

# Summary of 'The Quality of the SA MET Accreditation Process: Evaluation Report'



## Summary

This evaluation investigated short-term quality indicators for the SA MET Health Advisory Council accreditation process, which has been in place since mid-2011. Data were collected from stakeholder groups, analysed and periodically reported:

- > Data were collected from representatives of two Medical Education Units (MEUs), facility staff, accreditation visitors and staff members of the SA MET Unit.
- > An evaluation report was produced in June 2012 on the accreditation of three facilities and eleven units. A subsequent evaluation report was produced in January 2013 on the accreditation of a further two facilities and seven units. The full reports can be found online:
  - > [Evaluation Report June 2012](#)
  - > [Evaluation Report January 2013](#)

The significant findings of the evaluation were:

- > In June 2012 the facility accreditation process took an average of 4.5 months from site visit to final report initially. By January 2013, the average length of this part of the accreditation process had been reduced to 3.3 months.
- > Stakeholders reported a good understanding of the accreditation process, gained through previous participation in accreditation as accreditation team members or through serving on SA MET HAC committees.
- > Staff at facilities undergoing accreditation have high expectations from the process. They reported seeing benefits during the process, including raising the profile of medical education amongst term supervisors, strengthening relationships between MEUs and departments and formalising a policy framework.
- > The accreditation standards are lengthy and repetitive, which can complicate the submission.
- > MEU staff consistently reported the accreditation-related workload had taken up a considerable amount of time.
- > Engaging the facility's executive management in the process proved challenging. The overall ownership of the accreditation processes fell to respective MEUs, who struggled to obtain buy-in from other facility staff, departments and senior management.
- > The SA MET Unit was able to assist facilities with term description development, sample policies, standards documents, ACF booklets, indexing the submission document and scheduling the site visit. This support was often provided on-site in earlier accreditation processes, but more recently the support has been provided remotely.

- > In earlier accreditation processes, the SA MET Unit and accreditation teams had input into the site visit programs, but since June 2012 the MEUs have developed site visit programs with less input from the SA MET Unit.
- > Facility staff and accreditation visitors felt that the areas most important to discuss during the site visits were supervision, addressing unit specific issues, TMO welfare and the education opportunities offered. Accreditation visitors and facility staff felt some topics discussed were out of scope.
- > Most facility staff said they had the right amount of advance notice about the accreditation visit. Many would have liked further assistance in preparing to meet the accreditation team.
- > Accreditation team members felt supported by the SA MET Unit during the process, through the organising of meetings and provision of documentation. Accreditation team members would welcome further support in analysing the submission and report-writing.
- > Accreditation team members reported the role of team leader was fulfilled extremely well.
- > MEU staff indicated that provisos within the accreditation report are useful to ensure improvements occur. MEU staff expect to bear the bulk of the workload relating to implementing changes.

This evaluation provides evidence to inform ongoing improvements to the accreditation process. The recommended improvements include:

1. **Provide stronger communication** around the process to manage the risk of frustration and promote realistic expectations amongst stakeholders.
2. **Review the Standards for user-friendliness**, including the terminology and required evidence.
3. **Develop clear guidelines around the accreditation submission**, what is required and how to present information.
4. **Continue to provide SA MET Unit support to sites undergoing accreditation.**
5. **Further develop the resources available** to support sites to prepare for accreditation.
6. **Proactively recruit accreditation visitors and provide them with regular training.**
7. **Encourage accreditation teams to take up the support available** from the SA MET Unit.
8. **Strengthen efforts to engage the executive management** of facilities in the accreditation process.

Findings have been communicated to stakeholders through appropriate channels. Recommendations have been endorsed by the Accreditation Committee and are being implemented by SA MET Unit.