

CRMEC Policy 9

Full Facility Accreditation Process



Scope

To guide facilities and the Canberra Regional Medical Education Council (CRMEC) Accreditation Committee through the required process for the accreditation of a facility that educates and trains junior medical officers.

Overview

The full facility accreditation process sets out to establish and monitor standards for junior medical officers (JMOs) and to assist in the attainment of a universally high standard of general training. Through the process of accreditation, a visit team formally evaluates facilities that employ JMOs, against the CRMEC Accreditation Standards. The process adds value in a formative way by sharing local and interstate experience on good practice in JMO education and training.

The full facility accreditation process looks at facility-wide aspects of education and training programs, including governance and resourcing.

Full facility accreditation process description

1. The CRMEC office will liaise with the facility regarding the scheduled full facility accreditation.
2. The CRMEC Manager, in conjunction with the facility, will conduct an online survey of all the JMOs at the facility.
3. The CRMEC will work with the facility to aid completion of the accreditation submission (see details below).
4. The facility must submit the full facility accreditation submission and supporting documentation to the CRMEC at least 60 days prior to the date requested of the accreditation visit (or as advised by the CRMEC Manager).
5. The CRMEC Manager will review the submission and ensure all required documents are provided with the completed submission.
6. The CRMEC Manager, will recruit members of the accreditation visit team (“the visit team”) ensuring there are no conflicts of interest. The Accreditation Committee Chair will approve the selection of the accreditation visit team.
 - a. The visit team will usually comprise three to six visitors, who may represent the following groups; Directors of Prevocational Education & Training (DPETs), Clinicians, JMOs, Medical Education Support Officers (MESOs), consumer or community representatives or Medical Administrators.
 - b. Where there is no conflict of interest, Accreditation Committee members will be invited to participate in visit teams.
 - c. To maintain transparency and independence in signing off the accreditation report, the Accreditation Committee Chair will refrain from joining accreditation visit teams.
 - d. To maintain transparency no individual person will be a member of **all** teams/committees

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required to sign off on the accreditation report (i.e. an individual cannot be a member of all of the visit team, the Accreditation Committee and the Council).

- e. Additional visit team members will be selected from the register of visit team members and/or from invitations to other State/Territory accrediting bodies.
 - f. The facility will be given the opportunity to review the proposed visit team and request replacement of nominated visit team members where there is a conflict of interest.
7. The facility will develop a visit program using the template provided by the CRMEC Office. The accreditation visit usually takes one to two days and includes separate interviews with term supervisors, registrars, JMOs, MESOs, the Director of Medical Services (DMS) or equivalent and the DPET.
 8. The visit team will convene in person or via teleconference or email to discuss the facility's submission. The CRMEC Office will follow up with the facility should further information be required before the site visit.
 9. At the site visit, the visit team will interview relevant staff and view relevant clinical units. It is expected that the MESO will be present to manage all the logistical aspects of the accreditation and help the visit team with other requests when required.
 10. When an urgent safety JMO or patient issue is identified in the site visit, the CRMEC Manager will inform the CRMEC Chair. The Chair will be notified either during the site visit, or immediately within two business days following the site visit, depending on the issue urgency. The CRMEC Manager, together with the visit team leader will determine the urgency of timeframe in which to inform the Chair.

Matters of urgency will generally be discussed at the site visit with the General Manager and/or the Director of Medical Services by the survey team leader. The CRMEC Chair will be evaluate safety issues in conjunction with the CRMEC Manager and the survey team leader to determine level of risk to the JMOs and patients, and urgent provisos may be requested from the facility prior to the formal accreditation report being completed by the survey team. In this instance, the General Manager and/or the Director of Medical Services may be contacted by phone for further discussion of the issue. Immediate provisos may include removing JMOs from the training facility until a safe training environment can be confirmed.

11. The visit team will develop a draft accreditation report and convene again to finalise their report prior to the approval process occurring.
12. The CRMEC Manager will provide the accreditation report, excluding the accreditation outcomes, to the facility for factual accuracy checking.
13. The visit team will consider the facility feedback and make any required changes as necessary.
14. The accreditation report will be considered by the CRMEC Accreditation Committee.
15. The Accreditation Committee will provide the CRMEC with recommendations on the outcome of the

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accreditation report, including the duration of accreditation.

16. The CRMEC will consider the recommendations made by the Accreditation Committee and provide a final decision on the accreditation of the facility.
17. The facility is notified of the accreditation decision.
18. The facility has a right of appeal against the accreditation decision, according to the CRMEC Appeals Policy.
19. Should no appeal be made, CRMEC will provide the CRMEC accreditation decision to the ACT Board of the Medical Board of Australia (ACTBMBA). For intern terms, the ACTBMBA will advise the CRMEC of its decision regarding suitability of the facility's terms for general registration purposes.
20. The facility is notified of the final accreditation decision for general registration purposes.

Timeframe

A facility accreditation visit takes one to two days depending on the size of the facility and the number of units to be accredited. However, the process for preparing for a facility accreditation submission takes several months.

Facilities should be aware of when their next full accreditation survey is due and should liaise with the CRMEC Office six months prior to the due date, to arrange a proposed time for the accreditation visit..

Facility submission

Facilities are required to submit a completed accreditation submission to the CRMEC Office no later than 60 days prior to the date of the accreditation visit (or as advised by the CRMEC Manager). The submission is crucial to the accreditation process and the facility is asked to:

- Assess its own performance using a rating scale (the same rating scale is used by the visit team to assess the facility). The facility is also asked to comment on how the Accreditation Standards have been achieved.
- Verify the details of the submission with the DMS or equivalent and the DPET, prior to submitting.
- Inform the ACT Health Director-General or Local Health Network Chief Executive of the accreditation process as they are ultimately responsible for the accreditation of posts within the relevant Local Health Network.

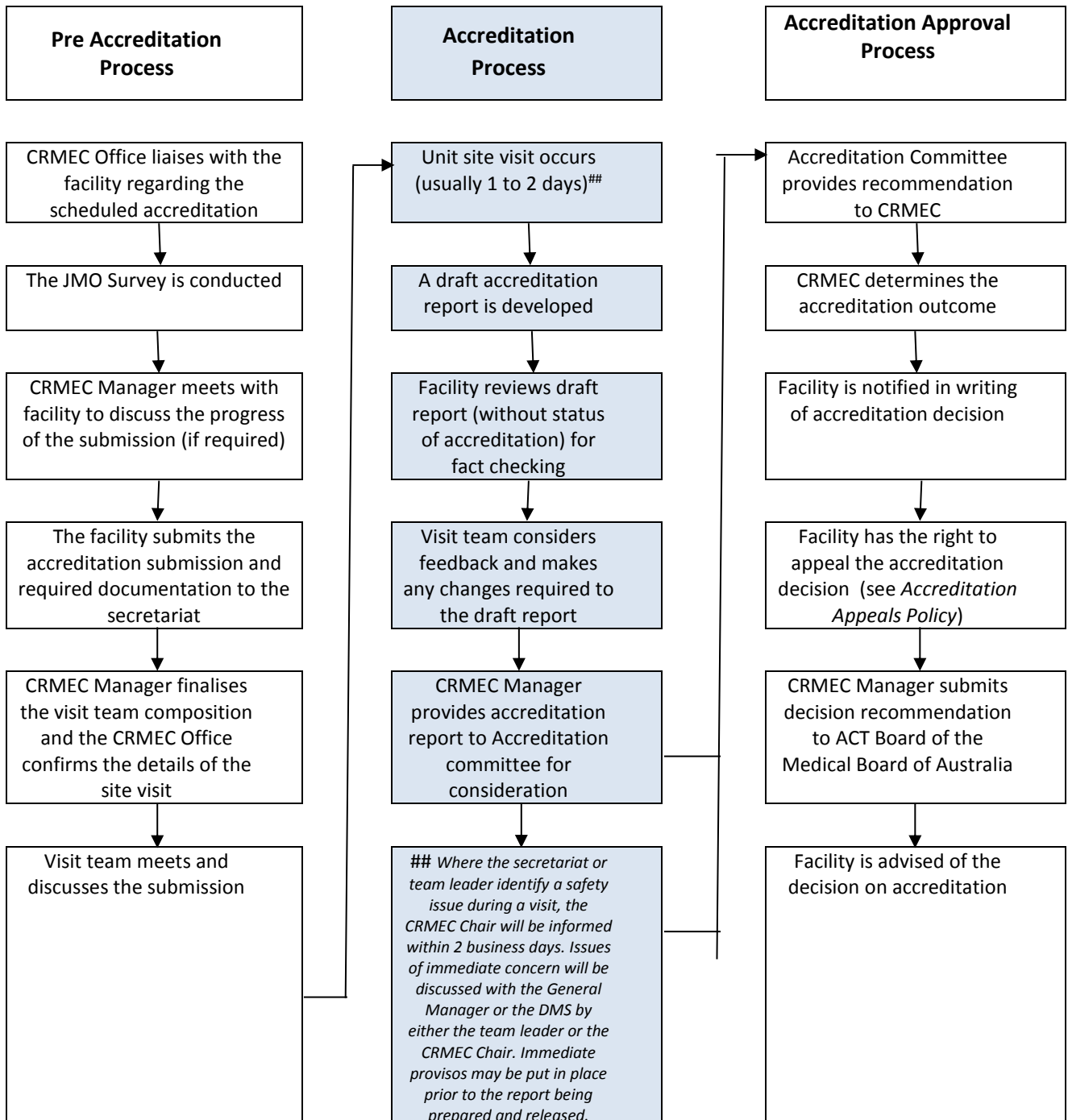
The Accreditation Standards set down an ambitious education and training framework. Some criteria may not be achievable by some training facilities. Accordingly, only some criteria have been designated as mandatory for all facilities. Non-mandatory criteria will still be considered in the accreditation process and it is expected that facilities will achieve most of these criteria. The final decision on the need to achieve non-mandatory criteria will be made by the CRMEC.

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Full facility accreditation flowchart



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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 junior medical officers and promote best practice.

Accreditation Standards – all accreditation activities are assessed against the published CRMEC Accreditation Standards.

Accreditation Visit Team (Visit Team) - a group formed for the purpose of a specific accreditation surgery. 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.

Canberra Region Medical Education Council (CRMEC) Accreditation Committee – the Council's committee responsible for an efficient and effective accreditation process taking into account jurisdictional requirements, national program developments and the needs of JMOs.

Director of Prevocational Education & Training (DPET) – a Senior clinician with delegated responsibility for implementing the intern training program, including planning, delivery and evaluation at the facility. The DPET 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 junior medical officers (JMOs) work and train. This organisation 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.

Medical Education Support Officer (MESO) – an experienced educationalist employed to assist the DPET in developing educational processes and procedures supportive of the Education and Training Program.

Post Graduate Year Level (PGY level) – postgraduate year, 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 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.

Related documents

- CRMEC Accreditation Standards
- Accreditation Policy
- Guide to Accreditation
- Full Facility Accreditation Submission Template

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Version control

Policy 9: Full Facility Accreditation Process				
Review date	Version	Updated by	Approved by	Changes made
May 2014	1.0	Manager	CRMEC	
February 2016	1.1	Manager	Not required	Formatting
June 2017	2.0	Manager	CRMEC	Updated the criteria for members of a visit team
March 2018	2.1	Manager	Not required	Updated timelines
May 2018	3.1	Manager	CRMEC Chair	Updated flowchart to include urgent safety issues