

Accreditation Submission Guide:  
Assessment of Intern Training Accreditation  
Authority

**South Australian Medical Education and  
Training (SA MET) Unit 2022 Accreditation**



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## Introduction

This guide sets out the information required of intern training accreditation authorities preparing for an accreditation review by the Australian Medical Council (AMC). The AMC uses the accreditation submission as the basis of the assessment of the programs and the provider, and supplements this with information and evidence gathered during the assessment. This guide is for accredited education providers<sup>1</sup> whose period of accreditation is due to expire and are preparing for an AMC assessment. Education providers in this category include:

- intern training accreditation authorities with *initial accreditation*, and
- established intern training accreditation authorities granted AMC accreditation and seeking *reaccreditation*.

## Purpose of the assessment

The purpose of AMC accreditation is to recognise intern training programs that promote and protect the quality and safety of patient care and meet the needs of the interns and the health service as a whole. This is achieved through setting standards for intern training programs and recognising intern training accreditation authorities that assess programs against these standards.

Each intern training accreditation authority undergoes a reaccreditation assessment by an AMC team at least every eight years.

AMC accreditation assessments are conducted against the approved accreditation domains, [Intern training – Domains for assessing accreditation authorities 2020](#).

The assessment will follow the process set out in the [Procedures for Assessment and Accreditation of Intern Training Accreditation Authorities by the Australian Medical Council 2019](#).

## Overview of the assessment process

The AMC writes to the intern training accreditation authority in advance of the accreditation assessment requesting a submission and providing a draft timeline for the assessment. The timeline will be negotiated between the intern training accreditation authority and the AMC.

The Prevocational Standards Accreditation Committee appoints an assessment team to complete the detailed assessment. The team will consider whether the intern training accreditation authority has demonstrated that it is meeting or will meet the requirements of the document, *Intern training – Domains for assessing accreditation authorities*.

The team considers the intern training accreditation authority's documentation (including this submission), undertakes a program of meetings and prepares a report. The report is considered by the Prevocational Standards Accreditation Committee, which makes a recommendation on accreditation to the AMC Directors. The Directors make their decision within the options described in the Procedures. The AMC then provides an accreditation report to the Medical Board of Australia.

In these accreditation reviews, the AMC will follow the standard procedures which apply to the conduct of accreditation assessments. These cover matters such as: conflicts of interest, confidentiality, AMC conduct, appointment and work of the team, reviews and complaints.

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<sup>1</sup> The National Health Practitioner Regulation Law Act 2009 uses the term **education provider** for organisations that may be accredited to provide education and training for a health profession. The term covers universities; tertiary education institutions, other institutions/organisations that provide vocational training; or specialist medical colleges or other health profession colleges. For consistency, the AMC uses National Law terminology.

## Accreditation submission

The AMC asks authorities undergoing review to provide their accreditation submission three to four months before the AMC assessment.

The team conducting the assessment will meet to consider this submission. If necessary, the team will then provide guidance on areas where further information should be presented. If in doubt about the level of detail to be presented, please seek guidance from AMC staff in the first instance, who may seek advice from the team chair.

### Guide on formatting and submitting to the AMC

The accreditation submission should be a **complete document** providing summary answers to all topics covered in this guide. To prepare the documentation required for an AMC review, the applicant should start with this guide then consider any other relevant external reports, including any previous reviews. The format of this guide reflects the requirements of *Intern training – Domains for assessing accreditation authorities*:

- 1. Governance** – The intern training accreditation authority effectively governs itself and demonstrates competence and professionalism in the performance of its accreditation role.
- 2. Independence** – The intern training accreditation authority carries out independently the accreditation of intern training programs.
- 3. Operational management** – The intern training accreditation authority effectively manages its resources to perform functions associated with accrediting intern programs.
- 4. Processes for accreditation of intern programs** – The intern training accreditation authority applies the approved *Intern training – National standards for programs* in assessing whether programs will enable interns to progress to general registration in the medical profession. It has rigorous, fair and consistent processes for accrediting intern training programs.
- 5. Stakeholder collaboration** – The intern training accreditation authority works to build stakeholder support and collaborates with other intern training accreditation authorities, and medical education standards bodies.

### Format

#### Part 1: Executive summary

The executive summary should be brief and highlight any major developments since the last accreditation, and the strengths of and challenges facing the authority.

#### Part 2: Addressing accreditation domains

From the submission, the AMC team will attempt to gain an overall picture of the intern training accreditation authority, its policies and procedures, and the structures relevant to its intern training accreditation role. Of equal importance to this factual information is the reflection on and critical analysis of performance and plans against the domains and the intern training accreditation authority's own objectives. Under each domain, the applicant should identify relevant strengths and challenges, and the processes for addressing the challenges, with examples.

#### Part 3: Response to results of the Medical Training Survey

The Medical Training Survey (MTS) was developed by the Medical Board of Australia and the Australian Health Practitioner Regulation Agency (Ahpra). The MTS has now been run on three occasions, in 2019, 2020 and 2021. Results for the 2021 MTS are planned for release in February 2022.

The AMC is asking the intern training accreditation authority to comment on how it has used, or has plans to use the results from the MTS.

### ***Word length***

The submission should be a complete document providing summary responses to all the topics covered in this guide. The AMC has not specified a maximum word length for the submissions, but the team will appreciate clear, direct and succinct statements. These will enable useful dialogue between the team and the intern training accreditation authority, as well as a collegial and constructive process.

### ***Appendices***

Please append detailed documents, such as handbooks and policy documents. In the submission, please ensure it is clear how the appendix addresses the standard and if applicable, draw the team's attention to any relevant parts of the appendix.

Please submit the report electronically via email to [prevac@amc.org.au](mailto:prevac@amc.org.au).

## **Contact AMC Staff**

If you have any questions about the information required, please contact AMC staff.

Name: Ms Tahlia Christofersen, Program Coordinator, Accreditation Operations

Email: [tahlia.christofersen@amc.org.au](mailto:tahlia.christofersen@amc.org.au) or phone: 02 6270 7808.

Please check this information is correct

## Intern training accreditation authority details

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### Verify submission reviewed

The information presented to the AMC in this submission is complete, and it represents an accurate response to the relevant requirements.

Verified by: Chief Executive Officer	
Signature:	
Date:	19/5/22

## Part 1. Executive summary

This section should highlight significant developments since the last accreditation, including the strengths of the education provider and the challenges faced. Details of this summary should be elaborated under **Part 2: Addressing the accreditation domains**.

Following is a general guide and questions for the authority to consider in the structuring of the executive summary.

- Provide a summary of **significant developments** undertaken or planned since the last accreditation assessment (initial accreditation). The response may highlight:
  - changes in governance structure of functions.
  - changes in operational management
  - changes are processes for accreditation of intern training programs
  - Significant reviews/evaluations/consultation undertaken resulting in change
- Briefly highlight the strengths of the authority, the main areas of excellence in the accreditation of intern training programs since the last accreditation (initial accreditation).
- Briefly describe the challenges faced by the authority, the main areas presenting complications or obstacles in the accreditation of intern training programs against the accreditation domains.
- Provide a brief commentary on the effects of the COVID pandemic and related restrictions on the authority's operations and processes.

On 1 July 2019 the governance for the public health system was decentralised resulting in 10 new Local Health Network (LHN) Governing Boards, including six across regional South Australia. The change to the governance resulted in the Health Advisory Council (Advisory Council) Rules being reviewed and updated to include a new membership structure including appointing the Chief Medical Officer as a representative.

The change to the SA Health governance structure significantly impacted the South Australian Medical Education and Training (SA MET) Unit education and accreditation team with an increase on usual activity. The team has shown a resilience to this change and their continued enthusiasm to support new LHNs is exceptional.

Since the last 2013 Accreditation assessment the following changes have been made to governance, operational structures and processes:

- Appointment of an independent Chair to the Health Advisory Council Accreditation Committee (Accreditation Committee).
- Appointment of a consumer representative on the Accreditation Committee.
- Changes to the SA MET Unit Professional Medical Colleges Committee (PMCC) structure.
- The Accreditation Approval Delegations Table was updated and the Accreditation Committee Recommendations for Approval Guideline was established guiding staff on decision making actions.
- The Responding to Concerns Guideline was updated to clearly outline the process for responding to all concerns and complaints received by the SA MET Unit regarding Trainee Medical Officers (TMO) education and training, supervision, TMO welfare or patient safety. The process allows any person to raise instances of non-compliance of

safety, health and welfare including protecting their safety or the safety of others in the TMO care.

- To improve and strengthen engagement with external stakeholders on accreditation activities and its function an annual Communications Plan was approved.

The SA MET Unit's strengths are the robust processes in place for reporting to the Advisory Council and Accreditation Committee. There is excellent support and leadership from the Advisory Council, Accreditation Committee and the Chief Medical Officer (CMO) on accreditation matters and resources.

The SA MET Unit and the Advisory Council have great working relationships with LHN stakeholders, TMOs, Term Supervisors, Medical Education Officers (MEO), Executive Director Medical Services (EDMS) and other professional bodies such as the Australian Medical Council (AMC) and the Confederation of Postgraduate Medical Education Councils (CPMEC) including private organisations, GP consultants and general practice. The SA MET Unit seeks representation and collaborates with all LHNs and other independent stakeholders on its various committees, workshops and accreditation activities.

The *South Australian Medical Education and Training Strategic Plan* (Strategic Plan) was developed to improve collaboration with various stakeholders and identify a range of strategies to enhance and improve medical education and training for doctors across the medical education continuum. The Strategic Plan raises actions embedding quality, accountability and a culture of continuous improvement in medical education and training. The Strategic Plan has been recognised by colleagues and stakeholders alike with updates on initiatives communicated on a regular basis.

With the implementation of the AMC prevocational education and training program deferred until 2024, the SA MET Unit Accreditation Standard review has been placed on hold. In the meantime, the SA MET Unit will liaise with LHNs to include interim additional questions within the accreditation visit process to obtain further information on National Standard criteria such as indigenous health, simulation based education, TMO self-care and telehealth supervision.

The SA MET Unit continue to face challenges of having adequate staff resources and with the support of the Manager SA MET Unit and the CMO with the financial stability from SA Health, the risk of not being able to maintain resourcing for accreditation activities is minimal.

The SA MET Unit staff, the Advisory Council and its sub-committee members have shown tremendous versatility, flexibility and strength to work through the challenges of the ever-changing environment due to COVID-19. This Accreditation Submission Guide elaborates on the collaboration between the SA MET Unit, Advisory Council and LHNs on requests to support LHNs during this time and to find practicable and suitable solutions to facility challenges.

## Part 2. Addressing accreditation domains

This section is for the authority to provide a description of its operations and processes, including **reflection and critical analysis** of its performance and plans against the accreditation domains. Evidence should be provided to address the individual attributes, including pertinent documents and data tables. Relevant strengths and challenges should be identified by the authority, including processes for addressing specific challenges.

### Domain 1: Governance

**Current accreditation status:**

**Met**

**The intern training accreditation authority effectively governs itself and demonstrates competence and professionalism in performing its accreditation role.**

#### Attributes

- 1.1 *The intern training accreditation authority is, or operates within, a legally constituted body subject to a set of external standards/rules related to governance, operation and financial management.*
- 1.2 *The intern training accreditation authority's governance and management structures give appropriate priority to accrediting intern training programs including the impact of these programs on patient safety. This should also include the way these programs address the wellbeing of junior doctors.*
- 1.3 *The intern training accreditation authority is able to demonstrate business stability, including financial viability.*
- 1.4 *The intern training accreditation authority's accounts meet relevant Australian accounting and financial reporting standards.*
- 1.5 *There is a transparent process for selection of the governing body.*
- 1.6 *The intern training accreditation authority's governance arrangements provide input from stakeholders, including health services, intern supervisors, and interns.*

- *Other relevant strengths and challenges in relation to the governance of the intern training accreditation authority, plans for development and the processes for addressing the challenges, with examples.*

- As of 1 July 2019, amendments to the *Health Care Act 2008* came into effect to decentralise governance for the public health system, resulting in 10 new LHN Governing Boards, including six across regional South Australia, of which are now fully operational and responsible for oversight of local service delivery to their communities.

Challenges as part of this change has included the ongoing development of medical intern training places in regional settings where the capacity to provide supervision, establish effective governance and demonstrate processes to support TMO welfare has been an issue. The SA MET Unit has established appropriate governance, working relationships and supportive approaches with the relevant facilities to enable LHNs to develop and meet the SA MET Health Advisory Council Accreditation Standards (Accreditation Standards). The risk of facilities and units in rural settings not meeting the Accreditation Standards has been mitigated by closely monitoring the TMO experience and the SA MET Unit having regular formal discussions with the relevant EDMS' and LHN Executives.

Whilst this means resources have been deployed to support regional settings, it is in the long-term interest of TMOs and the regional communities to provide this support to consolidate and expand regional training settings. Current and forecasted workforce shortages in regional areas means that there is a renewed focus on education and training pathways in regional areas.

**1.1 The intern training accreditation authority is, or operates within, a legally constituted body subject to a set of external standards/rules related to governance, operation and financial management.**

The response should encompass the following:

- A short summary of the history of the intern training accreditation authority– when established, major milestones.
- The mission and/or purpose of the organisation and the range of roles it undertakes. Describe any reviews of the purpose in the last three years.
- The intern training accreditation authority’s governance structures and functions, including, the selection processes and membership of the governing committee, roles and responsibilities of senior officers, and if relevant the members of the authority. [and 1.5]

The SA MET Unit was established in accordance with the *Health Practitioner Regulation National Law*. In 2009, the SA MET Unit was created as an unincorporated body pursuant to sections 15(1) and 15(3) of the [Health Care Act 2008](#) and by notice within *The South Australian Government Gazette (Gazette)*, Notice 15 December 2009. A further Gazette Notice in March 2013 notes the name change from the South Australian Institute of Medical Education and Training.

The SA MET Advisory Council was established as the intern training authority for South Australia. The Advisory Council was set up as a Minister appointed committee in 2009 and the Advisory Council Rules (attachment 1) were implemented by the Minister for Health and Wellbeing setting out the purpose and responsibilities of the Advisory Council as per section 17(3) of the *Health Care Act 2008* on 15 December 2009. The Advisory Council is established to ‘*improve the quality of education, training and welfare for trainee medical officers within the State and make recommendations for the accreditation of trainee medical officer positions in health services*’. No reviews have been undertaken in the last three years in relation to the SA MET Unit/Advisory Council’s purpose.

## OUR VISION

Enabling medical professionals to provide high quality patient care through integrated, coordinated and structured medical education and training.

The Minister for Health and Wellbeing has delegated accreditation authority responsibilities to the Advisory Council for all public postgraduate medical (PGY2+) training posts in South Australia, in addition to accreditation authority responsibilities for interns.

As such, the SA MET Advisory Council is supported by the SA MET Unit, who provide secretariat support for the committees noted below and manage the accreditation activities. The SA MET Unit undertakes a range of other medical education, training and

workforce functions for the South Australian health system. These include internship applications and allocation, centralised PGY2+ applications and job matching, TMO workforce planning, education support (workshops, e-learning and assessment) and research.

The Minister for Health and Wellbeing approves and appoints all Advisory Council members. Representatives from the Advisory Council also lead the five sub-committees as Chair. Memberships are held for a three-year period and the SA MET Unit as secretariat manages appointments and seeks approval from the Minister for Health and Wellbeing. A detailed procedure manual (attachment 2) was created for the secretariat to follow the call for nominations and appointment process.

The Advisory Council membership has a broad range of representatives which include the SA Health CMO, Manager SA MET Unit, independent Chair Accreditation Committee, Directors of Clinical Training (DCT), TMOs, prevocational and vocational TMOs, medical schools in SA Universities, professional medical colleges and private practitioners. Recently the Advisory Council appointed a GPEX representative as an observer to build the Advisory Council's relationship with GP Trainees. The effectiveness of the observer will be reviewed in 12 months.

This membership provides a balance of opinions from SA Health and external representatives to ensure no conflicts of interest decisions regarding accreditation decisions, accreditation standards or policy documentation are made without undue influence.

The Advisory Council is supported by a governance structure comprising five subcommittees that report directly to the Advisory Council.

- Accreditation sub-committee
- Education sub-committee
- Doctors in Training sub-committee
- Directors of Clinical Training (DCT) sub-committee
- Professional Medical Colleges sub-committee

A MEO sub-committee also reports to the DCT sub-committee. MEO sub-committee members (from each LHN) provide a MEO perspective on Advisory Council activities.

An independent reference group called the SA MET Unit Junior Medical Officer (JMO) Forum was formed to provide an opportunity for junior doctors to meet and discuss common issues facing them as a group. In particular, the JMO Forum provides important advocacy and representation for prevocational doctors, or interns and TMOs who have not entered a training program. Prevocational training is an important stage of junior medical training and the JMO Forum provides an avenue for TMOs to have an impact on how this training is delivered at hospital and state level.

The Accreditation Committee forms part of the governance hierarchy and has a broad range of members across the LHNs and private practice, including an independent Chair (Member of the Advisory Council) and a consumer representative.

Senior Officers within the SA MET Unit are appointed to provide operational and secretariat support to the Advisory Council and its sub-committees including accreditation, workforce and medical education activity. The Presiding Member of the Advisory Council provides expert advice and advocates on all aspects of education, training, accreditation and workforce. The SA MET Unit is governed by a comprehensive collection of documented policies to support the governance structure. The SA MET Unit education and accreditation team is also guided by comprehensive accreditation policies and operational procedures relating to the implementation of accreditation activities. This includes TMO welfare, patient safety, responding to concerns and complaints and risk management. The comprehensive policy documents are reviewed on an as needs basis, with the last full review undertaken in 2019.

\*LHNs are hospital networks within South Australia. These are arranged by location:

- Barossa Hills Fleurieu Local Health Network (BHFLHN)
- Central Adelaide Local Health Network (CALHN)
- Eyre and Far North Local Health Network (EFNLHN)
- Flinders and Upper North Local Health Network (FUNLHN)
- Limestone Coast Local Health Network (LCLHN)
- Northern Adelaide Local Health Network (NALHN)
- Riverland Mallee Coorong Local Health Network (RMCLHN)
- Southern Adelaide Local Health Network (SALHN)
- Women's and Children's Health Network (WCHN)
- Yorke and Northern Local Health Network (YNLHN)

### *Changes since the 2013 SA MET Unit Accreditation*

- In response, to the decentralisation of SA Health's governance structure, the Minister for Health and Wellbeing approved amendments to the Advisory Council Rules.
  - An increase in membership from 18 to a possible 23 to ensure that each incorporated hospital is represented on the Council.
  - As far as practicable, persons to represent incorporated hospitals under the *Health Care Act 2008*.
  - To reflect that the CMO is the Chair of the Advisory Council's PMCC, as noted in attribute 1.5.
- The change significantly impacted the SA MET Unit education and accreditation team. It has been recognised that members have shown a preparedness to align the annual accreditation schedule to include additional accreditation assessments for the regional LHNs and has engaged with new LHNs to support them in establishing new accredited TMO education and training programs across the State.

*1.2 The intern training accreditation authority's governance and management structures give appropriate priority to accrediting intern training programs including the impact of these programs on patient safety. This should also include the way these programs address the wellbeing of junior doctors.*

The response should encompass the following:

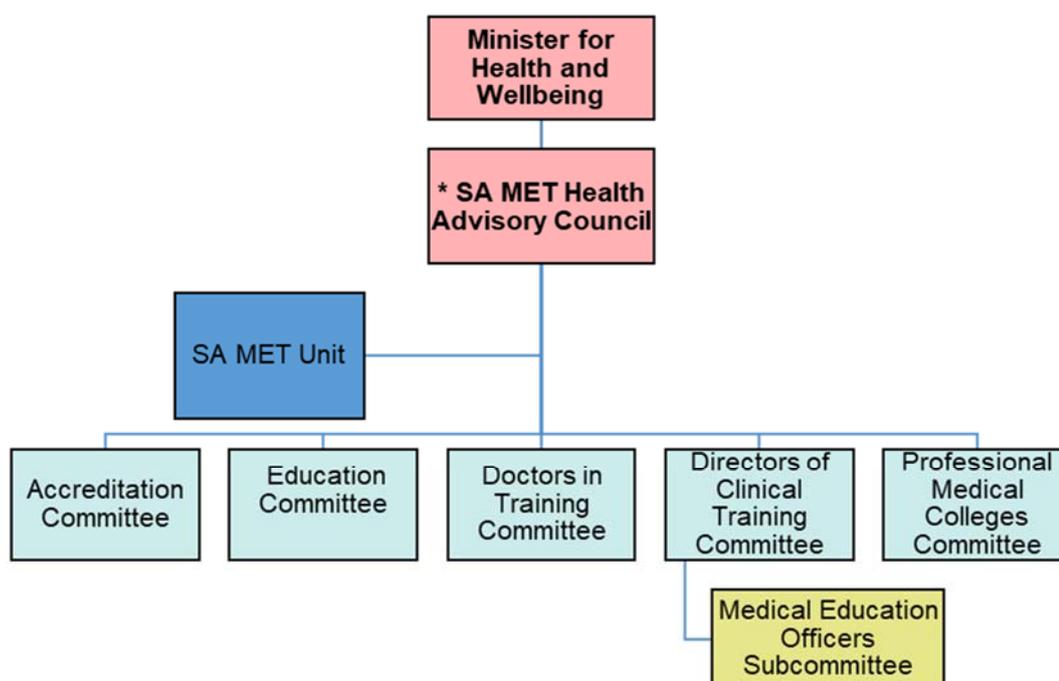
- Describe how the governance and management structures give appropriate priority to the accreditation of intern training programs. This should include consideration of the impact of these programs on patient safety and the way they address the wellbeing of junior doctors.
- An outline of the structure and accountabilities for managing the intern training accreditation function. Please include a flow chart to illustrate reporting relationships.
- Practices to review the effectiveness of the organisation's governance, and competence and professionalism in the intern training accreditation role. Specifically outline any governance reviews in the last three years and the resulting changes.

The SA MET Unit's key focus is to ensure intern education and training program accreditation activities take priority to ensure continued TMO wellbeing and patient safety.

- Comprehensive policy documents provide structure to the education and accreditation team in performing accreditation functions.

- Accreditation Committee out of session requests are carried out where required to ensure change of circumstance and new unit LHN accreditation requests are handled in a timely manner.
- Standardised accreditation agenda items are promptly included on Advisory Council and sub-committee meetings to ensure timely resolution of LHN requests, patient safety and the wellbeing of junior doctors.
- SA MET Unit staff follow the *Responding to Concerns Guideline* (attachment 3) recording complaints and concerns received on the Responding to Concerns database and action in a timely response.
- The Advisory Council and sub-committee reporting structure provides accountability to the accreditation function.

The Advisory Council governance structure comprises five subcommittees shown in the flowchart below.

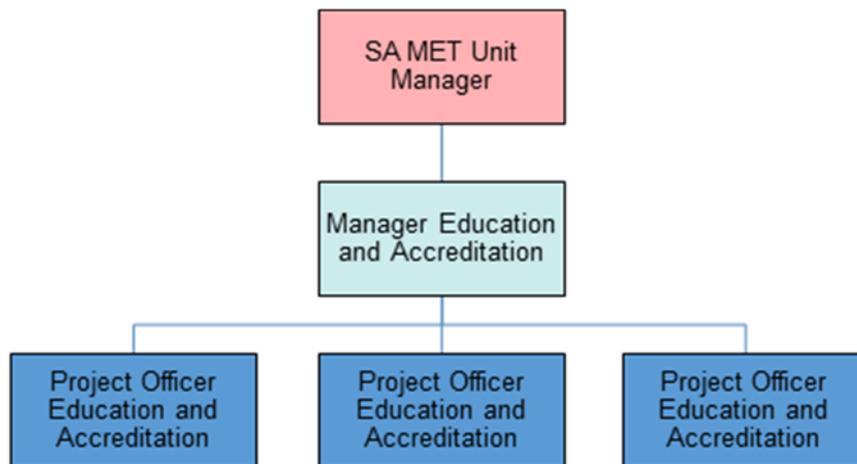


\* As far as practicable:

- Members consist of equal numbers men and women
- Each hospital incorporated under the *Health Care Act 2008* will be represented
- Metropolitan, rural and remote issues will be adequately represented
- A range of perspectives, including senior management, medical management, medical administration and medical education will be represented

The flowchart below provides the reporting structure of the education and accreditation team. The education and accreditation team provide secretariat support to the Accreditation Committee, the Doctors in Training Committee (DiTC) and the PMCC. The education and accreditation team work closely with the Accreditation Committee Chair, the Advisory Council Presiding Member and the Manager SA MET Unit to ensure the continued management of the intern training accreditation function.

## SA MET Unit education and accreditation team reporting structure



The SA MET Advisory Council reports to the Minister for Health and Wellbeing providing independence from SA Health. There has been no formal review of the SA MET Advisory Council and its governance structure since the last accreditation submission in 2013. Detailed information regarding the Advisory Council's processes ensuring independence are noted in Domain 2.

The SA MET Unit reports administratively to the Department for Health and Wellbeing via the CMO, within the Clinical Collaborative, headed by the Deputy Chief Executive of System Leadership and Design. A review of the SA MET Unit's operational structure has been placed on hold whilst the COVID-19 response is prioritised. Annual evaluation processes support the governance structures in the meantime.

Patient safety and TMO wellbeing is embedded throughout the SA MET Unit's policy documentation. Accreditation policy, procedure documents and reference materials are available on the SA MET Unit's website which provides support to the governance structure. Documents such as *TMO Wellbeing Policy* (attachment 4), *TMO Supervision Guideline* (attachment 5), *Trainee in Difficulty* (attachment 6) and *Responding to Concerns Guideline* (attachment 3) support LHNs and TMOs in guidance and support. The SA MET Unit website also has a dedicated page with information on [bullying, harassment and discrimination](#).

In addition to the SA MET Unit resources, as SA Health employees TMOs also have access to SA Health non-public resources and toolkits on staff wellbeing. Resources include COVID-19 staff wellbeing, mental health fact sheets and information regarding *PERMA* a team wellbeing model to support positive emotions, engagement, relationships, meaning and accomplishments. The [SA Health Employee Assistance Program \(EAP\) Policy Directive](#) provides support to all employees and their families 'experiencing personal or work related problems by providing access to free, confidential, professional, counselling services through an EAP'. This assists to promote and maintain health and wellbeing across the workforce.

The *Strategic Plan* (attachment 7) was launched in 2021 identifying a range of strategies to enhance and improve medical education and training for doctors across the medical education continuum from interns to registrars. The Strategic Plan raises action embedding quality, accountability and a culture of continuous improvement in medical education and training. Since the release of the Strategic Plan, the SA MET Unit has implemented several significant milestones, including:

- Formation of an Educational Governance Steering Committee

- Working with the Department for Health and Wellbeing's workforce team to review the South Australian Trainee Medical Education and Training Survey (SATMOS)
- Developing a *Preventing and Responding to Workplace Bullying, Harassment and Discrimination Guide* (attachment 8)
- Developing an updated guide aimed to develop effective tools to assist those who are managing or subject/witness to bullying, harassment and discrimination

The achievements are noted in the *Strategic Plan 2021 Annual Report* (attachment 9).

Advisory Council and Accreditation Committee members participate in an annual evaluation and recommendation survey reviewing the effectiveness of its purpose, governance, competence, performance and professionalism in the intern training accreditation role. The evaluation survey excludes the Advisory Council Presiding Member and Deputy Chair as well as the Accreditation Chair and the SA MET Unit. Outcomes from the evaluation surveys are provided to the Advisory Council and the Accreditation Committee for discussion and review of practices if required.

At the 2 December 2020 meeting, Advisory Council members discussed the outcomes and recommendations of the annual evaluation survey. It was recommended that workplans be created for the Advisory Council and each of its sub-committees. The workplans track and record committee activities to ensure sub-committees' work is aligned with the Advisory Council Rules. The workplans are helpful in guiding committee activities and address any issues as well as promote out-of-session activity approval. The process will not delay the work of the sub-committees.

#### *Changes since the 2013 SA MET Unit Accreditation*

A new CMO was appointed in February 2021 on a permanent basis and provides the SA MET Unit with a high level of leadership and support giving a priority to accreditation activities, the SA MET Unit and the education and accreditation team.

#### **1.3 *The intern training accreditation authority is able to demonstrate business stability, including financial viability.***

The response should encompass the following:

- Information to demonstrate business stability, including financial viability.

The support provided to the SA MET Unit by the Department for Health and Wellbeing (DHW) allows financial stability, while the Advisory Council structure and reporting lines provide independence. The SA MET Unit also receive a small proportion of funding from the Medical Board of Australia (MBA) via the Australian Health Practitioner Regulation Agency (Ahpra) for South Australian accredited intern positions. This funding differs each year depending on the number of intern positions required for South Australia. The Manager SA MET Unit has oversight of the budget. The DHW funds accreditation staff, including costs and relevant equipment, provides office space, human resources and IT support and some professional development. There has been no indication that there will be any reduction in the budget for the SA MET Unit and Advisory Council.

The SA MET Advisory Council provides an unaudited financial statement to the MBA each financial year, specifically relating to the expenditure and financial viability for the accreditation function.

**1.4 The intern training accreditation authority's accounts meet relevant Australian accounting and financial reporting standards.**

The response should encompass the following:

- Information to demonstrate the authority's accounts meet relevant Australian accounting and financial reporting standards.

The accounts of the SA MET Advisory Council are governed by a series of policies within the SA Health financial policy domain that are in turn governed by the *Treasurers Instructions* (TI) as described by the Department of Treasury and Finance. These policies ensure financial management and reporting complies with national and state legislation, financial reporting and accounting practices.

The *Financial Management Compliance Policy Directive* provides the overarching principles to achieving financial management compliance across SA Health. The document outlines the level of responsibility and performance required by all SA Health employees to ensure compliance with the relevant financial obligations applicable to SA Health. The *External Financial Reporting Policy Directive* outlines the external financial reporting requirements of SA Health and provides direction in the preparation of the General Purpose Financial Statements; ensuring SA Health's financial reporting obligations are met.

The Oracle Corporate Systems General Ledger (Oracle GL) is the primary repository for the recording of all financial transaction details arising from SA Health's business activity. It forms the principal financial management record for all financial transactions within each public authority.

All financial records and systems which accurately record the financial performance and financial position of the public authority will be the responsibility of the Chief Executive (CE) or LHN Chief Executive Officer (CEO). All documentation and information supporting external financial reporting must be properly recorded and kept for verification by an authorised officer or auditor.

The preparation of annual financial statements must comply with the *Australian Accounting Standards*, the *Accounting Policy Framework* (APFs), the TIs and any other relevant statutory requirements. The statements must reconcile with the relevant accounting records. In accordance with the *Public Finance and Audit Act 1987*, each public authority, within SA Health, must deliver to the Auditor General a set of compliant General Purpose Financial Statements within 42 days of the end of the reporting period.

**1.5 There is a transparent process for selection of the governing body.**

The response should encompass the following:

- The intern training accreditation authority's governance structures and functions, including, the selection processes and membership of the governing committee, roles and responsibilities of senior officers, and if relevant the members of the authority.

There are 17 member positions and 14 deputy member positions on the Advisory Council and each hold a membership for three years. As noted in attribute 1.1, each Advisory Council member is appointed by the Minister for Health and Wellbeing in line with the Advisory Council Rules. The responsibilities of senior officers are noted in attribute 1.1.

Pursuant to clause 22 of the Rules, the Minister for Health and Wellbeing will undertake a call for nominations with nominations made in writing within a determined timeframe. Three

nominations will be presented to the Minister for Health and Wellbeing including one female and one male nominee where available. The Minister for Health and Wellbeing at his own discretion will appoint persons to the Advisory Council. The SA MET Unit as secretariat to the Advisory Council manage recruitment and provides support to new members.

There are 15 representatives on the Accreditation Committee and each hold a membership for three years. A vacancy notice is forwarded to each LHN or industry leader seeking nominations. Nominations are reviewed and a successful candidate selected by the Accreditation Committee Chair and the Advisory Council Presiding Member. Should the Accreditation Committee Chair position be vacant, recruitment of that position must follow the processes as a member of the Minister appointed Advisory Council.

New members appointed to both the Accreditation Committee and Advisory Council are provided with the Advisory Council Rules and/or Accreditation Committee Terms of Reference (ToR) as part of an orientation pack with additional SA MET Unit policy documents and resources regarding their role and responsibilities.

### *Changes since the 2013 SA MET Unit Accreditation*

- To provide additional support and a degree of comfort to new members, the Advisory Council Presiding Member meets with new members prior to attending their first meeting. This approach encourages collaboration and transparency and assists the new member to understand and seek clarification on their role and responsibilities.
- In January 2018, the appointment of an independent Accreditation Committee Chair has been a significant driver to the revision and refinement of accreditation governance processes. The Chair's independence is determined by them not being a clinician or having any employment history with a hospital which ensures there is no conflicts of interest. This is not to imply that the previous Chair was not 'independent'; however as a practicing clinician in the public system they did hold a conflict of interest which required declaration and management.
  - To date, the new Chair has led the clarification of the Committee's strategic direction, increased orientation for new Committee members, refinement of the conflicts of interest process as well as a review of the Committee's briefing templates and agenda structure to ensure collaborative and efficient decision making.
  - In addition, a skills-based assessment has been undertaken. The assessment process acknowledged that while members are passionate and committed, the membership structure focused on clinical skills and experience. The ability to have additional skillsets involved in the decision making and strategic direction of the Committee has produced positive outcomes and innovation of accreditation processes. From this review, it was agreed the Committee would benefit from a consumer and community member perspective. The Accreditation Committee welcomed a consumer representative in 2020.

#### *1.6 The intern training accreditation authority's governance arrangements provide input from stakeholders, including health services, intern supervisors, and interns.*

The response should encompass the following:

- Information which shows the current level of stakeholder input into governance, for example a list or diagram indicating the committees/boards etc. that include the stakeholders listed in attribute 1.6 and other stakeholders or any policies on stakeholder contribution to governance.

The SA MET Unit has a broad range of health stakeholders including LHN Executive staff and term supervisors, accreditation visit team members, TMOs and members on the Advisory Council and its sub-committees including the Accreditation Committee.

The SA MET Unit engage with Advisory Council and Accreditation Committee members to ensure an opportunity to provide feedback and have input into governance processes and accreditation decisions sought as part of standard agenda item discussions, out-of-session requests and workshops. Each sub-committee's ToR clearly set out the purpose and responsibilities of members including seeking expert advice on accreditation and education and training topics to the Advisory Council.

The SA MET Advisory Council is committed to ensuring that stakeholders actively contribute to the development of medical education and training accreditation policies and processes. The *Accreditation Stakeholder Consultation Guideline* (attachment 10) has been developed to set out objectives of engagement with stakeholders and the steps necessary to conduct a shared consultation process. The sharing of information and input into decision making ensures there is a shared responsibility for accreditation.

### **Committee Memberships**

Advisory Council membership (Rules Attachment 1)

- Presiding Member (*independent*)
- Deputy Presiding Member (vacant)
- Chief Medical Officer
- Manager, SA Medical Education and Training Unit
- Person with expertise in medical accreditation (*independent*)
- Person with expertise in TMO education and training
- 3 persons to represent medical students and prevocational TMOs
- Professional medical colleges representative (*independent*)
- Medical Schools in South Australian Universities representative (*independent*)
- Director of Clinical Training
- Incorporated Hospitals Representative
- Medical Board of Australia Representative (*independent*) (vacant)
- Each position has a member and deputy member appointed

Accreditation Committee membership (ToR Attachment 11)

- Chair of the Accreditation Committee (a member of the Advisory Council)
- Deputy Chair of the Accreditation Committee (a deputy member of the Advisory Council)
- Clinician/Term Supervisor (4 positions)
- General Practitioner/Private Sector Clinician (1 or 2 positions)
- Medical Administrator (*vacant*)
- Director of Clinical Training (*vacant*)
- Medical Education Officer
- Trainee Medical Officer (3 positions)
- Consumer Representative

Doctors in training Committee membership: (ToR Attachment 12)

- Doctors in Training Chair (vocational) (a member of the Advisory Council)
- Doctors in Training Deputy Chair (prevocational) (a deputy member of the Advisory Council)
- Vocational deputy member (a deputy member of the Advisory Council)
- Prevocational deputy member (a deputy member of the Advisory Council)
- Student Member (a member of the Advisory Council)
- Student deputy member (a deputy member of the Advisory Council)

- Trainee medical officers in their first year of training (intern) (4 positions)
- Trainee medical officers in their second or subsequent PGY2+ (4 positions)
- JMO Forum Chair (1 position)
- TMO at any level (1 position)
- Accreditation Committee Representative
- Education Committee Representative
- If not already represented in the member group listed above, member positions will be opened to a member of the AMA (SA) DIT Committee, to each medical school in South Australia as well as an International Medical Graduate (IMG). (*currently vacant*)

#### Professional Medical Colleges Committee membership (ToR Attachment 13)

- Professional Medical Colleges Committee Chair (CMO and a member of the Advisory Council)
- A representative to represent professional medical colleges (recognised by the AMC) (A member of the Advisory Council)
- A representative from each medical college (recognised by the AMC) (appointed by the Advisory Council)

#### Education Committee (ToR attachment 14)

- Chair of the Education Committee will be a member of the Advisory Council
- Deputy Chair
- DCT representative (2 positions)
- MEO representative
- Dean of SA University School of Medicine or representative
- Junior Medical Officers (2 positions)
- SA MET Unit nominees (1 position)
- LHN representative (2 positions)
- Education and Training expert representative
- SA Health Library representative
- Rural representative
- Accreditation Committee representative

#### Directors of Clinical Training Committee (ToR attachment 15)

- Directors of Clinical Training Chair (a member of the Advisory Council)
- Directors of Clinical Training or equivalent employed in an incorporated hospital or regional training hub
- A representative from Medical Education Officers subcommittee

#### Medical Education Officers' Subcommittee (ToR attachment 16)

- Medical Education Officer Chair
- Medical Education Officers' Deputy Chair
- Medical Education Officers (or equivalent positions) from each LHN

#### SA MET Unit Junior Medical Officer Forum (ToR attachment 17)

- Chair (preferably PGY2+) (elected by JMO Forum members)
- Deputy Chair (preferably PGY1) (elected by JMO Forum members)
- Hospital/Network representatives
  - Northern Adelaide LHN (4 interns and 2-3 PGY2+s)
  - Central Adelaide LHN (4-5 interns and 2-3 PGY2+s)
  - Southern Adelaide LHN (4 interns and 2-3 PGY2+s)
  - Regional LHNs (1-2 interns or PGY2+s from each regional LHN)
- Training Representatives
  - Adelaide Metro Mental Health Directorate (2 PGY2+s)

- o Women’s and Children’s Health Network (1 Obstetrics & 1 Paediatrics PGY2+s)
- o Student representatives (1 student Adelaide Medical Students’ Society & 1 student Flinders Medical Students’ Society)
- Co-opted members as determined by the JMO Forum
  - o Clinical Advisors (2-3 senior doctors, PGY4+ who will oversee discussion and provide advice on issues raised)

\*In line with the Advisory Council Rules composition of committees should consist of equal gender, metropolitan, rural and remote representatives and each LHN be represented where possible.

### *Changes since the 2013 SA MET Unit Accreditation*

- An informal meeting, known as the College Chairs Committee (CCC), was established by the CMO to ensure there is open communication across the SA Health medical workforce and with professional medical colleges. The matters discussed related to medical workforce, education and training as well as other SA Health activity of interest. As the Advisory Council’s PMCC has a similar role and many members are represented on both groups, it was decided that the informal CCC meeting cease and the CMO become the Chair of the PMCC. The Advisory Council Rules were amended to reflect this change. This amendment ensures the CMO has a mechanism for communicating with the professional medical colleges as part of the formal governance structure. As the CMO role is well respected by the medical workforce it is noted that this role is an ideal conduit for communication to the professional medical colleges and to the SA Health medical workforce.
- The Manager Education and Accreditation accepted a secondment position and left the SA MET Unit in April 2021 with a return date in December 2022. This position has been backfilled with a highly experienced former SA MET Unit education and accreditation project officer who returned to fill this position. In addition, the Manager SA MET Unit and Office for Research was successful in obtaining a permanent position elsewhere in SA Health, thus relinquishing their position within the SA MET Unit. An existing SA MET Unit and Office for Research team member has been appointed to the position. There have been no adverse impacts on the accreditation activities or services provided to South Australian hospitals during this time.
- The SA MET Unit is able to meet demand with the current staffing levels. The SA MET Unit’s Risk Register notes if contracts expire there would be a significant impact on the SA MET Unit’s ability to perform intern accreditation functions.

<b>Domain 1: Documents to be provided</b>	
Please provide the <b>latest version</b> of these documents as an appendix (as an attachment <u>or</u> link to the intern training accreditation website as appropriate).	
<input checked="" type="checkbox"/>	Constitution (attachment 1)
<input checked="" type="checkbox"/>	Most recent Annual Report, including financial statements (attachment 18)
<input checked="" type="checkbox"/>	A diagram or diagrams showing the intern training accreditation authority’s governance structure (attachment 19)
<input checked="" type="checkbox"/>	If separate from the Constitution, the terms of reference of the governing authority and committees associated with the intern training accreditation role (attachments 11-17)
<input checked="" type="checkbox"/>	Reports of any relevant reviews of the organisation (attachment 20)

☒	Strategic plan or other document to demonstrate accreditation is a priority area (attachment 7)
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## Domain 2: Independence

**Current accreditation status:**

**Met**

**The intern training accreditation authority carries out independently the accreditation of intern training programs.**

**Attributes**

- 2.1 *The intern training accreditation authority makes its decisions about accrediting programs independently. There is no evidence of undue influence from any area of the community, including government, health services, or professional associations.*
- 2.2 *The intern training accreditation authority's governing body has developed and follows clear procedures for identifying and managing conflicts of interest.*

**2.1** *The intern training accreditation authority makes its decisions about accrediting programs independently. There is no evidence of undue influence from any area of the community, including government, health services, or professional associations.*

The response should encompass the following:

- Practices employed to support the independence of the accreditation function, such as:
  - Any agreements or regulations that help to define the intern training accreditation authority's independence.
  - Internal structures or processes that specifically contribute to independence of accreditation decision making, for example:
    - A hierarchy of committees providing for review/balanced decision making
    - Delegation or defined processes for staff decision making concerning accreditation
    - Relevant elements of the intern training accreditation authority's risk management plan.
- As examples of processes, any situations in the last 12 months where the independence of decision making about accreditation of intern training programs or posts has been threatened, and the response.

As defined in attribute 1.1, the Advisory Council is a Minister appointed organisation reporting directly to the Minister for Health and Wellbeing and has a balance of stakeholders to ensure no one group has excessive or undue influence. To reduce the risk and prevent any undue influence by the SA MET Unit (DHW staff) there are three distinct levels of independent decision making regarding accreditation reports within the Advisory Council structures.

Firstly, the Advisory Council uses independent teams of visitors to undertake accreditation visits. These visitors are appointed by the Accreditation Committee and are responsible for the accreditation reports. The visitors recommend the outcomes of the visit, including conditions which are required to be met. Visitors also recommend duration of accreditation to award.

Secondly, the Accreditation Committee receives all accreditation reports. The Accreditation Committee is responsible for providing recommendations on accreditation reports to the Advisory Council. The Accreditation Committee is able to recommend modifying the accreditation recommendations of the visit team if it is deemed necessary. To date modifications to the accreditation recommendations have rarely occurred.

Thirdly, the Advisory Council reviews the Accreditation Committee's accreditation recommendation before making a decision regarding TMO posts. These three levels of scrutiny ensure the DHW, other health services or professional associations do not inappropriately influence the accreditation decision.

The [SA MET Unit's website](#) is independent of the DHW and maintained by SA MET Unit staff. All accreditation correspondence and documentation are free of government branding and covered by independent SA MET Unit branding.

A staff manual, guides and processes provide support for decision making by staff members. The education and accreditation team hold a weekly meeting to discuss and engage on the active accreditation activities which increases the opportunity to collaborate and problem-solve any issues with the Manager Education and Accreditation. The team work extremely well together and feel comfortable discussing questions as a group about instances or clarification of SA MET Unit or AMC policies. On page 14, the reporting structure notes escalation of decision making if required. The Advisory Council has approved an *Accreditation Committee Recommendations for Approval Guideline* (attachment 21) providing step by step instructions for staff and committee members on how to record and action Advisory Council and Accreditation Committee decisions.

## 2.2 *The intern training accreditation authority's governing body has developed and follows clear procedures for identifying and managing conflicts of interest.*

The response should encompass the following:

- Procedures for managing conflicts of interest in the work in the committees and officers of the intern training accreditation authority. [2.2]
  - A hierarchy of committees providing for review/balanced decision making
  - Delegation or defined processes for staff decision making concerning accreditation
    - Relevant elements of the intern training accreditation authority's risk management plan.
- As examples of processes, any situations in the last 12 months where the independence of decision making about accreditation of intern training programs or posts has been threatened, and the response.

The SA MET Unit has clear procedures for managing conflicts of interest within its *Accreditation Conflicts of Interest Policy and Procedure* (attachment 22). The decision making hierarchy has two Confidentiality Agreement and Conflicts of Interest Declaration Forms, one form relates to the Advisory Council (attachment 23) specifically and the second form relates to the Accreditation Committee and accreditation visit teams (attachment 24). The second form is specific to Accreditation Committee meetings and accreditation visits with regard to confidentiality and information gained as a member as well as any reports which are authored or co-authored by them.

There are conflicts of interest explanations and statements within both the *Team Member Guide* (attachment 25) and the *Accreditation Policy* (attachment 26). Further to this, there are clear and well established processes for the management of conflicts of interest within

the *Accreditation Committee's ToR* (attachment 11) and the SA MET Unit education and accreditation team procedure manual and new unit process documents.

A smaller population compared to the National average, South Australia has the potential for several conflicts of interest to arise between accreditation team members, Accreditation Committee and Advisory Council members and facilities. The SA MET Unit is very careful to manage these; to an extent, being a smaller organisation assists the management of conflicts of interest as the SA MET Unit and other stakeholders have an increased awareness of each other's conflicts.

Members of an accreditation visit team, Advisory Council or Accreditation Committee are requested to sign a Confidentiality Agreement and Conflicts of Interest Declaration prior to each visit or at the commencement of their Committee membership.

Conflicts of Interest can arise in any of the following activities:

- Review of LHN accreditation submissions
- Supporting and advising facilities in accreditation preparation
- Analysis of accreditation data
- Supporting and advising accreditation teams at visits and in report development
- Review of accreditation reports
- Participating in discussions and decision making on accreditation matters
- Formulation of accreditation provisos and commendations
- Monitoring progress on accreditation provisos

The SA MET Unit manages conflicts of interest between accreditation staff and facilities when they arise. This occurs on the rare occasion, but in a recent example, one of the accreditation project officers spent six weeks supporting a LHN as a stand-in MEO. This individual was due to support the visit team for the visit to this site, but now has an identified conflicts of interest. A different project officer was allocated to support the accreditation of the facility.

As noted in attribute 2.1 there are three distinct levels of independent decision making to reduce the risk and prevent any undue influence of accreditation reports by members with a conflict of interest.

1. Independent accreditation visit teams prepare the accreditation report and recommend the duration of the approved accreditation cycle.
2. The Accreditation Committee reviews the report and makes a recommendation to the Advisory Council. The Committee can modify the outcomes.
3. The Advisory Council review the Accreditation Committee's recommendation and makes a final decision.

Defined processes, noted in attribute 2.1, are available to support staff in conflicts of interest and decision making.

In relation to the Advisory Council, specific meeting papers are not sent to members who are determined to have a conflict on the Advisory Council meeting agenda. Members will identify at the beginning of the meeting if they identify as having a conflict of interest. Responses are noted in the minutes of the meeting. Members will be required to leave the room during discussions and decision making which involve their interests.

For Accreditation Committee meetings, members will also identify at the beginning of the meeting if they have an ongoing conflict of interest arising from duties of employment (LHN member) or identify for any specific conflict. Responses are noted in the minutes of the

meeting. Members with an ongoing conflict may participate in discussion but may not advocate for a proposal nor cast a vote. Together with a restructuring of agenda business, this change has enabled more informed and focused debate and has contributed to better attendance at meetings and therefore to quorate decision making.

There have been no situations in the last 12 months where the independence of committee decision making about accreditation of intern training programs or posts has been threatened.

<b>Domain 2: Documents to be provided</b>	
Please provide the <b>latest version</b> of these documents as an appendix (as an attachment <b>or</b> link to the intern training accreditation website as appropriate).	
<input checked="" type="checkbox"/>	Copies of formal agreements to act as the intern training accreditation authority (Attachment 27-28)
<input checked="" type="checkbox"/>	Procedures for managing conflict of interest if separate from constitution, for example Terms of Reference of the Accreditation committees (Attachments 22, 25, 31, 38,)

<b>Domain 3: Operational management</b>	
<b>Current accreditation status:</b>	<b>Met</b>

<p><b>The intern training accreditation authority effectively manages its resources to perform functions associated with accrediting intern programs.</b></p> <p><b>Attributes</b></p> <p>3.1 <i>The intern training accreditation authority manages human and financial resources to achieve objectives in relation to accrediting intern training programs.</i></p> <p>3.2 <i>There are effective systems for monitoring and improving the intern training accreditation processes, and for identifying and managing risk.</i></p> <p>3.3 <i>There are robust systems for managing information and contemporaneous records, including ensuring confidentiality.</i></p>
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<p>3.1 <i>The intern training accreditation authority manages human and financial resources to achieve objectives in relation to accrediting intern training programs.</i></p>
<p>The response should encompass the following:</p> <ul style="list-style-type: none"> <li>• Practices the intern training accreditation authority employs to ensure that its accreditation activities are supported by appropriate human and financial resources.</li> <li>• Please address the direct resources of the intern training accreditation authority, the support available to it through health services (e.g. accreditation surveyor time) and collaboration with other bodies.</li> <li>• How the intern training accreditation authority evaluates the adequacy of its resources. Give examples of changes made as a result of review in the last three years.</li> </ul>

The SA MET Unit staff work closely with SA Health Human Resources (HR) and policies in relation to recruitment of all staff within the SA MET Unit. This includes the review and

approval of any recruitment processes and ensuring the SA MET Unit follows appropriate merit based selection processes. The DHW HR team will support the SA MET Unit regarding HR related matters and performance management should the need arise.

The SA MET Unit education and accreditation team is adequately staffed to manage the accreditation function and perform the duties required efficiently and professionally. There is stable ongoing funding for the staffing of the education and accreditation team and the team continuously review policy and process to ensure efficiency. In late 2021, the SA MET Unit undertook a review of its accreditation resources. The SA MET Unit prepared a Gantt chart mapping 2022 accreditation activity against resources. There were no concerns about the resources to complete the 2022 accreditation activities. Should risks arise associated to the resources allocated to accreditation, there are well established links via the Manager SA MET Unit through the CMO to the CE to obtain the necessary approval for the resources required.

The DHW and LHNs are supportive of staff members offering their expertise as accreditation team leaders, TMO member or MEO on an accreditation visit team accrediting full facility or new unit requests. The SA Health *Guideline for Medical Officers Absent from Duty Professional Commitment* (attachment 29) recommends managers approve absent from duty requests recognising TMOs have responsibilities and obligations to their profession requiring their attendance away from their usual practice of work. Attendance enhances the profession as a whole rather than provide any direct professional development benefit to the TMO.

The SA MET Unit collaborates with external consultants/general practitioners as independent accreditation team leaders at most accreditation visits. These practitioners are consultants working in the private sector, often within general practices and medical specialist organisations. The inclusion of private medical practitioners during accreditation visits increases the accreditation team's independence. The SA MET Unit has trained a number of consultants to be team leaders or team members ensuring there is adequate resources. SA Health supports this appointment providing an agreed fee for service for consultants to participate in the accreditation visit process. The *Team Member Guide* (attachment 25) sets out the financial support provided by SA Health to conduct an accreditation visit. External remuneration is payable to non-SA Health staff only.

### 3.2 *There are effective systems for monitoring and improving the intern training accreditation processes, and for identifying and managing risk.*

The response should encompass the following:

- How the intern training accreditation authority evaluates the adequacy of its resources. Give examples of changes made as a result of review in the last three years.
- Challenges and risks facing the intern training accreditation authority in resourcing its accreditation activities for the next three years.
- Processes for monitoring and continuous renewal of structures, functions and policies relating to intern training accreditation. Summarise important changes in the last three years that have resulted from these processes.
- The intern training accreditation authority's approach to risk management.

The SA MET Unit continue to face challenges of having adequate staff resources, but with the support of the Manager SA MET Unit and the CMO, the risk of not being able to maintain resourcing for accreditation activities is minimal. Accreditation activities are the priority and any additional resourcing can be provided on the approval of the Manager SA MET Unit. In

instances where resources are queried, the Manager Education and Accreditation will undertake an initial review such as seeking support from the SA Health HR to ensure vacancies are advertised promptly, reassessment of team member tasks and accreditation visit support, or assessment of accreditation activity timelines. All resourcing concerns are raised with the Manager SA MET Unit and recorded in the SA MET Unit Risk Register.

The Accreditation Committee and the Advisory Council have experienced the effects of COVID-19 and note the challenges the LHNs are facing on a day to day basis. The Advisory Council collaborates with LHNs on requests for extension of accreditation cycles and proviso management to find a practicable and suitable solution to support facility challenges.

Each year the SA MET Unit assess its resources in relation to accreditation team members and team leaders. The SA MET Unit has a proactive approach in ensuring there are adequate resources for accreditation visits by conducting accreditation team member training on an annual basis. New and existing team members are invited to the training. Team member performance is monitored by SA MET Unit staff to ensure team members participating in accreditation visits are appropriately skilled. For consultants who have performed as a team member and indicated an interest to undertake the team leader role, the accreditation team conducts one-on-one training to provide them with the necessary knowledge. The SA MET Unit education and accreditation team provide ongoing support to team members and leaders during an accreditation visit.

The SA MET Unit continues to be proactive in quality assurance, surveying accreditation team members and LHNs who have been involved in accreditation processes as well as monitoring and reviewing its structure, performance, functions and policies for improvement. Current evaluation processes will be expanded to include the function, efficiency and management of the Virtual Accreditation Manager (VAM) system, ensuring it is achieving its intended positive outcomes.

- Evaluations are conducted with LHNs on how they prepared for their accreditation visit during the year and how the SA MET Unit supported them.
- Evaluations are also conducted with accreditation visit team members on the performance of the SA MET Unit and to seek any quality improvement activities.
- Evaluations are conducted with the Advisory Council and Accreditation Committee members on the performance of their committee at the end of each year. Evaluation outcomes are tabled at the Advisory Council and Accreditation Committee for discussion and action.
- Outcomes from the Accreditation Committee evaluation on the Committee's performance are tabled at the Accreditation Committee and the Advisory Council. The participants in the 2021 feedback agreed the committee was performing well in line with its functions. It was identified that the out-of-session criteria should be reviewed to consider the number of requests outside of an Accreditation Committee meeting.
- TMOs and LHN staff are encouraged to provide feedback on the performance of the SA MET Unit as well as provide suggested policy amendments in line with current practice or new initiatives.

Policy and procedure documentation are reviewed on an as needs basis, with the last full review undertaken in 2019. In 2021, the SA MET Unit updated several policy documents such as the *Responding to Concerns Guideline* (attachment 3) and an *Annual Communication Plan* (attachment 30). Internal SA MET Unit accreditation templates are updated regularly in line with quality improvement suggestions such as the VAM communication letter and briefing templates and the *New Unit Site Visit Checklist* (attachment 31).

Following each facility accreditation visit, the SA MET Unit education and accreditation team hold a formal debriefing session to discuss the visit. Each aspect of the accreditation process is discussed, with staff considering proposed outcomes, actual outcomes and what accounted for any difference, for each aspect of the process. This is used both to inform future accreditation visits and as a staff reflection and development tool.

The AMC National Framework for Prevocational Medical Training Review has raised some concerns by LHN staff, in particular regarding how the structure will impact their current accreditation cycle. Concerns were also raised in relation to how a full restructure of the new Framework will be implemented with the existing limited resources. The SA MET Unit will also be impacted with the review of the Accreditation Standards and implementation, in addition to conducting a full year of accreditation activity. It is envisaged that further meetings will be conducted with AMC, SA MET Unit, Advisory Council and LHNs to ensure that all parties are satisfied with actions to be undertaken. More information regarding the prevocational medical training review is referred to in domain 5.

The SA MET Unit education and accreditation team regularly liaise with LHNs regarding the management of education and training programs. LHNs notify the SA MET Unit if there has been a change to any intern or PGY2+ post by lodging a change of circumstance application via the VAM. As part of the process, LHNs are requested to review the change and nominate the level of risk on how the change will impact TMOs, which subsequently supports LHNs in their risk management.

The SA MET Unit align with SA Health processes in relation to risk management and has established a *Risk Management Process* (attachment 32). This process operates under the principles of information sharing and collaboration with stakeholders to effectively identify, monitor and manage strategic and operational risks to the SA MET Unit. Risks may also relate to accreditation of intern and postgraduate year 2 (PGY2+) training programs. A database to record risks has been established to support the process.

SA Health have additional processes in relation to risk management [System-wide Risk Management Policy Directive](#). The SA Health [Risk Management Quick Reference Guide](#) is available to staff to understand the process of risk management. E-learning courses are also mandatory for SA Health staff to complete upon their commencement of employment.

### *Changes since the 2013 SA MET Unit Accreditation*

From February 2022, risk management will be a standard agenda item at Advisory Council meetings to ensure that members are aware of any possible risks.

#### *3.3 There are robust systems for managing information and contemporaneous records, including ensuring confidentiality.*

The response should encompass the following:

- Details of the systems for managing information and records and ensuring confidentiality. [3.3]

The SA MET Unit has a *Recordkeeping Policy* (attachment 33) and *Accreditation Recordkeeping Guideline* (attachment 34). These documents outline how the SA MET Unit maintains record keeping practices which meet the needs of the accreditation process, accountability requirements and stakeholder expectations.

In early 2018, the SA MET Unit identified a need to support and enhance the SA MET Unit's accreditation process and data management. The VAM was developed to assist with the coordination and improve the efficiency of accreditation processes. The SA MET Unit

accreditation processes involve a range of activities, including the collection of evidence and submission of application forms from the LHNs. Previously various technologies were utilised to gather information and accreditation data was stored within a shared network within LHNs with no single database to report on various functions. The VAM creates a single information system which SA MET Unit staff and LHNs can use to monitor the progress of accreditation compliance and applications. The VAM project objectives were to develop a system which increased efficiency, provide easy access to information and enable accurate collection of data and audit reporting.

Following the implementation of the VAM across the sites, the SA MET Unit developed the *VAM Project Evaluation Plan* (attachment 35) which outlined an evaluation process undertaken to ensure the ongoing development and improvement of the VAM. Feedback was gathered through survey and interview questions. The feedback identified the benefits of the new system, such as data accuracy, easy search function, reminders on actions and a single source of data. Whilst the feedback was predominately positive, with the majority of users indicating that the VAM was easy to use and has improved efficiency with accreditation processes, some stakeholders suggested a review of briefing and letter templates. New briefing and letter templates have been uploaded by the SA MET Unit in response to this feedback.

The SA MET Unit provide one-on-one training to all new VAM users and offers ongoing support over the phone and through email correspondence. The training includes providing the user with a *VAM User Guide* (attachment 36), *Process for Accrediting a Change of Circumstance* (attachment 37) and *New Unit Application Process* (attachment 38). Users are also given the opportunity to provide feedback regarding training by completing an evaluation via Survey Monkey.

The SA MET Unit education and accreditation team and accredited LHNs have been successfully using the VAM for all accreditation processes since February 2019. The team has been able to easily access the information within the system and produce reports with accurate data for auditing and reporting purposes. The LHN Accredited Post lists on the [SA MET Unit website](#) are reports downloaded from the VAM.

Security and confidentiality have been carefully considered in the development of the VAM. The VAM is an add-on module to SA Health's Safety Learning System (SLS). The confidentiality and security compliance of SLS is monitored and reported to the eHealth Systems Security Team. This team is responsible for providing ICT security planning and assurance functions. Data collected through the SLS is stored onto SA Health LAN servers which must also have approved corporate anti-virus protection software installed and regularly updated. This protects files stored on servers by automatically scanning all files as they are accessed, opened and closed and removes any detected viruses. SA Health is compliant with the requirements of the software specifications, particularly regarding maintenance of anti-virus software updates and operating system and application software patches for servers and desktop equipment in a timely manner.

VAM users are only able to access records and processes related to their specific LHN. This has been achieved through an internal system hierarchy and permission structure. Since its inception, there has been no concerns raised in relation to security and confidentiality. Further information regarding the implementation and evaluation of the VAM is specified in attribute 4.12.

The SA MET Unit saves all documentation in the SA Health approved Objective document management system. The document management system keeps a record of different document versions, user access and folder permission to ensure confidentiality is maintained.

To ensure confidentiality is maintained throughout all accreditation processes, meetings and site visits, both accreditation team members, Accreditation Committee and Advisory Council members are required to sign the relevant Confidentiality Agreement and Conflicts of Interest Declaration on their appointment. All SA Health employees must comply with the [Code of Ethics for the South Australian Public Sector](#) which amongst other items, includes the handling of official information and confidentiality. The Advisory Council, its sub-committees and the SA MET Unit ensure anonymity of junior doctors throughout accreditation questionnaires and visits. It should be noted that individuals and their specific feedback are not identified in accreditation reports, correspondence or reports tabled at meetings.

<b>Domain 3: Documents to be provided</b>	
Please provide the <b>latest version</b> of these documents as an appendix (as an attachment <b>or</b> link to the intern training accreditation website as appropriate).	
<input checked="" type="checkbox"/>	Risk management plan/policy (Attachment 32)
<input checked="" type="checkbox"/>	Policy for records management (Attachment 33-34)
<input checked="" type="checkbox"/>	Policy on confidentiality (Attachment 22)
<input checked="" type="checkbox"/>	Evaluation plan/strategy (Attachment 39)

<b>Domain 4: Process for accreditation of intern training programs</b>	
<b>Current accreditation status:</b>	<b>Met</b>

<p><b>The intern training accreditation authority applies the approved national standards for intern training in assessing whether programs will enable interns to progress to general registration in the medical profession. It has rigorous, fair and consistent processes for accrediting intern programs.</b></p> <p><b>Attributes</b></p> <p>4.1 <i>The intern training accreditation authority ensures documentation on the accreditation requirements and procedures is publicly available.</i></p> <p>4.2 <i>The intern training accreditation authority has policies on selecting, appointing, training and reviewing performance of survey team members. Its policies result in survey teams with an appropriate mix of skills, knowledge and experience to assess intern training programs against the accreditation standards.</i></p> <p>4.3 <i>The intern training accreditation authority has developed and follows procedures for identifying, managing and recording conflicts of interest in the accreditation work of survey teams and working committees.</i></p> <p>4.4 <i>The accreditation process includes self-evaluation, assessment against the standards, site visits where appropriate, and a report assessing the program against the standards. In the process, the intern training accreditation authority uses standards that comply with the approved national standards for intern training.</i></p> <p>4.5 <i>The accreditation process facilitates continuing quality improvement in delivering intern training.</i></p>
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- 4.6 *The accreditation process is cyclical, in line with national guidelines and standards, and provides regular monitoring and assessment of intern programs to ensure continuing compliance with the approved Intern training – National standards for programs.*
- 4.7 *The intern training accreditation authority has mechanisms for dealing with concerns for patient care and safety identified in its accreditation work, including accreditation assessment, monitoring and complaints processes.*
- 4.8 *The intern training accreditation authority has mechanisms for identifying and dealing with concerns about junior doctor wellbeing or environments that are unsuitable for junior doctors in its accreditation work including accreditation assessment, monitoring and complaints processes.*
- 4.9 *The intern training accreditation authority applies national guidelines in determining if changes to posts, programs and institutions will affect the accreditation status. It has clear guidelines on how the institution reports on these changes, and how these changes are assessed.*
- 4.10 *The intern training accreditation authority follows documented processes for accreditation decision-making and reporting that enable decisions to be free from undue influence by any interested party.*
- 4.11 *The intern training accreditation authority communicates the accreditation status of programs to employers, interns and other stakeholders, including regulatory authorities. It communicates accreditation outcomes to the relevant health services facility and other stakeholders.*
- 4.12 *There are published processes for complaints, review and appeals that are rigorous, fair and responsive.*

*4.1 The intern training accreditation authority ensures documentation on the accreditation requirements and procedures is publicly available.*

The response should encompass the following:

- The standards and criteria for accreditation and the aims of its accreditation process. Describe any reviews of the standards and criteria in the last three years and highlight any changes made as a result.

The *Accreditation Standards* (attachment 40) provide a framework for education and training of prevocational TMOs. The Accreditation Standards are aligned with National responsibilities and the AMC policy documents.

By meeting these standards, health services demonstrate they provide safe and effective education and training programs for TMOs. The accreditation assessment process will use evidence to test the extent to which health services are meeting these standards through document analysis, TMO surveys and LHN visits.

The accreditation assessment process sets out to establish and monitor standards for TMOs and to assist in the attainment of a universally high standard of general training. Through the accreditation process, facilities are evaluated by an accreditation visit team using clearly defined and established Accreditation Standards. Accreditation is essential in ensuring that interns can meet the requirements for general registration and that an optimal environment exists for the supervision and training of all prevocational TMOs in South Australia.

The Accreditation Standards:

- Assist LHNs, facilities, units, individual supervisors and TMOs to evaluate their own progress towards improved education and training. This evaluation should be ongoing and integrated with education and training governance and delivery.

- Allow accreditation teams visiting facilities, units and positions to benchmark the establishment and performance against expectations to achieve accreditation.
- Act as a reference for TMOs to ensure they are receiving education and training of an appropriate quality. The review of their own progress may occur informally and through structures such as the Advisory Council's DiTC and the Australian Medical Association Council of Doctors in Training.

The Accreditation Standards and accreditation policies are available on the SA MET Unit's [Website](#).

The SA MET Unit commenced a review of the Accreditation Standards in March 2020 with a consultation plan (attachment 41) developed and approved by the Advisory Council. Due to the review of the AMC National Framework for Prevocational Medical Training, the Accreditation Standards review was put on hold. In addition, the COVID-19 pandemic impacted engagement with stakeholders given the LHNs' requirement to prioritise service delivery during the COVID-19 response.

Whilst no revised versions have been approved since 2015, the Accreditation Committee continue to monitor and review the accreditation standards and processes ensuring relevance and effectiveness. It has been determined that the Accreditation Standards continue to 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.

At the February 2022 Accreditation Committee and Advisory Council meetings members reviewed the Accreditation Standards and the AMC's *Intern training – National standards for programs* and agreed in the interim, additional questions would be included in the accreditation visit process. The SA MET Unit will engage with LHNs on implementing these interim additional questions. Additional information will be sought on:

- TMO awareness of health standards to the Indigenous Aboriginal and Torres Strait Islander population they are serving, knowledge of their cultures, spirituality and relationship to land. Awareness of the other ethnic groups such as Maori, refugee populations and other cultural groups to contribute to the health and wellbeing of these communities.
- TMOs were encouraged to develop and practice their clinical skills within a simulated environment.
- TMOs were encouraged to seek support from MEOs to develop skills in self-care and peer support, including time management and identifying and managing stress and burn-out.
- Appropriate supervision is provided to TMOs undertaking telehealth consultations.

Once the AMC launch the new National Framework for Prevocational Medical Training, the Accreditation Standards will be reviewed to align with the new National Standards.

#### *Changes since the 2013 SA MET Unit Accreditation*

Due to the COVID-19 pandemic the Deputy Chair of the Accreditation Committee raised concerns about TMOs undertaking telehealth consultations and the appropriate clinical oversight required. Accreditation Committee members agreed that the SA MET Unit will monitor the situation through engagement with LHNs as well as upcoming accreditation visits. This engagement may include seeking feedback from LHNs, TMOs and Term Supervisors about their experiences with telehealth activities and supervision to ensure TMOs are practicing safely.

*4.2 The intern training accreditation authority has policies on selecting, appointing, training and reviewing performance of survey team members. Its policies result in survey teams with an appropriate mix of skills, knowledge and experience to assess intern training programs against the accreditation standards.*

The response should encompass the following:

- How the intern training accreditation authority select, appoints, trains and reviews the performance of its survey teams. [4.2]

The composition and number of accreditation visit teams will depend on the size and role of the LHN and the education and training program. Teams undertaking visits to large facilities will include, where possible, a team member from an interstate or an external organisation. The composition of a team ensures independence and integrity and adds value in a formative way by sharing local and interstate experience on best practice in prevocational TMO education and training.

Team members may be recruited to an accreditation visit team either via nomination by a professional body or organisation, registering an expression of interest or responding to an invitation by the SA MET Unit. All new visit members must undertake accreditation team member training, provided annually, before undertaking a site visit. Existing members can also participate if they would like a refresher. An online training introduction module is required to be completed by participants before attending a face-to-face practical training session.

The face-to-face practical training session provides participants with an opportunity to workshop and discuss accreditation with other participants. The practical session provides participants with the following training outcomes:

- Identify the Accreditation Standards
- Identify the roles and responsibilities of an accreditation team
- Recognise the importance of confidentiality
- Determine conflicts of interest and potential risks associated with a visit
- Learn how to resolve conflicts of interest situations at a visit
- Identify pre-meeting, visit and post accreditation processes
- Review accreditation reports and formulate provisos
- Identify the purpose and functions of the Accreditation Committee

A team leader is appointed to an accreditation visit team who has subject knowledge and previous visit experience. The SA MET Unit provide one-on-one accreditation visit leader training if a visit member shows leadership potential and an interest in undertaking the role.

In 2020, the accreditation visit team member training was cancelled due to COVID-19. Instead, an invitation was sent to LHN MEOs who showed an interest. A Microsoft Teams presentation was conducted in lieu of a face-to-face session. This demonstrates the SA MET Unit education and accreditation team's flexibility and ability to adapt to change, resulting in a positive outlook and increasing the number of trained MEOs for upcoming visits.

As noted in attribute 3.2, following each facility accreditation visit, the SA MET Unit education and accreditation team hold a formal debriefing session to discuss the visit. Each aspect of the accreditation process is discussed including evaluating and determining the skill set of each team member and providing feedback for their next visit. In addition, annual

evaluation processes are conducted at the end of each year seeking feedback from accreditation visit team members and LHNs on the performance of the SA MET Unit. This feedback includes peer evaluation of accreditation visit teams and accreditation visit processes. Outcomes are reported to the Advisory Council and Accreditation Committee for quality improvement activities and provided to participants and LHNs who were involved with a visit conducted in that year.

**4.3** *The intern training accreditation authority has developed and follows procedures for identifying, managing and recording conflicts of interest in the accreditation work of survey teams and working committees.*

The response should encompass the following:

- How conflicts of interest in the work of survey teams and working committees is managed.

The *Conflicts of Interest Policy and Procedure* (attachment 22) and *Confidentiality Agreement and Conflicts of Interest Declarations* (Declaration) (attachment 23-24) outlines the governance framework for identifying and managing conflicts of interest. These conflicts will arise on occasion within the SA MET Unit, accreditation visit teams, the Advisory Council and the Accreditation Committee meetings. The policy documents apply to all SA MET Unit staff, accreditation visit teams and members of the Advisory Council and its subcommittees.

As part of appointing visit team members to a particular site visit, the SA MET Unit education and accreditation team determine whether a team member has a conflict before they are appointed to the visit team. If an accreditation visit team member feels that their role on a particular visit could raise a potential conflicts of interest, they must notify the SA MET Unit who will determine whether it is appropriate for them to be involved in the visit. For example:

- The visit team member is currently or was recently employed at a LHN being visited
- Has a significant relationship with a person, directly involved in medical education of TMOs or an interest in the accreditation
- Has professional, personal or financial interests which may conflict, or be perceived to conflict, with the functions of the accreditation visit team

Each accreditation visit team member is requested to sign a Declaration noting any conflict or perceived conflict prior to each LHN visit. Advisory Council and its sub-committee members are also requested to sign a Declaration at the beginning of their tenure. The terms of the Declaration ensure information obtained as an accreditation visit team member or member of the Advisory Council or any of its sub-committees remain confidential and will only be used for the sole purpose of fulfilling their appointed responsibilities.

The processes in relation to managing conflicts of interest in working committees is noted in attribute 2.2. Each visit team member or committee member is skilled in identifying a conflict of interest and resolution action. This knowledge is acquired through attending the accreditation visit team member training, SA MET Unit advice or reviewing the *Team Members' Guide* (attachment 25). Sub-committee ToRs contain information regarding the importance of confidentiality and conflicts of interest responsibilities.

**4.4** *The accreditation process includes self-evaluation, assessment against the standards, site visits where appropriate, and a report assessing the program against the standards. In the process, the intern training accreditation authority uses standards that comply with the approved national standards for intern training.*

The response should encompass the following:

- The standards and criteria for accreditation and the aims of its accreditation process. Describe any reviews of the standards and criteria in the last three years and highlight any changes made as a result.
- The intern training accreditation authority's process for accreditation of posts/programs for training. The response should cover:
  - what the intern training accreditation authority accredits, e.g. positions, facilities, networks of facilities
  - types of accreditation surveys – e.g. new unit, modified unit, full survey etc.
  - the key steps in the process
  - methods used to assess whether the intern training program is meeting the national standards, (e.g. surveys/questions, self-assessment by the intern training program, paper-based review, video/teleconference discussions, and site inspections), how decisions are made about methods and who manages particular approaches (e.g. intern training provider or intern training accreditation authority)
  - how the intern training accreditation authority seeks the contribution of interns and supervisors to the review of the suitability of institutions / programs / posts
  - the information the intern training accreditation authority asks the health facility/intern training program to provide to demonstrate that interns are involved in high quality clinical care.
  - the process for making accreditation decisions
  - how the intern training accreditation authority ensures its processes are rigorous, fair and consistent, and free of undue influence by any interested party
  - the cycle of accreditation and length of the periods of accreditation available. [4.4 and 4.10]
- How the intern training accreditation authority has mapped its requirements to the new national standards for intern training accreditation and the Medical Board standard, *Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training.* [4.4]

As noted in attribute 4.1, the Accreditation Standards set out a framework for education and training of prevocational TMOs. The Accreditation Standards include criterion under each Accreditation Standard criteria in line with National Standards. LHNs achieve accreditation by providing evidence on how these standards are met. Provisos are allocated when Accreditation Standards are not met and quality improvement activities are required.

The SA MET Unit commenced a review of the Accreditation Standards in March 2020, however, due to the review of the National Framework for Prevocational Medical Training, the Accreditation Standards review was put on hold. During this time, the Advisory Council continues to monitor the appropriateness of the Accreditation Standards.

At the February Advisory Council meeting it was approved to include interim additional questions within the accreditation visit process until the Accreditation Standards review. The questions will include Indigenous health, simulated learning opportunities, TMO self-care and support and telehealth supervision. The SA MET Unit will engage with LHNs to implement the new interim process.

The Advisory Council accredit all prevocational training posts and programs within health services in South Australia. The Advisory Council accredits at the position, unit, facility and LHN level for prevocational trainees (interns and PGY2+).

The accreditation process differs depending on whether a request is a change of circumstance, new unit or facility accreditation. Change of circumstance requests can be approved through a paper-based process, depending on the extent of the change to the facility's unit.

For accredited LHNs applying for additional intern post(s), on an approved term, a Change of Circumstance application can be submitted through the VAM and if the application is approved by the Advisory Council, the decision will be subject to a unit/s site visit following two filled terms.

An LHN must be accredited to conduct a prevocational education and training program within their network. This requires a full facility visit Accreditation Report to be approved by the Advisory Council before any intern can be allocated to a term. An LHN may have more than one facility within their network; it is necessary to hold an accreditation visit for each facility. If an accredited LHN requires an intern to be allocated to a new post/term within their network, a new unit visit is conducted by an accreditation visit team following two filled terms.

As part of the process for a full facility site visit, the SA MET Unit conducts a survey with all interns, approximately two or three months prior to the site visit. The survey results are included within the LHN's accreditation assessment documentation and supports accreditation visit team discussions. Determination is made regarding the most appropriate units to interview and questions to ask during the interview process in order to assess whether the LHN meets accreditation standards.

Through the process of accreditation for full facility assessments, an accreditation visit team formally evaluates an LHN against the Accreditation Standards by reviewing a LHN's paper-based self-assessment including term supervisor feedback, results of TMO experience surveys and conducts site interviews with LHN TMOs, Executive, Terms Supervisors and MEOs.

After reviewing the LHN's self-assessment submission and intern survey responses, the visit team decide the questions required during the visit interview process to satisfy compliance with the Accreditation Standards. These questions need to ensure the LHN's education and training program is aligned with the Accreditation Standards and demonstrate that interns are involved in high quality clinical care including provision of TMO welfare support. An *Accreditation Interview Sample Question Guide* (attachment 42) has been established to support accreditation visit teams with an example of questions that can be used at accreditation visits. All LHN visits are unique including the types of questions asked. The questions are aligned with the Accreditation Standards (e.g. ETP, evaluation, clinical experience, supervision, assessment and TMO welfare) and will include seeking input from the Executive and MEOs about the positive aspects occurring within their education and training program and any suggested improvements.

As noted above, TMOs are requested to complete a survey two to three months prior to an accreditation visit. The survey provides an opportunity for TMOs to provide feedback about their experiences and how the LHN has supported them through the education and training program. This information is included in the LHN's self-assessment documentation and reviewed by the accreditation visit team. Term Supervisors are also provided an opportunity to comment as part of the self-assessment template, advising how the unit and LHN is

performing and TMO experiences during the term. The accreditation visit team can respectfully expand on the survey results and self-assessment as part of the interview process with confidentiality maintained.

The SA MET Unit education and accreditation team communicate appropriate decisions from the accreditation team's pre-visit meeting to the LHN and the LHN prepares a schedule of interviews. Depending on the size of the LHN will depend on the number of days the accreditation team require to interview TMOs, Executive, Term Supervisors and MEOs in line with the pre-visit meeting and Accreditation Standards.

On some occasions, rather than visiting a regional unit/s from a new unit application, a visit has been conducted via videoconference. The overall face to face process remains the same, however interviews are conducted with Unit TMOs, Executive, Terms Supervisors and MEOs through software such as Zoom or Microsoft Teams. Accreditation visit team pre and post discussions also occurred via videoconference rather than members attending face-to-face meetings at the DHW.

Recommendations and decisions regarding accreditation compliance must be based on sound evidence. Every effort is made to triangulate evidence by gaining information from three separate sources. The three sources of information used to triangulate evidence could be the self-assessment submission, TMOs and the term supervisor feedback, by survey or in person, or alternatively two separate groups of TMOs and the term supervisor.

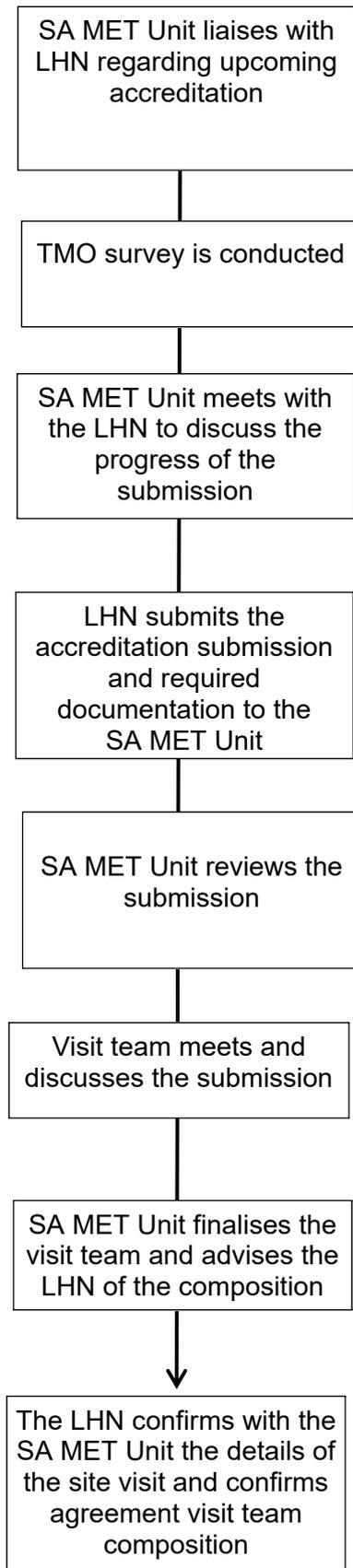
Accreditation Reports provide an assessment of a facility or unit against the Accreditation Standards. Full facility reports contain a section for each of the standards, while unit reports cover standards 3-6 which are relevant to the individual unit. Accreditation Reports contain the accreditation status of each unit which has been assessed, including the number of accredited intern and PGY2+ posts. Full facility visit Accreditation Reports contain the accreditation status of every unit which has prevocational trainees.

The SA MET Unit work closely with facilities on accreditation visits, processes, accreditation activities and provides advice with the completion of an accreditation submission, if required. Details of the accreditation processes can be found in the accreditation process documents, available on the [SA MET Unit website](#).

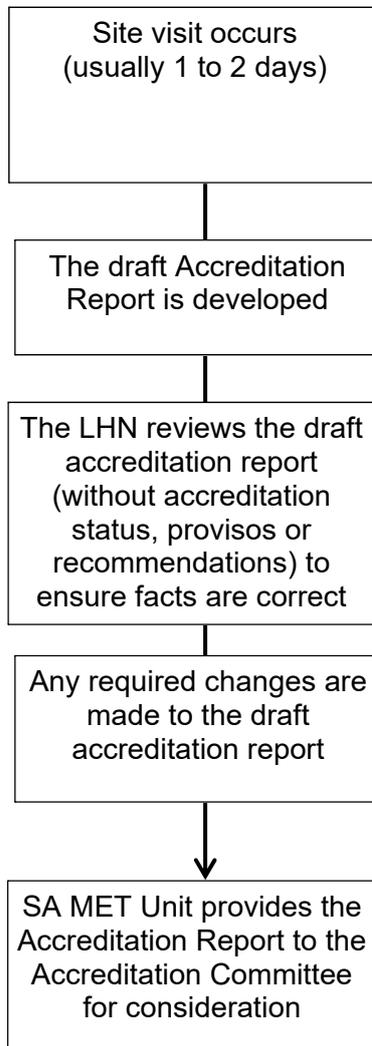
The SA MET Unit, in alignment with the National Guidelines, clearly identifies what constitutes a change of circumstance and what needs to be communicated to the Accreditation Committee. To date LHNs have been proactive in reporting change of circumstance requests to the Accreditation Committee in a timely manner. To ensure timely notification, the SA MET Unit maintains clear communication channels with EDMS', DCTs and MEOs.

# Accreditation Visit Process

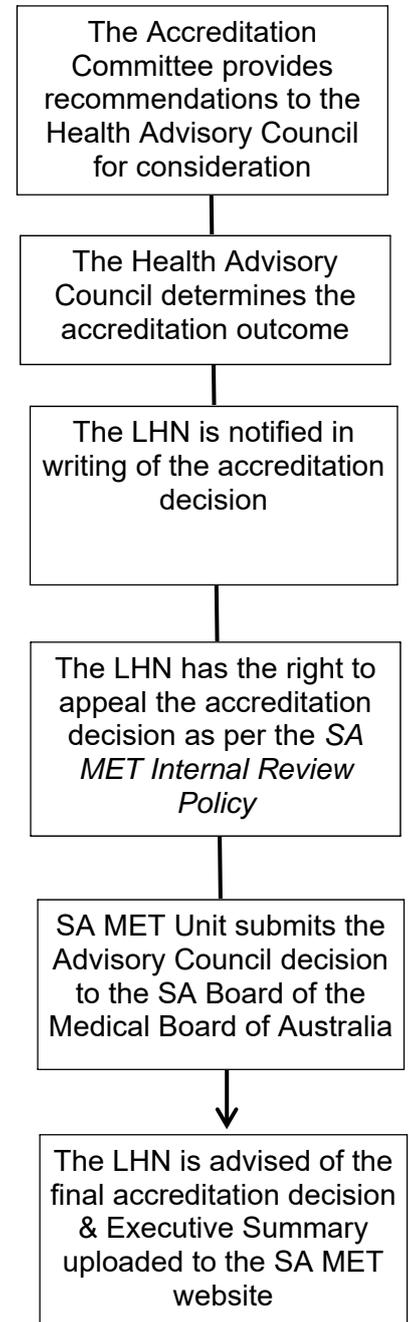
## Accreditation Preparation



## Accreditation Visit



## Accreditation Approval



An *Accreditation Approval Delegations Table* (attachment 43) sets out the approval process for accreditation decisions through the Accreditation Committee. The Advisory Council makes decisions on Accreditation Committee recommendations and activities to have a greater understanding on the key areas of focus. In line with the approval delegations, a newly developed *Accreditation Committee Recommendations for Approval Guideline* (attachment 21) provides a step by step guide for SA MET Unit staff when recording and processing accreditation recommendations and Advisory Council decisions.

The SA MET Unit accreditation team work closely with LHNs on a daily basis and utilise the comprehensive accreditation policy documentation to assist in the day to day operational decisions which are required. LHNs have access to the policy documentation with relevant documents uploaded to the SA MET Unit website. The SA MET Unit education and accreditation team welcome LHN feedback on the processes for quality improvement.

Also noted in attribute 2.1, the SA MET Advisory Council has established three distinct levels of decision making providing accreditation approval processes that are transparent, impartial and without undue influence or interference from any person, health stakeholder or organisation, including government, health facility, general practice or professional association.

The SA Met Unit staff must conduct themselves in a manner consistent with the values and standards of professional conduct within the [Code of Ethics for the South Australian Public Sector](#). This Code aligns with accreditation policy development.

All new and reviewed policy documentation are evidence based, undertake a fair and rigorous process and a diverse stakeholder consultation is sought with policies which involve LHNs and health stakeholders.

Accreditation visit teams conduct accreditation visits three months prior to the expiry of the LHN accreditation status. The cycle of accreditation includes:

- **A 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.
- **A two-year accreditation.** This will be granted to LHNs which meet most of the Standards but have significant deficiencies warranting attention.
- **A 12-month accreditation.** This may be granted to an LHN/new unit which has not previously employed prevocational TMOs or has deficiencies warranting attention.
- **A six-month accreditation.** This will be granted to LHNs which require immediate action to correct deficiencies identified in the visit.

The Accreditation Standards were revised in 2010 and in 2015, mapped against the *National Safety and Quality Health Service Standards* and the Australian Medical Council Limited's *Intern Training - National Standards for Programs*. In 2010, the SA MET Unit consulted with a wide range of stakeholders, both locally and nationally, including the SA Board of the Medical Board of South Australia (SA Board of the MBA) and the SA Health LHNs. The Accreditation Standards were amended based on the stakeholder feedback. The second edition of the Accreditation Standards implemented in January 2015 is the current version.

From annual evaluations conducted, LHN staff and accreditation team members are requested to rate and comment on the ease of interpretation, application and implementation of the Standards. Results received support that the Standards remain fit for purpose.

## *Changes since the 2013 SA MET Unit Accreditation*

- Implementation of the Mid-Cycle Report

### *4.5 The accreditation process facilitates continuing quality improvement in delivering intern training.*

The response should encompass the following:

- The standards and criteria for accreditation and the aims of its accreditation process. Describe any reviews of the standards and criteria in the last three years and highlight any changes made as a result. [4.1, 4.4 and 4.5]
- How the intern training accreditation authority accesses educational expertise for development, management and continuous improvement of its intern training accreditation activities. [4.5]
- How the intern training accreditation authority informs and educates health facility staff about accreditation standards. [4.5 and 4.11]

The Accreditation Standards and criteria for accreditation and the aims of its accreditation processes are noted in detail in attributes 4.1 and 4.4 above.

The Advisory Council promote a continuum of learning and shares accreditation expertise and information to health stakeholders. A continuum of learning ensures the accreditation knowledge of its members and sub-committee members. LHNs remain vital to the continuity of the quality of education, training and welfare for TMOs within South Australia. Strong relationships exist between sub-committees to ensure educational expertise is shared to support accreditation activities for example, the South Australian Medical Officers Survey (SATMOS) which is noted in detail within attribute 4.8 below.

The Strategic Plan (attachment 7) was launched in 2021 identifying a range of strategies to enhance and improve medical education and training for doctors. As part of the development of the Strategic Plan the SA MET Unit met with LHN CEOs, Governing Board Chairs and other LHN representatives to consult on the draft document and discuss which areas the LHNs viewed as their priorities. This led to some very positive discussions between the SA MET Unit and LHNs about the future of education and training programs and the commitment towards the strategic initiatives and areas which required improvement.

The SA MET Unit continue to evaluate the development, management and continuous improvement of its intern training accreditation activities. For example, feedback, complaints and concerns are identified from direct feedback to the SA MET Unit education and accreditation team, the contact form on the SA MET Unit website, annual evaluation surveys, TMO surveys and provisos which are discussed at the Advisory Council and Accreditation Committee meetings. The SA MET Unit work collaboratively with the LHNs on continuous improvement activities and to resolve any matters to enhance a TMO's experience.

The VAM facilitates an efficient accreditation submission and reporting tool for facilities and the SA MET Unit. The VAM provides the Accreditation Committee with a standardised portal and more consistent approaches to decision making through a clearer audit trail. The VAM is improving the efficiencies and risk management processes for LHNs and the SA MET Unit.

The SA MET Unit has established close relationships with LHNs and staff are encouraged to contact the education and accreditation team to discuss the Accreditation Standards at any time, particularly when completing a self-assessment or providing evidence against provisos.

The education and accreditation team often provide training to new LHN staff as part of their orientation to accreditation. The Accreditation Standard's criteria is also discussed as the need arises at various Advisory Council sub-committee meetings.

The SA MET Unit inform and educate LHN staff on the Accreditation Standards and its criteria through regular communication, the accreditation visit process, meeting with MEOs and DCTs, responding to proviso requests and accreditation team member training. Annual evaluation processes seek feedback on any difficulties LHNs have in interpreting the Accreditation Standards, the time requirements in preparing responses and evidence as part of the self-assessment submission.

The SA MET Unit website also contains detailed information about accreditation processes with the Accreditation Standards and policy documents. The SA MET Unit is readily available to answer any queries.

#### *Changes since the 2013 SA MET Unit Accreditation*

In addition to provisos and recommendations, the Accreditation Report contains a series of commendations in particular areas that are working particularly well within a facility. The SA MET Unit has endorsed an initiative to celebrate the excellence in medical education and training with a number of initiatives implemented in 2021. These are noted within the SA MET *Strategic Plan Annual Report* (attachment 9) and this will continue in 2022. The sharing of 'good news' stories from LHN stakeholders, accreditation visit reports or other sources will be included in the quarterly SA MET Unit Newsletters.

*4.6 The accreditation process is cyclical, in line with national guidelines and standards, and provides regular monitoring and assessment of intern programs to ensure continuing compliance with the approved Intern training – National standards for programs.*

The response should encompass the following:

- How the intern training accreditation authority monitors accredited health services, programs or posts. [4.6]

The implementation of the VAM has supported the education and accreditation team to more efficiently monitor LHN accreditations, programs and accredited posts. The education and accreditation team regularly communicate with LHNs through the VAM system. The VAM provides the education and accreditation team with a monitoring, auditing and reporting tool which is also useful for LHNs who have access to their accreditation posts and accreditation status. LHNs submit new unit and change of circumstance applications through the VAM to support their local service delivery and staffing requirements. Depending on the situation, change of circumstance applications are approved subject to a TMO survey request after two filled terms monitoring the change.

In addition, the SA MET Unit monitors LHN programs and posts through the assessment of provisos. During an accreditation visit, the accreditation visit team will allocate provisos to the LHN for areas of improvement. The SA MET Unit education and accreditation team use the VAM to monitor these provisos and ensure the LHNs are responding to the provisos in a timely manner. Proviso responses are reviewed by the SA MET Unit education and accreditation team, tabled at an Accreditation Committee meeting and subsequently to the Advisory Council for decision making.

Accreditation visits are conducted every four years unless there is a specific concern with an LHN education and training program. A *Mid-Cycle Report Process* (attachment 44) was developed to support the monitoring of LHNs during the four year accreditation period. A

Mid-Cycle Report is submitted by the LHN via the VAM mid-way through their accreditation cycle for review by the Accreditation Committee and Advisory Council. A Mid-Cycle Report defines the reporting process to ensure LHNs are maintaining Accreditation Standard compliance. The Mid-Cycle Report template requests LHNs provide an update on any improvements made to the education and training program, any concerns or challenges the LHN has experienced, any significant staff changes within the Medical Education Unit, an evaluation of mid-term and end-of-term evaluations and rates of return. The Mid-Cycle Report provides an opportunity for the DCT to provide feedback on the LHN's education and training program and whether any support is required from the Advisory Council to advocate for continuous improvement. The report also provides an opportunity for the LHN to update the SA MET Unit on the progress of provisos not met.

A detailed VAM instruction manual has been created to provide expert advice on the program and the education and accreditation team is available to support LHN staff using the program. VAM training is provided to new users and to existing users who need support or refresher training.

*4.7 The intern training accreditation authority has mechanisms for dealing with concerns for patient care and safety identified in its accreditation work, including accreditation assessment, monitoring and complaints processes.*

The response should encompass the following:

- Describe the intern training accreditation authority's mechanisms for dealing with concerns for patient care and safety identified in its accreditation work, including accreditation assessment, monitoring and complaints processes. [4.7]

The Advisory Council acknowledged that information relating to concerns for trainee welfare or patient safety can be obtained outside of the accreditation process. To ensure this information is managed correctly and action taken appropriately, the *Responding to Concerns Guideline* (attachment 3) was reviewed in 2021. This review was undertaken to clearly outline the process for responding to all concerns and complaints received by the SA MET Unit regarding TMO education and training, supervision, TMO welfare or patient safety. The process allows any person to raise instances of non-compliance of safety, health and welfare including protecting their safety or the safety of others in the TMO's care.

The SA MET Unit staff understand the legal obligation and responsibilities to act as an Accreditation Authority providing a duty of care to ensure patient and TMO safety and wellbeing. The *Responding to Concerns Guideline* includes issues relating to patient safety or an issue that could compromise the care given to a patient in the care of a TMO. The Guideline recognises that patient safety and TMO wellbeing concerns are not mutually exclusive, an issue which endangers patient safety will often endanger TMO safety and vice versa.

The *Responding to Concerns Guideline* notes concerns and complaints can be raised with the SA MET Unit from a number of different sources, including:

- Directly from TMOs or their advocates
- Through Advisory Council or its sub-committees
- Healthcare staff
- LHN management
- Anonymously via the contact form on the SA MET Unit website
- Evidence received in an accreditation visit
- Through the accreditation survey process

The *Responding to Concerns Guideline Flowcharts* (attachment 45) were drafted to support the different avenues of feedback and how the feedback will be processed within the SA MET Unit.

Accreditation team members undertaking an accreditation visit may, in interviews, identify issues which pose a risk to patient and/or TMO safety. If an accreditation team identifies a patient and/or TMO safety issue, the team has a duty to investigate this to the best of its ability and inform the relevant authorities at the site before the visit concludes. When a concern or complaint is identified within an accreditation site visit, the SA MET Unit will respond as per the *Responding to Concerns Guideline* and the accreditation visit process to ensure adequate review of the complaint to resolution.

A Responding to Concerns database has been established to record all complaints and concerns received by the SA MET Unit. This enables ongoing monitoring by the Advisory Council and the Accreditation Committee. In 2022, a newly created quarterly report will be tabled at the Advisory Council and the Accreditation Committees for monitoring of progress and further action if required.

The SA MET Unit staff provide a supportive presence within the DiTC, SA MET Unit JMO Forum, EDMS and SA MET Medical Officers Appointment Working Group, whereby members have an avenue to direct issues or concerns regarding TMO education and training to the Accreditation Committee or the Advisory Council.

**4.8** *The intern training accreditation authority has mechanisms for identifying and dealing with concerns about junior doctor wellbeing or environments that are unsuitable for junior doctors in its accreditation work including accreditation assessment, monitoring and complaints processes.*

The response should encompass the following:

- Describe the intern training accreditation authority's mechanisms for identifying and dealing with concerns about junior doctor wellbeing or environments that are unsuitable for junior doctors in its accreditation work including accreditation assessment, monitoring and complaints processes. [4.8]

**Note:** Issues related to patient safety and intern wellbeing could be identified through usual accreditation mechanisms (including site visits, evidence submission, direct contact with interns, or regular monitoring processes) and through additional means such as a complaint to the accreditation authority or through information available in the public domain.

Accreditation is monitored outside of visits through the *Change of Circumstance process* (attachment 37), and the *Responding to Concerns Guideline* (attachment 3). These processes allow judgements to be made regarding the accreditation of units and facilities when there have been changes to the program, or when specific concerns have been raised with the SA MET Unit. The Advisory Council will make decisions regarding accreditation of units and facilities (accreditation matters) and the CMO will make decisions on LHN operational matters.

As noted above, the *Responding to Concerns Guideline* is also utilised with regard to recognising junior doctor wellbeing and unsuitable work environments. The updated Guideline consolidated different processes into one document clearly setting out a new process for all complaints and concerns received by the SA MET Unit and the steps to resolve the concern or complaint. The process allows any person to raise instances of non-compliance of safety, health and welfare, protecting their safety and the safety of others in a

TMO's care, TMO education and training, supervision and TMO welfare concerns. If a concern or complaint is unable to be resolved, the Accreditation Committee and Advisory Council have the ability to discuss, recommend and decide on appropriate action or change the accreditation status of the unit or full facility.

Many LHN stakeholders are members of Advisory Council sub-committees. Members will raise any problems or disputes at these meetings. Any concerns that cannot be resolved are raised directly with the Manager SA MET Unit or Manager Education and Accreditation (if related to intern training program). For example, at a 2018 JMO Forum meeting an issue was raised regarding the lack of long-term physicians available at a hospital to provide continuity of care and support for junior staff. This concern was escalated to the Manager Education and Accreditation and Manager SA MET Unit who met with the LHN to investigate. The concern was monitored by the Advisory Council until the concern was resolved.

The Accreditation Standards address patient safety and TMO welfare in Standard 6.1.1 *'The duties, working hours and supervision of TMOs are consistent with the delivery of high-quality, safe patient care and TMO welfare'*.

The *Managing Patient/TMO Safety Concerns During Accreditation Visits Procedure* (attachment 46) and the *Responding to Concerns Guideline* both set out in detail the actions required if a concern has been raised during an accreditation visit as part of TMO or LHN interviews. In particular,

- Though interviews at an LHN accreditation visit if team members were concerned about an issue raised by an LHN staff member, team members are obligated to ask further questions of TMOs to investigate and obtain as much information as possible. The issue should then be discussed with the appropriate term supervisor or escalated to the MEO and/or DCT to determine the extent of the issue, whether this has been detected by the SA MET Unit previously and whether steps have been taken to resolve it. The concern will be discussed at the debrief meeting at the end of the day/visit.
- LHN management will be responsible for producing a report detailing how the concern has been resolved, which will be submitted to the SA MET Unit within one week of the visit and forwarded to the accreditation visit team.
- If the accreditation visit team is satisfied that the concern has been fully resolved, the SA MET Unit will inform the relevant site.
- If it has not been possible to fully resolve the concern by the time of submission of the report, the site will be responsible for completing an action plan detailing how and when the concern will be resolved. SA MET Unit staff will work closely with the facility to ensure this action plan is met. Monitoring of the action plan will take place outside of the regular accreditation report process; however the final report may contain provisos relating to the concern.
- Following appropriate investigation, the accreditation visit team will determine the ongoing suitability of accreditation with potential accreditation outcomes e.g. continued accreditation, conditional accreditation with provisos for monitoring or rescind accreditation.

Accreditation is awarded for a period of time, subject to the resolution of provisos (conditions) made on the accreditation status of an LHN, facility or unit. Where an accreditation team has considered that an accreditation standard has not been met or has only partially been met a proviso will be made with a reporting requirement. The *Accreditation Proviso Reporting Process* (attachment 47) sets out the process for drafting, monitoring and reporting on provisos. Provisos must be met by an allocated date within the required reporting period for accreditation to be maintained. The Accreditation Report lists

the provisos and the date for reporting progress which is approved through the Accreditation Committee and Advisory Council meetings.

The SA MET Unit will provide the LHN, at regular intervals, a VAM generated spreadsheet which tracks the LHN's efforts in addressing provisos. The spreadsheet is updated by SA MET Unit after every Accreditation Committee meeting and highlights provisos that are open and or closed. The spreadsheet is sent to the LHN accompanied by a letter from the Accreditation Committee notifying them of the latest meeting outcomes.

The SA MET Advisory Council established the SATMOS Working Group to progress the implementation of an annual state-wide survey in August 2017. The focus of the survey is TMO education, training and welfare and the questions are structured with reference to the Accreditation Standards framework.

The SATMOS seeks feedback in regard to TMO education and training, TMO wellbeing in the workplace as well as work rostered outside of working hours. Ensuring TMOs have a healthy work life balance will contribute to optimal work performance which will in turn improve patient safety and care. The Advisory Council uses the results from Ahpra's annual Medical Training Survey to monitor TMO welfare. The SATMOS End-of-Term Survey (attachment 48) aims to deliver real time information by providing TMOs with the opportunity to provide narrative feedback which is not included within the MTS.

The SATMOS project plan (attachment 49) is ongoing, it has been approved by the LHNs, TMOs, Advisory Council, the CE and CMO, SA Health. The updated SATMOS is now available to use and the Advisory Council encourages all LHNs to use the survey. It is envisaged that the outcomes from the SATMOS will be tabled anonymously at the Advisory Council and Accreditation Committee meetings for monitoring and reporting of themes and action concerns as required.

*4.9 The intern training accreditation authority applies national guidelines in determining if changes to posts, programs and institutions will affect the accreditation status. It has clear guidelines on how the institution reports on these changes, and how these changes are assessed.*

The response should encompass the following:

- The changes in a health service, program and/or post which would cause the accreditation status to be reviewed and the intern training provider's process for such reviews. [4.9]

Some examples of changes in a health service, program and/or post which would cause the accreditation status to be reviewed:

- TMOs reported that supervision was not provided at all times at a level appropriate to their experience and responsibilities which resulted in a decrease of high-quality care, TMO welfare and patient safety.
- Events within the education and training environment with regard to unsafe intern working hours.
- Events of bullying, harassment and discrimination within the education and training environment which affected the safe working conditions for TMOs.
- Repeated TMO and patient safety feedback for which LHNs have failed to resolve.

If multiple concerns have been raised which are identified as 'major' or 'extreme' through the *Responding to Concerns Guideline* about a particular term, as part of quarterly reporting, the Advisory Council and the Accreditation Committee will consider and action as appropriate.

Whilst the responsibility to resolve concerns are ideally the responsibility of the LHN, if appropriate resolution is unable to be met, the Advisory Council can consider its suitability for accreditation.

*4.10 The intern training accreditation authority follows documented processes for accreditation decision-making and reporting that enable decisions to be free from undue influence by any interested party.*

The response should encompass the following:

- The intern training accreditation authority's process for accreditation of posts/programs for training. The response should cover:
  - what the intern training accreditation authority accredits, e.g. positions, facilities, networks of facilities
  - types of accreditation surveys – e.g. new unit, modified unit, full survey etc.
  - the key steps in the process
  - methods used to assess whether the intern training program is meeting the national standards, (e.g. surveys/questions, self-assessment by the intern training program, paper-based review, video/teleconference discussions, and site inspections), how decisions are made about methods and who manages particular approaches (e.g. intern training provider or intern training accreditation authority)
  - how the intern training accreditation authority seeks the contribution of interns and supervisors to the review of the suitability of institutions / programs / posts
  - the information the intern training accreditation authority asks the health facility/intern training program to provide to demonstrate that interns are involved in high quality clinical care.
  - the process for making accreditation decisions
  - how the intern training accreditation authority ensures its processes are rigorous, fair and consistent, and free of undue influence by any interested party
  - the cycle of accreditation and length of the periods of accreditation available. [4.4 and 4.10]

The SA MET Advisory Council is authorised as the accreditation authority in South Australia to accredit all TMO (interns and PGY2+s) posts and LHN education and training programs across the State. Accreditation must be granted (positions, facilities and network) before any TMO can be rostered on a LHN term. In support, the SA MET Unit has topic/subject focussed accreditation policy documentation designed to encourage consistent principles, terminology and practice across the SA MET Unit, accreditation teams and health facilities. The SA MET Unit's accreditation policy documents are uploaded to the website to ensure transparent, impartial and fair processes.

As defined in attribute 4.4 the SA MET Unit follows documented processes to support accreditation visits for new unit and full facility visits. The accreditation team will review the following information in its initial paper-based assessment for a full facility visit.

- TMO surveys
- LHN self-assessment submission
- LHN self-assessment evidence
- LHN DCT and Term Supervisor feedback

After reviewing the LHN's self-assessment submission and intern survey responses, the visit team decide the types of questions required to be asked during the visit interview process. The questions need to ensure the LHN's education and training program is aligned with the

Accreditation Standards and demonstrates that TMOs are involved in high quality clinical care and TMO welfare support is provided. The outcomes from the pre-visit meeting such as units to be interviewed or further information is required is communicated to the LHN MEOs who will draft an interview schedule and respond to the additional information request.

An accreditation visit team will conduct separate confidential interviews with LHN staff, TMOs, Term Supervisors and MEOs ensuring sound evidence is collected for the accreditation report (information is collected from three separate sources). The accreditation visit team discuss the items to be included in an Accreditation Report and the SA MET Unit education and accreditation project officer will draft the report for review. The Accreditation Report is provided to the LHN, after review by the accreditation visit team, to fact check the document ensuring that the content reflects the LHN's business and governance structure. The accreditation visit team will recommend the accreditation cycle for approval by the Accreditation Committee and the Advisory Council.

Attribute 4.4 notes how the SA MET Unit follow documented processes to allow consistency in actions and decision making, free from undue influence.

The accreditation cycles are consistent with:

- **A 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.
- **A two-year accreditation.** This will be granted to LHNs which meet most of the Standards but have significant deficiencies warranting attention.
- **A 12-month accreditation.** This may be granted to an LHN/new unit which has not previously employed prevocational TMOs or has deficiencies warranting attention.
- **A six-month accreditation.** This will be granted to LHNs which require immediate action to correct deficiencies identified in the visit.

A Mid-Cycle Report is required half-way through the accreditation cycle to provide an update to the Advisory Council on any improvements made to the education and training program, any concerns or challenges the LHN has experienced and any significant staff changes within the MEO which may affect TMOs. Provisos are also monitored by the Accreditation Committee to ensure LHNs respond to the concerns raised by the accreditation visit team to ensure Accreditation Standards are met within the appropriate timeframes allocated.

The SA MET Unit is proactive in monitoring and evaluating its administrative processes and as a result established the VAM in order to create a standardised accreditation administration portal to manage accreditation activities and posts. The LHNs submit their self-assessment and evidence through the VAM, which provides a consistent tool for both the SA MET Unit and LHN staff throughout accreditation processes.

#### *Changes since the 2013 SA MET Unit Accreditation*

- Implementation of VAM
- Approval of a new Accreditation Committee Recommendations Approval Guideline and updated Accreditation Decisions Delegation Table

4.11 *The intern training accreditation authority communicates the accreditation status of programs to employers, interns and other stakeholders, including regulatory authorities. It communicates accreditation outcomes to the relevant health services facility and other stakeholders.*

The response should encompass the following:

- How the intern training accreditation authority informs and educates health facility staff about accreditation standards. [4.5 and 4.11]
- How the intern training accreditation authority communicates about its accreditation requirements, processes and accreditation decisions. [4.11]

In addition to 4.5 above, the education and accreditation team liaise regularly with LHNs and encourage them to seek advice and clarification on the Accreditation Standards at any time. The education and accreditation team provide Accreditation Standards advice to LHNs in particular to support meeting accreditation report provisos and completing an accreditation visit submission. The education and accreditation team is available to present Accreditation Standards education and training to LHN staff when required.

The SA MET Unit website contains detailed information informing health stakeholders and LHNs about accreditation standards, accreditation activities and requirements, processes and accreditation decisions. In addition, the website provides team member training information, details about Advisory Council sub-committees and their responsibilities, accreditation visit schedules, accredited post lists, executive summaries from accreditation visit reports and policy documents.

The SA MET Unit is in regular contact with the LHNs and MEOs. The education and accreditation team meet regularly with the MEOs to discuss:

- Accreditation responsibilities
- Advisory Council decisions
- New Unit and Change of Circumstance applications
- Meeting accreditation provisos
- Accreditation Standards
- Accreditation visit assessment processes

To support LHNs leading up to an accreditation visit, the education and accreditation team provide support to understand the Accreditation Standards and its criteria, the self-assessment and the types of evidence and documents required as part of the accreditation visit process.

After a decision has been made at an Accreditation Committee or Advisory Council meeting actions will be in line with the *Accreditation Decisions Delegations Table* (attachment 43) and *Accreditation Committee Recommendations Approval Guideline* (attachment 21). For example, a letter is sent to the LHN CEO notifying them of the meeting outcomes attaching an updated outstanding proviso list (if appropriate). To support transparent, impartial and fair accreditation processes, all letters refer the *Accreditation Internal Review Policy and Process*.

Following a meeting:

- Decisions are recorded in the VAM.
- Meeting outcomes are communicated to the LHN CEO.
- LHN accredited post spreadsheets are uploaded to the website for LHN reference and support Ahpra in the intern general registration process. In 2022, approved accredited

post lists will be uploaded to the website after each intern and PGY2+ term and remain for the whole the year.

- The approved full facility accreditation report executive summary is published on SA MET Unit website to communicate the decision made by the Advisory Council. This also demonstrates the independent activities of the SA MET Unit.
- Approved amendments to accreditation policy documentation is uploaded and communication via sub-committees for appropriate distribution. The regular SA MET Unit Newsletter is a useful tool for notifying of a new policy or policy update.
- For ease of reference for health stakeholders, approved accreditation activities such as the annual accreditation visit schedule, accreditation visit team training and meeting schedules are uploaded to the SA MET Unit website.
- Chairs of the relevant Advisory Council sub-committee meetings recommend members forward minutes of meetings to relevant colleagues, in particular the SA MET Unit JMO Forum and DiTC.

The SA MET Unit communicates approved policy changes or practices to LHN CEOs requesting distribution to responsible staff members within the LHN. The SA MET Unit is accommodating about change for quality improvement within processes and encourages health stakeholders to provide feedback on all policy documents.

The SA MET Unit report to the AMC and Ahpra on a regular basis providing a progress of accreditation activities, TMO post numbers and financial activity of the SA MET Unit. The SA MET Unit provides regular communication to the SA Health CE and Minister for Health and Wellbeing regarding approved accreditation activities and visit reports, Advisory Council recruitment, annual reporting requirements and changes to relevant processes.

*4.12 There are published processes for complaints, review and appeals that are rigorous, fair and responsive.*

The response should encompass the following:

- Processes to address any system wide or common complaints or concerns raised through accreditation. [4.12]
- The dispute resolution and appeals mechanisms available. [4.12]

Attributes 1.2, 3.2, 4.7-4.9, provide detailed information regarding the *Responding to Concerns Guideline* (attachment 3) and supporting documentation and processes.

The SA MET Unit works in partnership with LHNs to ensure there is an understanding of the internal review process and that LHNs have access to the necessary resources and services. The SA MET Advisory Council *Accreditation Internal Review Policy and Procedure* (attachment 50) outlines a transparent governance framework for responding to and managing applications for internal review of accreditation decisions, ensuring that they are resolved impartially and fair in a timely manner. The *Accreditation Internal Review Policy and Procedure* is available on the SA MET Unit website and is referenced in all decision letters.

Any LHN, facility, unit, department or individual has the right to apply for an internal review of an accreditation decision.

<b>Complaints, Reviews and Appeals</b>			
[Please adjust table as required]			
<b>Complaints</b>			
Details	Number	Outcome	
Assessment process Supervision & hours worked	4	Confidential	
<b>Reviews</b>			
Reason	Number	Outcome	
		Upheld	Dismissed
LHN Report Fact Checking	1	1	
<b>Appeals</b>			
Reason	Number	Outcome	
		Upheld	Dismissed
NIL			

<b>Domain 4: Documents to be provided</b>	
Please provide the <b>latest version</b> of these documents as an appendix (as an attachment <u>or</u> link to the intern training accreditation website as appropriate).	
<input checked="" type="checkbox"/>	A list of accredited health services, programs and / or posts (Attachment 51)
<input checked="" type="checkbox"/>	<p>The following information for the last three years:</p> <ul style="list-style-type: none"> <li>the number of programs, sites, and/or posts reviewed by the intern training accreditation authority, and the accreditation decisions (Attachment 52)</li> <li>the new posts/sites/or programs accredited for training (Attachment 52)</li> <li>a summary of any investigations of programs/posts judged at risk of not meeting standards, including a short summary of process followed and outcomes (names of facility not required) N/A</li> <li>a summary of any other unplanned or unscheduled reviews, the reason for them and the outcomes (name of facility not required) N/A</li> </ul>
<input checked="" type="checkbox"/>	A copy of the current accreditation procedures (Attachments 37, 38, 53)
<input checked="" type="checkbox"/>	Some sample accreditation reports that illustrate the range of decisions your organisation makes (Attachments 54, 55, 56)

#### Domain 4: Documents to be provided

Please provide the **latest version** of these documents as an appendix (as an attachment **or** link to the intern training accreditation website as appropriate).

<input checked="" type="checkbox"/>	Policies for managing conflicts of interest in survey teams (if different to the procedures for managing conflicts of interest in the governing committees) N/A
<input checked="" type="checkbox"/>	Dispute resolution and appeals policy (Attachment 50)

#### Domain 5: Stakeholder collaboration

**Current accreditation status:**

**Met**

**The intern training accreditation authority works to build stakeholder support and collaborates with other intern training accreditation authorities and medical education standards bodies.**

##### Attributes

- 5.1 *The intern training accreditation authority has processes for engaging with stakeholders, including health departments, health services, junior doctors, doctors who supervise and assess junior doctors, the Medical Board of Australia, professional organisations, and health consumers/community.*
- 5.2 *The intern training accreditation authority has a communications strategy, including a website providing information about the intern training accreditation authority's roles, functions and procedures.*
- 5.3 *The intern training accreditation authority collaborates with other relevant accreditation organisations.*
- 5.4 *The intern training accreditation authority works within overarching national and international structures of quality assurance and accreditation.*

*'The AMC considers the following to be key stakeholders: junior doctors; supervisors of intern training; local health department; other organisations providing intern training accreditation services and education providers for other phases of medical education.*

- *Other relevant strengths and challenges in relation to stakeholder collaboration, plans for development and the processes for addressing the challenges, with examples.'*

In 2018, the Advisory Council endorsed the SATMOS Working Group to progress the implementation of an end-of-term TMO survey. Representation on the Working Group consisted of university professors, medical students, interns, prevocational, vocational trainees, MEOs and a member of the Advisory Council. A project plan was developed by representatives to set out the objectives and purpose of the state-wide end-of-term survey for example providing a set of common/core questions across the state and reducing the number of surveys to be completed by TMOs, therefore easing 'survey fatigue'. The data received also allows trends and patterns to be analysed and recorded.

In developing the survey, the SA MET Unit consulted various stakeholders outside the working group including MEOs, DCTs, EDMS', TMOs and jurisdictional counter-parts. Many of the LHNs trialed the implementation of the survey and the SA MET Unit conducted an evaluation of the trial (attachment 57). The objective of the evaluation process was to seek feedback from stakeholders and identify the benefits, disadvantages, barriers and

opportunities for improvements that supported the implementation of the survey more broadly.

Whilst the impact of the survey has been predominantly positive, some negative outcomes were evident, as follows:

- LHNs reported that they receive higher completion rates when TMOs are requested to complete paper-based surveys.
- Although key stakeholders considered that all questions were relevant and appropriate, TMOs were discouraged by the length of the survey.

Based on this feedback, members of the Advisory Council requested the length of the survey to be reduced in order to achieve higher completion rates.

The SA MET Unit has updated the SATMOS questions and consulted with various stakeholders regarding the updated survey, including the Accreditation, MEO, DCT and DiTC committees.

*5.1 The intern training accreditation authority has processes for engaging with stakeholders, including health departments, health services, junior doctors, doctors who supervise and assess junior doctors, the Medical Board of Australia, professional organisations, and health consumers/community.*

The response should encompass the following:

- Relationships with the relevant health departments and opportunities to discuss expectations of and requirements for training. The response should include information on any formal agreements (if not covered elsewhere).
- Relationships with health services and opportunities to discuss expectations of and requirements for training. The response should include information on any formal agreements (if not covered elsewhere).
- Relationships with other stakeholders, including junior doctors, supervisors, the community and opportunities to discuss expectations of and requirements for training.
- How the intern training accreditation authority communicates with and seeks the views of stakeholders about its purpose and roles.

The SA MET Unit places a high priority on engaging with stakeholders in the process of accrediting TMO posts. SA MET Unit's effective communication supports an open and transparent accreditation process using inform, engage, consult and collaborate principles.

The Advisory Council and the SA MET Unit have a close working relationship with the DHW as they are intrinsically linked. The SA MET Unit education and accreditation team work closely with facilities, particularly in the lead-up to an accreditation assessment and in providing support to facilities when addressing provisos, submitting new unit or change of circumstance applications and recommendations from Accreditation Reports. The SA MET Unit also engages with a broad range of health stakeholders on different aspects of medical education and training including accreditation, the centralised TMO recruitment process and medical education.

Stakeholders include:

- Prevocational or vocational TMO and Career Medical Officers
- Metro and regional LHNs, SA Health facilities and staff, including CEOs, EDMS', DCTs, MEOs, and Term Supervisors
- The Advisory Council and its sub-committees

- Accreditation visit team members
- Health consumers and the community
- The South Australian Minister for Health and Wellbeing
- The SA Board of the MBA, the MBA, the AMC and Ahpra
- The CPMEC, other postgraduate medical councils (PMCs) or equivalents

To ensure the best possible environment exists for the training, supervision and welfare of TMOs, the Advisory Council provides leadership and fosters the sharing and receiving of expertise and information across all of its sub-committees, including the MEO committee and the SA MET Unit JMO Forum. Members of these committees are filled with stakeholders from across the LHNs such as TMOs, Term Supervisors, DCTs and MEOs.

The SA MET Unit also liaises more broadly with SA Health and LHNs through the CMO, EDMS Leadership Council and its sub-committee Medical Officer Appointments (MOA) Working Group. The CMO is the Chair of the EDMS meeting and items are often tabled as agenda items through regular discussions. The MOA provides a forum where members can share their collective knowledge, provide advice, leadership and guidance on the medical officer appointment process with outcomes tabled at the EDMS Leadership Council meetings. Members are selected on their interest and basis of personal expertise, experience and qualifications and not intended to be 'representative' of their LHN. The Advisory Council Presiding Member sits on the EDMS Leadership Council and the PMCC to bring information and engagement from the Advisory Council to the EDMS and the College Chair groups.

The Advisory Council accreditation process relies on people joining independent accreditation teams to visit facilities. The SA MET Unit maintains a pool of trained and willing people who are invited to join accreditation teams as they are formed. The SA MET Unit values this involvement and invests in strong working relationships with team members. As noted, annual accreditation team member training is provided to new and existing members each year.

The SA MET Unit appointed a consumer representative on the Accreditation Committee in 2020 providing the committee with a balance of views with clinicians, private practitioners, health service staff and the community. The SA MET Unit has facilitated an open and transparent relationship with the accreditation committee consumer representative. In 2022, it is important that the SA MET Unit increases its engagement with health consumers and the community to strengthen its knowledge as well as have a better understanding of the challenges and opportunities health consumers and the community face, which are essential components of junior doctor training accreditation processes.

To support the principles of the Accreditation Communication Guideline (attachment 58) and the *Accreditation Stakeholder Consultation Guideline* (attachment 59) an annual *Accreditation Communications Plan* (attachment 30) was created. These documents ensure that stakeholders actively contribute to improving and developing medical education and training accreditation processes.

With the decentralisation of Country Health SA, the SA MET Unit has monthly meetings with the Regional Support Service to liaise on accreditation matters across regional South Australia. The Regional Support Service provides a centralised hub for all regional LHNs to seek support on accreditation, TMO recruitment, education and welfare including Commonwealth funding opportunities.

#### *Changes since the 2013 SA MET Unit Accreditation*

- Release of the SATMOS Survey

- Implementation of the Accreditation Annual Communications Plan

5.2 *The intern training accreditation authority has a communications strategy, including a website providing information about the intern training accreditation authority's roles, functions and procedures.*

The response should encompass the following:

- How the intern training accreditation authority communicates with and seeks the views of stakeholders about its purpose and roles.
- Communication strategies or mechanisms. How is the effectiveness of the strategy reviewed? Give some specific examples.

The SA MET Unit has a number of measures and accreditation guidelines to ensure effective communication with an expansive range of members on the Advisory Council and its sub-committees, stakeholders such as SA MET Unit staff, LHNs, professional medical colleges, universities, private practice, TMOs, students and a consumer representative. Each member has an opportunity to raise views regarding accreditation governance, concerns and activities during meetings and face-to-face engagement.

The SA MET Unit webpage was set up as a communications tool with information about accreditation and the SA MET Unit's purpose. As noted within attribute 4.11 and throughout this document, the SA MET Unit website contains detailed information informing health stakeholders and LHNs about accreditation standards, accreditation activities and requirements, processes and accreditation decisions. In addition, the website provides team member training information, details about Advisory Council sub-committees and their responsibilities, accreditation visit schedules, accredited post lists, executive summaries from accreditation visit reports and policy documents.

The following communication workshops, events, meetings and strategy documents all align to the SA MET Unit's inclusive communication approach.

On 3 November 2021, the SA MET Unit held an AMC National Framework for Prevocational Medical Training Review Workshop. The workshop provided an opportunity for stakeholders to discuss, review and develop strategies for the successful implementation of the AMC National Framework for Prevocational Medical Training. The main issues included training term supervisors, recourses, time and people, e-portfolio, recording keeping, mapping rotations and governance of implementation at the SA level. In relation to accreditation, participants were concerned regarding accreditation and how this will affect their current accreditation cycle including "what will the reaccreditation of terms look like."

The AMC National Framework for Prevocational Medical Training Review Project Plan (attachment 60) has been developed to support LHNs with the implementation of the new Framework. To continue these discussions an AMC Framework Implementation Steering Committee ToR (attachment 61) has been established appointing representatives from each LHN and including experts in accreditation, supervision, education and training and medical recruitment. The first bimonthly meeting was held on 16 February 2022. The Steering Committee has invited nominations from the DiTC for two TMO representatives one from metro and one from regional to participate in discussions.

During the drafting of the *Medical Education and Training Strategic Plan*, the SA MET Unit met with the LHN CEOs, Governing Board Chairs and any other LHN representative such as the EDMS to consult on the draft and to discuss the areas the LHNs viewed as their priorities. This led to some very positive discussions with the LHNs who showed a

commitment to liaising with the SA MET Advisory Council as necessary on the strategic initiatives. These discussions opened communication channels between the SA MET Unit and LHNs as they perceived the Strategic Plan as a positive initiative which identified many areas for improvement.

The Advisory Council Presiding Member was also involved in a discussion with the Department for Health and Wellbeing, Director of Workforce on the issue of mandatory training. This was a positive discussion which prompted the Director of Workforce to develop and implement an action plan to review mandatory training for all disciplines across SA Health. Whilst this project is not directly under the remit of the SA MET Unit the project discussions influenced another department to review a particular concern for doctors.

The Advisory Council Presiding Member meets with the Minister for Health and Wellbeing on medical, education and training, TMO welfare or accreditation matters as required. The Presiding Member met with the Minister for Health and Wellbeing during the development of the Strategic Plan.

The SA MET Unit education and accreditation team is open to engaging with health stakeholders to receive feedback on its newly established annual Communications Plan to improve its Communication Strategy. In order to achieve this, once implemented the plan will be reviewed annually by the SA MET Unit and stakeholders to collaboratively plan for accreditation events for the coming year. The Communications Plan will also support the development, consultation and promotion of the SA MET Unit's accreditation function.

#### *Changes since the 2013 SA MET Unit Accreditation*

- Annual Accreditation Communication Plan
- AMC National Framework for Prevocational Medical Training Review Workshop (page 56)
- Establishment of the SA Health National Framework for Prevocational Medical Training Implementation Steering Committee
- At the Advisory Council meeting in 2021 a Workplan Framework was implemented across its sub-committees. The workplan ensures the Advisory Council and subcommittees have accountability for the work their committee is responsible for during the year. Whilst the Advisory Council will provide leadership in the work the committees will complete, it is also an excellent opportunity for members to demonstrate leadership and engagement with members and colleagues on the work which will enable advocacy for their peers.

#### *5.3 The intern training accreditation authority collaborates with other relevant accreditation organisations.*

The response should encompass the following:

- A summary of the existing and/or proposed collaborative links with other institutions and describe the nature of those links, for example membership of CPMEC, contribution/attendance at national or international meetings. [5.3]

The Advisory Council Presiding Member is active and enthusiastic about developing and promoting the SA MET Unit, medical education and training and accreditation.

The SA MET Unit participate in the following meetings:

- The Presiding Member was a representative on the Scientific Committee for the Prevocational Forum in New Zealand and facilitated two sessions one on the new intern training program and another on innovations and the impact of COVID-19. In 2022,

South Australia is the host of the Prevocational Forum and the Presiding Member is the Chair of the Organising and Scientific Committees.

- The Presiding Member is also a representative on a number of national committees such as the CPMEC and the CPMEC representative on the AMC Medical School Accreditation Committee. In addition, the Presiding Member has assisted with accreditation visits at the national level and brings highly desirable knowledge and expertise to the role.
- The SA MET Unit's Manager Education and Accreditation is a member of the National Prevocational Medical Accreditation Network (PMAN) which liaises with members and obtains current national information on accreditation matters. The Manager will be the PMAN Chair during 2022.
- Both the Manager SA MET Unit and Manager Education and Accreditation meet monthly with the Ahpra State Manager to discuss accreditation matters and expectations of and requirements for training and TMO registration.
- The SA MET Unit regularly communicates with the Minister for Health and Wellbeing on accreditation activities such as accreditation visit reports, Advisory Council recruitment or annual reporting requirements.
- The Manager SA MET Unit regularly meets with the CMO to discuss strategic and operational Advisory Council functions.

The SA MET Unit has a long standing partnership with South Australian Postgraduate Medical Education Association (SAPMEA). The scope of the collaboration between the SA MET Unit and SAPMEA includes but is not limited to:

- Accreditation activities for postgraduate medical training
- Professional development and associated training projects and programs for medical practitioners
- Other project as mutually agreed by both parties
- The Cognition Newsletter <https://sapmea.asn.au/education/online-learning> provides another opportunity and platform for TMO education and training

#### *5.4 The intern training accreditation authority works within overarching national and international structures of quality assurance and accreditation.*

The response should encompass the following:

- How the intern training accreditation authority collaborates with local medical schools about the transition to internship training and works with local networks of specialist medical colleges to understand the implication of requirements for stages of training. Summarise any changes to processes or requirements made as a result of these collaborations. [5.4]
- Any national or international principles/frameworks endorsed or adopted by the intern training accreditation authority. Indicate how practices are reviewed against these standards. Any developing activities directed towards national and international cooperation with other organisations. [5.4]

The SA MET workforce team collaborates with local medical schools regarding the application process for medical internship. In addition, Doctors in Training resources to support TMOs are on the SA MET Unit website such as the [Guide to Survive the first month of Internship \(January 2021\)](#).

The SA MET workforce team also collaborate with local medical schools via student representatives from the Adelaide Medical Students and Flinders Medical Students Societies on the SA MET Unit JMO Forum. The SA MET Unit JMO Forum was established in 2002 to

provide JMOs an opportunity to meet their peers across the state as well as identify and action issues facing them as a group. Membership includes interns, PGY2+s and medical students. The majority of JMOs are prevocational but membership can also include JMOs who have previously been on the forum and are now in first year of a vocational training program. The Chair of the JMO forum is a representative on the DiTC providing a link between the committees.

The SA Medical Schools are also represented on the Education Committee, Virtual Simulation Education Community of Practice, Doctors in Training Committee and the Advisory Council.

The Virtual Simulation Education Community of Practice is supported by the SA MET Unit and is a supportive and active professional community who are passionate and skilled in simulated education and training. The Community of Practice has three mission objectives:

1. To promote best practice in health-related Simulation Based Education (SBE) in South Australia
2. Increase access to high quality SBE in post graduate medical / health training
3. Facilitate and support the process of running high quality SBE

The group meets monthly and has membership from all health disciplines including veterinary science which provides a diverse range of experiences and positive discussion regarding SBE.

A *Transfer of Information (TOI) Guideline* (attachment 62) was established to support the transition of medical graduates who are commencing internship. The Guideline provides interns with information to support them during internship and to ensure that patient safety is optimised at all times. The TOI is a positive framework aimed at ensuring TMO success as well as receive the flexibility and support at work to thrive. The TOI Guideline was recently discussed and reviewed at the Education Committee and was socialised and presented throughout universities as well as circulated through the LHNs. Formal evaluation of the Guideline will be conducted through the Education Committee.

The SA MET workforce team also collaborates with other jurisdictions through a quarterly National Medical Intern Data Management (NMIDM) Working Group run by the National Data Manager from NSW Health Education and Training Institute (HETI). The NMIDM has been set up to share information and coordinate an effective and efficient annual medical intern recruitment process nationally. Audits require the SA MET Unit to share information regarding identification of applications, acceptances, unplaced applicants and applicant withdrawals for the preparation of data reports. Internal workforce processes have been established to enable the SA MET Unit to comply with this important process to accurately record and monitor recruitment data.

The National Medical Workforce Strategy has a positive impact on sustaining a medical workforce in South Australia and includes some guidance and recommendations for accreditation of unaccredited registrars which has been a topic of discussion for resolution for a period of time. The SA MET Unit will continue to monitor the specific actions from this Strategy document as they are released.

The SA MET Unit also collaborate with senior representatives of the Medical Colleges through the PMCC noting the Presiding Member of the Advisory Council is a member of the PMCC and often discusses training matters including the SA MET Strategic Plan. As part of the development of the SA MET Strategic Plan initiatives, the SA MET Unit collaborated with specialty medical colleges to improve training programs for doctors in training, in particular, unaccredited registrars.

As previously mentioned, the Accreditation Standards were revised in 2010 and 2015 which are mapped against the *National Safety and Quality Health Service Standards* and the Australian Medical Council Limited's *Intern Training - National Standards for Programs*. The SA MET Unit accreditation policy framework was established to ensure alignment and adherence with National Standards including National and State legislation.

### *Changes since the 2013 SA MET Unit Accreditation*

- Establishment of the Transfer of Information (TOI) Guideline
- Virtual Simulation Education Community of Practice supported by the SA MET Unit

<b>Domain 5: Documents to be provided</b>	
Please provide the <b>latest version</b> of these documents as an appendix (as an attachment <u>or</u> link to the intern training accreditation website as appropriate).	
<input checked="" type="checkbox"/>	A link to authority's website <a href="https://www.samet.org.au/">https://www.samet.org.au/</a>
<input checked="" type="checkbox"/>	A list of regular meetings with stakeholders and if relevant provide sample minutes of meetings as evidence of topics discussed (Attachment 63)
<input checked="" type="checkbox"/>	Samples of communiques on topics related to the intern training accreditation role (Attachments 64-69)
<input checked="" type="checkbox"/>	A list any formal stakeholder consultation processes in the last 12 months on changes to intern training accreditation policies, or processes (Attachment 63)
<input checked="" type="checkbox"/>	If a formal communications strategy exists, provide a copy (Attachment 30)

## **Part 3. Response to Medical Training Survey**

The Medical Training Survey (MTS) was developed by the Medical Board of Australia and the Australian Health Practitioner Regulation Agency (Ahpra). The MTS has now been run on three occasions, in 2019, 2020 and 2021. Results for the 2021 MTS are planned for release in February 2022.

The AMC is considering how the results of the MTS can be used in accreditation and monitoring processes. The AMC is asking the intern training accreditation authority to comment on how it has used, or has plans to use the results from the MTS.

It is noted that SA MET provided a comprehensive response to the MTS data section of the 2021 progress report. As results for the 2021 MTS are not due to be released until February 2022, the AMC welcomes SA MET to comment on its plans to investigate and use the results from the 2021 MTS.

Your feedback on the survey will be shared with the Medical Board and Ahpra for survey evaluation purposes. *Please let the AMC know if you do not want your responses shared.*

Please advise if the intern training accreditation authority is planning to investigate the results of the Medical Training Survey.  
If yes, please provide details.

- Each year in February the SA MET Unit undertake a detailed analysis of the MTS results. In February 2022, the SA MET Unit plans on reviewing the data at the statewide level with comparison to also be made at a national level.

- The data will also be used to filter down to a LHN level. This will provide comprehensive data to identify the areas whereby a LHN is performing well, in addition to the areas for improvement.
- The MTS data will continue to support and provide valuable data for the SA Health *Cultural Evaluation Pathway*. The Cultural Evaluation Pathway showcases the good work that is underway across SA Health and drives improvements for staff wellbeing.
- With the Prevocational Medical Education Forum being held in Adelaide during 2022, the outcome from the 2021 MTS Survey will drive many topics for discussion. Presentations will include activities and initiatives that have been undertaken to address some of the identified areas of concern.

Please advise if the intern training accreditation authority plans to explore the survey results with stakeholders.

- The SA MET Unit is planning to provide its stakeholders with a detail report based on the overall responses from South Australia and individual LHN report with an attached tailored infographic to the specific LHN.
- The results will be tabled at the SA MET Advisory Council and sub-committee meetings for comprehensive discussions on how this data can be used to improve medical education and training.
- In 2022, the SA MET Unit's plan on highlighting the excellence from the data, providing stakeholders inc the LHNs a 'showcase' on the areas whereby a LHN is performing well. This will enable data to be viewed in a positive manner, supporting various projects and enhancing the profiles of the LHNs. This data has the potential to be used as a tool for recruitment to attract potential candidates to apply for vacancies within a particular LHN.

Please provide an update on initiatives undertaken in response to previous survey results, and if any further changes are planned on investigation of the 2021 survey results.

- Based on work undertaken during 2021, the 2020 MTS survey data was provided to the LHN stakeholders and discussed in detail at the SA MET Advisory Council and sub-committees.
- The 2020 data assisted to shape the SA MET Strategic Plan 2021 – 2026 and provided a valuable data source to determine the strategic initiatives. The data received in 2022 will assist in providing evidence towards the achievement of several initiatives.
- With the 2020 data having a significant focus on wellbeing and bullying and harassment many LHNs have used this data in the development of a business case to improve their workplace culture. For example, one LHN are introducing the Mayo Clinic Wellbeing Index into a pilot program to improve wellbeing for the 2021 Intern cohort. The results from this pilot are intended to be presented at the Prevocational Forum in 2022.
- As a part of the AMC National Framework for Medical Internship Review, Term Supervisor training will become a significant focus throughout 2022 - 2024. The data provided from the 2022 MTS survey will assist in shaping the content of the Term Supervisor training.
- The Advisory Council together with the Accreditation Committee have been working towards addressing TMO welfare, bullying, harassment and workplace culture.
- The Advisory Council uses the results from Ahpra's annual MTS to monitor TMO welfare. The SATMOS End-of-Term survey project was endorsed by the Advisory Council to continue to obtain feedback on real time delivery of information by providing TMOs with the opportunity to provide narrative feedback which is not contained in the MTS.

- The focus of the survey is to standardise LHN end-of-term surveys to address TMO education, training and welfare using the SA MET Accreditation Standards Framework. The intended outcomes of the survey include:
  - Increase awareness of TMO wellbeing and identify emerging concerns
  - Improve TMO wellbeing both during and outside of working hours, promoting a healthy work-life balance
  - Create greater anonymity for TMOs, thus eliminating the fear of repercussions to enable honest and informative feedback
  - Identify discrimination, bullying, sexual harassment and workplace culture allowing LHNs to address the issue