

Change of Circumstance Process

Purpose

To define and provide a change of circumstance process for Local Health Networks (LHNs) to follow ensuring the accreditation status of a unit or LHN is maintained and not jeopardised. In particular, relates to periods of significant reform and change within the South Australian health environment.

Background

The South Australian Medical Education and Training (SA MET) Health Advisory Council (the Advisory Council) has a formal accreditation process. This process supports the revised Accreditation Standards, acknowledges the changing environment for health service delivery and is a more streamlined process. The LHN submission document supporting the accreditation focuses only on establishing key risk areas. Accreditation teams only meet the units that have been identified as having issues and/or areas of concern. When undertaking a unit accreditation, the accreditation visit team only focuses on specific standards relevant to orientation, education and training, welfare, supervision and assessment. Governance standards are not investigated at unit visits.

The same risk based approach has been adopted for managing and processing accreditation decisions relating to any change in circumstance for the LHN or individual units.

Scope

The process outlined in this document is applicable to all LHNs accredited by the Advisory Council.

Definition

A change of circumstance refers to any change which impacts the education and training received by trainee medical officers (TMOs) and directly links to the requirements set out in the SA MET Health Advisory Council **Accreditation Standards** (Accreditation Standards). TMOs in the context of this document are prevocational doctors who have not yet entered into specialty training.

Notification of change in circumstance

The Advisory Council Accreditation Committee (the Accreditation Committee) must be notified of all changes of circumstance that could affect the accreditation status of a unit or LHN. The Director of Clinical Training (DCT) will determine whether a change of circumstance exists. If the DCT has any reservations as to whether a proposed change constitutes a change in circumstance, they should contact the SA MET Unit for advice.

When there is a change in circumstance relating to the standards under *Domain 1: Governance and Program Management* and *Domain 2: Monitoring, Evaluation and Continuous Improvement* of the Accreditation Standards, the Accreditation Committee must be notified and provided with correspondence outlining the reasons for the change and impact the change will have on the education and training provided to TMOs.

Compliance between accreditation visits

LHNs must comply with the Accreditation Standards throughout the period for which they are accredited. The Advisory Council reserves the right to review any accreditation status at any time where there is evidence to suggest the Accreditation Standards are not being met.

Where TMO terms are withdrawn or changed between accreditation visits, LHNs must ensure that the balance in the overall general clinical training program is maintained.

Levels of change in circumstance

The three levels to describe a change in circumstance are outlined below:

Significant Change

- Having, or likely to have, a **major impact** on the education and training received by TMOs and subsequent requirement to meet the Accreditation Standards.

Moderate Change

- Having, or likely to have, **change within a reasonable limit; not considered excessive**, on the education and training received by TMOs and subsequent requirement to meet the Accreditation Standards.

Minor Change

- Having, or likely to have, change of a **lesser impact** on the education and training received by TMOs and subsequent requirement to meet the Accreditation Standards.

Samples of change in circumstance

Level of Change	Scenario
Significant Change	<p>Two similar / same specialty units from different facilities amalgamate, resulting in a new model of care, patient flow and changes to team structure.</p> <p>This may include merging of two or more separate terms to form one term, or a split of one term into two or more terms.</p> <p>The number of TMOs in the term increases by more than three TMO (applicable to interns and PGY2+s).</p> <p>The clinical duties of TMOs in a term changes considerably resulting in reduced clinical exposure.</p> <p>Change to TMO rostering, including increased hours worked and rostered / non-rostered overtime.</p> <p>Change to 7 day on 7 day off rostering from conventional week day shift rostering.</p> <p>Closure of a ward / facility / secondary site</p> <p>Staff levels and structure on a unit change considerably which impacts the level of TMO supervision and support.</p>
Moderate Change	<p>A unit is changing location, and will have an increase in beds (maximum 5 beds).</p> <p>The number of TMOs in the term increases by 1- 2 TMOs (applicable to interns and PGY2+s).</p> <p>Supervision arrangements and levels change to a certain degree due to increased bed numbers, TMO numbers and / or rostering changes.</p> <p>Education and training program is changed significantly with a new untried model.</p> <p>TMO clinical duties altered due to unit staffing changes or model of care changes.</p> <p>TMO rosters are changed slightly, with hours increasing but not considered excessive and in-line with relevant policies.</p>
Minor Change	<p>Unit increases bed numbers by less than 5 beds (no change in location).</p> <p>Education and Training program delivery method altered, content remains the same / similar.</p> <p>Change in term supervisor on a unit, level of supervision and support is maintained.</p> <p>Orientation, assessment and evaluation processes are updated based on revised national Accreditation Standards.</p>

Process

The Director of Clinical Training to determine whether the change is *significant*, *moderate* or *minor* and follow the appropriate process via **The Virtual Accreditation Management System (VAM)**.

Significant

Accreditation Team established to review the completed **Change of Circumstance Assessment Form and updated Term Description**.

If concerns identified further information may be requested or site visit conducted.

If no major concerns identified the process below is followed.

Report provided to the Accreditation Committee recommending provisional accreditation granted for 6 months subject to:

TMO surveys distributed after two terms of commencement to obtain feedback on their experience in various terms (*if applicable*).

A report from the DCT after two terms of commencement may be requested, which provides an overview of the terms and identifies areas of concern – may include a summary of term evaluations (*if applicable*).

If **no concerns** exist, **Accreditation approved** until next LHN accreditation.

If **concerns** exist, further information may be required and a site visit undertaken.

Moderate

The Accreditation Committee reviews the completed **Change of Circumstance Assessment Form**.

If concerns identified further information may be requested or site visit conducted.

If no major concerns identified the process below is followed.

Provisional accreditation granted for 12 months, subject to:

TMO surveys distributed after two terms of commencement to obtain feedback on their experience in various terms (*if applicable*).

A report from the DCT after two terms of commencement may be requested, which provides an overview of the terms and identifies areas of concern – may include a summary of term evaluations (*if applicable*).

If **no concerns** exist, **Accreditation approved** until next LHN accreditation.

If **concerns** exist, further information may be required and a site visit undertaken

Minor

The Accreditation Committee notes the completed **Change of Circumstance Assessment Form**.

If the Accreditation Committee considers the change to be *moderate*, the moderate change in circumstance process is followed.

At the discretion of the Accreditation Committee, provisional accreditation may be granted for 12 months subject to:

TMO surveys distributed after two terms of commencement to obtain feedback on their experience in various terms (*if applicable*).

If **no concerns** exist, **Accreditation approved** until next LHN accreditation.

If **concerns** exist, further information may be required and a site visit undertaken.

Monitoring

The SA MET Unit will annually review the effectiveness of this policy.

Related Documents

- > **Accreditation Policy**
- > **Guide to Accreditation**

Glossary

Accreditation – a quality assurance process that establishes and monitors education and training provided for TMOs within local health networks to ensure high standards of clinical training for TMOs. Accreditation may be granted to a LHN or a new unit for 6 months, 12 months, 3 years or four years.

Accreditation Standards – all accreditation activities are assessed against published accreditation standards. The current SA MET Accreditation Standards were developed through an extensive consultation process with stakeholders, and endorsed by the Minister for Health in South Australia and the Australian Medical Council in 2014.

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

For more information:

South Australian Medical Education and Training Unit

Level 5, Citi Centre Building

11 Hindmarsh Square, Adelaide SA 5000

Telephone: 8226 7231

Email: healthSAMETAccreditation@sa.gov.au

Website: www.samet.org.au

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November 2015	Project Officer, Education & Accreditation	Senior Project Officer, Education &	3.1	Minor updates
October 2018	Project Officer, Education & Accreditation	Manager, Education & Accreditation	3.2	Updated flow chart and process content
November 2020	Project Officer, Education & Accreditation	Manager, Education & Accreditation	3.3	Reviewed. Minor updates