriate. These policies and guidelines are to be finalised and disseminated in July 2013.

The SA MET Visitors Guide sets out expectations on visitors for confidentiality on information gathered and shared during an accreditation review.

Accreditation visitors and Accreditation Committee members are required to sign a confidentiality agreement on their appointment.

The Team considered that the policies and guidelines and their oversight satisfactory.

## **4 Processes for accreditation of intern training programs**

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Domain requirement - The intern training accreditation body applies the approved national standards for intern training in assessing whether programs will enable interns to progress to general registration in the medical profession. It has rigorous, fair and consistent processes for accrediting intern programs.

### Attributes

- 4.1 The intern training accreditation body ensures documentation on the accreditation requirements and procedures is publicly available.
- 4.2 The intern training accreditation body has policies on the selection, appointment, training and performance review of survey team members. Its policies provide for the use of competent persons who are qualified by their skills, knowledge and experience to assess intern training programs against the accreditation standards.
- 4.3 There are procedures for identifying, managing and recording conflicts of interest in the work of survey teams and working committees.
- 4.4 The accreditation process includes self-evaluation, assessment against the standards, site visits where appropriate, and a report assessing the program against the standards.
- 4.5 The accreditation process facilitates continuing quality improvement in the delivery of intern training.
- 4.6 There is a cyclical accreditation process, in line with national guidelines and standards, which provides for regular monitoring and assessment of intern programs to ensure continuing compliance with standards.
- 4.7 The intern training accreditation body applies national guidelines in determining if changes to posts, programs and institutions will affect the accreditation status. It has clear guidelines on how the institution reports on these changes and how these changes are assessed.
- 4.8 The intern training accreditation body follows documented processes for decision-making and reporting that enable decisions to be made free from undue influence by any interested party.
- 4.9 The intern training accreditation body communicates the accreditation status of programs to employers, prospective interns and other stakeholders. It communicates accreditation outcomes to the relevant health services facility and other stakeholders.
- 4.10 There are published complaints, review and appeals processes which are rigorous, fair and responsive.

### **4.1 Documentation on the accreditation requirements and procedures**

The Team commends SA MET on the comprehensiveness of the documentation on accreditation. The accreditation requirements, policies, procedures, guidelines and templates for facilities and accreditation visitors are publicly available on SA MET's website.

## **4.2 Selection, appointment, training and performance review of accreditation visitors**

The SA MET Visitor Guide contains information on the composition of accreditation teams, the selection and appointment of visitors, their responsibilities, and required training. It also includes sample visit questions, and tips for being an effective visitor. This is a valuable resource.

SA MET Accreditation Committee members run group training sessions for visitors, and Unit staff provide bespoke training sessions when no group training session is scheduled before the visitor's first accreditation visit.

The majority of visit teams will have a mix of experienced and novice visitors. Observers can join accreditation teams if approved by the facility and visit team leader.

The AMC Team considered the training resources and the initial training of visitors to be a strength. Since accreditation policies and standards change, there is also a need for SA MET to make available resources to support experienced visitors to understand and to apply appropriately new policies and procedures. The move to a national framework for intern training accreditation, with new national guidelines and standards is an example of a significant change that will have implications for SA MET processes which should be understood by visitors.

The AMC Team observed a small number of SA MET accreditation visits, which provided useful information on the way in which visitors applied the guidance and training given to them. These demonstrated the value of the training to new visitors, and the role of the Unit staff in supporting and guiding the visitors.

The Visitor Guide makes clear the rating scale to be used by both the facility in completing its self-assessment against the accreditation standards and the visit team. While this is clear in the documentation, the AMC Team suggest that the visitors begin the visit discussions with a restatement of these elements of the assessment. This would help to remind both facilities and visitors that the task is essentially an assessment against a set of standards.

The performance of visitors is assessed by the visit team leader.

## **4.3 Managing conflicts of interest - accreditation visitors and committees**

There are conflict of interest explanations and statements within the Visitor Guide and the Accreditation Policy.

The SA MET Unit and Accreditation Committee consider conflicts of interest of potential visitors during the appointment process. Visitors are also informed that they are required to inform the Unit and Accreditation Committee of any conflicts of interest. Facilities have the opportunity to question any perceived conflicts for visitors and request changes to the accreditation team.

SA MET acknowledged that as South Australia is a small state, there is potential for conflicts of interest to arise between visitors, Accreditation Committee members, Advisory Council members and facilities. The Team recognised the difficulty of managing conflicts of interest in a small jurisdiction with a small pool of visitors. It considered that the processes in place to manage conflicts of interest to be satisfactory, although at times cumbersome.

Despite these procedures, the Team observed that perceptions of conflict of interest do still arise during an accreditation. The Team suggests that focussing in the visit and in visitor training on assessing the facility and post against the standards might help to address some of these perceptions.

The Team supports SA MET's consideration of the appointment of team members from another jurisdiction for large facility accreditations.

The list of possible conflicts provided in the Visitors Guide largely relates to personal conflicts, such as previous employment of the visit or in the facility or an application for employment, or a financial interest in the facility. Discussions with stakeholders suggest that local facilities may take a broader view of potential conflict. The AMC considers SA MET might broaden its perception of what is defined as a conflict, taking account of stakeholder feedback.

While SA MET provides clear guidance to potential visitors on the need to declare conflicts, it does not have a stand-alone policy on the management of conflict of interest, and the Team recommends this be developed. This would help to clarify SA MET policies for facilities and where appropriate assist in the challenging of perceived conflicts early in the selection process.

#### **4.4 The accreditation process**

The accreditation processes are clearly documented and this information is available on the SA MET website.

The accreditation process differs depending on whether it is a change of circumstance, unit or facility accreditation. Changes of circumstance can be accredited through a paper-based process, depending on the extent of the change, and are approved by the Accreditation Committee. New unit and facility accreditations include a self-assessment against the Accreditation Standards, site visit/s and a report against the standards. The SA MET Unit works with facilities to assist the completion of the accreditation submission if the facility wishes to have this help.

The Team's discussions and the SA MET Evaluation Report both raised the need to streamline the paperwork for health facilities. Facility staff acknowledge the strong support of SA MET staff to assist them to manage the self-assessment submission requirements, but the Team considered streamlining the requirements would be more efficient for facilities and SA MET.

Accreditation reports provide an assessment of a facility or unit against the Accreditation Standards. Full facility reports contain a section for each of the standards and each unit within a facility, while unit reports cover standards relevant to the unit. Reports contain the accreditation status of each unit that has been assessed, including the number of accredited intern and PGY2+ posts. Facility visit reports contain the accreditation status of every unit that has prevocational trainees.

The Team considered the documentation on the accreditation process to be comprehensive. It considered that the process was a comprehensive accreditation process.

The Accreditation Standards are currently in the process of review, with new standards due to be implemented in early 2014. SA MET has mapped the draft new standards to the AMC's national standards for intern training and to SA MET's current Standards. SA MET flagged a small number of AMC sub standards that were not included in the mapping of the standards. The Team recommends that SA MET review these differences. The AMC will wish to new standards once they are finalised. Further commentary is provided under domain 5.

Ensuring processes and standards are applied consistently from accreditation visit to visit is a challenge for all accreditation processes. The Team observed some difference in the way teams translated the procedures into practise.

The Team also observed some variability in focus on an explicit assessment of the program/post against the standards. While the visitors clearly do consider the standards, a more obvious reference to them would help to ensure consistency in the approach of teams. The Team recommends the use of a tool, such as a template form which requires the visitors to address each standard.

#### **4.5 Fostering continuous quality improvement in intern training posts**

The SA MET Advisory Council has a clear mandate to foster innovation and to improve the quality of education and training.

In the accreditation process, it facilitates improvements in individual facilities and units through its accreditation reports. SA MET accreditation reports include a series of provisos (conditions) and recommendations for the improvement of prevocational education and training. Provisos are changes that a facility must make to meet an accreditation standard or a mandatory criterion within a timeframe set by the Advisory Council. Recommendations identify areas where facilities could improve aspects of education and training; facilities are advised to address these by the time of their next full facility accreditation.

Accreditation reports also commend areas that are working particularly well within a facility. The Unit is planning to collate these commendations when the current facility accreditation cycle is completed and to hold a good practice workshop to disseminate these commendations and encourage the sharing of good practice across South Australia.

The Unit has a function broader than accreditation and through this broader role undertakes professional development activities with Directors of Medical Services, Directors of Clinical Training, Medical Education Officers and others with a role in junior doctor training and support. These activities are closely aligned with the requirements set out in the accreditation standards, for example 'Managing the Trainee in Difficulty' workshops, or processes for assessment and sign off on internship.

The Team considered there were appropriate mechanisms to facilitating continuing quality improvement in the delivery of intern training.

The Team recommends that SA MET consider how the accreditation standards themselves might encourage flexibility. A particular issue raised with the Team was whether the standards enabled accreditation of training in rural settings. It also recommends that SA MET encourage visitors to explicitly consider proposals against their potential to meet the accreditation standards rather than whether they align with what has been done historically.

#### **4.6 The accreditation cycle and regular monitoring of intern programs**

The following accreditation decisions are possible:

- three years' accreditation, indicating substantial compliance with the majority of the standards
- 12 months' accreditation indicating the hospital meets most of the standards but there are significant deficiencies warranting attention
- six months' accreditation, indicating immediate action is required to correct deficiencies identified in the visit
- withdrawal of accreditation

The Advisory Council has agreed, subject to approval by the South Australian Board of the Medical Board of Australia, to move to a four-year accreditation cycle once the current cycle has been completed.

In discussions with the Team, the burden of accreditation, the scope and the frequency of accreditation visits was explored. A move to a four-year cycle would reduce the burden for health services and for SA MET. The Team considers this would be a positive step. The AMC will want to be informed about progress in this matter.

Between visits, accreditation is monitored through the change of circumstance process, and the response to concerns process. These processes allow judgements to be made regarding the accreditation of units and facilities when there have been changes to the program, or when specific concerns have been raised with the SA MET Unit.

The Team suggest that SA MET might reduce the accreditation load further without affecting the quality of its assessments by focussing its follow up assessments on provisos rather than a full assessment.

#### **4.7 Considering the effect of changes to posts, programs and institutions on accreditation status**

SA MET has used the Confederation of Postgraduate Medical Education Council's *Prevocational Medical Accreditation Framework for the Education and Training of Prevocational Doctors* to determine if changes to posts, programs or facilities will affect the accreditation status.

The Advisory Council's change of circumstance document outlines the process. Depending on the extent of the change, changes of circumstance can be accredited through a paper-based process or through site visits. The Accreditation Committee can grant accreditation of changes of circumstance but it advises the Advisory Council of these decisions.

The Unit has communicated to facilities what constitutes a change of circumstance, and what needs to be communicated to the Accreditation Committee in line with national guidelines. SA MET reported that the majority of facilities advise of changes of circumstance to the Accreditation Committee in a timely manner. The SA MET Unit maintains communication channels with Directors of Medical Services, Directors of Clinical Training and Medical

Education Officers to ensure these processes are understood and changes are communicated proactively.

#### **4.8 Application of documented decision making processes**

SA MET provided a clear account of its decision making process and demonstrated its ability to manage accreditation in a transparent manner with well documented processes, use of a conflicts of interest process, information for facilities, and a Visitors Guide for accreditation teams.

Despite this, in its observations of SA MET accreditation visits, the Team observed some misunderstanding between one facility and the visitors over the scope of the assessment, and between visitors over the limits of their responsibilities. This supports the feedback from the SA MET evaluation report recommending stronger communication about the process. Given changes in staff in facilities, this is a continuing requirement.

The Team recommends the Visitor Guide include advice on how SA MET makes decisions about whether terms will be granted “core term” status, and the visitors’ role in gathering information to support these decisions.

The Medical Board of Australia’s registration standard, Granting general registration to Australian and New Zealand medical graduates on completion of internship, provide quite broad definitions of the required experience in medicine, surgery and emergency medical care. The Team recommends that SA MET ensure that visitors and facilities are aware of these definitions and the potentially greater flexibility they provide in the assessment of posts for accreditation.

#### **4.9 Communication of accreditation decisions**

The SA MET Unit sends accreditation reports and notifications of approval of changes of circumstance to the Chief Executive Officer of the Local Health Network of the facility. These reports are copied to the Director of Medical Services, Director of Clinical Training and Medical Education Officer. It is the responsibility of these individuals to disseminate the reports within their facilities.

The Team considered the processes was described well on the website and there was evidence of appropriate communication about decisions.

The Team noted that that reports are not made available more widely, and suggests SA MET consider this, in the interests of disseminating information about the quality of prevocational training in South Australia, and in engaging stakeholders in an understanding of the accreditation process.

#### **4.10 Complaints, review and appeals processes**

SA MET has published an appeals policy, and a complaints policy. Once a unit or facility receives an accreditation decision, it has 30 days to appeal the decision, as outlined in the Appeals Policy and in accordance with the Health Practitioner Regulation National Law (SA) Act 2010. Once this appeals period has expired, or if a facility waives its right to appeal, the Advisory Council communicates its recommendations to the South Australian Board of the Medical Board of Australia for it to make a decision for intern registration purposes.

The Advisory Council has not had an appeal against an accreditation report by a facility.



The Team considered the Appeals Policy to be well developed.

The Complaints Policy was still draft. The complaints process focusses on complaints about the accreditation outcome. The AMC recommends that the complaints process should also address the conduct of the accreditation as well as the outcome.

## 5 Stakeholder consultation

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Domain requirement - The intern training accreditation body works to build stakeholder support and collaborates with other intern training accreditation bodies, and medical education standards bodies.

Attributes

- 5.1 There are processes for engaging with stakeholders, including health departments, health services, junior doctors, doctors who supervise and assess junior doctors, the national board, professional organisations, and consumers/community.
- 5.2 There is a communications strategy, including a website providing information about the intern training accreditation body's roles, functions and procedures.
- 5.3 The intern training accreditation body collaborates with other relevant accreditation organisations.
- 5.4 The intern training accreditation body works within overarching national and international structures of quality assurance/accreditation.

### 5.1 Engagement with stakeholders

The Advisory Council and the Unit engage with stakeholders in a number of ways. The membership provisions of the Advisory Council and its committees have been structured to include representation of a broad range of stakeholders.

The Advisory Council and the Unit engage with junior doctors and their supervisors. The Unit provides support to both the Junior Medical Officer Forum and the Doctors in Training Committee. The Advisory Council has junior doctor and supervisor representation, as do the Accreditation and Education Committees. Accreditation visit teams have one to two junior doctor members and a similar number of supervisors depending on the size of the visit team. The Unit also provides training for junior doctors and supervisors, including the Professional Development Program for Registrars.

The Team was satisfied that the committee processes ensure stakeholders input and engagement.

The SA MET Unit accreditation staff develop close relationships with facility staff, working closely with them, especially in the build-up to accreditation and in supporting facilities addressing provisos and recommendations from accreditation reports. The SA MET Unit accreditation staff may spend several days on-site with a facility to aid the development of the accreditation submission.

Unit staff may also represent SA MET on facility medical education committees.

The Advisory Council and the Unit have a close working relationship with Health Department staff.

The Advisory Council works closely with the South Australian Board of the Medical Board of Australia, communicating accreditation decisions and providing reports on intern posts to them for the Board's decision for registration purposes.

In addition to engagement through committees and these formal relationships, the AMC Team encourages SA MET to consider wider stakeholder engagement through formal consultation on developments in accreditation policy and practices. For example, a number of stakeholders who met the Team and who are involved in SA MET accreditation processes had not been involved in a discussion about the review of the accreditation standards. These broader processes may also help to expand the pool of interested visitors and future committee members.

There is currently no health consumer/community representation in the committee structures and the Team considers it would be good practice to consult these groups about standards and accreditation processes.

## **5.2 Communications strategy**

The SA MET website (<http://www.saimet.org.au/>) provides information about the organisation's roles, including accreditation. This website contains documentation supporting and outlining the accreditation roles, functions and procedures, with information for facilities, visitors and junior doctors.

The stakeholders with whom the Advisory Council and Unit regularly engage and communicate are outlined in 5.1.

The Team considered SA MET to have appropriate communication mechanisms with a comprehensive website.

## **5.3 Collaboration with other accreditation organisations**

The SA MET Unit and Advisory Council office bearers have well developed links to other postgraduate medical councils and to Confederation of Postgraduate Medical Education Council committees and networks.

SA MET Unit staff engage with a wide range of local and national bodies, including accreditation organisations. The Manager of SA MET is a member of several national boards and committees. The Manager of the SA MET Unit has also met and discussed any opportunities for information sharing with representatives of some specialty medical colleges. This is a long term goal in line with facilitating improvements across the continuum of medical education and training.

## **5.4 Working within accreditation frameworks**

The Team commends SA MET's decision to participate in the pilot review of intern training accreditation bodies. This demonstrates its commitment to working within overarching national structures of quality assurance/accreditation

The Advisory Council and the Unit work within national structures of accreditation; accreditation processes and standards adhere to the *Prevocational Medical Accreditation Framework for the Education and Training of Prevocational Doctors* and are being aligned to the AMC's intern training accreditation standards and guidelines. When developing its new Accreditation Standards, the Unit reviewed quality assurance and accreditation processes and

standards nationally and internationally, including those from the UK, the USA and Canada, and the World Federation for Medical Education.

As noted earlier, SA MET had not included all of the AMC national standards for intern training in its mapping exercise. An example of this is 7.1.1 about principles underpinning the selection process. In its submission to the Team, SA MET noted that Local Health Networks select interns. The AMC considers that despite this a standard about the need for interns to be allocated in a fair and transparent way would be worthwhile. The Team recommends that SA MET ensure that all the AMC standards have an equivalent or associated standard in their processes.

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## Appendix One      A Guide to Preparing a Review Submission

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### Preparing the submission

This Guide sets out the information required of intern training accreditation bodies preparing for review by the Australian Medical Council.

### The process for review

The AMC Secretariat will write to the intern training accreditation body well in advance of the accreditation assessment requesting a submission and providing a draft timeline for the assessment. For this pilot, the timeline will be negotiated between the intern training accreditation body and the AMC, and the adequacy of the timeline will be evaluated as part of the pilot.

The AMC, with advice from its Accreditation Committee<sup>2</sup>, appoints an assessment team to complete the detailed assessment. The team will consider whether the intern training accreditation body has demonstrated that it is meeting or will meet the five domains of the quality framework for accreditation. The quality framework has been provided separately.

### Format of this guide

The AMC has produced this guide for intern training accreditation bodies undergoing a full review by the AMC. The format of the guide reflects the domains of the quality framework for review of intern training accreditation bodies:

- 1. Governance** - The intern training accreditation body effectively governs itself and demonstrates competence and professionalism in the performance of its accreditation role.
- 2. Independence** – The intern training accreditation body carries out independently the accreditation of intern training programs.
- 3. Operational management** – The intern training accreditation body effectively manages its resources to perform functions associated with accreditation of intern programs.
- 4. Processes for accreditation of intern programs** - The intern training accreditation body applies the approved national standards for intern training in assessing whether programs will enable interns to progress to general registration in the medical profession. It has rigorous, fair and consistent processes for accrediting intern programs.
- 5. Stakeholder collaboration** – The intern training accreditation body works to build stakeholder support and collaborates with other intern training accreditation bodies, and medical education standards bodies.

To prepare the documentation required for an AMC review, the applicant should start with this guide then consider any other relevant external reports, including any previous reviews.

The guidance provided in the pages that follow is not intended as a check list. It is acknowledged that intern training accreditation authorities have different structures and procedures, depending on their

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<sup>2</sup> The AMC is presently considering the governance structure for management of this review process. In this document, the relevant AMC committee has been called the “Accreditation Committee”. The document will be updated when the structure is finalised.

size and range of functions. Overall, the intern training accreditation authority is asked to report against the *domain* rather than each individual *attribute*, recognising that authorities may not have separate policy/processes relating to each attribute.

From the submission, the AMC team will attempt to gain an overall picture of the intern training accreditation body, its policies and procedures, and the structures relevant to its intern training accreditation role. Of equal importance to this factual information is the reflection on and critical analysis of performance and plans against the quality framework domains and the intern training accreditation body's own objectives. Under each domain, the applicant should identify relevant strengths and challenges, and the processes for addressing the challenges, with examples.

The submission should be a complete document providing summary responses to all the topics covered in this guide. The AMC has not specified a maximum word length for the submissions but the team will appreciate clear, direct and succinct statements. These will enable useful dialogue between the team and the intern training accreditation body, as well as a collegial and constructive process.

Please append detailed documents, such as handbooks and policy documents. Please provide one complete hard copy of the appendices, and a soft copy (e.g. USB stick) of the appendices.

### **AMC procedures for these reviews**

The AMC normally asks organisations undergoing review to provide their review submission a number of months before the AMC assessment (anywhere between two and five months depending on the type of review). The timeline for submission in this pilot will be negotiated with the participating intern training accreditation bodies.

The team conducting the assessment will meet to consider this submission. If necessary, the team will then provide guidance on areas where further information should be presented. The team will then meet representatives of the intern training accreditation body to discuss the submission. If in doubt about the level of detail to be presented, please seek guidance from AMC staff in the first instance, who may seek advice from the Team chair.

In these reviews, the AMC will follow the standard procedures which apply to the conduct of accreditation and recognition reviews. These cover matters such as: conflicts of interest, confidentiality, AMC conduct, appointment and work of the team, reviews and complaints.

These AMC procedures will be customised for these reviews and circulated to the pilot participants.

## **Provider details**

### **Contact details**

Name of intern training accreditation body:

Address:

Chief Executive Officer:

Telephone number:

Email:

Officer to contact concerning the submission:

Telephone number:

Email:

Region/state/territory in which intern training accreditation activities are carried out

# 1 Governance

## **Domain**

The intern training accreditation body effectively governs itself and demonstrates competence and professionalism in the performance of its accreditation role.

## **Attributes**

- 1.1 The intern training accreditation body is a legally constituted body and registered as a business entity.
- 1.2 The intern training accreditation body's governance and management structures give appropriate priority to the accreditation of intern training programs relative to other activities.
- 1.3 The intern training accreditation body is able to demonstrate business stability, including financial viability.
- 1.4 The intern training accreditation body's accounts meet relevant Australian accounting and financial reporting standards.
- 1.5 There is a transparent process for selection of the governing body.
- 1.6 The intern training accreditation body's governance arrangements provide for input from stakeholders including input from the health services, intern supervisors, and junior doctors.

The response to this domain should encompass the following:

- A short summary of the history of the intern training accreditation body– when established, major milestones.
- The mission and/or purpose of the organisation and the range of roles it undertakes. Describe any reviews of the purpose in the last three years.
- The intern training accreditation body's governance structures and functions, including, the membership of the governing committee, roles and responsibilities of senior officers, and if relevant the members of the body.
- An outline of the structure and accountabilities for managing the intern training accreditation function. Please include a flow chart to illustrate reporting relationships.
- Practices to review the effectiveness of the organisation's governance, and competence and professionalism in the intern training accreditation role. Specifically outline any governance reviews in the last three years and the resulting changes.
- Information which shows the current level of stakeholder input into governance, for example a list or diagram indicating the committees/boards etc that include the stakeholders listed in attribute 1.6 and other stakeholders or any policies on stakeholder contribution to governance.
- Other relevant strengths and challenges in relation to the governance of the intern training accreditation body, plans for development and the processes for addressing the challenges, with examples.

### *Suggested appendices for this section:*

- *Constitution*
- *Most recent Annual Report, including financial statements*
- *A diagram or diagrams showing the intern training accreditation body's governance structure*
- *If separate from the Constitution, the terms of reference of the governing body and committees associated with the intern training accreditation role*
- *Reports of any relevant reviews of the organisation*
- *Strategic plan or other document to demonstrate accreditation is a priority area*



## 2 Independence

### **Domain**

The intern training accreditation body carries out independently the accreditation of intern training programs.

### **Attributes**

- 2.1 Decision making about accreditation of programs is independent and there is no evidence that any area of the community, including government, health services, professional associations has undue influence.
- 2.2 There are clear procedures for identifying and managing conflicts of interest.

The response to this domain should encompass the following:

- Practices employed to support the independence of the accreditation function, such as:
  - Any agreements or regulations that help to define the intern training accreditation body's independence.
  - Internal structures or processes that specifically contribute to independence of accreditation decision making, for example:
    - A hierarchy of committees providing for review/balanced decision making
    - Delegation or defined processes for staff decision making concerning accreditation
    - Relevant elements of the intern training accreditation body's risk management plan
- As examples of processes, any situations in the last 12 months where the independence of decision making about accreditation of intern training programs or posts has been threatened, and the response.
- Procedures for managing conflicts of interest in the work in the committees and officers of the intern training accreditation body.
- Other relevant strengths and challenges in relation to the governance of the intern training accreditation body, plans for development and the processes for addressing the challenges, with examples (e.g. review of conflicts of interest policy).

### *Suggested appendices for this section:*

- *Copies of formal agreements to act as the intern training accreditation body*
- *Procedures for managing conflict of interest if separate from constitution, for example Terms of Reference of the Accreditation committees*

### 3 Operational management

**Domain**

The intern training accreditation body effectively manages its resources to perform functions associated with accreditation of intern programs.

**Attributes**

- 3.1 The intern training accreditation body manages human and financial resources to achieve objectives in relation to accreditation of intern training programs.
- 3.2 There are effective systems for monitoring and improving the intern training accreditation processes, and identification and management of risk.
- 3.3 There are robust systems for managing information and contemporaneous records, including ensuring confidentiality.

The response to this domain should encompass the following:

- Practices the intern training accreditation body employs to ensure that its accreditation activities are supported by appropriate human and financial resources. Please address the direct resources of the intern training accreditation body, the support available to it through health services (e.g. accreditation surveyor time) and collaboration with other bodies.
- How the intern training accreditation body evaluates the adequacy of its resources. Give examples of changes made as a result of review in the last three years.
- Challenges and risks facing the intern training accreditation body in resourcing its accreditation activities for the next three years.
- Processes for monitoring and continuous renewal of structures, functions and policies relating to intern training accreditation. Summarise important changes in the last three years that have resulted from these processes.
- The intern training accreditation body's approach to risk management.
- Other relevant strengths and challenges in relation to operational management, plans for development and the processes for addressing the challenges, with examples.

*Suggested appendices for this section:*

- *Risk management plan/policy*
- *Policy for records management*
- *Policy on confidentiality*
- *Evaluation plan/strategy*

## 4 Process for accreditation of intern training programs

### Domain

The intern training accreditation body applies the approved national standards for intern training in assessing whether programs will enable interns to progress to general registration in the medical profession. It has rigorous, fair and consistent processes for accrediting intern programs.

### Attributes

- 4.1 The intern training accreditation body ensures documentation on the accreditation requirements and procedures is publicly available.
- 4.2 The intern training accreditation body has policies on the selection, appointment, training and performance review of survey team members. Its policies provide for the use of competent persons who are qualified by their skills, knowledge and experience to assess intern training programs against the accreditation standards.
- 4.3 There are procedures for identifying, managing and recording conflicts of interest in the work of survey teams and working committees.
- 4.4 The accreditation process includes self-evaluation, assessment against the standards, site visits where appropriate, and a report assessing the program against the standards.
- 4.5 The accreditation process facilitates continuing quality improvement in the delivery of intern training.
- 4.6 There is a cyclical accreditation process, in line with national guidelines and standards, which provides for regular monitoring and assessment of intern programs to ensure continuing compliance with standards.
- 4.7 The intern training accreditation body applies national guidelines in determining if changes to posts, programs and institutions will affect the accreditation status. It has clear guidelines on how the institution reports on these changes and how these changes are assessed.
- 4.8 The intern training accreditation body follows documented processes for decision-making and reporting that enable decisions to be made free from undue influence by any interested party.
- 4.9 The intern training accreditation body communicates the accreditation status of programs to employers, prospective interns and other stakeholders. It communicates accreditation outcomes to the relevant health services facility and other stakeholders.
- 4.10 There are published complaints, review and appeals processes which are rigorous, fair and responsive.

The response to this domain should encompass the following:

- The standards and criteria for accreditation and the aims of its accreditation process. Describe any reviews of the standards and criteria in the last three years and highlight any changes made as a result.
- How the intern training accreditation body will or has begun to map its requirements to the new national standards for intern training accreditation and the Medical Board standard, Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training.
- How the intern training accreditation body communicates about its accreditation requirements, processes and accreditation decisions.
- The intern training accreditation body's *process* for accreditation of posts/programs for training. The response should cover:

- what the intern training accreditation body accredits, e.g. positions, facilities, networks of facilities
- types of accreditation surveys - g. new unit, modified unit, full survey etc
- the key steps in the process
- methods used to assess whether the intern training program is meeting the national standards, (e.g. surveys/questions, self-assessment by the intern training program, paper-based review, video/teleconference discussions, and site inspections), how decisions are made about methods and who manages particular approaches (e.g. intern training provider or intern training accreditation body)
- how the intern training accreditation body seeks the contribution of interns and supervisors to the review of the suitability of institutions / programs / posts
- the information the intern training accreditation body asks the health facility/intern training program to provide to demonstrate that interns are involved in high quality clinical care.
- the process for making accreditation decisions
- how the intern training accreditation body ensures its processes are rigorous, fair and consistent
- the cycle of accreditation and length of the periods of accreditation available.
- How the intern training accreditation body select, appoints, trains and reviews the performance of its survey teams.
- How the intern training accreditation body accesses educational expertise for development, management and continuous improvement of its intern training accreditation activities.
- How the intern training accreditation body informs and educates health facility staff about accreditation standards.
- How conflicts of interest in the work of survey teams and working committees is managed.
- How the intern training accreditation body monitors accredited health services, programs or posts.
- The changes in a health service, program and/or post which would cause the accreditation status to be reviewed and the intern training provider's process for such reviews.
- The dispute resolution and appeals mechanisms available.
- Processes to address any system wide or common complaints or concerns raised through accreditation.
- Relevant strengths and challenges in relation to resolving problems and disputes with accredited health services/programs.
- Other relevant strengths and challenges in relation to the intern training accreditation process, plans for development and the processes for addressing the challenges, with examples.

*Suggested appendices for this section:*

- *A list of accredited health services, programs and / or posts*
- *The following information for the last three years:*
  - *the number of programs, sites, and/or posts reviewed by the intern training accreditation body, and the accreditation decisions*
  - *the new posts/sites/or programs accredited for training*
  - *a summary of any investigations of programs/posts judged at risk of not meeting standards, including a short summary of process followed and outcomes (names of facility not required)*
  - *a summary of any other unplanned or unscheduled reviews, the reason for them and the outcomes (name of facility not required)*
- *A copy of the current accreditation procedures*
- *Some sample accreditation reports that illustrate the range of decisions your organisation makes*
- *Policies for managing conflicts of interest in survey teams (if different to the procedures for managing conflict of interest in the governing committees)*
- *Dispute resolution and appeals policy*
- *A list of appeals that have been heard within the last three years, the subject of the appeals (e.g. accreditation length, number of posts, etc) and the outcome (number upheld, number dismissed).*

## 5 Stakeholder collaboration

### Domain

The intern training accreditation body works to build stakeholder support and collaborates with other intern training accreditation bodies, and medical education standards bodies.

### Attributes

- 5.1 There are processes for engaging with stakeholders, including health departments, health services, junior doctors, doctors who supervise and assess junior doctors, the national board, professional organisations, and consumers/community.
- 5.2 There is a communications strategy, including a website providing information about the intern training accreditation body's roles, functions and procedures.
- 5.3 The intern training accreditation body collaborates with other relevant accreditation organisations.
- 5.4 The intern training accreditation body works within overarching national and international structures of quality assurance/accreditation.

The AMC considers the following to be key stakeholders: junior doctors; supervisors of intern training; local health department; other organisations providing intern training accreditation services and education providers for other phases of medical education.

The response to this domain should encompass the following:

- How the intern training accreditation body communicates with and seeks the views of stakeholders about its purpose and roles.
- Relationships with the relevant health departments and opportunities to discuss expectations of and requirements for training. The response should include information on any formal agreements (if not covered elsewhere).
- Relationships with health services and opportunities to discuss expectations of and requirements for training. The response should include information on any formal agreements (if not covered elsewhere).
- Relationships with other stakeholders, including junior doctors, supervisors, the community and opportunities to discuss expectations of and requirements for training.
- Communication strategies or mechanisms. How is the effectiveness of the strategy reviewed? Give some specific examples.
- A summary of the existing and/or proposed collaborative links with other institutions and describe the nature of those links, for example membership of CPMEC, contribution/attendance at national or international meetings.
- Any national or international principles/frameworks endorsed or adopted by the intern training accreditation body. Indicate how practices are reviewed against these standards. Any developing activities directed towards national and international cooperation with other organisations.
- How the intern training accreditation body is informed about the requirements of previous and later stages of training. Summarise any changes to processes or requirements made as a result of such feedback.
- Other relevant strengths and challenges in relation to stakeholder collaboration, plans for development and the processes for addressing the challenges, with examples.

*Suggested appendices for this section:*

- *A link to authority's website*
- *A list regular meetings with stakeholders and if relevant provide sample minutes of meetings as evidence of topics discussed*
- *Samples of communiques on topics related to the intern training accreditation role*
- *A list any formal stakeholder consultation processes in the last 12 months on changes to intern training accreditation policies, or processes*
- *If a formal communications strategy exists, provide a copy.*

## **Appendix Two      Membership of the 2013 Assessment Team**

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**Dr Andrew Singer (Chair)** MBBS FACEM FIFEM  
Principal Medical Advisor, Acute Care and Health Workforce Divisions  
Australian Government Department of Health

**Associate Professor Elizabeth Chalmers** MBBS FRACGP  
Chair, Northern Territory Postgraduate Medical Council

**Emeritus Professor Louis Landau AO** MBBS MD FRACP  
Principal Medical Advisor, Medical Workforce,  
WA Health

**Dr Will Milford** MBBS (Hon) MRANZCOG  
Advanced Obstetrics and Gynaecology Trainee, Redcliffe Hospital and  
Chair of AMA Council of Doctors in Training

**Dr Lynn Hemmings (Observer)**  
Deputy Chair, Postgraduate Medical Education Council of Tasmania

**Ms Theanne Walters**  
Deputy Chief Executive Officer, Australian Medical Council

**Ms Sarah Vaughan**  
Accreditation Policy Officer, Australian Medical Council

## Appendix Three Groups met by the 2013 Assessment Team

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### Observation of SA MET accreditation activities

#### SA MET accreditation visit to Southern Adelaide Local Health Network 5 July

##### Survey Team (split into two sub-teams)

Team 1 (Assoc Prof Mitra Guha, Dr Peter Satterthwaite, Dr Rebecca Lorimer)

Team 2 (Dr Adrian Anthony, Dr Kathy Wright, Dr Haran Somehsa)

Time:	FMC Interviews: L2 Boardroom <b>Survey Team 1</b>
08:30	Dr S Morton, DMS & Mary Hatchard, TMOU Manager
09:00	Dr Shantha Joseph, Dr Dinesh Kannusamy, Dr Anthony Burton, Lindsay Krassnitzer & Therese Roberts
	<b>Team Split – Team 1 (venue Boardroom)</b>
09:30	Gastro Term Supervisor – Dr Laurie Chitti
09:45	Respiratory RGH Supervisor – Dr Jeff Bowden
10:00	ICCU Term Supervisor – Andrew Bersten
10:15	Morning Tea
	<b>GP Interviews – Conference Calls (Boardroom)</b>
10:45	Berri Medical Clinic Term Supervisor – Dr John Penna
11:00	Bridge Clinic Term Supervisor – Dr Fiona Altman
11:15	Coorong Medical Centre Term Supervisor – Dr Michael Kerrigan Ph: 8575 1208
	Interviews – New Post for Accreditation (Boardroom)
11:30	Paeds – Dr Brian Coppin
11:45	Psych – Dr Titus Mohan c/o Dr Michael Nance
12:00	Hepato-Biliary Term Supervisor – Dr M Brooke-Smith
12:15	Neurosurgery – Term Supervisor - Dr Santosh Poonnoose & Ms Jenny Hill, Clinical Practice Consultant
12:30	Gen Med Term Supervisor – Dr Udul Hewage
12:45	Lunch
13:15	6 x (Interns & TMO)
13:45	6 x (Interns & TMO)
14:15	6 x (Interns & TMO)
14:45	6 x (Interns & TMO)
15:15	6 x (Interns & TMO)



15:45	Debrief – Survey Team
16:15	Concluding Meeting Dr Morton, Dr Joseph, Mary Hatchard, Lindsay Krassnitzer & Therese Roberts

Team 2 (Dr Adrian Anthony, Dr Kathy Wright, Dr Haran Somehsa)

Time:	FMC Interviews: <b>Survey Team 2</b>
08:30	Dr S Morton, DMS & Mary Hatchard, TMOU Manager
09:00	Dr Shantha Joseph, Dr Dinesh Kannusamy, Dr Anthony Burton, Lindsay Krassnitzer & Therese Roberts
	<b>Team Split Survey Team 2 (Finance Meeting Room Level 2)</b>
09:30	Neonatal Unit Term Supervisor – Dr Peter Marshall
09:45	Oesophago-Gastric Surgery Term Supervisor -Dr T Bright
10:00	Obstetrics & Gynaecology Term Supervisor – Dr S Kennedy-Andrews
10:15	Morning Tea (Boardroom)
10:30	Travel to RGH Interviews – MARS Meeting (Dept Medicine)
11:15	Gastro/Rheum Term Supervisor – Dr Shanahan & Dr Charles Cock
11:30	ACE Supervisor – Dr Dinesh Kannusamy
11:45	Urology & Surgical Nights Term Supervisor –Christine Doerr, TMO Coordinator
12:00	Urology & Surgical Nights Term Supervisor – Dr Michael Chong
12:15	Return - Travel to FMC
12:45	Lunch (Boardroom)
	<b>Finance Meeting Room Level 2)</b>
13:15	6 x (Interns & TMO)
13:45	6 x (Interns & TMO)
14:15	6 x (Interns & TMO)
14:45	6 x (Interns & TMO)
15:15	6 x (Interns & TMO)
15:45	Debrief – Survey Team
16:15	Concluding Meeting Dr Morton, Dr Joseph, Mary Hatchard, Lindsay Krassnitzer & Therese Roberts

**SA MET accreditation visit to the Lyell McEwin Hospital 22 July**

<b>Time:</b>	<b>Meeting with:</b>	<b>Attendees:</b>	<b>Venue:</b>						
<b>11:30-12:30</b>	<b>Chair SA MET Accreditation Committee</b>	Associate Professor Mitra Guha Dr Andrew Singer Theanne Walters Professor Lou Landau	Post-graduate Education Office Level 6 Eleanor Harrald Building (entrance off Frome Road), Royal Adelaide Hospital, Adelaide, 5000						
<b>12:30 – 13:00</b>	<b>Lunch</b>	Professor Lou Landau Dr Andrew Singer Theanne Walters							
<b>13:00 – 13:40</b>	<b>Catch taxi to Lyell McEwin Hospital</b>	Professor Lou Landau Dr Andrew Singer Theanne Walters	Lyell McEwin Hospital Haydown Road Elizabeth Vale South Australia 5112 Access from Oldham Road						
<b>13:45</b>	<b>Reece Johnson, SA MET Accreditation Officer</b>	Theanne Walters Professor Lou Landau Dr Andrew Singer Reece Johnson	Meet Reece and SA MET Accreditation team at the front entrance of Lyell McEwin Hospital.						
<b>14:00 – 16:00</b>	<b>SA MET site visit, Neurology and Stroke Unit</b>	<p><b>Refer to SA MET schedule attached.</b> SA MET accreditation team members:</p> <table border="1"> <tbody> <tr> <td>Dr Bruce Mugford</td> <td>CE of Sturt Fleurieu GPET (leader)</td> </tr> <tr> <td>Dr Roy Watson</td> <td>Clinical Director Gynaecology at TQEH</td> </tr> <tr> <td>Dr Heng Chong</td> <td>PGY2 currently undertaking his PhD</td> </tr> </tbody> </table>		Dr Bruce Mugford	CE of Sturt Fleurieu GPET (leader)	Dr Roy Watson	Clinical Director Gynaecology at TQEH	Dr Heng Chong	PGY2 currently undertaking his PhD
Dr Bruce Mugford	CE of Sturt Fleurieu GPET (leader)								
Dr Roy Watson	Clinical Director Gynaecology at TQEH								
Dr Heng Chong	PGY2 currently undertaking his PhD								

## AMC review team site visit at SA MET offices 25 – 26 July

### Thursday 25 July

09:00-10:45	AMC Visit Team meeting
10:45-11:30	Manager, SA MET Unit: A/Professor Alison Jones
11:30-12:30	SA MET Accreditation Team: Graham Mockler, Libby Davidson, Reece Johnson
12:30-13:00	Lunch
13:00-13:45	Directors of Clinical training Shantha Joseph (Southern Adelaide LHN, via teleconference) Jacob Alexander (Mental Health Services)
13:45-14:30	Medical Education Officers Julie Forgan (Mount Gambier, via teleconference)
14:30-15:00	SA MET Unit Staff (those involved in functions other than accreditation)
15:00-15:30	Afternoon Tea
15:30-16:15	Chair, SA MET Health Advisory Council: Professor Kevin Forsyth
16:15-17:00	AMC Team meeting
17:00-18:00	Trainee Medical Officers Minh Nguyen (Doctors in Training Committee) Richella-Lea Falland (participated in accreditation) Emma Knott (JMO Forum) Nick De Rosa (JMO Forum)
18:00-18:45	South Australian Board of the Medical Board of Australia Prof Anne Tonkin (Chair elect of Medical Board effective 27 August 2013) Dr Phillip Henschke (outgoing Chair, via teleconference)

### Friday 26 July

08:00-08:30	Chief Medical Officer: Professor Paddy Philips
08:30-09:15	Accreditation Committee Conrad Wareham Julie Forgan (via teleconference)
09:15-09:45	Morning Tea
09:45-10:15	Chief Executives of Local Health Networks

	David Panter (Central Adelaide LHN) Belinda Moyes (Southern Adelaide LHN)
10:15-11:00	Directors of Medical Services Conrad Wareham (Northern Adelaide LHN) Peter Satterthwaite (Central Adelaide LHN)
11:00-12:00	AMC Visit Team meeting / report writing
12:00-12:30	Lunch
12:30-15:30	AMC Visit Team meeting / report writing
15:30-15:45	AMC / SA MET Debrief