

Full Facility Accreditation Process



Scope

To direct facilities and the Accreditation Committee through the process to accredit a facility that educates and trains trainee medical officers.

Overview

The facility accreditation process sets out to establish and monitor standards for trainee medical officers (TMOs) and to assist in the attainment of a universally high standard of general training. Through the process of accreditation, an accreditation team formally evaluates facilities that employ TMOs against the [SA MET Accreditation Standards](#). The process adds value in a formative way by sharing local and interstate experience on good practice in TMO education and training.

The full facility accreditation process looks at facility-wide aspects of education and training programs, including governance and resourcing.

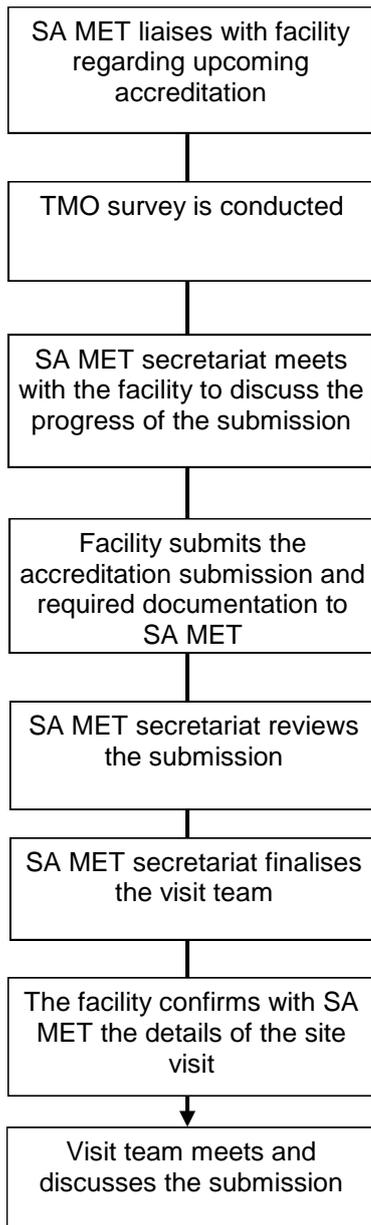
Process

The flowchart below (page 2) shows the accreditation process. Further detail is outlined in the following steps:

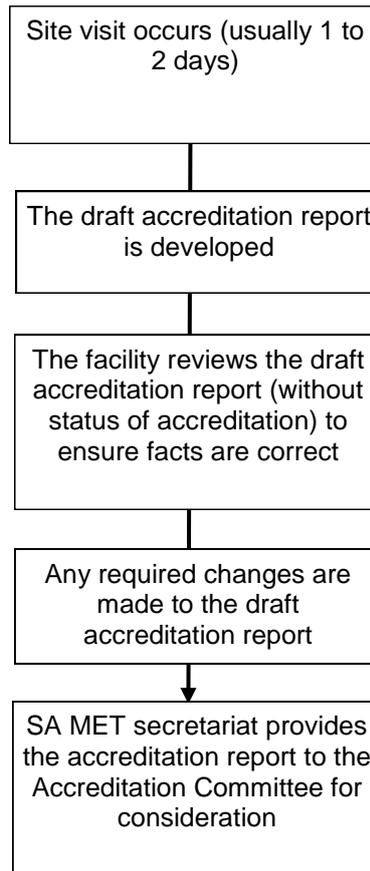
1. SA MET Unit will liaise with the facility regarding the upcoming full facility accreditation.
2. SA MET Unit, in conjunction with the facility, will conduct an online survey of all the TMOs at the facility.
3. SA MET Unit will work with the facility to aid completion of the accreditation submission (see details below).
4. The facility must submit the full facility accreditation submission and supporting documentation to SA MET at least 60 days prior to the date requested of the accreditation visit.
5. SA MET Unit will review the submission and ensure all required documents are provided with the completed submission.
6. The SA MET Unit will recruit members of the accreditation team ensuring there are no conflicts of interest.
7. The facility should develop a visit program using the template provided by SA MET. The accreditation visit usually takes one to two days and includes; separate interviews with term supervisors, registrars, TMOs, Medical Education Officers (MEOs), the Director of Medical Services (DMS) and the Director of Clinical Training (DCT).
8. The accreditation team will convene to discuss the facility's submission. SA MET Unit will follow up with the facility should further information be required before the site visit.

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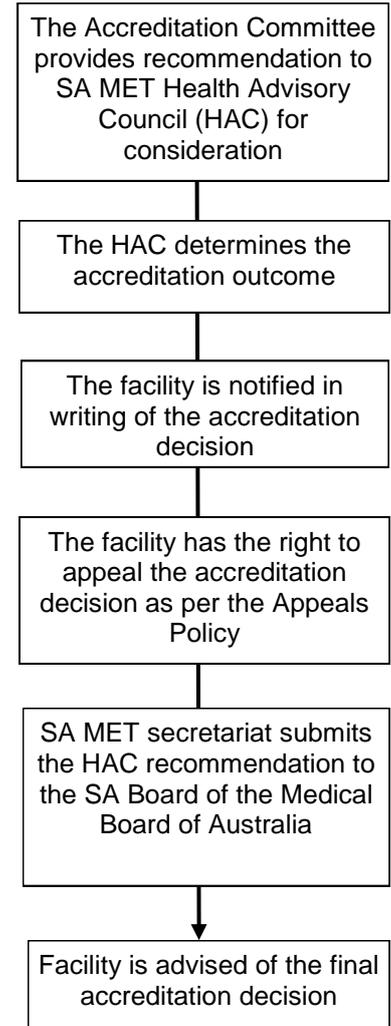
Accreditation Preparation



Accreditation Visit



Accreditation Approval



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9. At the site visit the accreditation team will interview relevant staff and view the unit. It is expected that the MEO will be present to manage all the logistical aspects of the accreditation and help the accreditation team with other requests when required.
10. The accreditation team will develop a draft accreditation report and convene again to finalise their report prior to the approval process occurring.
11. SA MET Unit will provide the accreditation report, excluding the accreditation outcomes, to the facility for factual accuracy checking.
12. SA MET Unit will make any required changes to the draft accreditation report.
13. The accreditation report will be considered by the Accreditation Committee.
14. The Accreditation Committee will provide SA MET Health Advisory Council with recommendations on the outcome of the accreditation report, including the duration of accreditation.
15. SA MET Health Advisory Council will consider the recommendations made by the Accreditation Committee and provide a final decision on the accreditation of the unit.
16. The facility is notified of the accreditation decision.
17. The facility has right of appeal to accreditation decision, according to the SA MET Appeals Policy.
18. Should no appeal be made, SA MET Unit will provide the SA MET Health Advisory Council accreditation decision to the South Australian Board of the Medical Board of Australia. For intern terms, the South Australian Board of the Medical Board of Australia will advise SA MET of its decision regarding suitability of the facility's terms for general registration purposes.
19. The facility is notified of the final accreditation decision for general registration purposes.

Facility Submission

Facilities are required to submit a completed accreditation submission to SA MET no later than 60 days prior to the date of the accreditation visit. The submission is crucial to the accreditation process and the facility is asked to:

- > Assess its own performance using a rating scale (the same rating scale is used by the accreditation team to assess the facility). The facility is also asked to comment on how the Accreditation Standards have been achieved.
- > Verify the details of the submission with the Director of Medical Services and the Director of Clinical Training prior to submitting to SA MET.
- > Inform the local health network Chief Executive Officer of the accreditation process as they are ultimately responsible for the accreditation of posts within the relevant local health network.

The Accreditation Standards set down an ambitious education and training framework. Some criteria may not be achievable by some training facilities. Accordingly, only some criteria have been designated as mandatory for all facilities. Non-mandatory criteria will still be considered in the

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accreditation process and it is expected that facilities will achieve most of these criteria. The final decision on the need to achieve non-mandatory criteria will be with SA MET and its accreditation teams.

Timeframe

A facility accreditation visit takes one to two days depending on the size of the facility and the number of units to be accredited. However, the process for preparing for a facility accreditation submission takes several months.

Facilities should be aware of when their next full accreditation is due and should liaise with SA MET six months prior to arrange a date for the accreditation visit.

Related Documents

- > Accreditation Policy
- > Guide to Accreditation
- > Full Facility Accreditation Submission Template

Key Terms

Accreditation – a quality assurance process that establishes and monitors the education and training provided for TMOs within facilities to ensure high standards of clinical training for TMOs. Accreditation may be granted to a facility or a new unit for 6 months, 12 months or three years.

Accreditation Standards – all accreditation activities are assessed against published accreditation standards. These standards have been developed through an extensive consultation process with stakeholders, and endorsed by the Minister for Health and Ageing in South Australia and the South Australian Board of the Medical Board of Australia in June 2010

Facility – the institution or clinical setting in which TMOs work and train. These organisations will usually be hospitals but may be health care centres or supervised practice locations in community settings which have met accreditation requirements for TMO education and training.

Director of Clinical Training (DCT) – a medical practitioner appointed by a facility to be responsible for the coordination of the General Clinical Training Program for trainee medical officers within a network or facility. This includes training program structure, assessment, quality improvement and overall organisation and oversight of supervision.

Medical Education Officer (MEO) – an experienced educationalist employed to assist the DCT in developing educational processes and procedures supportive of the Education and Training Program

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(ETP).

PGY level – the number of years since graduation of a trainee medical officer, e.g. PGY2, or PGY3

South Australian Medical Education and Training (SA MET) Accreditation Committee – a Committee of SA MET Health Advisory Council that is responsible for an efficient and effective accreditation process taking into account jurisdictional requirements, national program developments, and the needs of TMOs.

South Australian Medical Education and Training (SA MET) Unit: Supports the functions of the SA MET Health Advisory Council and various committees and subcommittees providing advice to the Health Advisory Council. The unit is committed to supporting the education and training of trainee medical officers in South Australia and supports the Health Advisory Council in ensuring an open and transparent accreditation system.

Term Supervisor – a medical practitioner designated to be responsible for the coordination of clinical training of TMOs attached to their unit.

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