

## Background

The SA MET Health Advisory Council (the Advisory Council) is committed to ensuring there is an open and transparent accreditation system supported by efficient and effective processes.

Through evaluation of the accreditation process, the SA MET Unit is able to investigate the views of those involved and use the feedback to improve the quality of the process, while being responsive to the needs of local health networks (LHNs). The evaluation collects feedback from LHN staff involved in prevocational accreditation and findings are communicated openly.

The results of the evaluation are considered by the Advisory Council and lead directly to changes in the accreditation processes and the types of support offered to LHNs and accreditation teams.

At the end of 2013 the SA MET Unit collected feedback on all accreditation visits (facilities and new units) from LHN staff involved and accreditation teams. This feedback provided the impetus for development of new SA MET Accreditation Standards and a review of the SA MET accreditation processes.

In 2014 the Advisory Council Accreditation Committee approved the evaluation method of collecting feedback data via one survey conducted at the end of the year.

## Method

A survey was produced that investigated:

- The work and time commitment for undertaking accreditation tasks
- The quality of accreditation visits
- Conduct and knowledge of visit teams
- Support provided by the SA MET Unit
- Improvements that could be made to the SA MET accreditation processes.

Respondents were invited to complete the survey online using rating scales and free text.

The survey was distributed to 24 LHN employees who had been involved in accreditation activities, either through receiving an accreditation visit or reporting on accreditation provisos. The accreditation survey was open for one month and a reminder email was sent once.

## Results

10 respondents completed the survey. Their responses are described below.

### *How straightforward are accreditation tasks?*

The 10 respondents gave ratings for how straightforward they found a range of accreditation tasks, using the following options: 'very easy', 'easy', 'moderate', 'difficult', or 'very difficult'.

Some tasks tended to be described as relatively straightforward, or easy, while others (shaded in blue below) appear to be associated with greater levels of difficulty.

**Table 1: Accreditation tasks rated for level of ease.**

SPECIFIC ACCREDITATION TASKS	RATINGS (GROUPED)	
	very easy / easy / moderate	difficult / very difficult
Developing term descriptions	10	-
Developing site visit programs	9	1
Using SA MET templates	9	1
Interpreting the Accreditation Standards	8	2
Collating submission documentation	6	4
Engaging key stakeholders	6	4
Responding to accreditation provisos	6	4

**Responding to accreditation provisos** was considered the most difficult task. Respondents expressed frustration at further requests for information by SA MET Accreditation Committee outside of the specified provisos.

*‘Overall, a very tedious, stressful and laboured experience. The balance is more towards it being bureaucratic and overly burdensome than facilitatory.’, ‘Proviso report dates can appear too frequent and can create huge workloads for MEUs’, ‘Accreditation burn out – too many provisos’.*

**Collating the submission document** was considered difficult, especially understanding the wording of the accreditation standards, the criteria being assessed and what documentary evidence should be included as relevant. One respondent said it was difficult to include an up-to-date ACF checklist in term description documents.

**Engaging key stakeholders** was a challenge for respondents, especially engaging medical staff on matters of education and training which they may consider non-clinical and non-essential.

### **Time commitment**

4 out of 10 respondents considered **gathering documents for the submission** to be the most time-consuming aspect of accreditation. Another 4 out of 10 respondents felt that **responding to accreditation provisos** took the most time. Engaging key stakeholders and interpreting the SA MET accreditation standards were viewed most time consuming by one respondent each.

Views were divided as to the acceptability of the time commitment associated with accreditation processes. Just over half (6 out of 10) saw it as acceptable, while 4 out of 10 found it excessive. Descriptive comments including “never ending”, and “an unwanted distraction” were offered by some of those who felt the time was excessive.

### **Support from SA MET Unit**

The extent to which respondents had used SA MET Unit support varied within the sample; 3 out of 10 used the support ‘minimally’, 5 out of 10 ‘moderately’, and 2 out of 10 ‘largely’.

Most (9 out of 10) agreed or strongly agreed that the support had been appropriate. All respondents agreed or strongly agreed that SA MET Unit staff had conducted themselves in a professional manner.

The **most valued services provided by SA MET unit** were:

*‘Input into the amount and type of supporting documents to prepare’, ‘Clarification around change of circumstances reporting requirements’, ‘Help organising a program’, ‘collation and advice’.*

The **experience of working with SA MET Unit** was considered positive;

*'Interacting with SA MET staff was always a positive experience', 'we know they are there if we need them/have questions', 'Gave the sense of a supported process and that we were 'in it together' rather than being a distance accreditation body.', 'They are very helpful'.*

### Accreditation visits

The survey asked about the quality of the accreditation visit and the visit team, finding that:

- 9 out of 10 respondents were of the opinion that the visiting team was **knowledgeable and appropriately experienced**; and
- 8 out of 10 agreed that team members had **conducted themselves professionally**.
- 7 out of 10 felt the visit was carried out in a **professional manner**.

One respondent chose to answer this area of the survey in the form of text rather than using the ratings, as their experiences with accreditation visits did not suit the "one size fits all" answers:

*'Not all accreditation teams are the same, although we would like them to be. It is person dependent to some degree... Almost all have been excellent, and therefore 'strongly agree' is appropriate, but the feedback from one visit was not so.'*

Likewise, the 'neutral' ratings given by one respondent for collegiality of visits and professional conduct of visitors were clarified in their comment:

*'Variable experience with team members - some were very collegiate and supportive, others were openly adversarial.'*

### Improvements to the Accreditation process

Respondents made the following suggestions to improve the accreditation process:

- Managing provisos:
  - easier to read proviso spreadsheets
  - timely reminders from SA MET Unit on proviso deadlines
  - consistency in proviso/reporting requirements between facilities
  - ensure proviso outcomes are realistic
- Accreditation to have a focus on differentiating what are critical issues from less critical.

## Conclusion

It is anticipated that the review and subsequent development of the new SA MET Accreditation Standards, associated templates and processes will reduce the confusion and duplication experienced by local health networks with the previous standards and templates.

The SA MET Health Advisory Council Accreditation Committee is working towards a risk-based approach to accreditation. As our current evidence base has expanded it is anticipated that the next cycle of accreditation will build on previous visits and not be a complete re-examination of each facility or local health network.

A schedule of accreditation visit team member training sessions, including team leader and refresher sessions for current team members, will be publicised early in 2015. The training will include an overview of accreditation team member responsibilities and appropriate questioning techniques. Regular training sessions ensure that SA MET visit team members have the knowledge and skills to fulfil their role effectively, reducing the risk of an appeal against an accreditation decision.

The SA MET Unit will continue to support the LHNs with advice and assistance in completing accreditation submissions and meeting provisos. A series of accreditation flyers has been produced to provide information on the accreditation process and timelines for facility staff involved in education. The intention of the flyers is to create broader awareness across the LHNs of the accreditation process and how clinicians will be involved.

In 2015 the SA MET Unit will conduct a comprehensive evaluation of each accreditation visit undertaken under the accreditation standards.