

# GUIDE TO ACCREDITATION OF PREVOCATIONAL MEDICAL EDUCATION AND TRAINING POSITIONS



## Purpose

The Guide to Accreditation of Prevocational Medical Education and Training Positions supports the Accreditation Policy ensuring there is an open and transparent accreditation system supported by efficient and effective processes.

## Introduction

Accreditation is the evaluation process used to assess the quality of prevocational medical education and training against established standards. It comprises compliance and quality improvement elements that are complementary to service delivery and training. The process ensures facilities and units offer appropriate education and training for prevocational trainee medical officers (TMOs) and promote best practice.

The South Australian Medical Education and Training (SA MET) Health Advisory Council (the Advisory Council) has been established to improve the quality of education, training and welfare for TMOs within South Australia and to make recommendations regarding the accreditation of TMO positions in the State's health services. The Advisory Council has delegated authority from the South Australian Board of the Medical Board of Australia (SA MBA) to accredit intern posts in South Australia and reports annually on other TMO posts to the Minister for Health.

The Advisory Council Accreditation Committee (the Accreditation Committee) is responsible for an efficient and effective accreditation process taking into account jurisdictional requirements, national program developments, and the needs of TMOs in postgraduate training. The Accreditation Committee assesses all accreditation applications and resulting reports before providing informed recommendations to the Advisory Council for a final decision.

The Advisory Council and Accreditation Committee receive operational support from the SA MET Unit (the Unit). The Unit is committed to supporting facilities and units in preparing for accreditation and in meeting provisos and recommendations following visits. Accreditation is a collaborative process allowing the Unit to offer support to facilities directly and through advocacy.

## Principles of Accreditation

The accreditation process is underpinned by the following Principles of Prevocational Accreditation outlined in the Prevocational Medical Accreditation Framework.

- > Safe and high quality patient care is the primary consideration for all accreditation standards, policies and processes.
- > Accreditation standards, policies and processes will apply to all prevocational training positions.
- > Accredited intern training programs should enable interns to progress to general registration in accordance with legislation.
- > Accreditation will be based on a predetermined quality cycle that supports ongoing improvement in outcomes. This cycle should include self-assessment and regular evaluation of the accreditation system in consultation with key stakeholder groups.
- > Accreditation bodies will have the authority and independence to set standards, determine policies, implement processes and make appropriate determinations.
- > Accreditation bodies will have valid and reliable processes based on explicit standards

- > Accreditation standards will be clearly enunciated, defensible, practical and transparent to all stakeholders. They should incorporate process and outcome indicators based on objective criteria.
- > Accreditation processes will be administered efficiently and equitably.
- > Accreditation policies will aim to foster quality education, training and support for all prevocational doctors by promoting standards of excellence beyond the minimum level of compliance.
- > Accreditation standards, policies and processes will be consistent with local, national and international best practice.
- > Accreditation standards, policies and processes will operate within relevant legal systems and will include an appropriate appeal mechanism based on the principles of natural justice.
- > Accreditation standards, policies and processes will be designed to minimise the accreditation burden for both the LHN being accredited and the accreditation personnel. Where possible there should be coordination with other accreditation bodies.
- > Accreditation of prevocational training should be supported by adequate resources and infrastructure.

## Standards

The Accreditation Standards provide the point of reference against which the quality of prevocational medical education is assessed. The SA MET Accreditation Standards have six domains:

- > Governance and Program Management
- > Monitoring, Evaluation and Continuous Improvement
- > Education, Training and Clinical Experience
- > Supervision
- > Assessment
- > Trainee Medical Officer Welfare

By meeting the SA MET Accreditation Standards health services demonstrate they provide safe and effective education and training programs for TMOs. The accreditation process will use evidence to test the extent to which health services meet these standards through document analysis, TMO surveys and visits to local health networks (LHNs).

## Responsibilities

Formal structures and practices have been established to manage an efficient and effective accreditation process. Responsibility for governance of the accreditation process rests with the Advisory Council supported by the Accreditation Committee and the Unit.

### **The SA MET Unit will:**

- > Develop and publish approved policies, guidelines and other resources.
- > Monitor the accreditation status of units, facilities and LHNs.
- > Liaise with and provide support and advice to facilities.
- > Coordinate and support visit teams.
- > Maintain and publish a record of current accredited positions.
- > Provide support to facilities post accreditation.
- > Ensure the Accreditation Committee and Advisory Council has the most appropriate information to make informed decisions.

### **The LHN will:**

- > Provide completed submissions with appropriate evidence to SA MET Unit.
- > Develop a program for the visit and manage it on the day.
- > Check the draft report for factual accuracy.
- > Respond to accreditation provisos and recommendations.
- > Ensure rotations to secondary sites are accredited.

**The Accreditation Committee will:**

- > Provide advice and make recommendations to the Advisory Council on the accreditation of TMO positions in South Australia.
- > Approve accreditation policies, guidelines and processes
- > Assess applications for accreditation against the Standards by document review and undertake site visits as appropriate.
- > Ensure rotations allocated by hospitals for intern training are consistent with registration requirements.

**The Advisory Council will:**

- > Provide advice to the Department of Health on the suitability of TMO positions in South Australia.
- > Notify the SA MBA of accredited intern positions.
- > Notify the Minister for Health of all accredited prevocational TMO positions in the State.

## The Accreditation Process

**Timelines**

In South Australia the maximum accreditation cycle for facilities is currently four years. Within that cycle, facilities are able to apply to have new units accredited for TMO training.

The process of accreditation, from preparation through until notification of the outcome, takes several months. Facilities are urged to submit applications for accreditation of new intern posts as early as possible in the year if they would like to have the post available for interns in the next year. The accreditation timeline provides a snapshot of the important dates of the accreditation process.

While every endeavour will be made to undertake visits as early in the year as possible to ensure facilities are notified of accreditation status for the forthcoming year, this cannot be guaranteed. Facilities should not roster interns to new units until the SA MBA has communicated its approval of an accreditation decision for registration purposes.

A change of circumstance to an accredited unit, as defined by the Change of Circumstance Guideline, must be notified to the Accreditation Committee as soon as it is evident that the change will occur.

The New Unit and LHN accreditation process documents provide a detailed step by step guide to the accreditation process including the role of facilities, the Unit, the Accreditation Committee and the Advisory Council.

**Accreditation Outcomes**

There are five possible outcomes for accreditation: four year accreditation; two year accreditation; 12 month accreditation; six months accreditation; and removal/not granting of accreditation. An LHN can be granted four years accreditation with some units, where there were concerns, within that LHN granted accreditation for a shorter period.

- > **Four year accreditation.** This indicates substantial compliance with the majority of the Standards. The Advisory Council or Accreditation Committee may require subsequent verification or clarification of issues raised by the accreditation team.
- > **Two year accreditation.** This will be granted to hospitals that meet most of the Standards but have significant deficiencies warranting attention.
- > **12 month accreditation:** This may be granted to a new unit that has not previously employed prevocational TMOs.
- > **Six month accreditation.** This will be granted to hospitals that require immediate action to correct deficiencies identified in the visit.
- > **Withdrawal** of accreditation from certain terms or an LHN as a whole.

Provisional accreditation can be granted by the Accreditation Committee to a new unit or LHN without a visit taking place. This is to allow the accreditation team to assess the education

and training provided once it is in place. Provisional accreditation will usually be given for a period of up to six months and will follow consideration of a submission from the unit or LHN and analysis of this by the Accreditation Committee. A survey of TMOs and the term supervisor maybe conducted at the six month point to assess the quality of education and training on a provisionally accredited term.

### Resources

A range of guidelines have been developed to assist facilities and accreditation teams to prepare for accreditation. These are available on the SA MET website and listed at the end of this document.

### Glossary

- > **Local health network** describes a group of health facilities linked by function or geographic location.
- > **Trainee Medical Officer** in this document describes prevocational doctors who have not yet entered specialist training.

### Relevant Legislation

- > Health Care Act 2008
- > Health Practitioner Regulation National Law (SA) Act 2010

### Relevant Documents and Resources

- > SA MET Accreditation Standards
- > TMO Assessment Guideline
- > TMO Supervision Guideline
- > TMO Wellbeing Guideline
- > Training Agreement Guideline
- > Visit Schedule Guideline
- > Accreditation timeline
- > LHN Accreditation Process
- > New Unit Accreditation Process
- > Change of Circumstance Guideline
- > Visit Team Member Guideline
- > AMC *Intern training – Guidelines for terms*

### References

*Prevocational Medical Accreditation Framework*, Confederation of Postgraduate Medical Education Councils 2009

*Intern training – National standards for programs*, Australian Medical Council

### Document history

Date effective	Author	Approved by	Version	Change Reference
1 May 2013	Project Officer, Accreditation	SA MET Health Advisory Council Accreditation Committee	v0.9	Original document
4 February 2015	Project Officer, Accreditation	SA MET Health Advisory Council Accreditation Committee	V1.1	Updated to align with new Standards, AMC and MBA requirements.