

**Document Number:** CRMEC Policy 08

**Document Name:** **Planning an Accreditation Visit and Timetable**

## Scope

---

Prevocational education and training programs (ETPs) must comply with the Australia Medical Council's (AMC) *National Standards for Prevocational (PGY1 and PGY2) Training Programs and Terms* (the National Standards) and the national *Requirements for Prevocational (PGY1 and PGY2) Training Programs and Terms*. During the accreditation process, Health services may be granted provisional accreditation. The role of the Canberra Region Medical Education Council (CRMEC) is to determine whether health services delivering ETPs in the Canberra training region meet these standards, to award accreditation and to monitor accreditation status.

The scope of this policy is to provide an overview of the processes used by the CRMEC to plan an accreditation survey visit. Health services are responsible for providing a draft schedule for each visit, established in consultation with the CRMEC Director. This policy provides an overview of the visit schedule.

## Overview

---

The accreditation survey visit schedule provides an overview of the meetings that will take place during the accreditation survey visit. The schedule provides the accreditation survey team and the health service with an outline of who will be attending meetings, when and where.

### Who prepares the survey visit schedule?

The schedule is completed in draft form by the health service at the time the accreditation application is submitted to the CRMEC. The CRMEC Director will discuss with the health service and confirm dates, times and a general plan for the schedule based on the survey team needs, as these will vary depending on the size of the health service and the number of days over which the accreditation survey visit is conducted.

After submitting the application for accreditation, the health service should prepare for the accreditation survey visit by inviting all interviewees. The health service should work with the CRMEC Director to finalise the schedule based on the availability of interviewees and the survey team's needs. The planning of the visit schedule is a difficult task and as such the accreditation survey team will minimise changes to the schedule and remain flexible in timing (e.g., be available early to meet with night staff completing a shift).

### What should be included in the schedule?

The draft schedule is used to assist in organising the accreditation survey team transport and accommodation. The draft schedule should include:

- Anticipated interviewees – this may be in draft format (e.g., stating delegation/positions only).
- Dates and general timing of meetings and breaks.
- Location of the interviews within the health service.

In general, the accreditation survey team will require some longer periods of time toward the end of the timetable to discuss the findings, draft the accreditation report, and identify any areas that require additional follow-up before leaving the health service. This might include re-calling interviewees for further discussion or raising issues with the Executive. The final schedule should include:

- Location of the meetings and interviews
- Dates and precise timing of each scheduled interview session
- Name and delegation of all interviewees attending each session

- A welcome/introduction session
- A health service tour
- Sessions reserved for accreditation survey team meetings
- Sessions reserved for recalling interviewees
- A debriefing/summing up session

## Planning the Accreditation Interviews

---

The accreditation survey team will need to meet with individuals involved in the governance, monitoring, formal education, supervision and assessment of the education and training program, as well as junior doctors. The health service will create a list of interviewees for the visit and detail these individuals (i.e., name and job delegation/position) in the accreditation schedule. The health service may request additional people meet with the team, if timing allows.

The following delegates are expected to participate in interviews with the accreditation survey team:

- Governance representatives
  - Chief Executive Officer (CEO) or equivalent
  - Director of Medical Services (DMS) or equivalent
  - Medical administration, for example JMO managers, roster managers
  - Education and training program (ETP) Committee
- Education and training program (ETP) delivery representatives
  - Director/s of Prevocational Education and Training (DPET)
  - Medical Education Support Officer/s (MESO)
  - Term Supervisors
  - Registrars
- Trainee representatives
  - Interns (PGY1)
  - Residents (PGY2)
  - Other prevocational trainees (PGY3+)

The CRMEC recognises that it is a difficult task to organise and schedule a full complement of individuals involved in the ETP. However, it is important for the accreditation survey team to interview as many people as possible to establish a broad understanding of the function of the ETP, to identify commendable activities and quality improvement and to uncover and explore areas for improvement, or any issues/concerns. When there is insufficient engagement by Executives, ETP representatives or prevocational trainees, the accreditation survey team are limited in their ability to adequately evaluate the ETP. The **minimum requirement** for interviews is:

- One Executive representative.
- The DPET and GCTC Chair.
- One term supervisor per clinical Division.
- The term supervisor for any new training terms, and for any term requesting an increase in accredited training places.
- One registrar per clinical Division.
- 75% of interns (PGY1) who would generally be scheduled for work at the health service over the accreditation survey visit duration.
- 75% of residents (PGY2) who would generally be scheduled for work at the health service over the accreditation survey visit duration.
- 30% of PGY3+ doctors who are employed in non-accredited positions who would generally be scheduled for work at the health service over the accreditation survey visit duration.

## Inviting the interviewees

The health service is responsible for ensuring that stakeholders are invited to attend interviews with the accreditation survey team. The CRMEC will facilitate this process by providing flyers/email content on request and promoting the upcoming visit in CRMEC newsletters.

Executive and management level interviewees should receive personal invitations that include background about the accreditation visit, as well as the organised time and location. *CRMEC Policy 5: Accreditation Fact Sheet* could be distributed with the invitation to provide interviewees with the relevant background.

An open invitation should be extended to all supervisors, registrars, and prevocational trainees to attend the survey visit. These interviewees generally attend small group sessions – the relevant times should be well-publicised to maximise response to the invitation and attendance on the day. The health service should collect the names of individuals intending to attend, including their area of work/speciality and level. The health service should evaluate whether an adequate response has been achieved and implement strategies to improve response if required.

## Feedback from previous trainees

Any doctor who has completed the ETP since the last survey visit is able to attend an interview during the site visit. In addition to the site visit, the CRMEC conducts an online survey of prevocational doctors who have completed training within the health service since the last accreditation site visit. The health service is responsible for circulating an invitation to participate in this survey to previous JMOs. Health services should implement systems that enable contact with previous trainees and that promote the importance of engaging in accreditation processes to maximise survey responses. The CRMEC will provide flyers and links for the JMO survey prior to the survey visit.

## Formulating the schedule

Executive and management level meetings should be placed at the start of the schedule. Strategic planning and governance are essential to understanding the health service's direction. This meeting will set the scene for the accreditation survey team and put them in a good position to understand the current issues affecting medical education at the health service.

Meetings with the Medical Education Unit (MEU) personnel including the DPET, MESO and other support staff should also occur early in the visit. A meeting with the DMS or equivalent should be scheduled at a similar time.

It is not uncommon for the accreditation survey team to request an additional meeting with Executive staff (e.g., DMS) or the MEU staff (e.g., DPET) after other interviews have been conducted. Additional interviews are sometime required to clarify inconsistencies or ask follow-up questions. These staff members should be available for ad-hoc meetings in the second half of the visit. The accreditation survey team will inform the health service of any ad-hoc interview requirements and will be flexible to fit these additional meetings in to the existing schedule.

Participation of other parties such as term supervisors and prevocational trainees can be scheduled throughout the visit where appropriate and best suiting the interviewees work schedule. The number of these meetings arranged will vary from service to service and will generally be held as small group meetings.

Health service tours and activities should be scheduled for appropriate times during the visit.

The inclusion of off-site training Divisions (e.g., general practices) in this process will be undertaken in a manner practical to the location of the additional site, the available time and the size of the off-site training term. While an in-person visit may take place, video/teleconferencing could also be used. Interns and prevocational trainees at the main health service that have experienced a rotation at the off-site training term will be interviewed to gain additional insight into off-site training terms.

Morning tea, afternoon tea and lunch breaks should be scheduled for the survey team. The health service is responsible for organising catering for these breaks. In general, the survey team use these scheduled meal breaks for team discussion, interview planning and report preparation; therefore, a confidential area is required for refreshment breaks.

### Example Schedules

The following is an example of a basic survey visit timetable.

Full Facility Accreditation Visit Program Accreditation for intern and prevocational training					
Time	Location	Interviewee	Time	Location	Interviewee
08:00 – 08:30	Board Room	Accreditation team convenes			
08:30 – 09:00	Board Room	General Manager (or equivalent), CEO (or equivalent), DMS (or equivalent)			
09:00 – 10:00	Board Room	MEU Staff – DPET, MESO, Support staff			
10:00 – 10:30	Board Room	Medical Administration, Support staff			
10:30 – 11:00	Board Room	Morning tea – Visit team discussion			
<b>VISIT TEAM 1 (Visitors x3)</b>			<b>VISIT TEAM 2 (Visitors x3)</b>		
11:00 – 11:25	Board Room	Medicine – Term Supervisors	11:00 – 11:25	Tutorial Room	Surgery – Term Supervisors
11:25 – 11:50	Board Room	Emergency Medicine – Term Supervisors	11:25 – 11:50	Tutorial Room	Elective Rotation – Term supervisor
11:50 – 12:15	Board Room	Elective Rotation – Term Supervisors	11:50 – 12:15	Tutorial Room	Elective Rotation – Term Supervisor
12:15 – 12:40	TOUR	Tour of Hospital including RMO lounge, sleeping quarters, library, tutorial space, some wards			
12:40 – 13:10	Board Room	Lunch – Visit team discussion			
13:10 – 13:50	Board Room	Interns x 8 (number of interns interviewed will increase or decrease with facility size)	13:10 – 13:50	Tutorial Room	Interns x 8
13:50 – 14:30	Board Room	Interns x 8	13:50 – 14:30	Tutorial Room	Interns x 8
14:30 – 14:45	Board Room	Afternoon tea – Visit team discussion			
14:45 – 15:05	Board Room	PGY2+ x 8 (number of interns interviewed will increase or decrease with facility size)	14:45 – 15:05	Tutorial Room	PGY2+ x 8
15:05 – 15:25	Board Room	PGY2+ x 8	15:05 – 15:25	Tutorial Room	PGY2+ x 8
15:25 – 15:45	Board Room	PGY2+ x 8	15:25 – 15:45	Tutorial Room	PGY2+ x 8
15:45 – 16:00	Board Room	Visit team discussion			
16:00 – 16:30	Board Room	Feedback to General Manager (or equivalent) and DPET			

\* Visits to General Practice locations will be scheduled outside the main visit according to the availability of practices

\*\* Larger facilities may require a 2 day visit. The agenda for the second day can be adapted from the above agenda

## Related Policies and Relevant Guidance

- CRMEC Policy 09: Undertaking a Health Service Accreditation
- CRMEC Policy 10: Accrediting New Training Terms

## Version Control

---

Review Date	Version	Updated by	Approved by	Changes made
Feb 2015	1.0	Director	CRMEC	
Sep2017	1.1	Admin	Director	Formatting
August 2020	2.0	Director	Accreditation Committee Chair	Layout, added information on responsibility for inviting interviewees, updated minimum number of interviewees
Feb 2023	2.1	Admin	Director	Layout
Jan 2024	2.2	Admin	Director	Updated to accommodate language of new Framework