



South Australian Medical Education and Training Health
Advisory Council Submission to the Australian Medical
Council

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SA MET Contact Details

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State in which intern training accreditation activities are carried out	South Australia

Domain 1: Governance

Domain

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

Attributes

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

Attribute 1.1

The South Australian Medical Education and Training Health Advisory Council (the Advisory Council) is the intern training accreditation body for South Australia. The Advisory Council was established under the Health Care Act 2008.

An independent review in 2011 resulted in the revision of the Advisory Council. The South Australian Medical Education and Training Health Advisory Council was previously known as the South Australian Institute of Medical Education and Training (SA IMET) Health Advisory Council. The review was undertaken to determine opportunities to improve the structure and operation of SA IMET (the previous name of the Unit) and its Health Advisory Council. While the formation of the Advisory Council has changed, and new Committees have been created, the work of the Unit, and especially that of the accreditation staff within the Unit, has not been significantly impacted.

The Advisory Council is supported by the South Australian Medical Education and Training Unit (the Unit), which comprises staff employed by the Department of Health and Ageing (the Department). The organisational structure of the Unit and its reporting lines are shown by attachment 1. While the Unit staff are employed by the Department, all reporting lines, with the exception of the Manager of SA MET, are within the Unit, and all performance indicators relate to Unit work. While the Department is registered as a business entity, neither the Advisory Council nor the Unit are separately registered business entities. Despite not being registered as business entities, there is clear and unambiguous continued funding and support for their functions from SA Health as detailed in Attribute 1.3.

Attribute 1.2

The main operational business of the Advisory Council is to provide recommendations to the South Australian Board of the Medical Board of Australia regarding intern positions and programs, and to make decisions regarding the accreditation of other prevocational training positions and programs. Accreditation work undertaken by the Unit has two to three levels of approval, through the Accreditation Committee and subsequently the Advisory Council for PGY2+ posts, and also to the South Australian Board of the Medical Board of Australia for intern posts. The largest team within the Unit is the Accreditation Team and this team has its own dedicated manager. While its core business is accreditation, the Unit has a broader role than that of accreditation, including intern and PGY2+ allocation on behalf of the Local Health Networks*, the development of online education and training services, the development and delivery of training and support for junior doctors, and some workforce support. The Manager of the SA MET Unit has oversight of all of these functions. These roles are separate from the Advisory Council. While these roles are important functions of the Unit, the core business of the Unit is to provide support to the Advisory Council around accreditation of intern and PGY2+ posts and programs.

Attribute 1.3

The support provided by the Department to the Unit allows stability, while the Advisory Council structure and reporting lines provide independence from the health department. The majority of the operational funding for the Unit and Advisory Council work is from the Department, with a small proportion coming from the Medical Board of Australia to subsidise activities directly related to accreditation. The Manager of the SA MET Unit has oversight of the budget. The Department funds accreditation staff, including on costs and relevant equipment, and provides office space, human resources support, IT support and some professional development. There has been no indication that there will be any reduction in the budget for the Unit and Advisory Council.

Attribute 1.4

The financial accounts of the Unit sit within the Department of Health and Ageing accounting processes and comply with all relevant standards. Annual reports for the Advisory Council are provided to the Minister in line with statutory requirements for Boards.

Attribute 1.5

The Advisory Council has recently been revised and has been in place in its current structure since 22 April 2013. All appointments to the Advisory Council, including deputies, are ministerially appointed. Appointments to the Advisory Council were made through an open and transparent nomination process for each member. Nominations for each position were submitted to the Minister for Health and Ageing for a ministerial decision based on the nominee's qualifications and experience. Members are appointed to a three year term, as set out in the Health Advisory Council Rules (attachment 2). The membership of the Advisory Council includes some new and some reappointed members, providing continuity and renewal.

Attribute 1.6

The governance arrangements of the Advisory Council and its Committees are specifically aligned to relevant stakeholder groups in South Australia. The Advisory Council has 17 members from a range of stakeholder groups (attachment 3), including the Chair of the Accreditation Committee. The Committees (attachment 4) allow input from a wide range of stakeholders into the Advisory Council, as does the composition of the Advisory Council. In addition to the Committees and Advisory Council, the Advisory Council is represented at the regular Directors of Medical Services meeting, the College Chairs Committee in South Australia convened by the Chief Medical Officer for SA, and has recently implemented a regular meeting with the Chief Executive Officers of the Local Health Networks.

*Local Health Networks are hospital networks within South Australia. These are arranged by locale in the below table:

Central Adelaide Local Health Network	Hampstead Rehabilitation Centre; Royal Adelaide Hospital; The Queen Elizabeth Hospital
Country Health South Australia Local Health Network	All rural hospitals
Northern Adelaide Local Health Network	Lyell McEwin Hospital; Modbury Hospital
Southern Adelaide Local Health Network	Flinders Medical Centre; Repatriation General Hospital; Noarlunga Health Service
Women's and Children's Health Network	Women's and Children's Hospital

Domain 2: Independence

Domain

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

Attributes

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

Attribute 2.1

The Advisory Council is an independent organisation. The Advisory Council reports to the Minister for Health and Ageing; this consists of an annual report on accreditation and the other functions of the Unit. The Department is represented on the Advisory Council by the Chief Medical Officer, each Local Health Network is represented by a nominee, and the professional medical colleges are also represented by a nominee from an Advisory Council committee dedicated to the professional colleges (see attachment 3). The representation on the Advisory Council provides a balance of stakeholders such that no one group has excessive or undue influence.

To prevent any undue influence of accreditation reports by the Unit staff that support accreditation, as these are Department staff, there are three distinct levels of independent decision making regarding accreditation within the Advisory Council structures. Firstly, the Advisory Council uses independent teams of visitors to undertake accreditation visits. These visitors are appointed by the Accreditation Committee and are responsible for the accreditation reports. The visitors recommend the outcomes of the visit, including conditions that have to be met. Visitors also recommend duration of accreditation to award.

Secondly, the Accreditation Committee receives all accreditation reports. The Accreditation Committee is responsible for providing recommendations on accreditation reports to the Advisory Council. The Accreditation Committee is able to modify the accreditation recommendations of the visit team. To date this has rarely been necessary.

Thirdly, the Advisory Council reviews the Accreditation Committee's accreditation recommendations before either providing recommendations for intern training to the South Australian Board of the Medical Board of Australia, or making decisions regarding PGY2+ posts. These three levels of scrutiny ensure the Department, other health services or professional associations do not inappropriately influence the accreditation decision.

The SA MET website (<http://www.saimet.org.au/>) is independent of the Department and maintained by Unit staff. All accreditation correspondence and documentation is free of government branding and covered by independent SA MET branding.

Attribute 2.2

SA MET has clear procedures for managing conflicts of interest. There are conflict of interest explanations and statements within both the Visitor Guide (attachment 5) and the Accreditation Policy (attachment 6*). Further to this, there are clear and well established processes for the management of conflicts of interest at Accreditation Committee and Advisory Council meetings. Specific meeting papers are not sent to members who are determined to have a conflict with those agenda items for Accreditation Committee and Advisory Council meetings. At both Accreditation Committee and Advisory Council meetings, members identified as having conflicts of interest are required to leave the room during discussions that involve their interests. The Unit is in the process of developing formalised documentation to record conflicts of interest at Advisory Council meetings; as it is a Health Advisory Council, any conflicts of interest that arise must be formally communicated in writing to the Minister for Health and Ageing.

When recruiting visitors for accreditation visits, the Unit and the Accreditation Committee will take into account any conflicts of interest potential visitors may have with a facility being accredited. Visitors

are also informed that they are required to inform the Unit and Accreditation Committee of any conflicts of interest. Facilities have the opportunity to declare any conflicts of interest with visit team members and request changes to the visit team due to this. No changes to a visit team have been requested by facilities to date.

Being a small state, South Australia has the potential for several conflicts of interest to arise between visitors, Accreditation Committee members, Advisory Council members and facilities. The Unit is very careful to manage these; to an extent, being a small site aids the management of this as the Unit and other stakeholders are aware of each other's conflicts.

The Unit manages conflicts of interest between accreditation staff and facilities when they arise. This occurs rarely, but in a recent example, one of the accreditation project officers spent six weeks supporting a site as a stand-in Medical Education Officer. This individual was due to support the visit team for the visit to this site, but now has an identified conflict of interest. A different project officer has been allocated to support the accreditation of this facility.

*A new Accreditation Policy and Guide to Accreditation have been developed to replace the current Accreditation Policy. The Accreditation Policy requires sign-off by the Advisory Council on 21 August 2013. These documents are drafts and are included as attachments 6.i and 6.ii.

Domain 3: Operational management

Domain

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

Attributes

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

Attribute 3.1

The Unit manages both human and financial resources appropriately to achieve accreditation objectives. Both the human and financial resources of the Unit are managed by the Manager of the SA MET Unit. The Manager of the SA MET Unit has business and accounting qualifications, as well as a postgraduate degree (PhD) in Medical Education. The Unit is provided with a budget from the Department which is then managed by the Unit to ensure its accreditation and other functions are undertaken effectively and efficiently. The Manager of the SA MET Unit works closely with the Department to ensure that the good relationship with the Department is maintained; SA MET believes this close relationship enables the Unit and Advisory Council to clearly demonstrate its value to the Department and justify continuing funding and support.

Each accreditation staff position is reviewed at the renewal period of the contract to ensure this position is fully justifiable, and to help form the business case to maintain current staffing levels. The Department of Premier and Cabinet has approved funding for the role of Chair of the Advisory Council, in line with the responsibility of the role.

Attribute 3.2

The Accreditation Committee undertakes planning around its processes, ensuring it is in line with national processes. Members of the Accreditation Committee, including the Chair, are involved with process improvement through Accreditation Committee meetings and working parties such as that for the review of the Accreditation Standards. Through reviewing accreditation reports, Accreditation Committee members also review accreditation processes, identifying areas for improvement.

The Unit regularly reviews its accreditation processes, undergoing periodic systematic reviews of certain aspects of accreditation, for example the Accreditation Standards, and continuous improvement of processes, practices and guidelines. The timelines for periodic reviews are generally determined by logical timeframes, for example the Accreditation Standards will be reviewed once all facilities have been accredited against them in the current accreditation cycle. Continuous improvement is generally initiated either through staff, Committee member or Advisory Council member identification of issues or areas for improvement, or feedback from stakeholders. Recurrent issues identified through these means can trigger a formal review of an area of accreditation.

The Unit has undertaken large stakeholder evaluations of its accreditation processes, as demonstrated by attachment 7. This evaluation provided the Unit with several recommendations to improve its accreditation processes. Some recommendations have been completed, while others are ongoing.

After each facility accreditation visit, the accreditation staff within the Unit have a formal debriefing session to discuss the visit. Each aspect of the accreditation process is discussed, with staff considering proposed outcomes, actual outcomes, and what accounted for any difference, for each aspect of the process. This is used both to inform future accreditation visits and as a staff reflection and development tool.

As Department of Health and Ageing staff, the Unit is required to make regular submissions on risks, controls and treatment. One of the senior managers in the Unit, the Manager of Online Services, has undertaken risk facilitation training.

Attribute 3.3

The Unit has a draft data management guideline and a draft record keeping policy, which include specific schedules for accreditation (attachment 8 and 9). These demonstrate how the Unit manages contemporaneous records and ensures confidentiality where appropriate and will be finalised and disseminated in July. Both accreditation visitors and Accreditation Committee members are required to sign a confidentiality agreement on their appointment (attachment 10).

The Advisory Council and the Unit ensure anonymity of junior doctors throughout accreditation questionnaires and visits; individuals and their specific feedback are not identified in these processes.

Domain 4: Process for accreditation of intern training programs

Domain

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

Attributes

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

The Advisory Council accredits all prevocational training posts and programs within health services in South Australia, including those under the Prevocational General Practice Placements Program. The Advisory Council accredits at the position, unit, facility and Local Health Network level for prevocational trainees. There are three levels of accreditation processes, which are demonstrated by attachments 11, 12 and 13. These process documents also outline the decision making levels of the accreditation processes.

Attribute 4.1

SA MET has its own website (<http://www.saimet.org.au/>). The website contains information on the individual functions of the Unit and the Advisory Council and has a section specifically for prevocational accreditation. The prevocational accreditation section of the website contains all relevant information, policies, processes, guidelines and templates for facilities and accreditation visitors. Attachment 14 shows the range of accreditation documents provided on the SA MET website. The Unit has recently updated its accreditation documents to include the branding change from SA IMET to SA MET. It also took this as an opportunity to update those documents where required.

Attribute 4.2

The Visitor Guide (attachment 5) contains information on the selection and appointment (page 4), roles and responsibilities (pages 6-7), and performance review (page 8) of visitors. Visitors are either trained through group training sessions run by Accreditation Committee members. A few visitors are given bespoke training sessions by the Unit staff if a group training session is not scheduled between

their recruitment and first accreditation visit. In June 2013, the Unit employed an external consultant to deliver training specifically to visit team leaders across two sessions. The majority of visit teams will have a mix of experienced and novice visitors. Observers can also join accreditation visit teams if approved by the facility and visit team leader.

Attribute 4.3

SA MET has clear procedures for identifying, managing and recording conflicts of interest in the work of visit teams, the Accreditation Committee and the Advisory Council. These are explored in more detail under Attribute 2.2.

Attribute 4.4

The accreditation process differs depending on whether it is a change of circumstance, unit or facility accreditation. Changes of circumstance can be accredited through a paper-based process, depending on the extent of the change, and are signed off by the Accreditation Committee. New unit and facility accreditations include a self-assessment against the Accreditation Standards (attachments 15 and 16), site visit/s (attachment 17) and a report against the standards (attachments 18 and 19). The Unit works with facilities to assist the completion of the accreditation submission if the facility wishes to have this help. Details of the accreditation processes can be found in the accreditation process documents (attachments 11, 12 and 13), which are available on the SA MET website. The Unit has made it clear to facilities what constitutes a change of circumstance, and what needs to be communicated to the Accreditation Committee; this is in line with national guidelines. The majority of facilities are proactive and report changes of circumstance to the Accreditation Committee in a timely manner. The Unit continues to work with those facilities that are less proactive in this regard. To ensure timely notification, the Unit maintains clear communication channels with Directors of Medical Services, Directors of Clinical Training and Medical Education Officers.

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

Attribute 4.5

Each accreditation report has a series of Provisos and Recommendations for the improvement of prevocational education and training. Provisos are changes that have to be made by a facility when it is judged that the facility has not met an accreditation standard or mandatory criterion. Facilities must address these within certain timeframes as set by the Advisory Council. Recommendations are aspects of education and training that facilities could improve; facilities are advised to address these by the time of their next full facility accreditation.

In addition to provisos and recommendations, accreditation reports contain a series of commendations; areas that are working particularly well within a facility. The Unit is planning to collate commendations from the current facility accreditation cycle once this is completed and hold a good practice workshop to disseminate these commendations and encourage the sharing of good practice across South Australia.

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

Attribute 4.6

The current accreditation cycle awards accreditation for up to three years; facilities can be accredited for six months, 12 months or three years. This is in line with the Confederation of Postgraduate Medical Education Council's (CPMEC's) Prevocational Medical Accreditation Framework (PMAF). The Advisory Council has agreed, subject to approval by the South Australian Board of the Medical Board of Australia, to move to a four year accreditation cycle once the current cycle has been

completed. This will be in line with Australian Medical Council's (AMC's) Quality Framework for Intern Training Accreditation.

Accreditation is monitored outside of visits through the change of circumstance process (attachment 13), and the response to concerns process (attachment 20). These processes allow judgements to be made regarding the accreditation of units and facilities when there have been changes to the program, or when specific concerns have been raised with the Unit.

The Accreditation Standards are currently in the process of review, with new standards due to be implemented in early 2014, once the current accreditation cycle has been completed. The current and draft new standards are included as attachments 21 and 22. These show the changes made to the Standards. The draft new standards have been mapped to the AMC's national standards for intern training and SA MET's current Standards (attachment 23).

Attribute 4.7

The Advisory Council adheres to the PMAF in determining if changes to posts, programs or facilities will affect the accreditation status. The Advisory Council has a change of circumstance document that outlines how this process works (attachment 13). Depending on the extent of the change, changes of circumstance can be accredited through a paper-based process or through site visits. The accreditation of changes of circumstance can be granted by the Accreditation Committee, and will always be noted by the Advisory Council. The Accreditation Committee accredited 14 changes of circumstance in the 12 months from June 2012 to June 2013; these comprised a mix of paper-based accreditations and visits.

Attribute 4.8

The Advisory Council's accreditation decision making processes are documented in multiple documents (attachments 11, 12 and 13). The Advisory Council is an independent organisation, and its Committees are part of this independent organisation. Accreditation decisions are made through three levels of independent groups; visit teams, the Accreditation Committee and the Advisory Council, which prevent undue influence by any interested party. Further detail on this can be found under Attribute 2.1.

Attribute 4.9

The Unit maintains a record of the number of posts accredited within each unit of each facility, the core term status of units, and the accreditation expiry date. These lists (attachments 24-29) are kept publicly on the SA MET website (<http://www.saimet.org.au/index.php/prevocational-accreditation/accredited-posts>). These lists are updated following each accreditation visit.

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

Attribute 4.10

The Advisory Council has a published Appeals Policy (attachment 30), and a complaints policy (attachment 31). Once a unit or facility receives an accreditation decision, it has 30 days to appeal the decision, as outlined in the Appeals Policy and in accordance with the Health Practitioner Regulation National Law (SA) Act 2010. Once this appeals period has expired, or if a facility waives its right to appeal, the Advisory Council will communicate its recommendations to the South Australian Board of the Medical Board of Australia for it to make a decision for intern registration purposes. The Advisory Council has not, to date, had an appeal against an accreditation report by a facility. In addition to the Appeals Policy, there is a clear process to allow units and facilities to respond to accreditation reports, when they are returned to them for checking for factual accuracy. If errors are found they are corrected as appropriate, by the visit team.

Domain 5: Stakeholder collaboration

Domain

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

Attributes

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

Attribute 5.1

The Advisory Council and the Unit engage with stakeholders in a number of ways. The Advisory Council membership includes a wide range of stakeholders (attachment 3), each of whom is responsible for representing their stakeholder group on the Advisory Council and disseminating outcomes to their groups. The Advisory Council Committees (attachment 4) allow a wide range of stakeholders to provide input to the Advisory Council. These Committee meetings are supported by the Unit staff, providing a high level of engagement with each stakeholder group.

The Advisory Council and the Unit have a close working relationship with the health department as they are intrinsically linked. The accreditation staff of the Unit work closely with facilities, especially in the build-up to accreditation and in providing support to facilities when addressing provisos and recommendations from accreditation reports. The Unit accreditation staff will often spend several days on-site with a facility to aid the development of the accreditation submission. This not only helps the facility to manage the accreditation workload more effectively, but develops relationships between the Unit and stakeholders. In addition to this, Unit accreditation staff represent SA MET on some facility Medical Education Committees.

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

The Advisory Council has a close working relationship with the South Australian Board of the Medical Board of Australia (the Board), communicating all accreditation reports that include intern posts to the Board for the Board's decision for registration purposes. The Board also has a member position on the Advisory Council, which it can elect to fill at any time.

Attribute 5.2

The SA MET website (<http://www.saimet.org.au/>) provides information about the organisation's roles, including accreditation. This website contains documentation supporting and outlining the accreditation roles, functions and procedures, with information for facilities, visitors and junior doctors. The Advisory Council and Unit communicate and engage extensively with stakeholders through various means. These include, among others, various communications and supports provided by the Unit to facilities for accreditation, the Advisory Council and Committee meetings, Chief Executive Officer meetings, Director of Medical Services meetings and the Junior Medical Officer Forum.

Attribute 5.3

The Chair of the Advisory Council sits on the CPMEC Board, the Manager of the SA MET Unit sits on the CPMEC Principle Officers Committee, and the Senior Project Officer – Education and Accreditation sits on the CPMEC Prevocational Medical Accreditation Network. These CPMEC bodies enable the Advisory Council and the Unit to collaborate with the other intern training accreditation bodies across Australia and New Zealand. Staff within the Unit engage with a wide range of local and national bodies, including accreditation organisations, as outlined in attachment 32. The Manager of SA MET is a member of several national boards and committees, including the AHMAC HWPC Accreditation of Specialist Medical Training Sites project, which aims to streamline specialty college accreditation processes. The Manager of the SA MET Unit has also met and discussed any opportunities for information sharing with representatives at some specialty medical colleges. This is a long term goal in line with facilitating improvements across the continuum of medical education and training.

Attribute 5.4

The Advisory Council and the Unit work within national structures of accreditation; accreditation processes and standards adhere to the PMAF and the AMC's intern training accreditation documentation. When developing its new Accreditation Standards, the Unit reviewed quality assurance and accreditation processes and standards nationally and internationally, including those from the UK, the USA and Canada, and the World Federation for Medical Education. The Advisory Council will be undertaking a wide ranging consultation on its draft new accreditation standards that encompasses local and national stakeholders. The Senior Project Officer – Education and Accreditation, has a medical education quality assurance background from the General Medical Council in the UK, and is able to bring this international perspective to SA MET accreditation processes.