



# Accreditation Team Member Guide

## Table of Contents

<b>SCOPE</b> .....	<b>3</b>
<b>OVERVIEW OF ACCREDITATION</b> .....	<b>3</b>
<b>THE ACCREDITATION PROCESS</b> .....	<b>3</b>
ACCREDITATION PREPARATION .....	3
ACCREDITATION SITE VISIT .....	3
ACCREDITATION APPROVAL.....	4
<b>SA MET ACCREDITATION STANDARDS</b> .....	<b>4</b>
<b>THE ACCREDITATION TEAM</b> .....	<b>4</b>
BECOMING AN ACCREDITATION TEAM MEMBER.....	4
COMPOSITION OF ACCREDITATION TEAM .....	5
<b>ACCREDITATION TEAM ROLES</b> .....	<b>6</b>
ROLE OF TEAM LEADER .....	6
ROLE OF TEAM MEMBERS .....	6
<b>ACCREDITATION TEAM RESPONSIBILITIES</b> .....	<b>6</b>
BEFORE AN ACCREDITATION VISIT.....	6
<i>Read and Evaluate</i> .....	6
<i>Plan</i> .....	7
DURING AN ACCREDITATION VISIT .....	7
<i>Remain Objective</i> .....	7
<i>Communicate</i> .....	8
<i>Debrief</i> .....	8
AFTER THE ACCREDITATION VISIT .....	8
<i>Finalise</i> .....	8
<i>Feedback</i> .....	8
<b>SA MET UNIT RESPONSIBILITIES</b> .....	<b>9</b>
<b>ETHICAL ISSUES AND CONFIDENTIALITY</b> .....	<b>9</b>
<b>ADMINISTRATIVE ISSUES</b> .....	<b>9</b>
CONFLICT OF INTEREST .....	9
ATTENDANCE ARRANGEMENTS .....	10
<i>Interstate</i> .....	10
<i>Local</i> .....	10
<i>Accommodation and Meals</i> .....	10
PAYMENT FOR TEAM MEMBERS .....	10
RELEASE FROM DUTIES .....	10
<b>RELATED DOCUMENTS</b> .....	<b>10</b>
<b>DEFINITIONS</b> .....	<b>11</b>
<b>APPENDIX A</b> .....	<b>13</b>
<b>APPENDIX B</b> .....	<b>14</b>
<b>APPENDIX C</b> .....	<b>18</b>
<b>APPENDIX E</b> .....	<b>19</b>
<b>APPENDIX F</b> .....	<b>20</b>
<b>APPENDIX G</b> .....	<b>21</b>

## Scope

This guide is for all members of accreditation teams visiting Local Health Networks (LHNs) on behalf of the SA MET Health Advisory Council (the Advisory Council). It provides a clear outline of the role and responsibilities of accreditation team members and the necessary information and tools to conduct a comprehensive review of trainee medical officer (TMO) education, training and welfare.

## Overview of Accreditation

The accreditation process appraises and monitors TMO training programs and posts against established standards, assisting in the attainment of a universally high standard of general clinical training. Accreditation helps to ensure that the best possible environment exists for the organisation, supervision and training of TMOs.

The Medical Board of Australia (MBA) considers approving training placements accredited by the Advisory Council for interns seeking full registration. The Advisory Council regularly submits accreditation reports on intern posts to the South Australian Board of the MBA for such consideration and reports on the accreditation of all other prevocational TMO posts to the Minister for Health.

## The Accreditation Process

Through the process of accreditation, an accreditation team, using clearly defined and established standards, formally evaluates LHNs that employ TMOs. See Figure 1: LHN Accreditation Process.

## Accreditation Preparation

Prior to a visit being conducted, each LHN is asked to complete and provide an accreditation submission and supporting documentation. The completed submission is to be returned to SA MET Unit 60 days prior to a LHN accreditation visit and at least one month prior to a new unit accreditation visit.

Once the request for this submission has been sent and a visit date agreed, an accreditation team will be coordinated.

The submission will be available to each member of the team for review but otherwise kept confidential.

For LHN accreditation, SA MET Unit will survey TMOs at each facility within the network to gain additional data to assist the team.

## Accreditation Site Visit

The accreditation team will visit the LHN under consideration and conduct a comprehensive review of the supervision, education, training and welfare received by TMOs against the accreditation standards.

Core terms are a mandatory requirement for all interns, who must complete 10 weeks in both an accredited medicine and surgical term and 8 weeks in an accredited emergency medical care term to achieve Medical Board of Australia general registration. In determining whether a term is appropriate to receive core accreditation status visit teams should be guided by the *AMC intern training – Guidelines for terms*. These guidelines detail the relevant competencies and clinical exposure a core medicine, surgery or emergency medical care term must provide an intern.

The team should also consider if the term was to be an intern's only medical, surgical or emergency medical care term whether it will provide the intern with a broad enough clinical experience and relevant competencies to meet the requirements for general registration.

Following the site visit the team will report in a timely and accurate manner, enough information for the Accreditation Committee to make an informed decision.

## Accreditation Approval

The accreditation team will make a recommendation to the Accreditation Committee regarding the accreditation status. The Accreditation Committee will then endorse the recommendation or make its own recommendation, based on the team's report. The Accreditation Committee's recommendation will be reviewed and endorsed or amended by the Advisory Council. SA MET Unit will then forward the report and recommendation to the South Australian Board of the MBA for registration purposes.

Accreditation status is only granted by the Advisory Council (through recommendation from the Accreditation Committee), as delegated by the South Australian Board of the MBA. The LHN is advised formally of an accreditation decision by the Chair of the Advisory Council or the Chair of the Accreditation Committee.

The Advisory Council can make the following accreditation decisions:

- > **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 LHNs 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 LHNs that require immediate action to correct deficiencies identified in the visit.
- > **Withdrawal** of accreditation from certain units, a facility or an LHN as a whole.

## SA MET Accreditation Standards

LHNs and units are assessed against the published SA MET Accreditation Standards. These Standards were developed through an extensive consultation process with stakeholders, and endorsed by the Minister for Health in South Australia in July 2014 and by the Australian Medical Council in August 2014.

The Accreditation Standards align with the AMC's *Intern training – National standards for programs* and outline the requirements for LHNs to meet in the delivery of prevocational medical education and training.

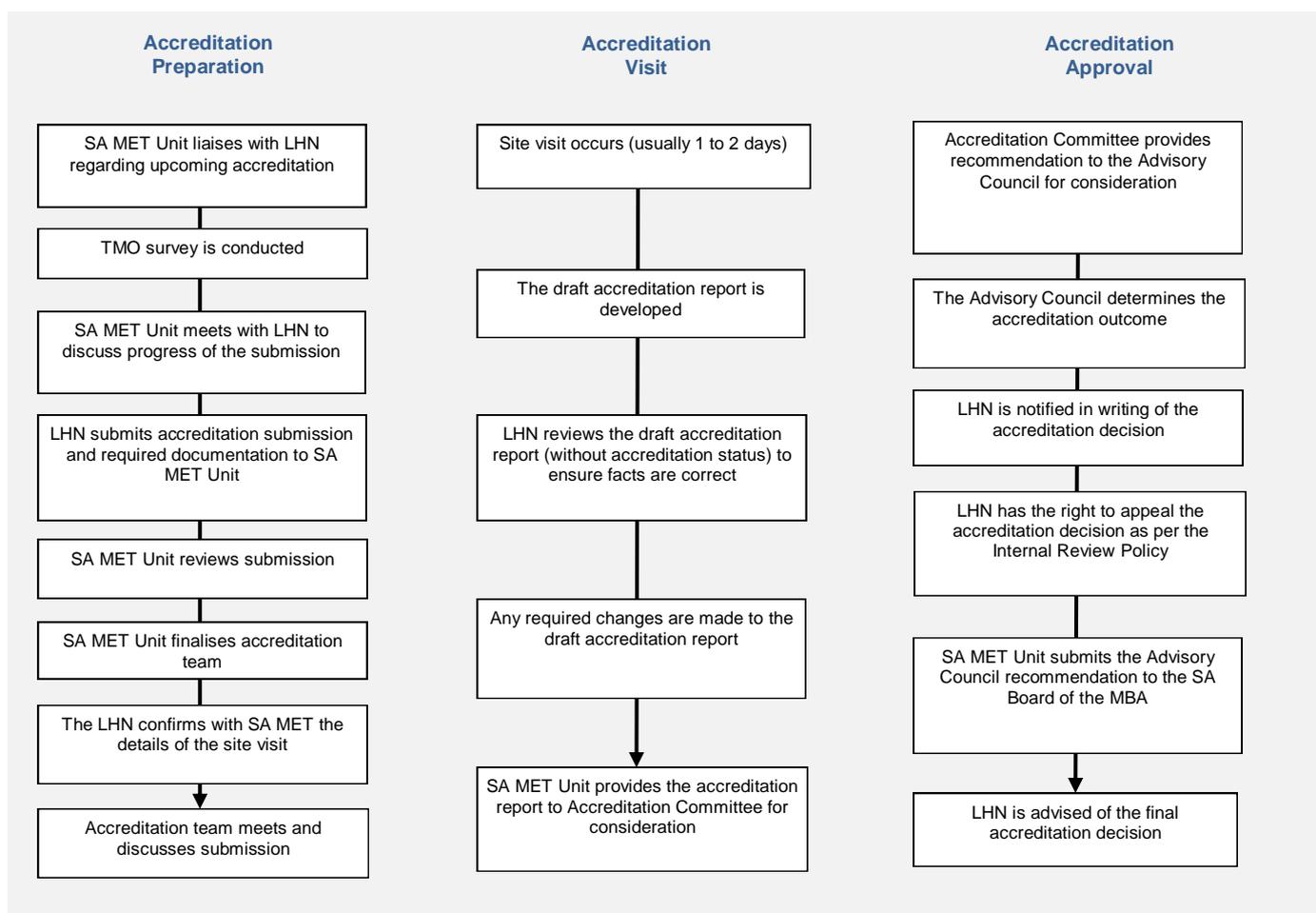
## The Accreditation Team

### Becoming an Accreditation Team Member

Team members may be recruited in one of the following ways:

- > Nomination by professional body or organisation
- > Registering an expression of interest with SA MET
- > Invitation from SA MET

**Figure 1: LHN Accreditation Process**



## Composition of Accreditation Team

An accreditation team will usually include the following members:

- > Director of Clinical Training (DCT)/clinician
- > TMOs
- > Medical Education Officer (MEO)
- > Medical Administrator

The composition and number of members on a team will depend on the size and role of the LHN and the program that it provides. Special expertise may be sought if particular issues have been identified prior to the accreditation visit.

Teams undertaking visits to large facilities will include, where possible, a team member from interstate or an external organisation such as a Postgraduate Medical Council or the Australian Medical Council.

Either one or two of the team members will be appointed as team leader/s by the Accreditation Committee on the basis that they have participated in visits and have extensive subject knowledge.

## Accreditation Team Roles

### Role of Team Leader

The team leader will:

- > Liaise with team members to plan the visit.
- > Chair some sessions on the visit day.
- > Introduce the team and outline the purpose of the visit to LHN staff.
- > Ensure TMO team members are empowered to participate fully in accreditation visits and are able to challenge the views expressed by senior team members.
- > Seek consensus from team members on major issues affecting accreditation ensuring that all team members have had their opinions considered.
- > Coordinate the writing of the report.
- > Brief the Accreditation Committee, either by phone or in person, on significant outcomes from the accreditation visit.

### Role of Team Members

Team members will:

- > Respect other team members and the different opinions they may have.
- > Report in a relevant, timely and accurate manner, enough information for the Accreditation Committee to make a well informed decision on the accreditation status of an LHN or unit.
- > Act in a courteous, professional and non-judgemental manner, maintaining a professional standard of behaviour, as a representative of the Advisory Council.

## Accreditation Team Responsibilities

### Before an Accreditation Visit

#### *Read and Evaluate*

Before undertaking a visit, team members should familiarise themselves with the SA MET Accreditation Standards and the process. This can be achieved by completing the SA MET online training module and attending a practical training session.

Team members must read the SA MET Conflict of Interest Policy and declare any actual or potential conflicts of interest prior to the visit and sign a SA MET Confidentiality Agreement and Conflict of Interest Declaration.

The team should carefully read the accreditation submission from the LHN and supporting documentation in the weeks before the visit and identify areas which may require further clarification.

Provisos from previous accreditation visits to the LHN will be addressed in the submission and actions taken should be noted. The team should be clear on what progress has been made since the last visit as this may require review.

The team should then evaluate the written information available, in line with the SA MET Accreditation Standards.

Each team member should carry out these activities.

### *Plan*

The team will meet before the visit to identify areas that need to be explored and may request further information in advance of the visit. The team will also develop a plan for the visit at this meeting, including division of responsibilities during the visit.

The SA MET Unit will work with the LHN and the team to determine a visit timetable. Sufficient time should be allocated to discussions with TMOs, term supervisors, the Director of Medical Services (DMS), DCT, MEO and other relevant hospital staff as well as additional tasks the team may have identified prior to the visit. The team leader should then review this with input from other team members.

When a team of four or more visitors undertakes a LHN visit, it is more efficient for the team to split to conduct interviews. At the pre-visit meeting the team will decide the composition of each sub team.

Each team member should have the opportunity to chair meetings during the site visit. Ideally in a team of three or more, each interview should have a Chair, a secondary questioner and a timekeeper. These roles should be rotated and shared among the team throughout the visit day.

### *During an Accreditation Visit*

It is important for the team leader to ensure introductions are made at each interview and the purpose of the visit explained. It should be stressed that the information provided is treated as confidential and anything used in reports will be de-identified.

Team members should use open-ended questions that relate to the accreditation standards and gather further information on areas of concern. Sample questions, aligned to the Accreditation Standards are attached as Appendix B.

### *Remain Objective*

The team is at all times representing the Advisory Council; all comments and observations should be in line with the SA MET Accreditation Standards and guidelines, and not individual expectations.

Recommendations and decisions regarding accreditation compliance must be based on sound evidence. Every effort should be made to triangulate evidence by gaining information from three separate sources. The three sources of information used to triangulate evidence could be, for example, the submission, TMOs, and the term supervisor, or alternatively two separate groups of TMOs and the term supervisor.

It is often beneficial to discuss any concerns that are raised during the visit with either the DCT or DMS, so that they may have the opportunity to respond before the visit is completed.

**Team members should seek only to ascertain whether the Standards are being met and should refrain from making comparisons with their own hospital or related to their own experiences.**

### *Communicate*

Team members communicate with:

- > Each other regarding their perception of the LHN's submission and supporting documentation.
- > The SA MET Unit regarding its requirements for the visit itself.

**Team members should not have direct communication with LHN staff without SA MET presence before, during or after an accreditation visit.** This protects team members, SA MET and the accreditation process from challenge.

Contact can be made at any time with SA MET before, during or after the visit to clarify issues or request information.

### *Debrief*

The focus on debriefing should be to provide feedback to the LHN on the team's overall observations and general findings, for example the positive aspects of the LHN's education and training program. However, it is also an important opportunity to give the LHN an indication of any problems identified. There should be no surprises for the LHN in the final visit report.

The purpose of the debrief session is to provide feedback on the visit, rather than enter into further discussions. If clarification on issues is required, this should be clearly articulated to be separate from the debrief. The debrief can then follow any clarification discussion.

**The likely accreditation status will not be advised at debriefing.**

## After the Accreditation Visit

### *Finalise*

Following the site visit, the team will meet again, either in person or by phone, to review a draft report and agree on provisos and recommendations. The team should complete the visit report within one month of the visit.

The accreditation report is completed on a standard template; the team leader directs the report-writing process. The SA MET Unit will compile input from multiple team members, who should provide notes from the site visit meetings to the SA MET Unit. In the event that consensus is not reached among the team on a point or proviso in the report, the lack of agreement should be noted in the report, and the team leader will make the final decision.

The team leader will be invited to attend the Accreditation Committee to brief members on any significant outcomes or recommendations from the visit. If the team leader is unable to attend the meeting, another team member may be nominated in their place.

The accreditation report should make a recommendation regarding the accreditation status and duration of accreditation, and should contain enough commentary to substantiate any constructive recommendations regarding how the LHN's performance could be improved. The report will be sent to the LHN for comment and checking for factual accuracy prior to review by the Accreditation Committee.

### *Feedback*

In order to provide team members with constructive feedback on their performance and a record of their contribution, SA MET Unit requests team members to complete a feedback form on the performance of each team member. SA MET will collate returned forms into a de-identified summary and email to each team member. The feedback collected will be filed confidentially.

## SA MET Unit Responsibilities

The responsibilities of the SA MET Unit in the accreditation process are to:

- > Establish an appropriately trained accreditation team.
- > Liaise with the LHN and the accreditation team to find a mutually acceptable date for the visit to occur and to develop the program for the visit.
- > Convene pre and post-visit team meetings.
- > Ensure consistency in the application of the Accreditation Standards across all facilities.
- > Support the accreditation team before, during and after the visit through:
  - Providing documentation to the team including the submission, supporting evidence, guidance notes, TMO survey data, and outcomes of past accreditations.
  - Note taking at the site visit, allowing team members to focus on the discussion.
  - Collating team member notes into a report.
  - Providing advice on the suitability of provisos, recommendations and commendations and the evidence required to support these.
  - Redrafting reports and coordinating the iterations of reports to ensure version control.

## Ethical Issues and Confidentiality

Information gathered in relation to an accreditation visit must be treated by the accreditation team and external observers in confidence. Matters concerning accreditation should only be discussed with the LHN personnel concerned, Accreditation Committee members and the Chief Executive Officer of the Local Health Network (LHN). Team members should also treat with confidence all information provided by other team members during the review.

Visit team members and members of the Accreditation Committee are required to complete and sign a Confidentiality Agreement and Conflict of Interest Declaration (refer to Appendix E) prior to undertaking any accreditation functions on behalf of SA MET.

At the completion of the review, all documentation and any notes should be sent to SA MET for confidential filing or destruction.

## Administrative Issues

### Conflict of Interest

If an accreditation team member feels that their role on a particular visit could raise a potential conflict of interest, they must notify SA MET who will determine whether it is appropriate for them to be involved in the visit.

Examples of a perceived or actual conflict of interest include where a team member:

- > Is currently or was recently employed at a LHN being visited.
- > Has professional or financial involvement in the LHN being visited.
- > Has a current application for employment at the LHN being visited.
- > Has a significant relationship with a person, for example a spouse, either directly involved in medical education of TMOs, or an interest in the accreditation, for example a DCT, MEO or DMS at the LHN being visited.
- > Has professional, personal or financial interests which may conflict, or be perceived to conflict, with the functions of the Accreditation Committee

A TMO member of a team visiting a unit may be employed by the same LHN, but not the same facility.

## Attendance Arrangements

### *Interstate*

Should a team member need to travel from interstate, the SA MET Unit will make the necessary arrangements.

### *Local*

It is expected that team members will make their own arrangements. SA MET will, if requested, reimburse for the costs of taxis, public transport and parking. Receipts for the above expenses should be forwarded to the SA MET Unit. In the event team members are required to visit a site in regional South Australia, SA MET will arrange transport.

### *Accommodation and Meals*

SA MET will make accommodation bookings for team members travelling interstate, or to regional South Australia.

Reimbursement for meals will be in line with the current determination by the Office of Public Employment and Review. SA MET staff will advise team members of the current rates.

## Payment for Team Members

It is expected that those team members in full time hospital employment, who are given absence on duty leave for accreditation activities, will not make a claim for payment from SA MET. However, team members who forfeit time in their private practice to participate in an accreditation visit may invoice SA MET for an honorarium of \$750.00 per day excluding GST.

## Release from Duties

SA MET will, on behalf of all team members who are SA Health employees, and especially TMOs, negotiate with hospitals their release from usual duties in paid time in order to participate in SA MET accreditation activities, consistent with the SA Health Absence on Duty Guideline.

## Related Documents

The SA MET website, [www.samet.org.au](http://www.samet.org.au), is a useful resource for accreditation team members providing access to all accreditation policies and guidelines, including those listed below.

- > SA MET Accreditation Standards
- > Accreditation Policy
- > Guide to Accreditation
- > Observer Guide
- > Process for Managing Patient/TMO Safety Concerns During Accreditation Visits
- > SA Health Absence on Duty for Medical Officers to attend Professional Commitments Guideline

## Definitions

**Accreditation report** – a formal written document prepared by the accreditation team following an accreditation visit. It contains written assessment of a unit or LHN's compliance with the Standards and provides recommendations for quality improvements.

**Director of Clinical Training** – a medical practitioner appointed by a LHN to be responsible for the coordination of the education and training program.

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

**Local Health Network (LHN)** – There are five LHNs in South Australia that manage the delivery of public health services and other community based health services. The LHNs may comprise a single hospital or a group of public hospitals with a geographic or functional connection.

**Medical Education Officer** – a staff member employed to assist the DCT in developing educational processes and procedures supportive of the education and training program.

**SA MET Health Advisory Council Accreditation Committee** – a Committee of the Advisory Council responsible for an efficient and effective accreditation process, taking into account jurisdictional requirements, national program developments, and the needs of TMOs.

**Term** – a defined period of employment on a unit/department.

**Team leader** – a member of the accreditation team with subject knowledge and previous visit experience, ultimately responsible for the writing, collation and review of the accreditation report to be presented to the Accreditation Committee.

**Team member** – an individual who acts on behalf of the Advisory Council to visit a LHN and assess its compliance with the Accreditation Standards.

**Term supervisor** – a medical practitioner with designated responsibility for the coordination and supervision of clinical training of TMOs attached to their unit.

## For more information:

### SA MET

Level 6, Citi Centre Building

11 Hindmarsh Square

Adelaide SA 5000

Telephone: 8226 67231

[SAIMETAccreditation@health.sa.gov.au](mailto:SAIMETAccreditation@health.sa.gov.au).

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<b>Approved by:</b>	Senior Project Officer – Education and Accreditation, SA MET Unit
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# SA MET Accreditation Rating Scale

*The LHN is asked to assess its own performance against meeting the criteria within the Accreditation Standards using a rating scale. The same rating scale will be used by the survey team. The LHN is also asked to demonstrate how the criteria have been achieved.*

Each of the rating points is identified below. A rating of 'not met' or 'partially met' should be accompanied with provisos and recommendations for improvement from the LHN.

**Met:** There is good evidence to show compliance with the Accreditation Standards. There is evidence that systems and processes to support trainee medical officer (TMO) education and training are integrated and observed uniformly across the health services.

**Partially Met:** There is evidence of systems and processes in place to support TMO education and training but they are either not yet fully integrated or not observed uniformly across the health service.

**Not Met:** There is little evidence of systems and processes in place to support TMO education and training.

## APPENDIX B

# Accreditation Interview Sample Questions

These sample questions, based on the SA MET Accreditation Standards, are for visit team members to use as a guide on what may be asked during an accreditation visit.

## CHIEF EXECUTIVE OFFICER/DIRECTOR OF MEDICAL SERVICES/DIRECTOR OF NURSING

### Opening Questions

- What are the good things in medical education and training at this facility?
- What are the challenges?

### Standard 1.1 Executive Accountability

- How does TMO education and training fit into the facility's or Local Health Network's strategic plan?
- How does the Executive structure support the education and training needs of TMOs?
- How does the facility resource prevocational medical education and training?
- What is your understanding of funding for prevocational medical education and training?
- Who is responsible for ensuring that TMOs have an education and training program that is clearly communicated?

## ETP COMMITTEE CHAIR AND MEMBERS

### Opening Questions

- What are the good things in medical education and training at this facility?
- What are the challenges?

### Standard 1.3 Education and Training Program Committee

- What do you do
- What is the attendance rate at meetings?
- Do you have any vacancies on the Committee? When vacancies occur how are they filled?
- What education and training evaluation does the Committee see?
- How do you know the ETP Committee is effective?

## DIRECTOR OF CLINICAL TRAINING

### Opening questions

- What are the good things in medical education and training at this facility?
- What are the challenges?

### Standard 1.1 Executive Accountability

- What do you see as your role and responsibilities as DCT? Who do you report to and how frequently?
- What input do you have into TMO term allocations?

### Standard 1.2 Resources

- What plans do you have to improve the program? What support and resources are available for this to occur?
- Describe the DCT office space. Where do you conduct private conversations?
- Describe the process for performance appraisals of MEU staff?
- Are you included in discussions about the education and training budget for TMOs?
- If you had more time and resources how would you improve the education and training program at this facility?

<b>Standard 1.3 Education and Training Program Committee</b>
<ul style="list-style-type: none"> <li>• How do you know the ETP Committee is effective? Does it provide direction for program development?</li> </ul>
<b>Standard 2.1 Monitoring, Evaluation and Continuous Improvement</b>
<ul style="list-style-type: none"> <li>• How is TMO education and training monitored and evaluated?</li> <li>• How is evaluation used to improve the education and training program?</li> </ul>
<b>Standard 3.1 Education and Training</b>
<ul style="list-style-type: none"> <li>• How does the intern training program meet the Medical Board requirements for general registration?</li> <li>• Do you have difficulty providing mandatory terms to interns?</li> </ul>
<b>Standard 3.2 Clinical Experience</b>
<ul style="list-style-type: none"> <li>• How do you keep in touch with term supervisors to review TMO term descriptions?</li> <li>• What is the term description review process?</li> <li>• What is your role in TMO orientation?</li> </ul>
<b>Standard 4.1 Supervision</b>
<ul style="list-style-type: none"> <li>• How do you ensure that term supervisors are aware of the responsibilities associated with the role?</li> <li>• What professional development opportunities are there for term supervisors?</li> </ul>
<b>Standard 5.1 Assessment</b>
<ul style="list-style-type: none"> <li>• How are you made aware of underperforming TMOs?</li> <li>• What is the process for remediation of TMOs who do not receive satisfactory assessments?</li> </ul>
<b>Standard 6.1 TMO Welfare</b>
<ul style="list-style-type: none"> <li>• How does the facility manage TMO welfare, safety, workload and performance?</li> <li>• What is the process for handover of TMO performance across terms?</li> <li>• What is the process for resolving disputes between TMOs and supervisors or TMOs and the facility?</li> </ul>

## MEDICAL EDUCATION OFFICER

<b>Opening Questions</b>
<ul style="list-style-type: none"> <li>• What are the good things in medical education and training at this facility?</li> <li>• What are the challenges?</li> </ul>
<b>Standard 1.1 Executive Accountability</b>
<ul style="list-style-type: none"> <li>• Where do you fit in the hospital's administrative structure?</li> <li>• Who do you go to with issues?</li> <li>• How do you ensure that TMOs are aware of policies related to their scope of practice?</li> <li>• What is the process for allocating TMO positions?</li> <li>• How do you disseminate information about the education and training program and process for allocation positions to TMOs?</li> </ul>
<b>Standard 1.2 Resources</b>
<ul style="list-style-type: none"> <li>• What are your responsibilities to the TMOs?</li> <li>• Describe your office space. Do you have any concerns about your office space?</li> <li>• What administration support do you have?</li> <li>• When did your last performance appraisal occur?</li> <li>• How is the performance of the MEU monitored?</li> </ul>
<b>Standard 1.3 Education and Training Program Committee</b>
<ul style="list-style-type: none"> <li>• How do you contribute to the ETP Committee agenda?</li> <li>• What is the process for having a change of circumstance accredited?</li> </ul>
<b>Standard 2.1 Monitoring, Evaluation and Continuous Improvement</b>
<ul style="list-style-type: none"> <li>• What is the process for providing TMO feedback to term supervisors?</li> <li>• How do you ensure that individual TMOs cannot be identified?</li> <li>• What improvements have been made to programs as a result of TMO feedback?</li> </ul>

<b>Standard 3.1 Education and Training</b>
<ul style="list-style-type: none"> <li>• What access do TMOs rotating to other sites have to education and training programs?</li> <li>• How is the facility education and training program mapped to the Australian Curriculum Framework?</li> <li>• What career guidance is provided to TMOs?</li> </ul>
<b>Standard 3.2 Clinical Experience</b>
<ul style="list-style-type: none"> <li>• How are TMOs provided with information on the clinical experience available on each term?</li> <li>• How do you manage and monitor mandatory TMO training?</li> <li>• What is your role in TMO orientation?</li> <li>• What is the term description review process? How often are term descriptions reviewed?</li> </ul>
<b>Standard 4.1 Supervision</b>
<ul style="list-style-type: none"> <li>• How do you support term supervisors in their role?</li> </ul>
<b>Standard 5.1 Assessment</b>
<ul style="list-style-type: none"> <li>• How do you ensure that TMO assessments are confidential?</li> <li>• How are TMO assessments documented?</li> </ul>
<b>Standard 6.1 TMO Welfare</b>
<ul style="list-style-type: none"> <li>• How do you ensure that TMOs meet the time requirements for general registration?</li> <li>• What records are kept of discussions related to TMO performance? How is confidentiality maintained?</li> <li>• What information is given to TMOs on flexible training opportunities in the facility?</li> </ul>

## TRAINEE MEDICAL OFFICERS

<b>Opening Questions</b>
<ul style="list-style-type: none"> <li>• What are the good things in medical education and training at this facility?</li> <li>• What are the challenges?</li> </ul>
<b>Standard 1.1 Executive Accountability</b>
<ul style="list-style-type: none"> <li>• How often do you receive information about education and training opportunities at your facility? What methods are used to communicate information about education and training opportunities?</li> <li>• What is the process for allocating TMO positions at this facility?</li> </ul>
<b>Standard 1.2 Resources</b>
<ul style="list-style-type: none"> <li>• What resources are there at this facility to support TMO education and training? Are there any resources that you need but don't have access to?</li> <li>• Where do you go if you need to be away from clinical work areas?</li> </ul>
<b>Standard 1.3 Education and Training Program Committee</b>
<ul style="list-style-type: none"> <li>• Who are your TMO representatives on the ETP Committee?</li> <li>• How are outcomes from the ETP Committee communicated to TMOs?</li> </ul>
<b>Standard 2.1 Monitoring, Evaluation and Continuous Improvement</b>
<ul style="list-style-type: none"> <li>• How do you give feedback on the education and training program?</li> </ul>
<b>Standard 3.1 Education and Training</b>
<ul style="list-style-type: none"> <li>• When are TMO tutorials held at your facility?</li> <li>• How often do you attend the formal facility-wide teaching sessions?</li> <li>• What difficulties have you experienced in accessing the TMO education and training program?</li> <li>• What other educational opportunities are available to TMOs?</li> <li>• What career guidance is available to TMOs?</li> </ul>
<b>Standard 3.2 Clinical Experience</b>
<ul style="list-style-type: none"> <li>• Does the term description and ACF checklist for your current term reflect the clinical experience available?</li> <li>• Can you tell us about the facility orientation you received?</li> </ul>

- Who provided you with a unit orientation?
- How is term to term handover conducted? How is shift to shift handover conducted?
- Is there anything that needs updating on the term description for your current unit?
- What information were you given about the terms available at this facility and any secondary sites?

#### **Standard 4.1 Supervision**

- Who is your term supervisor?
- Did you discuss learning objectives with the term supervisor at the start of the term?
- What do you do if you have a clinical problem?
- How accessible is your registrar/consultant?
- How much contact do you have with your consultant?
- How much feedback does your term supervisor give you?

#### **Standard 5.1 Assessment**

- How did you receive information about the assessment process?
- What is your responsibility in ensuring assessments occur?
- Have you received copies of your assessments?

#### **Standard 6.1 TMO Welfare**

- Who do you speak to if you have issues related to your workload or training?
- What information have you been given regarding welfare support?

## **TERM SUPERVISORS**

#### **Opening Questions**

- What are the good things in medical education and training at this facility?
- What are the challenges?

#### **Standard 2.1 Monitoring, Evaluation and Continuous Improvement**

- How do you receive feedback on the TMO training provided on your unit?
- What improvements have been made to TMO training as a result of feedback?

#### **Standard 3.1 Education and Training**

- What education sessions does your unit provide specific to TMOs?
- How often are TMOs released from duty to attend education sessions?

#### **Standard 3.2 Clinical Experience**

- When do you review the TMO term descriptions for your unit?
- Who provides the TMOs with a unit orientation?
- How do TMOs conduct shift to shift handover on your unit?

#### **Standard 4.1 Supervision**

- What do you see as your main responsibilities as a term supervisor?
- What professional development opportunities have been offered to you?
- What process is in place for the handover of supervision and of cover arrangements when the supervisor is unavailable or unable to be accessed?

#### **Standard 5.1 Assessment**

- What is your role in relation to TMO assessment?
- Who contributes to the TMO assessment?

#### **Standard 6.1 TMO Welfare**

- Who looks after TMO welfare?
- Who would you speak to if you were aware of a TMO in difficulty?
- What is the process for resolving training related disputes between TMOs and supervisors?
- What role do registrars play in providing support to TMOs?
- Do you think TMOs have a heavy workload?

## APPENDIX C

# 10 Tips to be an Effective Accreditation Visit Team Member

### As an accreditation visit team member.....

1. You must always make accreditation a constructive process aiming to ensure all hospitals attain high standards of TMO supervision, training, working conditions and morale.  
  
You must recognise that different hospitals will have different ways of achieving these standards – it is the outcome that matters, not the mechanism.
2. You must seek consensus amongst your fellow team members as to how well the standards are being achieved.
3. You must be meticulous and thorough in the examination of facts and listen to opinions from a wide range of sources before reaching conclusions.
4. You must keep to yourself any preconceived impressions and prejudices concerning the LHN being visited.  
  
Keep an open mind.
5. You must keep your thoughts and opinions on how well your own LHN meets the Accreditation Standards to yourself.  
  
Your own facility's time for accreditation will come!
6. You must remember to keep any information you acquire during the visit process strictly confidential.  
  
Never discuss any details with other work colleagues afterwards.
7. You must return all handwritten notes to SA MET and destroy other visit materials once the report has been written.  
  
Any handwritten notes and comments returned to SA MET will be held in safe storage for at least 6 months after the visit.
8. You must make enough commentary to substantiate any recommendations regarding the accreditation status. You must not pre-empt the accreditation decision by telling the LHN what you believe the final decision by SA MET might be.
9. You will be representing SA MET. Ensure all your comments and observations align with SA MET guidelines to maintain the positive reputation of SA MET and the accreditation process.
10. You must encourage feedback from the LHN regarding the visit process.

## APPENDIX E

# Sample Agenda Accreditation Pre-visit Meeting

*This sample agenda is provided to guide accreditation team pre-visit meetings*

## Pre-visit Meeting

Time, Date

Venue

## AGENDA

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1. Introductions and apologies
2. Overview of Standards
3. Understanding of abbreviations, acronyms, definitions.
4. Review of submission
  - Areas of concern
    - Is the evidence provided adequate?
    - Have all standards been addressed?
  - Further information required
    - Does any part of the submission require clarification?
    - Is additional evidence required?
  - Action against provisos from previous visit
    - Has the facility responded to provisos and recommendations from the last visit?
  - New posts and change of circumstance.
    - Has enough information been provided for the team to accredit new positions and changes of circumstance?
5. Review of program
  - Are key people included on the program for interview?
  - Has enough time been allowed for interviews?
  - Are there teleconference facilities?
6. TMO survey
  - Does the survey highlight specific areas of concern that require further investigation?
7. Composition of sub teams
  - Will the team divide into two sub teams?
8. Delegation of responsibilities
  - Will members be given responsibility for particular standards and units?
  - What roles will members have on the day?
9. Report writing and post visit meeting

# Sample Accreditation Debrief Meeting Agenda

*This sample agenda is provided to guide accreditation team debrief meetings*

## Debrief Meeting Agenda

1. Thank you to MEU staff for work in preparing for accreditation
2. Raise issues that require immediate attention and action by facility
3. Outline the process:
  - team writes report
  - facility provided draft for factual accuracy checking
  - report sent to Accreditation Committee for consideration and recommendation
  - report sent to HAC for final approval
4. Provide a time line for each above mentioned process
5. Provide some information on issues that were identified that do not fit within SA MET remit (ie industrial issues)

### AREAS THAT SHOULD NOT BE DISCUSSED AT THIS MEETING:

- accreditation status
- minor issues identified during the visit
- personal perception of issues
- discussion of other comparable accreditations or units.

# Confidentiality Agreement and Conflict of Interest Declaration



I, ..... give this agreement to the South Australian Medical Education and Training (SA MET) Health Advisory Council (the Advisory Council).

I acknowledge that all information to which I gain access as a result of my work as an accreditation team member for the Advisory Council and/or as a member of the Advisory Council Accreditation Committee, including information provided by the health service, documents relating to accreditation visits and any report I author or co-author in this capacity is confidential and will be used for the sole purpose of fulfilling my role as an accreditation team member and/or member of the Advisory Council Accreditation Committee.

I acknowledge that any perceived or actual conflict I may have between my membership of the Accreditation Committee or an accreditation team and my professional or personal interests must be fully disclosed in this form in accordance with the SA MET Accreditation Conflict of Interest Policy. I acknowledge and agree to comply with any approach for removing or managing a perceived or actual conflict of interest.

**The terms of the agreement are:**

1. I will not disclose, either directly or indirectly, the contents of any accreditation team reports, associated material or data without prior written authorisation from the Advisory Council Accreditation Committee Chair;
2. I will take all reasonable steps to ensure that any person, other than those persons permitted by SA MET, does not have an opportunity to inspect or otherwise have access to confidential accreditation information.
3. I have read and understood the SA MET Accreditation Conflict of Interest Policy and have made a full and frank disclosure of interests that may put me in a conflict of interest situation.
4. I will take all reasonable steps to notify SA MET of any conflict that arises through professional or personal interests in the future.

I have professional, personal or personal interests which may conflict, or be perceived to conflict with the SA MET accreditation function as outlined below:

Nature of the interest (professional, employment, personal, financial, other)	Name facility, private practice, or LHN

**NAME:** *(please print):*

**SIGNED:**

**DATE:** / /