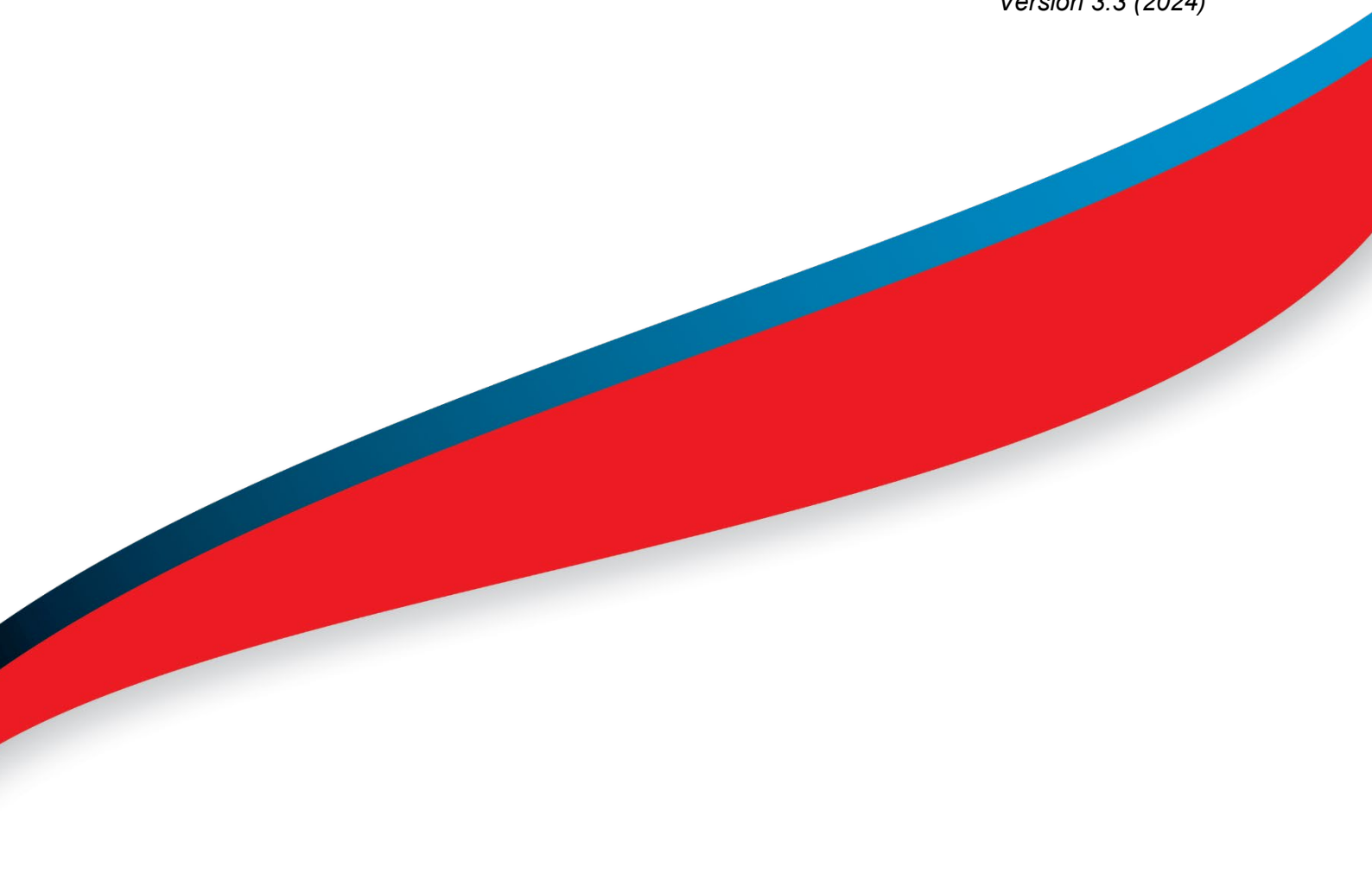




SOUTH AUSTRALIAN
MEDICAL EDUCATION & TRAINING
HEALTH ADVISORY COUNCIL

ACCREDITATION POLICY AND PROCEDURE

Version 3.3 (2024)



Policy Statement

The South Australian Medical Education and Training (SA MET) Health Advisory Council (the Advisory Council) is the Intern Accreditation Authority for South Australia. The Minister for Health and Wellbeing established the Advisory Council pursuant to section 15 of the *Health Care Act 2008* to make recommendations for the accreditation of trainee medical officer positions in health services.

The Australian Medical Council (AMC) on behalf of the Board of the Medical Board of Australia has accredited the Advisory Council to undertake the accreditation of prevocational doctor positions in South Australia. The Advisory Council receive recommendations for approval regarding accreditation of prevocational doctor positions from the Accreditation Committee. The Accreditation Committee is responsible for delivering effective accreditation processes that considers jurisdictional requirements, national program developments and the training needs of prevocational doctors.

The Advisory Council receives operational support from the SA MET Unit within the Department for Health and Wellbeing. The SA MET Unit is committed to supporting health services through the prevocational accreditation process to ensure high-quality education and training and prevocational doctor wellbeing, which contributes to the delivery of safe patient care.

Scope

The policy and procedure applies to the accreditation of prevocational training programs within South Australian health services who employ and train prevocational doctors.

Purpose

The purpose of this policy and procedure is to ensure:

- > a standardised approach to prevocational accreditation is implemented across South Australia that is aligned and complies with the *National Framework for Prevocational (PGY1 and PGY2) Medical Training* and the Medical Board of Australia's *Registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of postgraduate year one training*.
- > accreditation processes are clearly communicated, transparent and open.
- > continuous quality assurance and quality improvement principles are applied to the accreditation of prevocational training programs in South Australia.

Principles

The accreditation policy and procedure aligns with the *National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms (the National Standards)* and has been developed to support medical graduates to achieve their medical career goals and to ensure safe, high-quality care for patients. Health Services employing prevocational doctors must be accredited by the Advisory Council against the National Standards, that describes how prevocational doctors should be trained, assessed and sets standards that contribute to good quality medical education and training.

Accreditation is the evaluation process used to assess the quality of prevocational training programs against established National standards. It comprises compliance and quality improvement elements that are complementary to service delivery and training. The process ensures health services offer appropriate education and training for prevocational doctors and promote best practice.

The accreditation policy and procedure is underpinned by the following principles:

- > promote the safety, wellbeing and an optimal educational environment for the supervision and training of all prevocational doctors in South Australia.
- > advocacy of safe and high-quality patient care is the primary consideration for all accreditation functions that aim to foster quality education, training and support for all prevocational doctors by encouraging excellence beyond the minimum level of compliance.
- > cultural safety, awareness and acknowledgement of Aboriginal Torres Strait Islander patients, communities and prevocational doctors are embedded across accreditation policies and processes.
- > accreditation decisions are independent of external and internal influence, consistent with assessment findings, and adhered to the *Accreditation Conflict of Interest Policy and Procedure*.
- > accreditation based on a quality assurance that supports continuous improvement in outcomes.

- > accreditation policies and information are published to promote an open and transparent process.
- > accreditation processes are administered efficiently, equitably and has governance structures that are supported by sustainable resources.
- > policies and processes will be consistent with local, national and international best practice.
- > policies and processes will operate within relevant legal systems and will include an appropriate appeal mechanism based on the principles of natural justice.
- > evaluation of accreditation processes is facilitated on a regular basis, with feedback obtained from stakeholders and communicated to the Advisory Council and Accreditation Committee for consideration and continuous improvement.

Responsibilities

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

SA MET Unit will:

- > Develop and publish approved policies, guidelines and other resources.
- > Monitor the accreditation status of units and health services.
- > Liaise with and provide support and advice to health services.
- > Coordinate and support accreditation assessment surveyor teams.
- > Maintain and publish a record of current accredited posts.
- > Provide support to health services post accreditation.
- > Ensure the Accreditation Committee and Advisory Council has the most up to date information to make informed decisions.

Health Services will:

- > Provide completed accreditation submissions with appropriate evidence to the SA MET Unit.
- > Develop a program for the assessment visit and manage it on the day.
- > Review the draft accreditation report for factual accuracy.
- > Respond to accreditation conditions within the timeframe stipulated.
- > Ensure interns are not allocated to new terms until the Accreditation Committee has communicated its approval of an accreditation decision for Medical Board of Australia registration purposes.
- > Adhere to accreditation procedures outlined within the *Health Service Accreditation Guideline*.

The SA MET Accreditation Committee will:

- > Provide advice and make recommendations to the Advisory Council on the accreditation of prevocational doctor posts in South Australia.
- > Approve accreditation policies, guidelines and processes.
- > Assess applications for accreditation of terms against the National Standards by document review and undertake accreditation assessment visits as appropriate.
- > Ensure terms allocated by health services for intern training are consistent with the *Registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of postgraduate year one training*.

The SA MET Advisory Council will:

- > Review recommendations by the Accreditation Committee and make decisions in relation to the accreditation of prevocational training programs in South Australia in accordance with the *SA MET Health Advisory Council Rules*.
- > Provide advice to the Department for Health and Wellbeing on the suitability of prevocational doctor positions in South Australia.
- > Notify the Minister for Health and Wellbeing of all accredited prevocational doctor positions in South Australia.
- > Notify the South Australian board of the Medical Board of Australia.
- > Maintain AMC accreditation as the Intern Accreditation Authority for South Australia.

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Accreditation Procedures

The maximum accreditation cycle for health services is four years. Within that cycle, health services can apply to have new units accredited for prevocational training, submit notifications of changes for current accredited terms and must submit a mid-cycle monitoring progress report half-way through the four-year accreditation cycle.

Provisional accreditation can be granted by the Accreditation Committee to a new unit or health service without an assessment visit taking place. This is to allow the accreditation surveyor team to assess the education and training provided once implemented. Provisional accreditation will usually be given for a period of up to six to twelve months and will follow consideration of an accreditation submission from health service. An evaluation survey of prevocational doctors may be conducted at the six month point to assess the quality of education and training on a provisionally accredited term.

Health Service Accreditation

The *Health Service Accreditation Guideline* outlines the process of accreditation or re-accreditation of an entire health service, from preparation through to notification of the accreditation outcome from the Advisory Council. This guideline also outlines the mid-cycle report monitoring process and responsibilities for the health service.

New Unit Accreditation

The *New Unit Accreditation Process* outlines the steps required to accredit a new intern or PGY2 terms, outside of the full health service accreditation process. Health services are urged to submit applications for accreditation of new intern posts as early as possible in the year to ensure the post is appropriately accredited for the forthcoming training year.

Change of Circumstance

The *Change of Circumstance Process* outlines the steps required to submit a notification to the Accreditation Committee on changes that could impact or potentially impact prevocational doctors, the quality of their education and training, supervision or their wellbeing and support.

Accreditation Outcomes

There are five possible outcomes for accreditation:

- > **Four-year accreditation:** This indicates substantial compliance with the majority of criterion within National Standards. The Advisory Council may require subsequent verification or clarification of issues raised by the accreditation team.
- > **Two-year accreditation:** This will be granted to health services that meet most of the criterion within National Standards but have significant deficiencies warranting attention.
- > **12-month accreditation:** This may be granted to newly accredited health services that have not previously been accredited for prevocational training.
- > **Six-month accreditation:** This will be granted to health services that require immediate action to correct deficiencies identified in an assessment visit.
- > **Withdrawal** of accreditation from certain terms or the health service.

It is at the Advisory Council's discretion to adjust the accreditation outcome timeframe as appropriate.

Legislation

The AMC is the accreditation authority for the medical profession under the *Health Practitioner Regulation National Law (South Australia) Act 2010*. It develops accreditation standards for medical programs and education providers, that are approved by the Medical Board of Australia.

Monitoring

The SA MET Unit will periodically review the effectiveness of the Accreditation Policy and Procedure.

Relevant Legislation

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

Related Documents

- > National Framework for Prevocational (PGY1 and PGY2) Medical Training
- > Health Service Accreditation Guideline
- > New Unit Accreditation Process
- > Change of Circumstance Process
- > Accreditation Internal Review Policy and Procedure
- > Accreditation Conflict of Interest Policy and Procedure
- > Guide to Prevocational Training in Australia for PGY1 and PGY2 for Prevocational Doctors
- > Guide to Prevocational Training in Australia for Supervisors
- > Registration standard: Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of postgraduate year one training
- > SA MET Health Advisory Council Rules

Document history

Date effective	Author/Editor	Approved by	Version	Change Reference
21 August 2013	Project Officer, Accreditation	SA MET Health Advisory Council	2.2	Original document
4 February 2015	Project Officer, Accreditation	Senior Project Officer, Accreditation	v3.0	Minor updates
October 2018	Project Officer, Education & Accreditation	Manager, Education & Accreditation	v3.1	Minor updates
August 2021	Manager, Education & Accreditation	Manager, Education & Accreditation	v3.2	Minor updates
27 February 2024	SA MET Health Advisory Council's Accreditation Committee	SA MET Health Advisory Council	V3.3	Major update to align with the AMC National Framework