

The Quality of the SA IMET Accreditation Process: Evaluation 2012

“ ‘I don’t quite know where the vibes came from but I felt [this accreditation] was much less of a test that you had to pass than something that was here to help us... an agent for change.’

- Facility MEU Staff

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Executive Summary

SA IMET Health Advisory Council accredits postgraduate medical posts in facilities and units after assessing the quality of education and training provided to Trainee Medical Officers (TMOs). The current accreditation process has been in place since mid-2011 and has been completed in three facilities and eleven facility units to-date.

This evaluation investigates short-term quality indicators for the process of accreditation. It does not explore the outcomes or impact of accreditation. The evaluation covers the accreditation processes which occurred in 2011. Data were collected from: representatives of two Medical Education Units (MEU), 37 facility staff who met the accreditation visitors¹, 22 accreditation visitors and three SA IMET secretariat staff who supported facilities. The quantitative data obtained was de-identified and analysed by theme. The evaluation's independence was preserved as far as possible and bias avoided.

The significant findings of this evaluation were:

- > Stakeholders have gained a good understanding of the accreditation process through their previous participation in accreditation. Staff at the facilities undergoing accreditation have high expectations from the process and have already started to see benefits such as: raising the profile of medical education amongst term supervisors, strengthening relationships between departments and formalising a policy framework.
- > The accreditation Standards are lengthy and repetitive, which can complicate the submission. The accreditation submission template has not always been found to be user-friendly and the evidence required may not be considered appropriate.
- > The workload associated with accreditation remains high for facilities, which can be frustrating. They valued having SA IMET staff on site during preparation for the process and observed the SA IMET ethos of 'supportive accreditation'. SA IMET staff were able to assist the facilities with term description development, sample policies, Standards documents, ACF booklets, indexing the submission document and scheduling the site visit.
- > The facility accreditation process took an average of 4.5 months from site visit to final report. Facilities had varied opinions on the type of information they would like to receive at the end of the site visit relating to the possible accreditation outcomes.
- > Accreditation visitors felt supported by SA IMET during the process, through the organising of meetings and provision of documentation. Accreditation visitors would welcome further support in analysing the submission and report-writing.
- > Engaging the facility's executive management in the process proved challenging.

¹ Formerly known as 'Surveyors'

- > Indications suggest that facilities do comply with recommendations from previous accreditations.

It is SA IMET's intention to use this evidence to improve the accreditation process for all stakeholders. The recommended improvements include:

- > **Provide stronger communication** around the process to manage the risk of frustration and promote realistic expectations amongst stakeholders. This will include: outlining an estimated time frame for each accreditation process, promoting the supportive objectives of accreditation, disseminating the benefits of accreditation (noted in this report) and publicising appropriate versions of accreditation reports.
- > **Review the Standards for user-friendliness**, including the terminology and required evidence.
- > **Develop clear guidelines around the accreditation submission**: what is required and how to present the information. An accreditation submission represents a significant amount of work which should be streamlined as far as possible.
- > **Continue to provide SA IMET staff support to sites undergoing accreditation** to alleviate the workload and reinforce the supportive message of accreditation.
- > **Further develop the resources available** to support sites to prepare for accreditation and provide a high quality of training and education.
- > **Pro-actively recruit accreditation visitors and provide them with regular training** to encourage ownership of the wider accreditation process and allow for balanced teams with strong TMO voices.
- > **Encourage accreditation teams to take up the support available** from the SA IMET Secretariat especially around report writing. SA IMET should review how to provide further support to the visit team without compromising their independence.
- > **Strengthen efforts to engage the executive management** of facilities in the accreditation process to ensure that when it is complete, accreditation recommendations are implemented.

This evaluation provides evidence to inform ongoing improvements to the accreditation process and a future summative evaluation. Findings will be communicated to all stakeholders in appropriate formats. Recommendations will be endorsed by the Accreditation Sub-Committee and implemented by SA IMET Secretariat.

1. Evaluation of the Accreditation Process

1.1 Context

SA IMET is a Health Advisory Council established to improve the quality of education, training and welfare for TMOs within SA. Among other functions, SA IMET is required to 'make recommendations for the accreditation of TMO positions in health services'. This requirement applies to individual posts (rather than units or hospitals) and includes all publicly funded training posts - from intern to vocational training (the nature of the accreditation of vocational posts has yet to be fully defined). SA IMET HAC reports on accredited intern positions to the SA Board of the Medical Board of Australia and on other prevocational positions to the Chief Executive, SA Health and the Minister for Health and Ageing.

Accreditation ensures that TMOs receive high quality education, training, assessment and support. The accreditation process (detailed in Appendix I) includes a site visit by 'visitors' who assess the quality of training and education and make recommendations for accreditation to SA IMET HAC. Accreditation site visitors are volunteers drawn from a variety of cadres including; DCTs, MEOs and TMOs.

The SA IMET Secretariat coordinates teams to undertake site visits. The SA IMET Secretariat also offers support to facilities undergoing accreditation to assist with the preparation of paperwork and arrangements for the site visit. While supporting and facilitating the accreditation process, the SA IMET Secretariat has no input on the content of accreditation paperwork and no influence on accreditation decisions.

Evaluation² is an essential element of SA Health good governance and generates accurate, evidence-based information for decision and policy-making. An accreditation evaluation plan³ was presented to the Accreditation Sub-committee on 15th June 2011. Within this plan short-term quality indicators for accreditation are identified and will be assessed in this evaluation. Findings and recommendations will be used for continuous improvement as detailed in Figure 2. A summative evaluation of the longer-term impact of accreditation will take place in the future.

² For the purposes of this report, the following definition of evaluation applies: 'Evaluation is the systematic collection and analysis of information about the activities, characteristics, and outcomes of programs to make judgements about the program, guide improvement in program effectiveness and/or inform decisions about future programming.'; Government of South Australia, Department of Education and Children's Services 'Evaluation Policy' 2009

³ [\\dhgsf02\Clinsys\Clinical Systems\SA IMET\Company Data\COMMITTEES - MEETINGS\SA IMET - Accreditation Subcommittee\Meetings\2011\03 - 15 June\Final Papers\Attachment F. Draft Accreditation Evaluation Plan.pdf](#)

1.2 Objectives

1. To provide SA IMET Health Advisory Council with evidence with which to review the quality of accreditation processes that occurred during 2011.
2. To provide the SA IMET Secretariat with feedback on their support and facilitation practices, with the goal of ongoing improvement.
3. To collect relevant information for a full review of the accreditation process, to be conducted at the end of a three-year accreditation cycle.

1.3 Questions to be Answered

1. To what extent do stakeholders understand the accreditation process?
2. What are stakeholders' expectations from the accreditation process?
3. How user-friendly are the accreditation Standards and templates?
4. What SA IMET supports are valued by facilities?
5. What SA IMET supports are valued by accreditation visitors?
6. What is the workload associated with accreditation?
7. How timely is the accreditation process?
8. What is the quality of each stage of the accreditation process?
9. Do facilities comply with accreditation report recommendations?

1.4 Areas Out-of-Scope

This evaluation looks exclusively at the immediate and short-term quality indicators of the accreditation process.

As such it does not cover:

- > Impact: Long-term outcomes of accreditation.
- > Consistency: How consistent accreditation is with Health Advisory Council policies and recommended good practice.
- > Relevance: To what extent the accreditation process addresses the needs and priorities of stakeholders and is aligned with SA IMET goals, policies and priorities.
- > Wider comparability: The features distinguishing this accreditation process from those in other states/countries.
- > Replicability: The feasibility of replicating this system of accreditation in other contexts and health systems.
- > Feasibility: The feasibility of implementing recommended changes.
- > Cost-efficiency: The analysis of financial expenditure or the cost-benefit of outcomes.

It is anticipated that the full review of accreditation at the end of the three-year accreditation cycle will explore many of these areas.

1.5 Outcomes and Reporting Requirements

The findings of this evaluation will be presented in formats appropriate for each audience group, including; SAIMET Health Advisory Council, Accreditation Subcommittee, Education Subcommittee, and the DCT and MEO Forum. The secretariat will prepare a report with recommendations. The Accreditation Subcommittee, the Education Subcommittee and the SA IMET Health Advisory Council will be briefed on the findings and recommendations. These reporting lines and methods are mapped in Figure 2 (p.8).

1. Briefings for the Health Advisory Council (HAC) on each accreditation – as requested

A briefing on a facility accreditation process has been requested and presented to the HAC three times. The Secretariat is willing to provide this information when it is required.

2. Evaluation Report

A report will be produced by the Secretariat on the quality of the accreditations which have occurred during the last reporting period and recommendations for improvement. The evaluation recommendations will be approved by Secretariat management and endorsed by the Accreditation subcommittee.

Purpose:

- For the Accreditation subcommittee – for endorsement of recommendations. (relevant remit outlined in Figure 16 p.40).
- For Council, Education subcommittee and DCT/MEO forum – for noting
- For future use - 2012 evaluation report will be incorporated into a wider three-year review at the end of the accreditation cycle

3. Briefings for the SA IMET Secretariat

A briefing on recommendations and changes to the process to be implemented will be written.

Purpose: To provide information on several short-term quality indicators relevant to the operational support of the accreditation process, to inform continuous improvement.

4. Evaluation Communiqué

An accessible summary of the Evaluation Report without recommendations will be produced.

Purpose: For all stakeholders, as listed in Figure 1.

Figure 1. Key Stakeholders in Accreditation

Involved in implementing the accreditation Standards

- > SA IMET Secretariat
- > SA IMET Accreditation Subcommittee
- > Accreditation Visit Teams

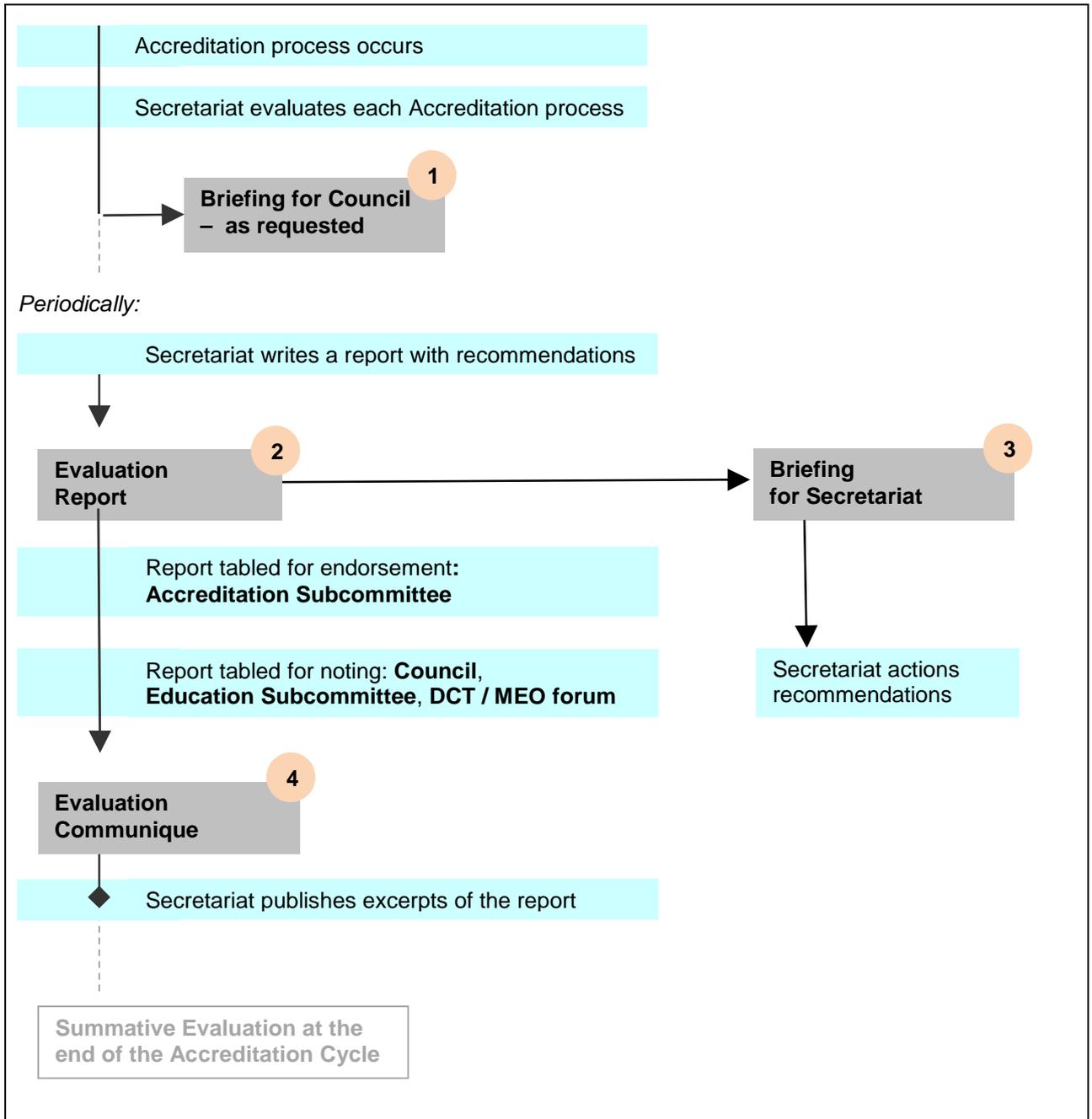
SA IMET Governance

- > SA IMET Health Advisory Council
- > Chief Executive of SA Health
- > The Minister for Health & Ageing (SA)

Affected by the implementation of the accreditation Standards

- > SA Health facilities
- > Directors of Clinical Training
- > Medical Education Officers
- > Directors of Medical Services
- > Term Supervisors
- > Clinicians
- > TMOs (Intern – PGY2+)
- > Registered Training Providers
- > Medical Board of Australia

Figure 2. Reporting lines for Evaluation Findings



2. Method

2.1 Design

This evaluation process has been designed by the SA IMET Secretariat Accreditation Evaluation Team. The Evaluation Team⁴ was established to ensure that evaluation occurs and to report back, through the reporting lines, on progress and outcomes.

The evaluation design follows the guiding principles of credibility, transparency, participation and impartiality:

- > **Credible:** One of the accreditation project officers with relevant research experience was tasked to design and implement the evaluation of the accreditation process. The evaluation plan was approved by the Accreditation Sub-committee.
- > **Transparent:** the process has been as open as possible and the results will be appropriately available. Methods of data collection and analysis are clearly disclosed; factual findings and conclusions are explicitly justified; value judgements and recommendations are clearly distinguished from factual findings and conclusions.
- > **Inclusive:** the process involves all program stakeholders including program staff. The quality of the process depends on the willingness of stakeholders to participate and provide feedback.
- > **Impartial:** differences in perspectives between stakeholders have been properly taken into account in planning, implementing and reporting this evaluation.

2.2 Data Collection

Every accreditation of a facility or unit undertaken by SA IMET visit teams was evaluated. The accreditation processes of facilities were evaluated in more depth than units. Appropriate data collection tools were designed by SA IMET (see Appendix III). These tools explore the nine accreditation process quality indicators (see Section 1.3). This evaluation represents a pilot of these tools, which will then be reviewed for improvement.

Evaluation data were collected on the accreditation process of three facilities and seven hospital-units undertaken by SA IMET in 2011. Information was collected from four stakeholder groups: facility staff involved in the accreditation site visit, representatives of the MEU, accreditation visit team, and SA IMET Secretariat staff. The data collected is described in Table 1.

Surveys were emailed out to be completed online or through email text; face-to-face semi-structured interviews were recorded, and sent to interviewees for verification or amendment. It was hoped that by providing options for methods of giving feedback, the response rate would be increased.

All data were collected between August and December of 2011. As far as possible data were collected within two months of the respective site visit, to reduce recall bias.

⁴ The Evaluation team is made up of the following staff members: Dr Alison Jones, Regional Training Manager, Jessica Kandulu, Project Officer – Accreditation, Kate Morefield, Project Officer – Education and Research

**Table 1.
Data Collected**

Stakeholder Group	Accreditation Processes Represented	Number of Respondents	Data Collection Method
MEU Representatives	Facilities x 2	2 – MEOs 1 - DCT	Face-to-face Interview
Facility staff involved in the accreditation site visit	Facilities x 3	37	Online survey
Accreditation Visitors	Facilities x 3 Units x 7	22	Survey by email
SA IMET support staff	Facilities x 3	3	Survey by email

2.3 Data Analysis

Quantitative data were analysed and summarised. Qualitative data were grouped according to the quality indicator it referred to, and themes identified.

Results are presented graphically; through statements of fact based on reliable methods of inference and through quotes. Results are rigorously de-identified so that respondents can be assured of their anonymity.

2.4 Conflict of Interest

The independence of the evaluation process was preserved as far as possible.

The fact that the SA IMET Secretariat project officer involved in evaluation also works on accreditation could be seen to compromise the independence of the process.

The project officer who delivered support to a facility for accreditation was not the same project officer who collected evaluation data on that facility's accreditation process.

It is thought that as this evaluation looks only at short-term quality indicators, with an operational focus, this potential for bias should not affect the outcomes of the evaluation.

3. Results

3.1 To what extent do stakeholders understand the accreditation process?

Staff from the MEUs in facilities that underwent accreditation reported they had gained a good understanding of the process through involvement on SA IMET committees and experience on accreditation visit teams. Accreditation visitors learned a lot about accreditation through their participation in the process:

“ *‘It was a most enjoyable experience and very valuable and I learnt a great deal about the hospital, the training program and the accreditation process and was impressed...’* – Site Visitor

While there was a good level of understanding about the accreditation process, SA IMET staff observed that some MEU staff were not fully aware of the requirements for an accreditation submission.

“ *‘As this was one of the first facility accreditation submissions under the new Standards, it was a learning experience for the facility as well as SA IMET Secretariat.’* – SAIMET Support Staff

3.2 What are stakeholders’ expectations from the accreditation process?

Facility staff and MEU staff were positive about the accreditation process:

“ *‘I have great faith in the accreditation process, I think it’s good to be able to keep these things transparent... it’s there, it’s on the table, the visit team can deal with it, discuss it, try to figure out where that information needs to go...’* - Facility MEU Staff

With a positive approach and feeling supported, one MEU felt able to highlight issues for attention during the accreditation process:

“ *‘I think we felt supported enough by the accreditation process to be able to say there’s a problem in this area.’* - Facility MEU Staff

Short-term Expectations: 57% (21/37) facility staff had one or more expectations for how accreditation would affect their day-to-day work. These expectations are detailed in Figure 3.

Most common was the expectation that the accreditation process would solve the issues discussed during the site visit (6/21), or that the accreditation process would highlight issues for consideration by other bodies (5/21).

Figure 3. How do you feel that the Accreditation process will make a difference to your day to day work?

(Themes derived from free text)

Key: Facility Staff

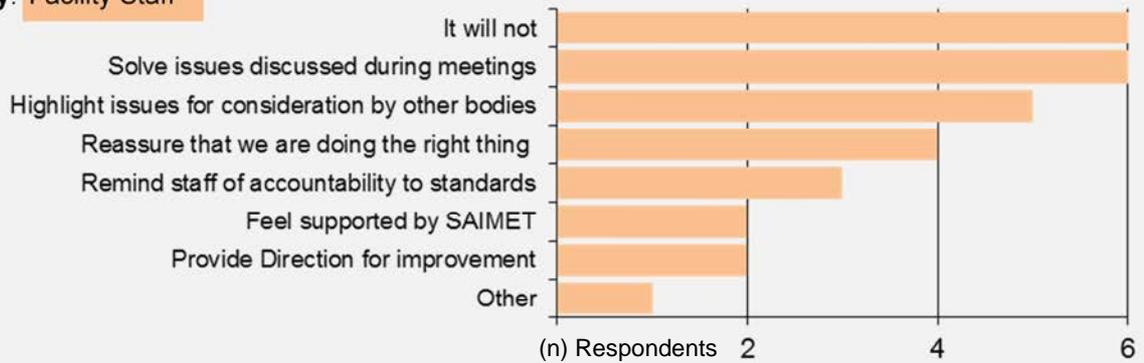
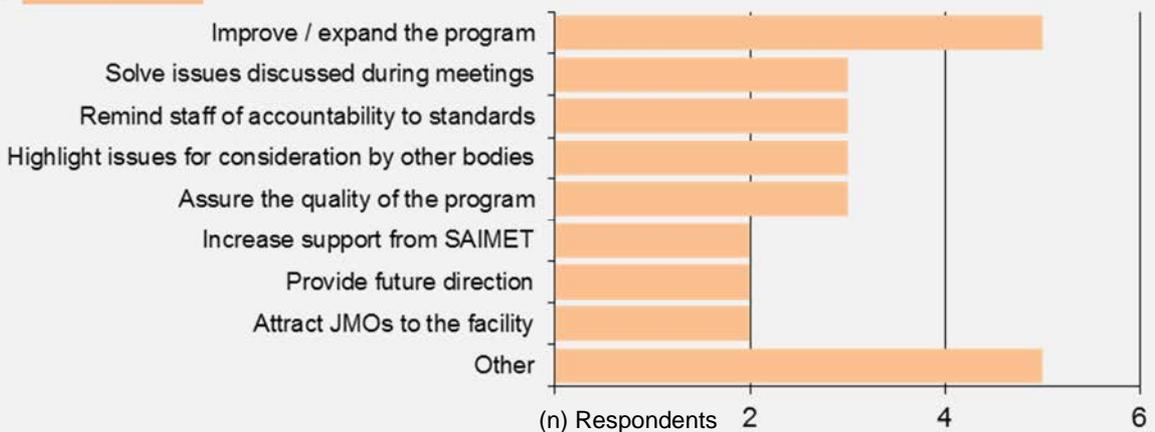


Figure 4. What other expectations might you have with regards to the Accreditation process?

(Themes derived from free text)

Key: Facility Staff



Long-term Expectations: 59% (22/37) facility staff had one or more broader expectations from the accreditation process. These broad expectations are listed in Figure 4.

The most common expectations were that the accreditation process would improve or expand the training program; solve the issues discussed during the site visit; remind staff of their accountability to the Standards; highlight issues for consideration by other bodies; and provide assurance on the quality of the training program.



‘Feedback from independent bodies is an important driver of change and quality improvement.’

- Facility MEU Staff

‘...the problems we highlighted are largely those beyond our control... it’s when we haven’t got control, that’s where we really would like SA IMET to flex its muscles and to advocate on our behalf...’

- Facility MEU Staff

‘Accreditation should ... lead to consideration of innovation.’ - Facility Staff

3.3 How user-friendly are the accreditation Standards and templates?

3.3.1 Standards

One accreditation visitor⁵ noted that the current accreditation Standards are an improvement on previous versions for the quality of TMO medical-education and training.

One MEO observed that the Standards were *‘very detailed’*, another found them complicated and lengthy *‘...the thing was long-winded.’* Both MEU staff and visitors noted the repetitive nature of the Standards and agreed that frequent cross-referencing calls into question the usefulness of some criterion. MEU staff reported submitting several iterations of the same information:



‘... the number of times that you virtually were saying the same things, but paraphrasing it to answer a slightly different question... the same attachment was applied to two or three different Standards.’

- Facility MEU Staff

An MEU staff member was unsure of the rationale behind the Standards:



‘The new Standards document is just superfluous words to meet some sort of perceived legal requirement, or need to have a document just the same size and dimension of the Queensland or NSW one...’

- Facility MEU Staff

Due to the length of the Standards, MEU staff struggled to get other facility staff involved in medical education to read the document:



‘I’d give the copies of the paperwork to others and say look you know the document’s on the SA IMET website, familiarise yourself with it... it’s not the easiest bedtime reading... The staff that did look at it commented that the Standards were too long.’

- Facility MEU Staff

⁵ Formerly known as ‘Surveyors’

3.3.2 Templates

The accreditation visitors said they found their sections of the submission form easy to complete. The MEU found that repetitive Standards made it unclear how to complete the submission; they were unsure whether to present the same text and evidence multiple times or just once.

“By the end of the document you’re thinking I’ve already written this three times, I’ll just summarise and write ‘see previous response’” - Facility MEU Staff

SA IMET staff observed that the ‘Supporting Evidence Checklist’ (in the front of the submission form) is useful to ensure the facility has provided all the required evidence, but one facility MEU did not find the checklist at the front of the submission at all helpful:

“The check-list was not really valuable for me to go through it and sort of say have we done this, have we done this... lists suit me but, but in truth we looked at the Standards document and just went through that line by line...”
- Facility MEU Staff

One MEU questioned the requirement for submitting SA Health policies as part of a facility-level accreditation. Another MEU attempted to locate relevant policies within the facility, but ended up writing-up procedures:

“We had a meeting with [name] who was the policies officer here, who could come up with vague things but nothing that addressed the policies that were supposed to be in existence already... we ended up writing up our procedures... you had to look back and sort of say well you know this is what we say we do what evidence do we say we’ve got...”
- Facility MEU Staff

“It would have been useful to have an internal person to locate the policies that were needed by the accreditation but which fall outside the scope of the MEU.”
- Facility MEU Staff

One MEU reported feeling able to complete the self-assessment ratings to highlight problems and issues:

“I guess self-assessment’s useful more for highlighting the things where you’ve got a problem... it’s hard to say we’re crash hot here...” - Facility MEU Staff

One MEU did not find the submission form user-friendly, due to features that were ‘locked’ for editing and pre-set to ‘tracked changes’. SA IMET staff agreed the form could be improved.

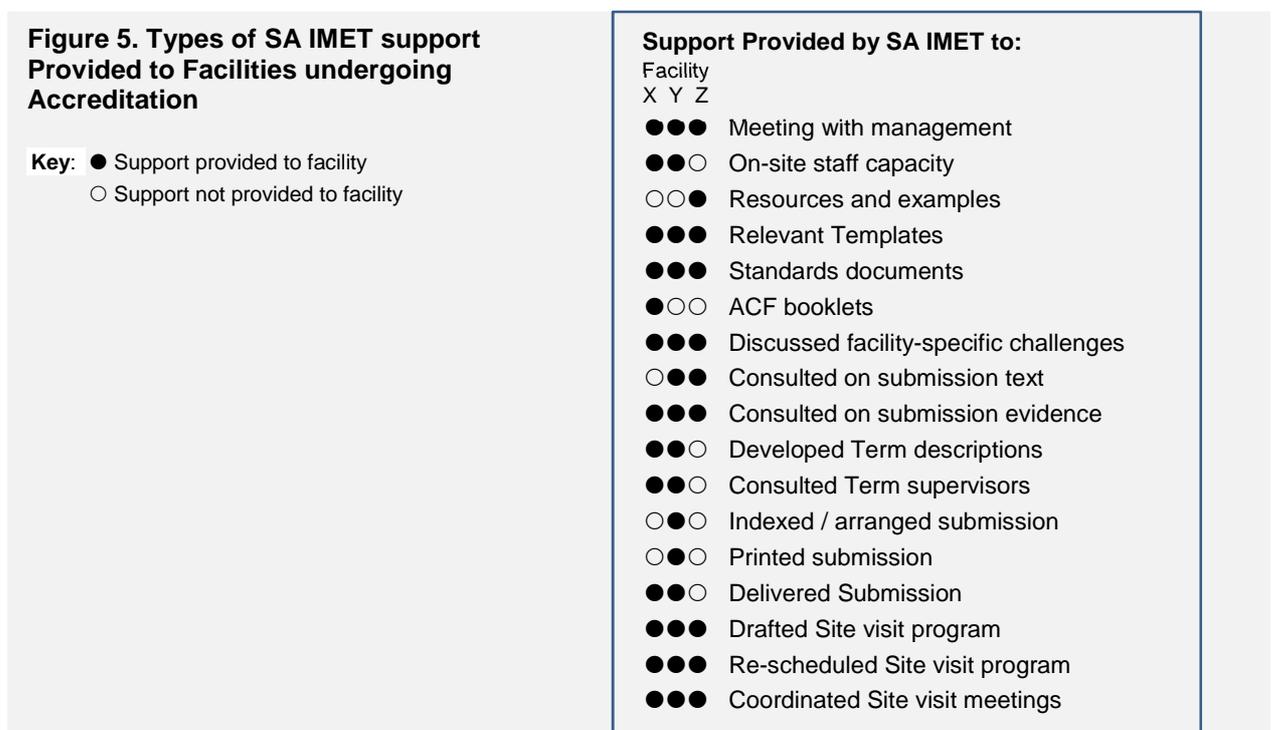
3.4 What SA IMET supports are valued by facilities?

SA IMET observed that several facilities approached accreditation as a box-ticking exercise. Staff at one MEU seemed to perceive the process as purely bureaucratic, but over time and with support SA IMET got the impression that the MEU became more positive and could see some potential benefits. By the end of the process this MEU reported that the accreditation felt supportive:

“ ‘I don’t quite know where the vibes came from but I felt [this accreditation] was much less of a test that you had to pass than something that was here to help us... not so much a hurdle that we have to jump or a test that we have to pass but... formative or an agent for change or reinforcement... it was a much more positive sort of thing...’

- Facility MEU Staff

The types of support provided by SA IMET to the facilities undergoing accreditation are detailed in Figure 5.



3.4.1 Meeting with Management

SA IMET aims to support the engagement of executive management with accreditation; this has been achieved to varying degrees of success (see Section 3.8.1). Over the three facility accreditation processes SA IMET has struggled to support the MEUs to obtain executive buy-in, to get accreditation on the radar of senior management and filtering down through the education structure:

“ ‘Term supervisors should be made aware of the accreditation requirements and their role in supporting the education and training of TMOs. Accreditation should not just be the responsibility of one single person. I think this will form part of a culture change which will take time to develop.’

- SAIMET Support Staff

3.4.2 On-Site Staff Capacity

SA IMET Secretariat offers staff capacity to support the facilities prepare for accreditation. Of the three accreditations one MEU was offered support from the SA IMET Secretariat, and two MEUs were offered support on-site. Feedback from one of these facilities was that the support was helpful:

‘When she was here [name’s] work was excellent [name’s] work was thorough, she had a plan, she had method in how she went about her work... it is a delight to work with her.’

- Facility MEU Staff

SA IMET Secretariat provided the amount of on-site support they judged to be appropriate for the facility size; in two cases this was 6 weeks, 3 days per week. One MEU felt that the SA IMET staff member was very busy:

‘A credit to [name] she got through the work in the time that we had, but she worked bloody hard to do it. She worked extremely hard. She’s really good at what she’s doing.... she was going virtually every minute that she was here... I think [name] was under quite an amount of stress...’

- Facility MEU Staff

3.4.3 Term Description Development

At two facilities SA IMET support staff were able to support the MEU with their development and updating of term descriptions, this involved meeting the term supervisors and subsequent correspondence coordinating document development. Staff reported that documents required changing to a new format, updating historical information and completing missing sections. There were often no ACF checklists completed. This involved meeting all term supervisors and subsequent correspondence with them.

One MEU valued having an external person meet term supervisors about their term descriptions, they observed that the SA IMET on-site support staff member is external, outside of hospital politics, in an ideal position to obtain objective information for the submission, such as content for term descriptions:

‘If I was doing that in-house I would get caught in all sorts of arguments and discussions about things that would only be time consuming... the outside person was really good because they had a finite task that they had to complete and they weren’t part of the hospital or politics... a bit more authority or credibility perhaps, I don’t know but it certainly worked.’

- Facility MEU Staff

3.4.4 Relevant Resources

SA IMET staff members are able to provide relevant resources to the facilities, which may help them prepare for accreditation. At all the facilities undergoing accreditation copies of the Standards were distributed. After the first two accreditations it became clear that the ACF booklets were helpful to term description development and SA IMET was able to respond to this observation and distribute copies at the third facility accreditation.

One MEU reported using SA IMET sample policies:

“ *‘I used the SA IMET policies; they were great for adapting our processes into something more formal.... It was time consuming, but having [SA IMET’s] document already there was good as a starting point.’* - Facility MEU Staff

3.4.5 Submission indexing, arranging, printing and delivery

SA IMET on-site support staff reported assisting two facilities to organise all their term descriptions and attachments electronically. At one facility the SA IMET on-site support staff was able to manage the development of the submission document electronically for the facility, incorporated attachments and entered data electronically such as self-assessments:

“ *‘We went through [the submission] and self-assessed and then [SA IMET staff name] incorporated the right ticks and crosses in the right places. She could incorporate the right attachments into an electronic document.’* - Facility MEU Staff

Of the three facility accreditations, SA IMET staff helped with the printing in one case, and delivered the documents to the office in two cases. The on-site support staff ensured each facility had a complete electronic copy of the submission and forwarded a copy to SA IMET. SA IMET staff observed that IT skills and infrastructure would benefit from improvement in one facility.

3.4.6 Site visit scheduling and coordination

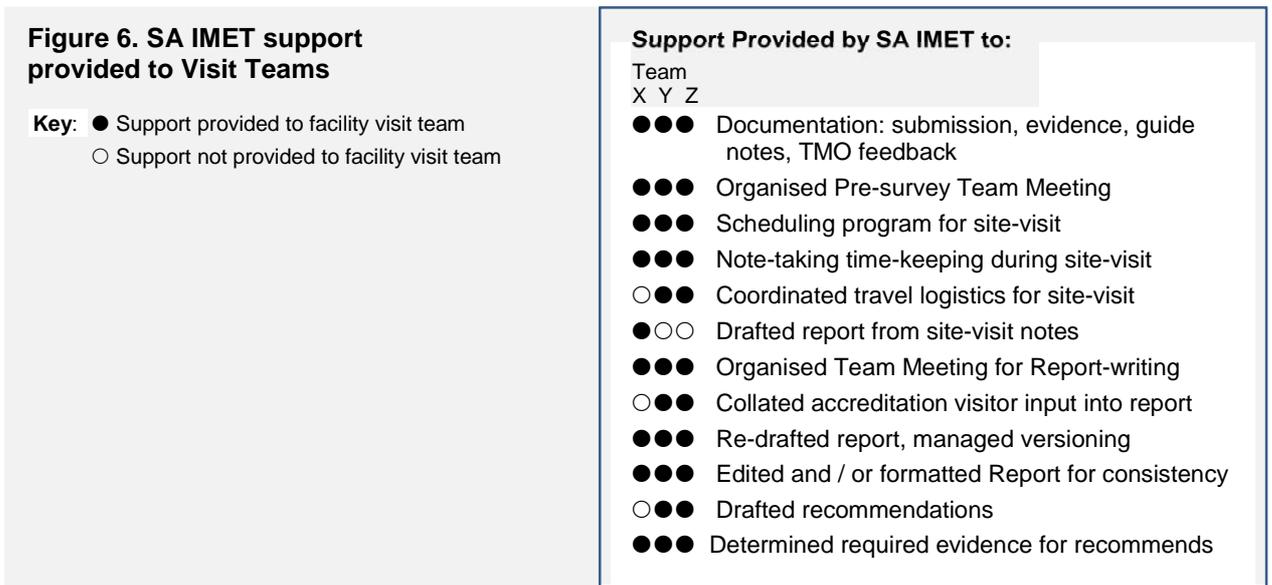
SA IMET was able to support all facilities in scheduling and coordinating their site visit. At two of the facility site visits SA IMET sent one staff member to support the MEU with coordination on the day. The MEU recognised the value of SA IMET support staff being present to chase people on the day:

“ *‘Having the extra bodies there was handy... you certainly need one or two people to be on the phone to those who need to be reminded...’* - Facility MEU Staff

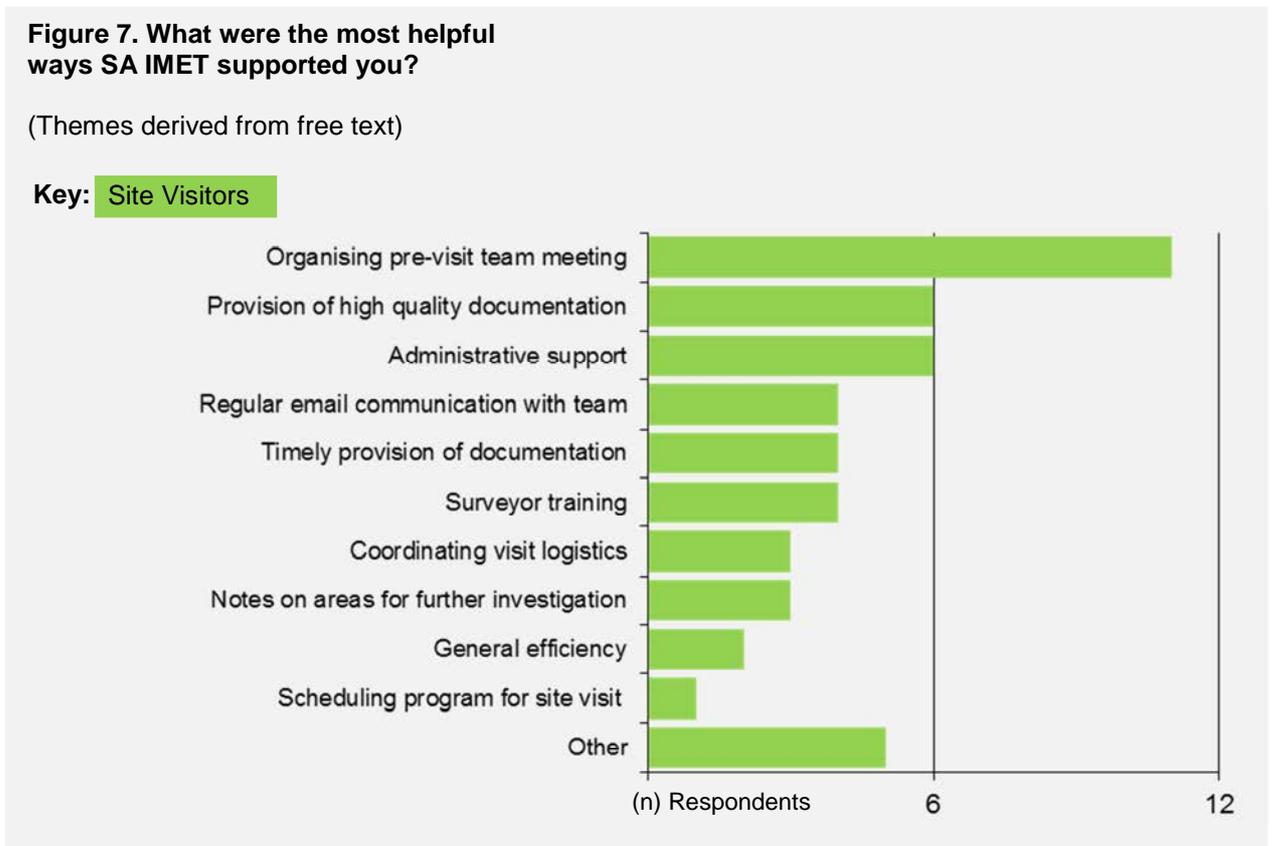
Accreditation visitors at one facility thought that the SA IMET support may have contributed to the positive approach to accreditation observed at the site visit.

3.5 What SA IMET supports are valued by Accreditation visitors?

The types of support provided by SA IMET to the facility visit teams is detailed in Figure 6.



Valued Support: Accreditation visitors valued the support from the SA IMET secretariat. The support they found most helpful was organising the pre-visit meeting (50% 11/22), providing high quality documentation (27% 6/22) and administrative support (23% 5/22). The types of support they found helpful are listed in Figure 7.



Accreditation visitors commended SA IMET for their support:

“ ‘The SA IMET support staff have been truly incredible and provided amazing support to the entire accreditation team at each step of the way.’ – Site Visitor

‘Thanks to [SA IMET staff name]’s wonderful organisation and attention to detail the whole process went to clockwork.’ – Site Visitor

‘The success of the visit and the entire process was significantly helped by the valuable contributions made by [SA IMET staff name].’ – Site Visitor

‘They should be highly commended for all of their exceptional efforts that have enabled this accreditation to run so smoothly.’ – Site Visitor

‘All done very efficiently and professionally.’ – Site Visitor

‘All support was friendly, constructive and efficient’ – Site Visitor

Documentation Content: In the first facility accreditation SA IMET provided the visit team with hard and soft copies of the submission document, all attachments, notes for the accreditation team highlighting areas for investigation, a visitor guide, feedback received from TMO surveys and a draft schedule of the site visit. In the second facility accreditation this information was reduced; the TMO feedback was summarised and the visitor guide removed. In the third facility accreditation this information was further reduced; visitors received the submission electronically only.

“ ‘Documentation/paperwork was great’ – Site Visitor

‘Pre-accreditation summary of data and issues was useful’ – Site Visitor

‘Was useful for SA IMET to identify key issues and summarise.’ – Site Visitor

‘I felt very prepared.’ – Site Visitor

‘Good to have the practicalities flow smoothly’ – Site Visitor

‘The admin officer support was a huge help.’ – Site Visitor

Documentation Format: Having noted the format of the documentation as an issue data were collected over the later accreditation processes on visitors’ preferred format for receiving documentation. 3/5 visitors said they preferred to receive the documentation both electronically and with a paper hard copy, while 2/5 visitors preferred an electronic copy.

3/5 accreditation visitors said they did need to refer to the documentation during the site visit and 2/5 said they did not. However 5/5 visitors said they preferred to refer to documentation during the site visit via paper hard-copy, reporting it was ‘easier to make notes on’.

Pre-Accreditation Meeting: In all facility accreditations SA IMET Secretariat organised a pre-accreditation meeting, and was able to provide clarification around any areas in the submission that were not clear.

Supported Site-visit: During each facility site visit, and most unit visits, SA IMET Secretariat staff were attached to each accreditation team taking notes on each meeting – which were typed up and circulated. Staff also coordinated travel and logistics at least two of the facility visits and several of the unit visits.

Supported Report-writing: SA IMET Secretariat staff observed that as this is the first accreditation cycle with new standards, the report-writing process is new to visitors. They noted that the report format has developed over the accreditations and is now easier to complete, however visitors still need to ensure that their focus is in line with the Standards so that an effective report can be written and outcome achieved.



'The report writing process was complicated, especially with this being one of the first full facility accreditation reports under the new Standards. This report will likely set the standard for future reports....'

– SAIMET Support Staff

Over the three facility accreditations and seven unit accreditations evaluated, SA IMET Secretariat supported the accreditation visit teams to write their reports through a variety of ways (listed in Figure 8), often organising a report writing meeting.

Figure 8. Types of Support given to Accreditation Visit Teams for Report-Writing

- Drafted report from site-visit notes
- Synthesised input from visitors
- Entered visitors notes into the report format
- Circulated report drafts and managed versioning
- Edited reports
- Formatted reports for consistency
- Drafted recommendations
- Reviewed / refined recommendations
- Drafted the 'required evidence' to support each recommendation.
- Determined required evidence for recommendations
- Sent the report to the facility (without recommendations) for factual checking and communicating their response to the accreditation team for consideration

Further Support: 12/22 accreditation visitors thought they could have been ‘more prepared’ for their visit. Visitors thought they could have been more prepared if they had further analysis of the documentation (14% 3/22), additional information e.g. other reviews of the facility (9% 2/22), and visitor training (9% 2/22). The types of further support they would find helpful are listed in Figure 9.

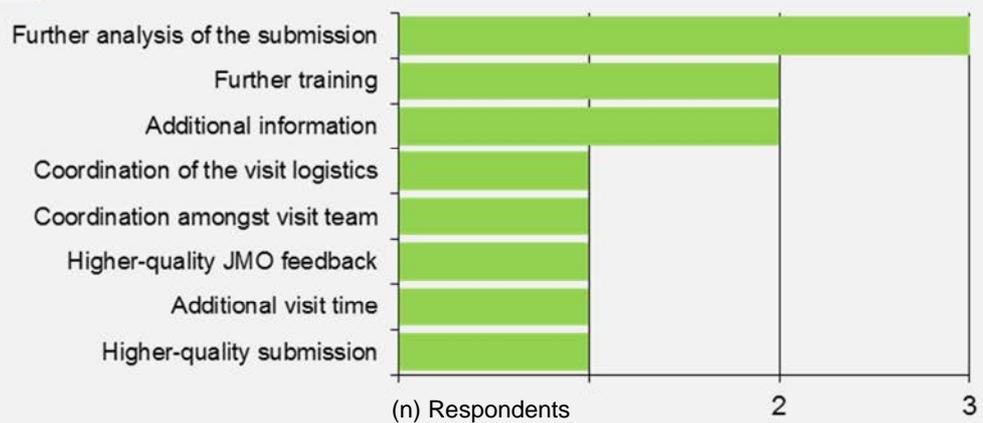
The SA IMET staff had to strike the sensitive balance of supporting the visit team, while allowing them to work as an independent body:

“ *‘It is important to find a balance between supporting the team but also allowing them to work as an independent body which makes sound, unbiased accreditation recommendations.’* – SAIMET Support Staff

Figure 9. What sorts of assistance would have helped you to be more prepared for the site visit?

(Themes derived from free text)

Key: Site Visitors



Team Dynamics: Visitors commended particular lead visitors for being: Hard-working and ‘expositional’. They mentioned attributes of the lead visitor role that they appreciated, as listed in Figure 10.

Figure 10. Attributes that were Valued in a Lead Visitor

- Maintained an ethos of collaboration and support
- Supported and included less experienced visitors, Made visitors feel part of the team and that their input was valued
- Led discussions during visit, Provided good guidance and direction for the questioning
- Held a quick debrief at end of the visit
- Allocated report-writing tasks amongst the team.
- Accurately described findings and made appropriate recommendations to support and enhance medical education
- Circulated report in good time for incorporation of team discussion and feedback

3.6 What is the facility's workload associated with accreditation?

SA IMET Secretariat communicated with facilities at least two-months before the submission deadline about the upcoming accreditation. One MEU said they were given *'plenty of notice'*, and *'adequate warning'* about the date of the site visit. One facility was observed to begin preparation 6 weeks before the submission deadline, another four months and another six months.

Facility MEUs reported that accreditation had taken up a considerable amount of time:

“ *'In the time running up to [accreditation]... we had it as one of things that we had to address every week, so we were looking at some aspect of it at various times or how we do that or we need to put that document with this... there was this real sense of there was a lot to get done for it.'* - Facility MEU Staff

'90% of my time in [the last month] was spent just working on getting the submission document together so the remaining 10% was just you know keeping band aids on things that you need to deal with....' - Facility MEU Staff

'It was rather overwhelming... Getting the paperwork in was the big pressure to me.... Preparing the paper work took a long time.' - Facility MEU Staff

The fact that accreditation preparation took up so much time led to some frustration amongst MEU staff; *'it was gross interference of the roles... I got frustrated'*. The MEU outlined specific duties they were unable to carry out due to the accreditation workload:

- Meeting attendance. *'... attending teaching meetings, short cases... grand rounds and those things we weren't going to because we had to glue ourselves to the desk...'*
- Assessment coordination. *'Getting the assessment documents in and out at the right times... those deadlines weren't met...'*
- Interaction with TMOs. *'I didn't get my face seen outside this office for some weeks and really my whole role is to be out there to be seen with the interns supporting them...'*
- Taking leave. *'I wouldn't dare be sick or unwell or take some leave or anything like that because this stuff had to get done and there's nobody else.'*

SA IMET Secretariat staff recognised that preparing for a facility accreditation under the new Standards for the first time would require a significant amount of work. They expect that once each facility becomes comfortable with the new Standards and they become part of regular practice, in subsequent accreditation cycles this burden will be greatly reduced.

“ *'As this is a new accreditation process and system, I think it is reasonable to expect that a significant amount of time will be required to set up and run the first cycle... The time dedicated to this process was reasonable.'*

- SAIMET Support Staff

Of the three facilities accredited, two negotiated an extension to their deadline of several weeks. They were both able to meet the extended deadline.

3.7 How timely is the accreditation process?

The accreditation took an average of 4.5 months from the facility making their submission, to being notified of the final outcome.



Facility staff expressed curiosity about the outcomes of the process. One MEU would have liked a clearer indication at the end of the site visit about the accreditation decisions, so that they could start working on the issues identified and give feedback to staff and TMOs who participated in accreditation:

“ ‘Feedback’s best if it’s pretty well immediate... the interns and the RMOs who are fundamental to the process don’t actually find out what the outcome of the process has been. I think that’s a huge gap...’
- Facility MEU Staff

Another MEO would have liked to hear less about the outcome at the end of the site visit, and more around the issues:

“ ‘We really just touched on the tip of the ice-berg. Maybe we could have more discussion around some of the issues because when the report’s written, it’s a little more difficult to clarify points.’
- Facility MEU Staff

3.8 What is the quality of each stage of the accreditation process?

The stages of the accreditation process explored in this evaluation are: executive management engagement; the submission; planning the site visit; coordinating the site visit; and the meetings during the site visit.

3.8.1 Executive Management Engagement

Often the overall ownership of the accreditation process within the facility remained unclear. By default, leadership of the accreditation preparation fell to some MEUs; one in particular struggled to obtain buy-in from other facility staff and departments:

“ *‘I wanted to make sure that as a collaboration there was buy-in and that people knew this is going to happen. I was happy to coordinate the process but I didn’t want to be totally running [it]...’* - Facility MEU Staff

‘Getting people on board was hard; they didn’t see the immediacy of it.’
- Facility MEU Staff

At one facility SA IMET Secretariat staff did not observe any executive management engagement. The MEU felt unsupported by their management throughout the process, and noted that wider involvement could have made their submission stronger:

“ *‘...we didn’t get any support from our DMS at all for getting the submission organized... there was no sort of assistance... there was just nothing.’* - Facility MEU Staff

At another facility the MEU briefed term supervisors about accreditation 12 months before the accreditation submission deadline. The SA IMET Regional Training Manager visited for a day to meet with the Executive management and DCT, four months prior to the submission deadline. The facility MEU found this meeting helpful; guidance and direction were provided around accreditation requirements.

In one facility the MEU managed to achieve a level of collaboration with executive management by:

- **nominating someone responsible** for accreditation at the facility in corporate services
- **allocating tasks** between hospital admin and the MEU, and sending out the list
- **informing executive management** which policies they needed to provide, making it clear it was their responsibility to collate and send the material, followed up with a meeting
- **sending regular reminders** through different facility forums
- **providing updates** on any accreditation developments learned from SA IMET.

In yet another facility, SA IMET Secretariat staff did not observe any management engagement with the process. Meetings were arranged by SA IMET staff to encourage engagement, but the DMS simply delegated all accreditation matters to the MEU.

3.8.2 The Submission

In the first facility accreditation SA IMET Secretariat requested four full hard copies of the submission. In the second facility accreditation this requirement was revised to two hard copy versions of the submission, with an electronic version. However this MEU elected to submit seven hard copies, which they found arduous:

“ *‘It actually took 10 man-hours or woman hours of printing collating and hole punching... it was a huge effort... I was at the end of my tether.’*

- Facility MEU Staff

The third facility submitted the required two hard copy versions of the submission, with an electronic version.

In one case the SA IMET secretariat considered the evidence provided to be clear and the submission completed accurately. The accreditation visitors agreed:

“ *‘Data provided by the facility was excellent, well-organised, easy to review.’*

- Site Visitor

One facility submitted ‘supplementary documents’, as well as supporting evidence. Another facility chose to submit a DVD as supporting evidence, which was uploaded to an online location for visitors to view. The MEU felt that this was not sufficiently secure or confidential and reported that the documents were accessed by a member of the general public.

3.8.3 Planning the site-visit

In all accreditation processes the MEU worked with SA IMET Secretariat to develop the site visit program. Finalising site visit programs involved negotiations with the accreditation team which was not always straightforward. Some of the re-scheduling requests from visitors before and during the site visits were:

- to meet more TMOs
- to meet more PGY2+ TMOs to corroborate opinions.
- to meet some TMOs during their working day, rather than at the end of their shifts.
- to re-interview some TMOs, to clarify discrepancies between the information provided by them and their consultants

Apart from topics relating to accreditation, visitors would also have liked to spend more time reflecting on:

- key issues that arose during the day
- the discrepancy in views of consultants and TMOs

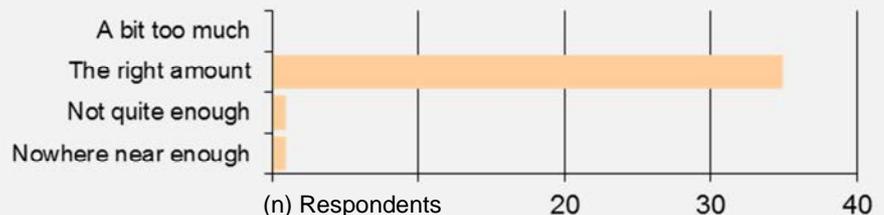
In one instance the visitors requested program changes, and then closer to the date requested further changes. The MEU at this facility felt late changes to the program were inconvenient, and might reflect badly on the MEU's organisation skills. Ultimately, the MEU was impressed with the flexibility of the consultants to change appointment times.

“ *‘There was some inconvenience with late changes to the program... When the accreditation team says to you a week before the visit that they don't want that particular structure we want ten minutes less here and ten minutes more... you generally need to give these guys at least a month [notice]... you just can't change it at a week...’* - Facility MEU Staff

Over the three facility accreditations, 35/38 (92%) facility staff said they had the right amount of advance notice about the program (see Figure 12). At one facility the MEU prepared extensively for the site visit; the DCT spoke to every supervisor during the preceding week and sent an email to follow-up. The MEU made sure everyone who was invited to meet the accreditation visitors received copies of questions that might be relevant.

Figure 12. In terms of being prepared for the meeting with the accreditation team, how adequate was the advance notice you were given?

Key: Facility Staff



Accreditation visitors met facility staff and TMOs during their visits. 45% (9/19) visitors felt they did not meet enough people during the visit to make a reasonably accurate evaluation of the unit/facility, while 58% (11/19) felt they did meet enough (only 19/22 visitors responded).

At one facility the MEU was happy with the level of involvement of other hospital departments in the site visit, and pleased that most site staff turned up at the scheduled times, especially the de-brief:

“ *‘People weren't too bad at turning up in the end. They see their role first and foremost to the patient; you don't want to be too bossy. They don't necessarily see training as their core business.’* - Facility MEU Staff

‘It was good to have everyone in the de-brief including key administrators in hospital. As part of collaboration it was good to have them there.’

- Facility MEU Staff

3.8.4 Coordinating the Site-visit

The MEU at one facility found coordinating the site visit a challenge because it took place on the first day of an intern rotation, but overall they were pleased:

“ ‘I was quite happy with how the day went... people were punctual and that helps so everybody knew that they had to be there at a particular time and you know which room they were in so that worked well.’ - Facility MEU Staff

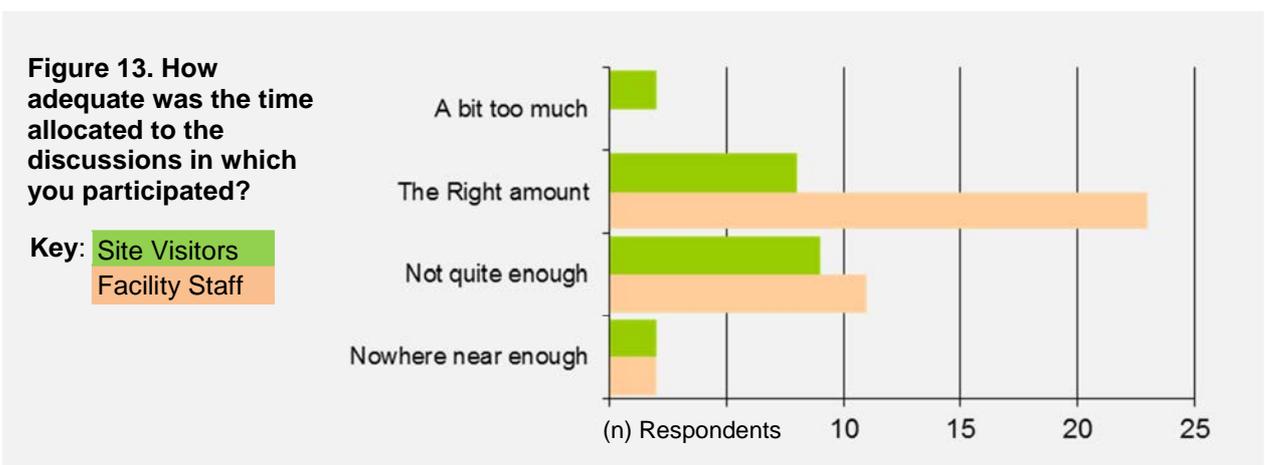
At one facility accreditation visitors noted that some term supervisors and site staff were not available at the allocated times. The MEO reported that coordination had required sensitivity to time-keeping; knowing what should go longer and warning people if they weren't needed until later, some re-scheduling was required.

“ ‘Some of the sessions were longer and some were shorter than planned – probably most were longer. It's a lot to cover.’ - Facility MEU Staff

Across the facility and unit accreditation visits, most visitors felt that the time allocated to meetings was 'not quite enough' or 'nowhere near enough' (11/21 52%). This supported the MEO observation that visitors often exceeded their allocated time for meetings and had to be prompted to finish. Visitors felt that in the case of larger meetings with TMOs (of more than three people), they would have liked more time. In one case the last de-brief meeting was particularly rushed and the MEU would have preferred to have more time.

In contrast, a significant majority of facility staff felt the time allocated was 'the right amount' (23/36 64%). See Figure 13.

One MEU felt that the time allocated to the whole site visit was adequate, and that an extra half day would not have been beneficial.



3.8.5 Meetings during the Site-visit

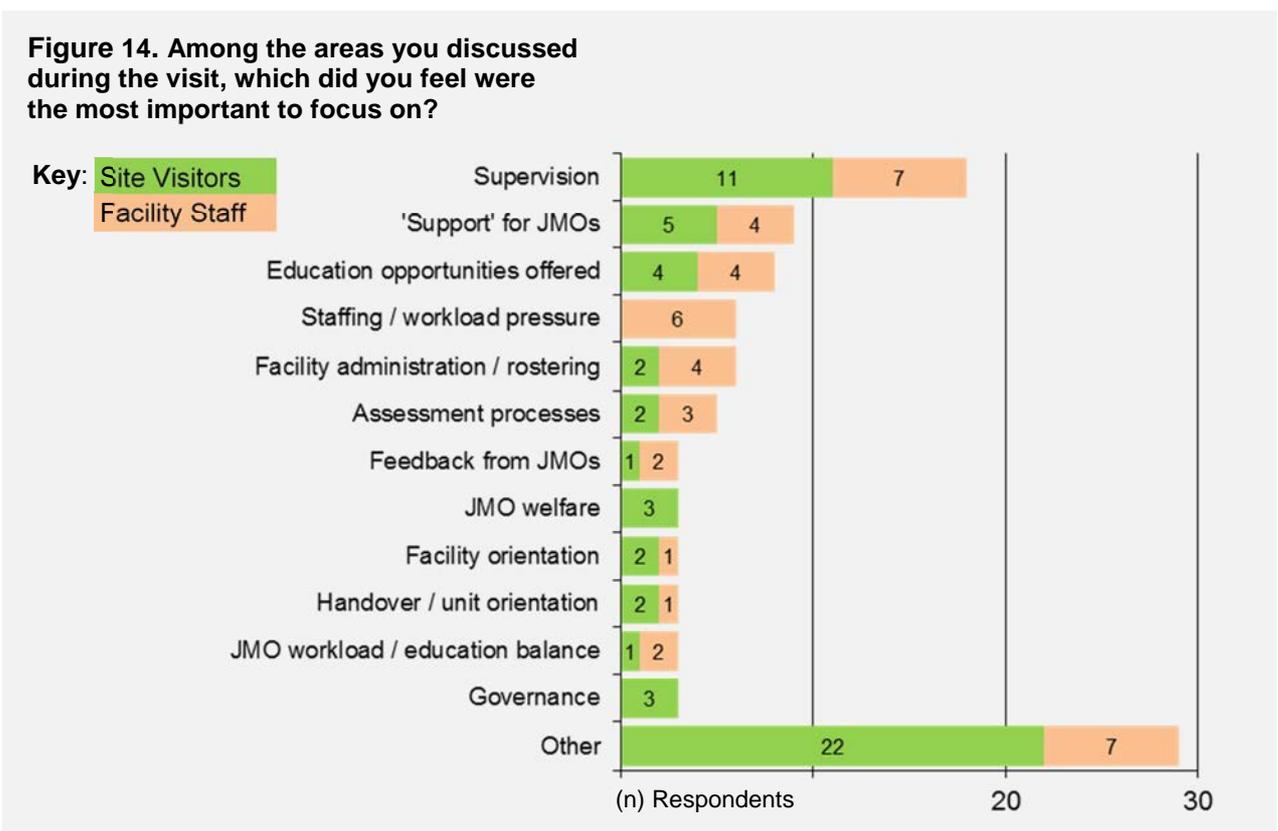
Meeting dynamics varied according to each accreditation team. SA IMET Secretariat noted there was a lack of TMOs on one accreditation team with experience in accreditation. In one accreditation team of six people, there was only one TMO – for whom it was their first facility accreditation. One MEO noted the lead visitor dominating the discussion.

“ ‘I felt that some questions asked by the panel were posed but not actually answered as the discussion moved on a little randomly. I felt that the other visitors wanted to ask more but it turned out to be mainly the lead visitor talking... Care needs to be taken that all panelists have an adequate opportunity to get their questions answered.’
- Facility MEU Staff

A lunch meeting with the Education and Training Program (ETP) Committee was informal and social, but some committee members may have expected structured discussion. The MEU observed:

“ ‘[name] from the library came out especially for the meeting and then really was almost left out of the loop because no one asked her a question ... [name] was there as an intern representative and he doesn't have 10 years or 40 years of history that you can reminisce on so he's sitting there quite cold and isolated...’
- Facility MEU Staff

Most Important Topics: The visitors and facility staff were asked which areas they felt were the most important to discuss. Of the topics mentioned, most thought it was most important to discuss supervision, support for TMOs and education opportunities offered (see Figure 14). 16% (6/37) of facility staff felt it was important to discuss staffing and workload pressures, no visitors agreed. 13% (3/22) visitors felt it was important to discuss TMO welfare and governance, no facility staff agreed.



Less-Relevant Topics: 18% (4/22) of visitors and 5% (2/37) of facility staff reported that topics were discussed that they considered to be ‘less relevant’ to accreditation.



‘There were issues discussed that in most likelihood were outside of the accreditation teams scope of potential influence.’

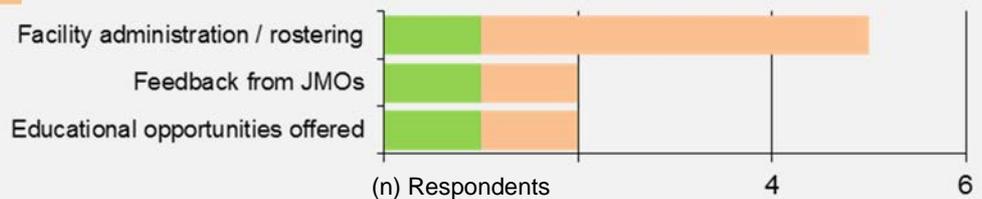
– Facility MEU Staff

Visitors considered the following topics less relevant: hospital wide issues, operational concerns, organisational workforce issues and individual performance management issues. Facility staff considered discussion around the following topics less relevant: unit politics, and consultant continuous professional development.

Missed Topics: 36% (8/22) of visitors and 27% (10/37) facility staff mentioned topics they would have liked to cover in the discussions, but did not get the chance. The highest ranking topics they mentioned were facility administration / rostering, feedback from TMOs and the educational opportunities offered (see Figure 15).

Figure 15. What areas would you have liked to cover but did not get a chance to discuss?

Key: Site Visitors
Facility Staff



3.9 Do facilities comply with accreditation report recommendations?

This is the first cycle of accreditation under the new Standards, the last accreditation cycle was under the former Post-graduate Medical Council of South Australia (PMCSA). While recommendations were clearly stipulated in PMCSA's previous accreditation report, the requirements for follow-up and demonstration of compliance were not always specified.

In most cases facilities had documentation to show some follow-up on the recommendations, which took the form of:

- Relevant correspondence
- Reports from the Director of Clinical Training (DCT) with an update on areas of concern
- Subsequent site-visits

4. Discussion

4.1 Stakeholders have a good understanding of accreditation.

The MEU representatives interviewed felt they had a good understanding of accreditation gained through participating in the process and SA IMET activities.

Accreditation visit teams are recruited from various stakeholder groups including; DCTs, MEOs and TMOs. Members of these cadres may also be involved in SAIMET through committee membership. As the first accreditation under the new Standards, it would not have been surprising if stakeholders were unfamiliar with the requirements of accreditation. Stakeholder involvement appears to successfully encourage knowledge around and understanding of the accreditation process. It is important for SA IMET Health Advisory Council members to promote 'ownership' of accreditation by the wider health education community, in order to raise the profile of issues relating to TMO training and management. SA IMET Secretariat actively recruits volunteer visitors to participate in accreditation visits.

4.2 Staff at the facility have high expectations of the accreditation process.

Facility staff expressed a range of positive expectations from the accreditation process. Accreditation is seen as providing an opportunity for focussed quality improvement, as well as a welcome vehicle of assurance regarding existing areas of high performance.

The positive expectations from the process are encouraging for the whole SA IMET Secretariat, and should be widely communicated to build the perception of accreditation as a constructive process. While some expectations were realistic e.g. highlighting issues for consideration by other bodies, others were less likely to be directly true e.g. solving issues discussed during meetings. It is important that SA IMET Health Advisory Council promotes realistic expectations to avoid disappointment and disillusionment with accreditation.

4.3 The accreditation process has already yielded benefits for the facility.

Even before the outcomes are known, the accreditation process has yielded some benefits for the facilities: relationships have been strengthened between the MEU and hospital departments and the policy framework has been formalised and reinforced.

This is encouraging for SA IMET Council, and should be widely communicated to build the perception of accreditation as a positive, constructive process.

4.4 The accreditation Standards are perceived as repetitive.

MEU staff and the visitors noted their perception of the Standards as repetitive, making the submission difficult to complete as relevant information is referred to several times.

SA IMET should make the Standards document as accessible and user-friendly as possible. It should be possible to highlight the unique issues explored in each criterion. Frequent cross-referencing between Standards risks frustrating users.

4.5 Parts of the submission template are of limited value.

MEU staff noted the evidence checklist at the front of the submission template was not helpful. The table for new positions requiring accreditation could have been presented more clearly. The form required some formatting changes before it was ready to use by the MEU, and it was not clear how evidence should be attached and indexed. The facility would have liked to receive some feedback on the quality of their submission. The accreditation visitors found it easy to complete their sections.

The submission form is an area which can easily be managed by SA IMET. It should be as accessible and user-friendly as possible, with clear guidance given on how to complete and submit the document. The checklist risks being perceived as too prescriptive and could be better placed outside of the submission document itself. To date SA IMET secretariat have already responded to this feedback with an updated version of the submission template⁶ approved by the accreditation subcommittee.

4.6 Concerns were raised about the confidentiality of the submission.

One MEU was not clear how the information in their submission would be managed, especially with the distribution of information electronically.

SA IMET Council should build confidence in the confidentiality of the accreditation process to ensure full disclosure by the facility.

4.7 Relevant SA Health Policies can be hard for facilities to locate.

One MEU was unable to identify or locate the relevant SA Health policies, and did not understand why these had to be submitted by facilities.

It is unlikely that visitors will have time to review SA Health policies. SA IMET Health Advisory Council should make the accreditation requirements as simple as possible for the facility and the visitors.

4.8 The accreditation process was perceived as 'supportive'.

The facility staff understood accreditation as 'supportive'. MEUs felt strongly supported throughout the process instead of feeling policed.

The concept of supportive accreditation has been adopted and promoted by SA IMET Health Advisory Council. The provision of on-site support is consistent with this ethos.

⁶ <T:\Clinical Systems\SA IMET\Company Data\ACCREDITATION\02 Templates\Accreditation Submission Templates\Facilities\Facility Accreditation Submission v6.0.doc>

4.9 Facilities valued having an on-site staff member from SA IMET.

The presence of an SA IMET staff member on-site providing support was welcomed by facilities. In most cases the SA IMET staff member was able to establish a strong relationship with the MEU and have productive meetings with term supervisors – benefiting from being outside of facility politics. MEU staff valued having an SA IMET Secretariat staff member present on the site visit day to assist with reminding people to attend meetings.

The support capacity provided was sufficient to significantly alleviate the workload associated with accreditation. The level of involvement of the SA IMET staff member is left to the discretion and leadership of the respective MEU. The MEUs with greater capacity may stand to gain less from on-site support. A risk for future support may be that the MEU identifies with one SA IMET staff member, rather than the wider accreditation team.

4.10 Facilities valued resources from SA IMET.

Feedback showed that sample policies were useful in preparing the submission. Staff also noted that ACF booklets helped in term description development. The facility suggested the development of sample Terms of Reference for ETP committees.

It would reinforce the supportive image of SA IMET Council to have as many resources available as possible to support accreditation and the improvement of term descriptions. A strong SA IMET on-site presence will make the provision of support much easier and promote the use of SA IMET online resources.

4.11 Visitors valued the provision of high quality documentation.

Visitors felt well prepared by SA IMET for the site visit and logistics went smoothly. Visitors valued the support they received from SA IMET Secretariat, especially the provision of high quality documentation, the organising of the pre-accreditation meeting and general admin support. SA IMET staff felt they managed to strike the sensitive balance of supporting visitors, while allowing them to work as an independent objective body.

SA IMET staff had the impression that visitors were engaged with the process, but that they may not have read the whole submission or attachments. This may have been because of personal time constraints, and the large quantity of information in the submission.

4.12 Visitors could have been more prepared for the site visit through further training.

One of the ways visitors felt they could have been more prepared was through further training, and further analysis of the submission by SA IMET Secretariat staff. Visitors suggested the notes provided by SA IMET could include a more detailed review of the facility policies.

SA IMET Council must prioritise the support for visitors to maintain their goodwill and voluntary participation. SA IMET Secretariat needs to ensure visitors are fully supported in practical ways, but cannot compromise the independence of the accreditation teams by offering too much opinion.

4.13 The accreditation-associated workload was frustratingly high.

The MEUs still found the workload associated with accreditation to be high despite SA IMET support. They outlined specific responsibilities they were unable to fulfil due to accreditation.

SA IMET anticipates that the workload will be greatly reduced in subsequent accreditation cycles. It will take time for the responsibility of accreditation to be taken up across the entire TMO management structure. Through evaluation, and continuous improvement SA IMET will aim to reduce the workload burden of accreditation as much as possible. The presence of on-site support will alleviate this.

4.14 The facility staff were curious about the outcomes of the process.

The accreditation process took an average of 4.5 months to complete. The MEU and facility staff expressed the wish for more feedback on the outcomes of the process.

If the final decision takes too long, there is the risk of lost interest and momentum for change. There is also the risk that positions will not be accredited in time for intern allocations. While the accreditation process may not allow for prompt communication of outcomes, it could be possible to provide more information about the next steps and when outcomes will be available.

4.15 Executive management were hard to engage in the accreditation process.

The ownership of the accreditation process at the facilities was not clear. Buy-in from the executive management was difficult to obtain, but some collaboration was achieved through the creative efforts of the MEU, and SA IMET attending meetings. By default the process was driven by the MEU. Some MEUs felt unsupported by their executive, and SA IMET did not receive the impression that management played any active role in the accreditation process.

A lack of management engagement means the accreditation process may lack 'teeth'; recommendations which are outside the influence of the MEU may not be implemented. Often issues affecting the PGY2+ group are outside the MEU's influence. Medical Administration may be responsible for PGY2+ issues. SA IMET should be even more pro-active in engaging facility management and term supervisors in collaboration with the facility MEU. It will take time for accreditation to be understood across the whole TMO management structure. SA IMET should be even more pro-active in engaging facility management and term supervisors in collaboration with the facility MEU.

4.16 Last-minute program changes for the site-visit were problematic.

The MEU found the last-minute changes to the site-visit program requested by visitors to be inconvenient, and thought they risked annoying consultants. The program could also have been clearer about which meetings were formal and which were informal so as to manage expectations.

Negotiations between accreditation teams and the facility around the program are managed by SA IMET secretariat, but this process could be improved to ensure that any changes are requested well in advance and that no consultants are inconvenienced. To date the SA IMET secretariat have responded to this feedback by developing an Accreditation Visit Schedule Guideline⁷ approved by the accreditation subcommittee.

4.17 Facility staff and visitors disagree on time allocated to accreditation meetings.

There will always be some who want more time allocated to accreditation visits but the limiting factors are the availability of volunteer visitors and the workload of facility staff. Where possible efficiencies should be gained in the programme to ensure visitor information needs are met, without inconveniencing facility staff unreasonably. This will require careful negotiations by the SA IMET secretariat.

4.18 The TMO voice on the visit team was not always strong.

Some visitors were overshadowed by others. Facility staff felt that some visitors did not get the chance to have their questions answered. SA IMET Secretariat noted there was a lack of TMOs on some accreditation teams with experience in accreditation.

SA IMET is constrained by TMO availability for accreditation visits. The nature of accreditation teams is such that they include a diverse mix of people, where there are several strong voices dynamics may get tense. SA IMET is unable to control visitor dynamics, but they are able to monitor visitor performance and select future teams for optimum performance. SA IMET Secretariat already collects information from the team leader on each visitor's performance, in order to identify those who could be supported through further visitor training.

4.19 Views varied on which topics were important to discuss during the site-visit.

Several topics were covered which were out-of-scope of accreditation.

For an accurate accreditation evaluation to occur, SA IMET should encourage visitors to hold balanced discussions. This will promote an understanding of the issues covered by the Standards, and ensure visitors explore both strong and weak areas and write an accurate report accordingly. To date SA IMET Secretariat have already responded to visitor feedback by developing a prompt sheet⁸ for asking questions and taking notes.

⁷ <T:\Clinical Systems\SA IMET\Company Data\ACCREDITATION\05 Policies & Guides\Visit Schedule\Drafts\Accreditation visit schedule guidelines v2.5 for Acc SubC.doc>

⁸ <T:\Clinical Systems\SA IMET\Company Data\ACCREDITATION\05 Policies & Guides\visitor prompts v1.doc>

5. Recommendations

As a new accreditation process it is expected that there is scope for improvements. The recommendations below incorporate suggestions from respondents (detailed in Appendix IV). SA IMET Secretariat has already demonstrated its commitment to improving the accreditation process. Many changes have already been made at an operational level in response to feedback.

5.1 Increasing Stakeholder understanding of accreditation

Recommendations:

1. Implement a proactive recruitment campaign for accreditation visitors
2. Provide accreditation visitors with regular refresher training, including material on: the Standards, balanced discussions and the 'Guidelines for the Visit Schedule'.
3. Develop a letter for facility MEUs to send to term supervisors; explaining the accreditation process, what will be required of them, possible discussion topics and estimated time allocations for meetings.

5.2 Informing Expectations of a 'supportive' accreditation process

Recommendations:

4. Define and communicate the supportive objectives of the accreditation process to stakeholders.
5. Develop appropriate versions of accreditation reports for public distribution with a consumer representative.
6. Communicate a summary of the accreditation process and expected time frames through the first letter to facility management and again in a letter immediately after the site visit. This will inform expectations.
7. Disseminate this evaluation report to build positive perceptions of the accreditation process.

5.3 Making the Standards more user-friendly

Recommendations:

8. Conduct a full review of the Standards, including the terminology and required evidence.
9. Publicise the first pages of the Standards as a readable summary for term supervisors.
10. Continue to monitor the user-friendliness of the Standards through future evaluation.

5.4 Further Support from SAIMET for Facilities preparing an Accreditation Submission

Recommendations:

11. Develop a resource for facilities; a 'User-guide to the Standards' which can form the basis for SA IMET on-site accreditation support, including operational guidance on:
 - a. Required evidence.
 - b. Term descriptions, suggesting that Intern and PGY2+ groups are combined.
 - c. Attaching / indexing evidence to the submission document and referring to it within the text. Including links to 'how to' resources for IT skills.
 - d. Method of submission; electronic or hard copy.
 - e. How the content of the submission will be handled and kept confidential.
12. Develop a resource for facilities identifying all SA health policies relevant to the accreditation Standards.
13. Continue to provide appropriate levels of on-site support from SA IMET Secretariat to assist with the workload associated with accreditation. Clarify the forms of support SA IMET offers to facilities.

5.5 Further Developing SAIMET Resources for Facilities

Recommendations:

14. Continue to provide facilities undergoing accreditation with relevant resources e.g. Standards documents and ACF booklets
15. Review the resources provided to accreditation stakeholders via the website and other channels
16. Develop new resources for accreditation stakeholders in response to feedback, including:
 - a. Guidelines around how to complete the ACF checklist.
 - b. A sample Terms of Reference for ETP committees.

5.6 Improving the support from SAIMET for Visit Teams

Recommendations:

17. Continue to provide accreditation teams with notes on key issues to explore.
18. Provide documentation to visit team in a variety of formats.
19. Plan support for the visit team from Secretariat at pre-visit meeting, including report-writing. Clarify forms of support SA IMET offers to visit teams.
20. Review of the submission analysis that the Secretariat can usefully provide to visitors.
21. Revise guidelines around the composition of accreditation teams to include appropriate representation for larger accreditation teams.

5.7 Ensuring a Timely Accreditation process

Recommendations:

22. Plan SA IMET governance meeting dates with accreditation cycles in mind.

5.8 Engaging Executive Management

Recommendations:

23. Strengthen SA IMET liaison methods with facility executive management to include a formal presentation to the facility's ETP Committee at the beginning of the process.
24. Gain agreement from facility as to who communication relating to accreditation should be directed through. This may not necessarily be an MEU staff member.

5.9 Improving Site-visit Coordination and Meetings

Recommendations:

25. Further Develop the 'Accreditation Visit Schedule Guideline' to include:
 - a. Some idea of appropriate time allocations
 - b. the specification that there should be no informal lunch meetings, and
 - c. a basic agenda for meetings with groups or committees (e.g. debrief meeting).
 - d. The responsibility of the visit team to adhere to the schedule
26. SAIMET Secretariat should facilitate the negotiation of program changes between the lead surveyor and the facility as far in advance of the site visit as possible. Where a lead surveyor requests significant changes to the schedule, SAIMET secretariat will facilitate a meeting with the facility.
27. Emphasise the importance of the schedule at the accreditation visit team's pre-visit meeting. Ask that a time-keeper be identified in each meeting.
28. Develop a guideline for accreditation visitors to use to open each site visit meeting.

6. Conclusion

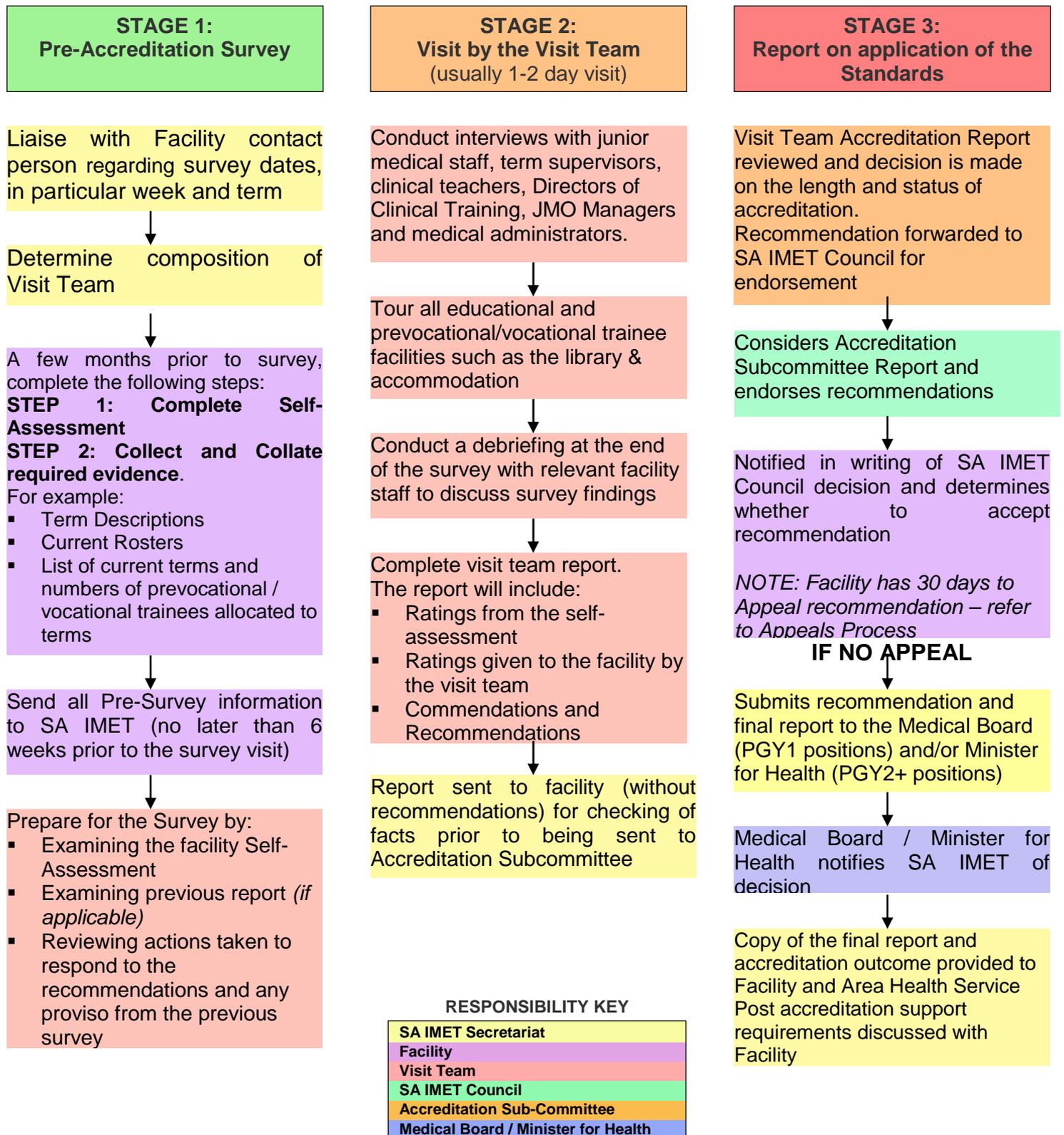
A strong accreditation process has been established under the new SA IMET Standards. The infrastructure for implementing this accreditation process has proved to be robust, with functional support from the SA IMET Secretariat. The completion of the process at three facilities and eleven units represents a significant accomplishment for all stakeholders, testament to the ownership of the process by the wider postgraduate medical education community.

Facilities have high expectations for accreditation outcomes and have felt supported by SA IMET through the process. Several challenges to the process have been identified, including; a lengthy, repetitive Standards document and challenging stakeholder perceptions. Recommended improvements mainly relate to stronger communication around the process to inform the perceptions of stakeholders.

Areas have been highlighted where SA IMET can deliver more effective support to facilities and visit teams involved in accreditation. SA IMET Secretariat has already demonstrated it is committed to continuous improvement through responding promptly to feedback on how to improve the operational support for the process.

This evaluation has provided SA IMET Council with evidence on the quality of the accreditation process by exploring short-term quality indicators at a process level. Dissemination of these evaluation findings will improve stakeholders' understanding and expectations around accreditation, and inform improvement of the process. A summative evaluation will be needed to assess the outcomes and impact of accreditation and the real improvements it has made to the quality of postgraduate medical education.

Appendix I. SA IMET Facility (Full) Accreditation Process



For more information

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 Adelaide SA 5000
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SAIMETAccreditation@health.sa.gov.au

Appendix II. SA IMET Accreditation Sub-committee Terms of Reference

Figure 16. Excerpt from SA IMET Accreditation Subcommittee Terms of Reference

SA IMET Accreditation Subcommittee: Terms of Reference [Excerpt]

Purpose: *The Accreditation Subcommittee is responsible for an efficient and effective accreditation process...*

Functions:

- *Development of processes, guidelines and standards for postgraduate medical training accreditation...*
- *Implementation of directions and requests from SA IMET Council and evaluation for report to Council on the progress and outcome of these processes.*

Reference: [T:\Clinical_Systems\SA IMET\Company_Data\COMMITTEES - MEETINGS\SA IMET - Accreditation Subcommittee\Terms of Reference\Terms of Reference - Accreditation Subcommittee -V4.doc](T:\Clinical_Systems\SA_IMET\Company_Data\COMMITTEES - MEETINGS\SA IMET - Accreditation Subcommittee\Terms of Reference\Terms of Reference - Accreditation Subcommittee -V4.doc)

Appendix III. Evaluation Data Collection Tools

Accreditation Evaluation

Facility Staff Feedback



These questions take only a few minutes to complete and will be used to improve future Accreditation visits.

Preparing to meet with the accreditation team

1. In terms of being prepared for the meeting with the accreditation team, how adequate was the advance notice you were given?

Nowhere near enough Not quite enough Right amount A bit too much Far too much

2. What sort of assistance (if any) would have helped you to be more prepared for the meeting?

FREE TEXT BOX

Meeting with the Accreditation Team

3. How adequate was the time allocated to the discussion in which you participated?

Nowhere near enough Not quite enough Right amount A bit too much Far too much

4. Of the topics that were discussed at your meeting, which did you feel were the most important?

Most important topics discussed:

FREE TEXT BOX

5. What were the topics (among those addressed) that you felt were of lesser importance?

Less important topics discussed:

FREE TEXT BOX

6. What areas would you have liked to cover but did not get a chance to discuss?

Areas not addressed:

FREE TEXT BOX

Impacts of the Accreditation

7. How do you feel that the SA IMET Accreditation process will make a difference to your day to day work?

Day to day impacts of Accreditation:

FREE TEXT BOX

8. In a broader sense, what other expectations might you have with regards to the Accreditation process?

Broader impacts of Accreditation:

FREE TEXT BOX

Your time in completing these questions is appreciated.

Sincerely

Accreditation Evaluation

Visitor Feedback



*Thanks for your feedback, which will be used to improve future accreditation visits.
All responses will be kept anonymous.*

1. **What were the most helpful ways SA IMET Secretariat supported you to prepare for the accreditation site visit?**
2. **What sorts of assistance would have helped you to be more prepared for the site visit?**
3. **What is your preferred method for receiving documentation relating to accreditation?**
Electronically via email
Electronically via usb stick
Paper hard copy
4. **Did you feel that you met enough appropriate people on the site visit to make a reasonably accurate evaluation of the unit / facility?**
5. **How adequate was the time allocated to the discussions in which you participated?**
6. **What, among the areas you discussed during the visit, did you feel were the most important to focus on?**
7. **What topics were addressed in the discussions that you felt were of lesser relevance?**
8. **What areas would you have liked to cover more in the discussions but did not get a chance to?**
9. **Did you need to refer to the submission document during the site visit?**

Yes / No

If yes, what was your preferred method of viewing the documentation?
Electronically via laptop
Electronically via ipad
Electronically via other hand-held device
Paper hard copy
10. **How well did you feel the lead visitor fulfilled their role of facilitating discussion, seeking consensus amongst the team members, and coordinating the report?**
11. **Any other comments?**

Accreditation Evaluation

MEU Representative Interview Guide



Previous Accreditation

- Previous Recommendations Followed-up
- Previous Recommendations Actioned

New Accreditation Standards

- Comments on the New Standards, criteria and required evidence.
- Easily understood
- Difficult to interpret
- Not applicable
- Suggestions for Improvement

Accreditation Submission Form

- Comments on the Submission Form
- Easy to use and complete
- Your experience completing the submission form.
- Checklists for supporting evidence
- Self-rating scale
- Suggestions for improvements

Preparing the Accreditation Submission

- When started
- What happened - how went about it.
- Stories, time lines, stages, milestones, breakthroughs

SA IMET Support to the Unit / Facility

- Support given by SA IMET? What types.
- How helpful
- Other types of assistance that would have been helpful

Site Visit

- Preparation for the Site for the Visit
- On the day – coordination
- Suggestions for improvement

Site Visit Meetings

- What happened at the meeting
- What was discussed that was relevant
- What should have been discussed more
- Suggestions for Improvement

Workload of Whole Process

- Proportion of work time accreditation has taken up
- Acceptable workload?

Expectations of the Accreditation

Process

- Differences to day-to-day work
- Immediate Expectations:
- Long-term expectations

Other Issues Arising

Accreditation Evaluation

SA IMET Feedback



Questions for SA IMET Accreditation Project Officer (Over Email)

1. As far as you observed, when did the facility start preparing the required documentation for accreditation?
2. What kinds of engagement did the unit/facility have with the SA IMET office leading up to submission of the application?
3. What kinds of support did you give to the unit/facility to assist them to prepare for the submission of the application?
4. Was there any ways you would have liked to support the unit/facility further?
5. In your opinion, was the submission from the unit/facility received in the correct format, with all evidence documents well organised and complete?
6. In your opinion, was the submission sent to the accreditation team in the correct format, with all evidence docs well organised and complete?
7. What kinds of support did you give to the accreditation team to assist them to prepare for the site-visit? How did you feel this went?
8. What kinds of support did you give to the accreditation team after the site-visit? How did you feel this went?
9. Was there any ways you thought you could have supported the accreditation team further?
10. Did you think the amount of time you were asked to dedicate to this process was acceptable?
11. Any other comments on the accreditation process of this unit/facility?

SA IMET Document Review

Questions for SA IMET Accreditation Project Officer (Over Email)

1. Is there any evidence that the recommendations from the last report were addressed by the unit/facility?
2. Were the recommendations from the final report followed up on by SA IMET?
3. Was the acc. submission received from unit/facility by deadline date?
4. Was the acc. Submission sent out to accreditation team (with TMO survey results and previous accred report) within 1 week of receiving submission from facility?
5. Was the Accreditation Team's report presented at next possible accreditation sub-committee meeting?
6. Did you think the amount of time you were asked to dedicate to this process was acceptable?

Questions for a later date.

7. Was the accreditation sub-committee report presented at next council (facility) or exec (unit) meeting?
8. Was the final report sent to the medical board after 14 days of report being sent to facility and all appeals resolved?
9. If relevant, was the hospital appeals process started within 14 days of report being sent and coordinated smoothly?
10. Was the Medical board response on the accreditation application communicated to facility and area health service?
11. Was the report and recommendations sent to unit or facility within 1 week of committee meeting?
12. What was the total length of time from the acc. Submission to the sending of the final report?

Appendix IV. Suggestions from Respondents

Expectations from the Process

1. **Early release of final report.** *'the fact that the report may not come out for another couple of months really dilutes the effectiveness of that because they're already looking at what's going to happen next year...'* [Noted, see Recommendation 22]

User-friendliness of the Standards

2. **Revise Terminology.** Use a clearer, more specific term than 'PGY2+'; for example 'prevocational'. [Noted, see Recommendation 8]
3. **Review the structure of the Standards.** *'A rapid and radical re-structuring of the document containing the criteria is in my view a matter of urgency.'* [Noted, see Recommendation 8]
4. **Review the repetitiveness of the standards and Re-writing of the Standards document.** *'SA IMET should re-write the Accreditation documents so that the same question is not asked twice.'* [Noted, see Recommendation 8]
5. **There should be a separate process for the accreditation of units and facilities.**
6. **Relevant policies should be collated by SA IMET, and not requested in the submission.** *'Those policies should actually exist in a booklet from SA IMET saying these are the policies to which you have to adhere...'* [Noted, see Recommendation 12]

User-friendliness of the Submission Form

7. **Refine the Evidence checklist.** Criterion can be evidenced in a variety of ways. [Noted, see Recommendation 8]
8. **Request recent reviews of the facility.** *'It would be useful to include in the requested evidence, recent service and educational reviews of the facility e.g. recent college accreditations, external reports, etc.'*
9. **Clear presentation of which positions are currently accredited** by SA MBA / SA IMET, and a section for the facility to note additional positions requiring accreditation [Actioned]
10. **Remove some summary ratings and comments.** Single criterion standards don't need a summary item, e.g. Std 2.4 only has 1 criterion so no overall rating is needed. [Actioned]
11. **Specify responsible departments to complete the submission.** *'Amending the submission so that particular sections are designated for completion by Executive Management.'*
12. **Automatic populating of fields.** If a section is completed in one part of the document, it could automatically fill in another part.
13. **Automatic system for attaching evidence.** Entering text could trigger a request for attachments. Could have attachment files / folders already set up to be filled. Could have an online site where attachments could be uploaded to.
14. **Document viewing options.** Those writing the submission could see the attachments in the text, but those reading it could see the attachments as appendices.
15. **Feedback on the quality of the submission from the visitors to the facility.**

Value of Support Provided to the Facility

16. **On-site support.** It would have been beneficial for an SA IMET staff member to visit and provide some additional support and assistance in the lead up to the accreditation, e.g. have a regular monthly meeting to discuss progress and a plan of action. [Noted, see Recommendation 13]
17. **More on-site support should be provided by SA IMET** *'having a bit more time would have been useful... it may have been better if [name] was here 5 days a week, to give a better opportunity to actually catch people...'*
18. **Increased SA IMET support** for collating the submission paperwork.
19. **Increased SA IMET support** for timetabling the site visit programme. *'...when we were working out the timetabling of the site visit 'I had no idea how much time to allow', I kind of half expected that [name] might produce a timetable that and say this is what we need to do.'*
20. **What happens next?** It could be good to have a very brief document called 'what happens next', or a chart. This would help the MEU explain to other facility staff what the process is after the site visit. It could be a brief flow chart, very simple, not many words. [Noted, see Recommendation 6]
21. **Develop guidelines for ACF competencies list completion.** There is a need to monitor implementation of ACF as it appears largely a tickbox exercise currently with units not committing to its use. [Noted, see Recommendation 16]
22. **Provide an information pack for new units on the role of SA IMET**

Value of Support Provided to Visitors

23. **There should be more TMO feedback collected pre-interviews.** Feedback drove some interviews. [Noted, see Recommendation 20]
24. **Visitor notes could include more detailed review of policies,** pointing out variances with SA IMET guidelines, especially where there could be a problem. [Noted, see Recommendation 20]

25. **Provide a smaller folder for the accreditation team.** A smaller folder should be provided to the accreditation team for them to take on the site visit as the folder with all the attachments is large and heavy to carry. The travel folder can include the key following documents: Accreditation Submission, Visitor Guide, Program for the Site Visit, Notes for Accreditation Team. [Noted, see Recommendation 18]
26. **Provide proforma for visitors to take notes** relating to each criteria [Actioned]
27. **Develop a guideline of questions to ask relating to each criteria** [Actioned]
28. **Units should be divided between accreditation teams earlier.** *'The preparatory work would have been much easier if I knew what areas I had to concentrate on.'* *'A mechanism must be introduced for assessors to be told what areas they will assess when the reading material is sent.'*
29. **Inclusion of more meeting notes in final report.** The final report might not have reflected the richness of the site visit meetings. SA IMET staff played a facilitating role in the report-writing, but could have made a stronger contribution to the content of the final report.
30. **Provide more guidance to the lead visitor on report writing,** in order to ensure recommendations are reasonable and easily monitored (i.e. consistent review dates). [Noted, see Recommendation 19]
31. **Attain consistency in accreditation reports.** The future challenge will be to get some consistency with the accreditation reports as there will be different lead visitors for the accreditations. The support and guidance provided by SA IMET will be paramount to ensure a level of consistency in recommendations and detail. [Noted, see Recommendation 19]

Executive Management Engagement

32. **Stronger SA IMET liaison with Executive.** It may have been helpful for a consultant with a committee role in SA IMET to attend the facility with the regional training manager to meet with hospital management to discuss the accreditation process. This could have led to more support for the process earlier on from the hospital staff. [Noted, see Recommendation 23]

Quality of the Accreditation Submission

33. **Combine Intern and PGY2 Term Descriptors.** Although specific Intern/PGY2+ components would still need to be delineated. [Noted, see Recommendation 11]
34. **SA IMET support should collate the submission electronically.**
35. **Electronic submission method should be offered.** Would be easier to send in files electronically – maybe via email, and leave to SA IMET for distribution. *'The MEU should be able to submit one copy electronically.'* [Noted, see Recommendation 11]
36. **Feedback on submission.** The facility MEU would have liked feedback on the quality of their submission – referencing etc. from SA IMET.

Planning the site-visit

37. **More information provided to facility staff by MEU before accreditation meetings.** *'A set of objectives that the accreditation team were looking at would have helped me to focus my preparation for the interview.'* *'Types of questions to be asked would have allowed a more structured discussion.'* [Noted, see Recommendation 3]
38. **More time for the accreditation.** Could take the form of an extra visit before the site visit, or extending the visit to 1.5 or 2 days. It could also be possible to visit PGPPP sites before or after the full main-site visit. [Noted, see Recommendation 25]
39. **Sessions with Registrars.** It would be useful to meet with registrars – good also as preliminary to vocational accreditation.
40. **Sessions with Term Supervisors.** There were some gaps, it would be good to meet all relevant consultants and supervisors.
41. **Team meeting during site visit.** Need time for team discussion halfway through visit this is especially needed when there is splitting of the accreditation team.
42. **A lunch-time meeting with TMOs** during the site visit.
43. **Site visit dates should take into consideration term dates,** and avoid the start of a new term.
44. **Program changes should be made well in advance.** *'Ideally no significant changes at the last minute... or develop timetables that have got enough leeway built into them.'* [Noted, see Recommendation 25]
45. **Program changes should be made by the DCT and not SA IMET.** *'I know you think that SA IMET should be the one that sort of wearing the changes... in practice it's probably easier if the DCT does [the changes] because you're calling on a few favours.'*

Quality of the Accreditation Site Visit

46. **An interview proforma** listing key areas of the standards for visitors to write comments on for each meeting. [Actioned]
47. **More balanced discussions.** A more balanced approach by visitors in discussions on all key areas. [Noted, see Recommendation 2]
48. **A physical tour by the visitors**