

## CRMEC Policy 07

# Accreditation Policy



## Scope

The CRMEC is committed to the improvement of the quality of education, training and welfare of Junior Medical Officers (JMOs) within the Territory and linked regional educational networks. An objective of the CRMEC is to ensure an open and transparent accreditation system supported by efficient and effective processes.

## Overview of Accreditation

The accreditation process sets out to establish standards for the ACT Network JMO education and training programs, to monitor compliance with these standards and to assist facilities in the attainment of a universally high standard of training. The current CRMEC Accreditation Standards are available at <http://health.act.gov.au/professionals/medical/jmo-accreditation/>

Through the accreditation process, training facilities are evaluated by an Accreditation Visit team (“Visit Team”) against the current standards. Accreditation is essential in ensuring that the optimal environment exists for the supervision and training of JMOs in the ACT Prevocational Network.

The CRMEC uses a supportive accreditation process which recognises that high standards will be more easily achieved if facilities can interact with the CRMEC Secretariat (“the Secretariat”) and articulate their support needs. Through this feedback, the Secretariat can advocate for the support needed to optimise education delivery. The CRMEC is not an education fund holder. Its support role is purely advisory. The CRMEC reports directly to the Director General of ACT Health and reports intern training accreditation decisions to the ACT Board of the Medical Board of Australia (ACTMBA).

## Accreditation Committee

The Accreditation committee is established as a committee of the CRMEC to provide advice on accreditation processes for the postgraduate training of prevocational JMOs. It is responsible for an efficient and effective accreditation process taking into account jurisdictional requirements, national program developments, and the training needs of JMOs.

### Purpose

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### Reporting

The Accreditation Committee reports, through its Chair, to the CRMEC. CRMEC decisions on the accreditation status of intern training positions will be notified to the ACTBMBA, and on PGY2 positions to the Deputy Director General, Canberra Hospital & Health Services or to the Chief Executive of the relevant Network facility.

The Chair will report at each Committee meeting on progress towards achievement of agreed

## CRMEC Policy 07

# Accreditation Policy



outcomes and on decisions of the CRMEC relevant to the committee's activities.

### Functions

The Accreditation Committee will operate in a manner consistent with the CRMEC rules and will undertake functions defined by those rules and as determined by the CRMEC. The functions of the Accreditation committee are to:

1. Provide expert advice to the CRMEC on matters relating to the accreditation of prevocational medical training.
2. Undertake accreditation processes and monitoring of prevocational JMO posts, clinical units, facilities and networks that support these posts, using the current CRMEC accreditation standards.
3. Receive and consider applications for the accreditation of new prevocational JMO posts against the current CRMEC accreditation standards.
4. Monitor and review the accreditation standards and processes ensuring relevance and effectiveness.
5. Manage the recruitment and training of Accreditation Visit Team members and leaders.
6. Develop links and agreements with other accreditation agencies and education providers to:
  - a. Promote a continuum of learning
  - b. Foster sharing of expertise and information
  - c. Minimise duplication of workload on health services associated with multiple accreditation agency processes.
7. Work collaboratively with other CRMEC committees.
8. Establish, maintain and promote partnerships with relevant national and jurisdictional organisations subject to available resources.

### Membership

The membership of the Accreditation Committee will be as follows:

- Chairperson appointed by CRMEC who will be a member of the CRMEC
- Clinician/Term Supervisor (four positions)
- General Practitioner/Private Sector Clinician
- Medical Administrator
- Director of Prevocational Education and Training
- Community Representative
- Medical Education Officer
- CRMEC nominees (up to 2 positions).
- Junior Medical Officer (three positions)

## CRMEC Policy 07

# Accreditation Policy



### Conflict of Interest

Accreditation committee members may, for a variety of reasons, be perceived to have a conflict of interest. A perceived or actual conflict of interest may exist where a member:

- Is currently employed at a facility or area health service being accredited; or
- Has professional or financial involvement in the facility or area health services being accredited; or
- Has a current application for employment at the facility or area health service being accredited; or
- Has a significant relationship (e.g. spouse, partner), with a person either directly involved in the medical education of JMOs, or a stakeholder with an interest in the accreditation (eg DPET, DMS etc) at the facility being accredited; or,
- Has a professional, personal or financial interest which may conflict, or be perceived to conflict, with the functions of the Accreditation Committee.

For any of the above reasons the Accreditation Committee member is expected to identify the conflict of interest and, at the discretion of the committee, decline to participate in any discussions regarding the accreditation of the facility.

### Objectivity

The Accreditation committee should at all times represent the CRMEC. All comments and observations made by members should be in line with CRMEC guidelines and not individual expectations. Recommendations and decisions on accreditation compliance must be based on sound evidence.

### Delegation of Powers

The Accreditation committee may delegate authority to its Chair and/or to the Chair of the CRMEC to make urgent decisions related to accreditation which are within the scope of the committee's Terms of Reference. Wherever the Chair exercises delegated powers, he/she should do so only in settings where urgency or other considerations make such action reasonable. In addition, all decisions made under delegation should be subsequently tabled to the committee.

### Principles

1. The Standards are a framework for quality education in prevocational years. They should:
  - Help regions, facilities, units, supervisors and JMOs evaluate their own progress towards improved education and training. The evaluation should be ongoing and integrated with education and training governance and delivery.
  - Enable CRMEC Visit Teams to benchmark the facility establishment and performance against expectations needed to achieve accreditation. These expectations will be determined by the CRMEC and its visitors and will be referenced against education and training outcomes that might reasonably be achieved given a particular setting's individual circumstance.

## CRMEC Policy 07

# Accreditation Policy



- Act as a reference for JMOs in ensuring that they are receiving education and training of an appropriate quality as they review their own progress informally and through structures such as the ACT JMO Forum.
- 2. Three year “full accreditation” is granted when the facility/unit/department demonstrates substantial compliance with the majority of the standards.
- 3. Three year “provisional accreditation” indicates substantial compliance with the majority of the standards. Where provisional accreditation is granted, the CRMEC will require subsequent verification or clarification of issues raised by the accreditation team. Full accreditation will then be granted following acceptance of verification or clarification by the committee.
- 4. Twelve month accreditation is granted to hospitals which meet most of the standards but have significant deficiencies warranting attention.
- 5. Six month accreditation is granted to hospitals which require immediate action to correct deficiencies identified in the survey. Hospitals granted such accreditation will be re-surveyed within 6 months.
- 6. The Accreditation Committee can decide to withdraw accreditation from certain terms or a facility as a whole if required (i.e. fail to meet accreditation after remediation processes).
- 7. Terms which fail to achieve accreditation status after appropriate review will not be considered suitable employment for JMOs until corrective action is taken.
- 8. The Accreditation Committee is responsible for awarding accreditation status to the facility/unit/department based on recommendations from the Visit Team.
- 9. A facility/unit/department may appeal against a decision on accreditation (refer to Appeals Policy for further detail).
- 10. CRMEC must be notified of any changes in circumstance that significantly impact on the education and training of junior doctors. Failure to do so may affect the accreditation status (refer to Process for Accrediting a Change of Circumstance for further details).
- 11. The Medical Board of Australia (MBA) operating under Health Practitioner Regulation National Law 2009 has appointed the Australian Medical Council (AMC) as the accreditation authority for medical training programs. In the MBA Communiqué of 18<sup>th</sup> December 2103, the MBA confirms that the AMC has granted initial accreditation and the Board has approved the CRMEC as an authority that accredits intern positions. This initial accreditation and approval continues until the AMC completes a formal review in late 2104.
- 12. Accreditation Standards will be reviewed on an ongoing basis to reflect best practice and changes in local, national and AMC training standards.

## CRMEC Policy 07

# Accreditation Policy



## Definition of terms

**Accreditation** – accreditation is the evaluation process used to assess the quality of prevocational medical education and training against established standards. It comprises compliance and quality improvement elements that are complementary to service delivery and training. The process ensures facilities and units offer appropriate education and training for prevocational JMOs and promote best practice.

**Accreditation Report** – a formal written document prepared by the Visit Team following an accreditation visit. It contains written assessment of the facility's compliance with the Standards and provides recommendations for quality improvements.

**Accreditation Visit Team** – A group formed for the purpose of a specific accreditation survey. The composition of a team will depend on the size and role of the facility, and the training program it provides. The accreditation visit team will usually comprise three to six visitors, who may represent the following groups: Directors of Prevocational Education & Training, Clinicians, Junior Medical Officers, Medical Education Support Officers or Medical Administrators. Special expertise may be sought if particular issues have been identified prior to the accreditation visit.

**Appeal** – a request for review of a report made by an Visit Team or a recommendation of an Accreditation committee, prior to the submission of the report to the ACT Board of the MBA or the ACT Minister for Health.

**Appeals Committee** – An independent group established by the Chair of the CRMEC (or nominee) responsible for reviewing the accreditation recommendations regarding the facility or unit making the appeal and any submissions made by the appellant.

**CRMEC Accreditation Committee** – the Committee responsible for an efficient and effective accreditation process taking into account jurisdictional requirements, national program developments, and the needs of JMOs.

**CRMEC Secretariat** – supports the functions of the CRMEC and its committees. The secretariat is committed to supporting the education and training of junior medical officers in the ACT Prevocational Network and supports the CRMEC in ensuring an open and transparent accreditation system.

**Director of Prevocational Education and Training (DPET)** – a senior clinician with delegated responsibility for implementing the intern training program, including planning, delivery and evaluation at the facility. The Director of Prevocational Education and Training also plays an important role in supporting interns with special needs and liaising with term supervisors on remediation.

**Facility** – the institution or clinical setting in which JMOs (JMO) work and train. These organisations will usually be hospitals but may be health care centres or supervised practice locations in community settings which have met accreditation requirements for JMO education and training.

**Junior Medical Officer** - Means intern, resident medical officer, registrar and senior registrar. For the purposes of this document, this refers to medical practitioners in their prevocational years of clinical practice.

**Lead Visitor** – a specially trained leader of the Accreditation team, ultimately responsible for the writing, collation and review of the accreditation report to be presented to the Accreditation Subcommittee.

**Medical Education Support Officer** – an experienced educationalist employed to assist the DPET in

## CRMEC Policy 07

# Accreditation Policy



developing educational processes and procedures supportive of the Education and Training Program (ETP).

**Postgraduate Year** - Postgraduate year is usually used with a number to indicate the number of years after graduation from medical school. For example, PGY1 is the first postgraduate year, also known as internship.

**Term** – a component of the intern training program, usually a nominated numbers of weeks in a particular area of practice. Also called clinical rotation, post or placement.

**Term Supervisor** – the person responsible for intern orientation and assessment during a particular term. They may also provide clinical supervision of the intern along with other medical colleagues.

**Visit Team** – See **Accreditation Visit Team** above.

**Visitor** – an individual trained in all aspects of the accreditation program who acts on behalf of the CRPMC to visit a facility and assess its compliance with the Standards.

## Related documents

- CRMEC Accreditation Standards
- Appeals Policy
- Visitor Guide
- Process for Accrediting a Change in Circumstance

## Version control

Policy 22: Selection, appointment and Training of Accreditation Surveyors				
Review date	Version	Updated by	Approved by	Changes made
February 2015	1.0	Manager	CRMEC	
September 2017	1.1	Admin	Manager	Formatting