

Document Number:

CRMEC Policy 09

Document Name:

Undertaking a Health Service Accreditation

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*. The Canberra Regional Medical Education Council (CRMEC)'s role as an accreditation authority is to ensure that the National Standards are achieved and maintained in health services training prevocational medical doctors in the Canberra training region. The CRMEC is committed to the improvement of the quality of education, training and welfare of junior doctors within the ACT training networks and seeks to deliver an open and transparent accreditation system supported by efficient and effective processes.

The scope of this policy is to outline the processes used by the CRMEC to accredit the education and training program (ETP) delivered within a health service that educates and trains prevocational junior doctors, including all the training terms offered within the health service.

Preparing for Accreditation

The accreditation process sets out to facilitate a universally high standard of general prevocational medical training in the ACT training region. Through the process of accreditation, an accreditation survey team formally evaluates against the National Standards the overall ETP and the individual training terms delivered by a health service for prevocational junior doctors. The process adds value in a formative way by sharing local and interstate experience on good practice in prevocational junior doctor education, training, welfare, safety and cultural safety. The accreditation process includes evaluation of at health service-wide aspects of ETPs, including governance and resourcing.

Scheduling an accreditation visit

The scheduled month/year in which the next full accreditation of the ETP will be conducted by the CRMEC is published on the accreditation report and the CRMEC Register of Terms, both available from the CRMEC website.

Approximately six months prior to the month of the scheduled visit, the CRMEC Director will liaise with the health service regarding the upcoming scheduled accreditation visit. In this contact, the CRMEC will work with the health service to establish the precise date/s on which the accreditation survey visit will be conducted. After confirmation of the visit dates, the CRMEC Secretariat will commence planning for the visit.

In many cases, the CRMEC recruits external surveyors whose services will need to be secured and travel organised. After establishment, the visit date can only be changed in extenuating circumstances. If a health service requires a rescheduling this should be discussed immediately with the CRMEC Director.

Accreditation submission

The CRMEC Secretariat will send health services an Accreditation Submission template approximately five-six months prior to the accreditation visit. Health services receive approximately three months to complete this submission; the due date will be advised by the CRMEC Secretariat.

The submission is crucial to the accreditation process. It provides the accreditation survey team with an understanding of the health service, its overall prevocational ETP and individual training terms that will be

accredited. The submission also provides a mechanism through which the health service can verify the ETP details on the CRMEC records (e.g. the training positions that are accredited in the health service).

The National Standards set down an ambitious education and training framework. Some criteria may not be fully achieved by some health services. The accreditation submission includes a self-assessment against the National Standards that provides health services with the opportunity to undertake a reflective assessment of progress in meeting and sustaining the standards of training. The submission provides an opportunity to outline the ETP's quality improvement plan to meet standard criteria that the health service self-assesses as achieved at a less than ideal performance. Health service also have opportunity to highlight areas in which they excel.

The Accreditation Submission will include:

- Self-assessment against the National Standards.
- Identification of strengths and areas for improvement.
- Quality improvement plans relating to each National Standard.
- A list of currently accredited terms – health services should review this carefully as it indicates the terms that will be included on the CRMEC Register of Terms following the accreditation process. These are also the terms that are submitted to the ACT Board of the Medical Board of Australia as accredited training terms and published on the CRMEC website. This register is used for verification that PGY1 doctors have fulfilled the requirements for general registration at the completion of their PGY1 year.
- A list of term descriptions – health services should review this carefully to determine if any term description requires updating. Any term descriptions that are due to be updated should be submitted with the accreditation submission.
- Issues of priority to the CRMEC during the accreditation cycle – these are specific issues that the CRMEC has prioritised, and will vary according to national or local concerns, issues or focus in the prevocational education space.
- A report on the most recent results of the Medical Training Survey and how the health service is using this data in its quality improvement plan.
- Supporting documentation – the requirements are listed within the accreditation submission template. Additional documentation should be considered carefully. When excessive documentation is provided, it increases the workload of the accreditation survey team and may not increase clarity. In general, avoid providing policies and procedures that are not specific to the ETP (e.g., general employment policies of the health service). Provide open-access links to policies if they are considered essential to supporting the submission.
- A draft survey visit timetable outlining the schedule for the accreditation survey team's visit to interview stakeholders. Development of this timetable is outlined in *CRMEC Policy 08: Planning an Accreditation Survey Visit*.

The accreditation survey team will review the submission prior to visiting the health service. If additional documentation is required by the team, the CRMEC Director will liaise with the health service. Requests for additional documentation should not be viewed as detrimental to a submission.

The CRMEC Director or CRMEC Medical Education Advisor are available to guide health services on their accreditation submission (see *CRMEC Policy 05: Accreditation Fact Sheet*).

Prevocational doctor survey

The CRMEC Secretariat will conduct pre-visit surveys of prevocational junior doctors who are currently and who have recently trained (i.e., since the last accreditation visit) within the health service's ETP. Health services should be prepared to send communications about accreditation to the full cohorts of current and previous PGY1 and PGY2 doctors, and to actively encourage engagement with surveys.

Confirmation of the accreditation survey team

The CRMEC Secretariat, with approval from the Accreditation Committee Chair, will recruit members of the accreditation survey team ensuring there are no conflicts of interest. *CRMEC Policy 15: Selection, Appointment and Training of Accreditation Surveyors* outlines the eligibility for accreditation survey team members and the process for forming a survey team, including the health service's opportunity to raise an objection to a proposed team member.

Submission review

The accreditation survey team will review the submission prior to the scheduled visit. The CRMEC Director will follow up with the health service if the accreditation survey team require more information about the health service before the site visit.

The accreditation survey team will discuss the health service's submission and practicalities of the visit via email or web conference prior to the visit, and in-person in conjunction with the visit depending on scheduling (e.g., on the evening before or morning of the visit).

Accreditation Survey Visit

The purpose of the accreditation survey visit is to review the physical facilities and interview relevant stakeholders. It is expected that the health service's medical education support officer (MESO)/medical administration assistant will be present to manage all the logistical aspects of the site visit and to help the accreditation survey team with any issues. This includes facilitating access to additional documentation or interviewees as required.

The accreditation survey team will interview relevant stakeholders as scheduled by the health service in the timetable prepared prior to the visit. The staff involved in interviews is detailed in *CRMEC Policy 08: Planning an Accreditation Survey Visit*, but generally includes Executives, staff from the medical education unit (e.g. Directors of Prevocational Education and Training [DPETs], MESOs etc.), term supervisors, registrars and prevocational junior doctors. The accreditation survey team generally interviews cohorts of staff from the same unit/designation together in groups. Some stakeholders may be interviewed individually as appropriate, or as requested by interviewees.

Interviews are intended to be a fact-finding process that enables the accreditation survey team to establish that the ETP, including all training terms, meet the National Standards outlined in *CRMEC Policy 06: National Standards*. The interviews also seek to identify exemplary components of the ETP, and areas that require further work to either meet the CRMEC Standards or to reach an exemplary standard. Interviews also provide health service staff with an opportunity to identify aspects of the ETP and/or its resourcing that may require improvement.

The accreditation survey team will inspect physical settings including the junior doctor teaching spaces, lounge, study/library/desk space, accommodation, and clinical areas. If the health service has been previously accredited and there has been no change to the health service facilities, an inspection of spaces may not be required by all or any of the survey team members.

Addressing issues of concern that arise

Matters of concern arising during a survey visit will generally be discussed during the site visit with the General Manager and/or the Director of Medical Services by the accreditation survey team leader or a designated survey team member.

When an urgent issue of patient or junior doctor safety is identified, the CRMEC Director will inform the CRMEC Chair. The Chair will be notified either during the site visit, or immediately following the site visit, depending on the issue. The CRMEC Director, together with the accreditation survey team leader will determine the urgency of timeframe.

The CRMEC Chair will evaluate safety issues in conjunction with the CRMEC Director and the accreditation survey team leader to determine level of risk to the junior doctors and/or patients, and urgent provisos may be issued and require action prior to the formal accreditation report being completed. In this instance, the General Manager and/or the Director of Medical Services may be contacted for further discussion of the issue, either by tele/web conferencing or in-person. Immediate provisos may include removing junior doctors from the training health service until a safe training environment can be confirmed.

Timeframe for the visit

A health service accreditation visit takes one to three days depending on the size of the health service and the number of training terms to be accredited, the number of prevocational junior doctors and the extent of any lack of compliance with the National Standards that emerges.

Undertaking Accreditation Without a Site Visit

At times it may not be possible and/or required for an accreditation survey team to visit a health service (e.g. during a pandemic or sustained emergency), or to visit parts of the health service (e.g. satellite sites). When it appears that a site visit may not be possible or required, the CRMEC will evaluate the situation and determine how the accreditation visit could be adapted or if accreditation status can be extended.

Considerations for the CRMEC in performing a risk analysis and decision on undertaking accreditation without a site visit include, but may not be limited to:

- Any Federal, State or Territory restrictions
- Contractual requirements between the CRMEC and the Australian Health Practitioner Regulation Agency (Ahpra)
- Potential risks to the accreditation survey team, health service, junior doctors or patients of undertaking a site visit
- Other options for undertaking accreditation (e.g. video conferencing, off-site meetings, hybrid options) and the practicality of such options
- Requirement for an inspection of physical spaces
- The benefits that can be achieved by in-person communication with stakeholders
- Any provisos or recommendations made over the last cycle of accreditation and the way in which these have been addressed by the health service to-date
- Any concerns arising from the health service's submission and the survey of the junior doctors.
- Any concerns or complaints related to the health service that have been received over the last cycle of accreditation, including the way the health service has addressed same.

After assessing the unique circumstances and risks, the CRMEC may decide to:

- Extend the accreditation status of the health service until a site visit is possible
- Undertake a full accreditation that includes a modified "in-person" site visit (e.g. one survey team member attends the site to inspect the physical setting)
- Undertake a full accreditation that includes video conferencing (e.g. interviews conducted with all required staff or with key identified staff)
- Undertake a regular full accreditation visit.

Except in highly exceptional circumstances, the CRMEC will not undertake a full accreditation without seeking feedback from junior doctors, either via interviews or surveys.

Completing the Health Service's Accreditation

After reviewing the submission and conducting the interviews, the accreditation survey team will develop a draft accreditation report. Evaluations, comments, provisos, recommendations, and commendations are usually established in draft form by the accreditation survey team during the site visit in the scheduled sessions for team meetings.

The team will provide an evaluation of the health service against each accreditation standard criteria, and indicative comments and provisos. The CRMEC Director will prepare this content into the draft report that will be circulated to the accreditation survey team leader for checking, revision and any additional comments. The draft report will then be circulated to the rest of the accreditation survey team members for checking and further input. At this stage, the CRMEC Director will organise a tele/web conference for the survey team if there is a need to discuss the draft report in more detail.

Fact checking

When all members of the team are satisfied with the report content, the CRMEC Director will provide the accreditation report to the health service for factual accuracy checking. The fact-checking version of the report will not include the evaluations, provisos, recommendation, commendations or the final accreditation outcome. The health service's nominated accreditation representative is requested to check general factual accuracy regarding the health service and ETP.

The accreditation survey team will consider the health service feedback and make any required changes to the factual details in the report as necessary. If there is significant dispute regarding important facts, the accreditation survey team leader will discuss with the CRMEC Chair and determine if additional meetings with health service representatives are required.

Finalisation of the accreditation report

The accreditation report will be considered by the CRMEC Accreditation Committee. The accreditation survey team leader will present the report to the Accreditation Committee and provide an overview of the findings, the provisos and the rationale of the survey team in its conclusions. The Accreditation Committee will have opportunity to ask questions regarding content within the report, and impressions of the survey team regarding any aspects not included in the report that the Committee may consider relevant. The Accreditation Committee will then discuss the report and suggest any changes it considers pertinent.

The Accreditation Committee Chair will present the report to the Council, providing CRMEC with the Accreditation Committee's recommendations on the outcome of the accreditation report, including the suggested duration of accreditation. Information on the possible accreditation outcomes, including provisos, recommendations and decisions related to accreditation duration, is outlined in *CRMEC Policy 07: Accreditation*.

The CRMEC will consider the accreditation report and the recommendations made by the Accreditation Committee and provide a final decision on the accreditation status of the health service.

The health service is notified of the accreditation decision. At this stage, the health service has a right of appeal against the accreditation decision, as outlined in *CRMEC Policy 19: Appealing a Decision*. Importantly, the health service must register an appeal within 30 days of the date the report is emailed to the health service.

Should no appeal be made, CRMEC will provide the accreditation decision to the ACT Board of the Medical Board of Australia (ACTBMBA) with a list of each training term included in the accreditation decision.

Managing conflicting interests

The CRMEC, its committees and survey team members must manage real or perceived conflicts of interest (see *CRMEC Policy 4: Conflict of Interest*). This includes all individuals declaring any conflicts of interest as soon as they arise, and following the advised management strategy, which main include stepping down from involvement in the accreditation process.

The CRMEC operates in a small jurisdiction and individuals often sit on multiple committees. To reduce the potential influence of individuals on the accreditation process, no individual will participate in voting on accreditation outcomes at more than two levels (i.e., survey team, Accreditation Committee and Council).

Public reporting

All accreditation decisions, including full accreditation reports and a Register of Terms accredited by the CRMEC are made publicly available via the CRMEC website. The website is updated periodically to indicate when a health service has addressed any provisos that were included in the accreditation report.

Related Policies and Relevant guidance

- The Australian Medical Council (AMC). *New National Framework for Prevocational (PGY1 and PGY2) Medical Training (2024+)*, 2023. <https://www.amc.org.au/accredited-organisations/prevocational-training/new-national-framework-for-prevocational-pgy1-and-pgy2-medical-training-2024/>
- Australian Medical Council: *National Standards for Prevocational (PGY1 and PGY2) Training Programs and Terms*, 2023. <https://www.amc.org.au/accredited-organisations/prevocational-training/new-national-framework-for-prevocational-pgy1-and-pgy2-medical-training-2024/>
- Australian Medical Council: *Requirements for Prevocational (PGY1 and PGY2) Training Programs and Terms*
- CRMEC Policy 4: Conflict of Interest
- CRMEC Policy 05: Accreditation Fact Sheet
- CRMEC Policy 06: National Standards
- CRMEC Policy 07: Accreditation
- CRMEC Policy 08: Planning an Accreditation Survey Visit
- CRMEC Policy 15: Selection, Appointment and Training of Accreditation Surveyors
- CRMEC Policy 19: Appealing a Decision

Version Control

Review Date	Version	Updated by	Approved by	Changes made
May 2014	1.0	Director	CRMEC	
Feb 2016	1.1	Director	Not required	Formatting
June 2017	2.0	Director	CRMEC	Updated the criteria for members of a visit team
March 2018	2.1	Director	Not required	Updated timelines
May 2019	3.1	Director	CRMEC Chair	Included address of urgent safety issues and content of submission reports
Sept 2020	4.0	Director	CRMEC	Removed content that duplicates information in other policies, added purpose of interviews, added accreditation without a site visit, added public reporting
Feb 2023	4.1	Admin	Director	Formatting
Jan 24	4.2	Director	Not required	Reviewed language for consistency with new National Framework, added related policies
March 24	4.3	Director	Not required	Added the CRMEC policy regarding conflict of interest. This is detailed in other policies and added here for clarity.