

CRMEC Policy 08

Planning an Accreditation Visit Policy



Scope

To guide the facility and accreditation team in the development of a visit schedule.

Overview

The accreditation visit schedule should be finalised one month before the visit. The facility / unit will create an accreditation visit schedule. The planning of the visit schedule is a difficult task and as such the accreditation team should minimise changes to the schedule.

Who should be included in the schedule?

The facility will create a scheduled list of appointments for the visit. CRMEC suggests the following people must be met with; requests for additional people, if required, can be negotiated. Please note this is not an exclusive list:

Appointments

Governance

Applies only to facilities:

- 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

Applies to facilities and units:

- Director/s of Prevocational Education & Training (DPET)
- Medical Education Support Officer/s (MESO)
- Term Supervisors (see note below)
- Interns (see note below)
- Prevocational trainees (see note below)
- Vocational trainees (see note below)

Other Visit Activities

- Welcome and introduction
- Facility tour if necessary
- Concluding time with facility/unit
- Debriefing time for visit team
- Breaks

Formulating the Schedule

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

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

Participation of other parties such as term supervisors and prevocational trainees can be scheduled throughout the visit where appropriate. The number of these meetings arranged will vary from service to service. Groups of interns and prevocational trainees should be representative of the specialties offered by the facility, consisting of an appropriate mix across those covered during intern and prevocational training. The minimum is:

- One term supervisor per core term (i.e. one from Emergency Medicine, one from Medicine, one from Surgery)
- Available term supervisors from elective rotations (including prevocational term supervisors)
- Term supervisors for all new terms and those requesting an increase in JMO numbers
- 30% of interns with at least one from each rotation (These can be separated into smaller groups as demonstrated in the example timetable below)
- 30% of prevocational trainees (These can be separated into smaller groups as demonstrated in the example timetable below)
- Vocational trainees, and
- Consumers or service users.

The inclusion of General Practice sites in this process will, wherever feasible, take place via video or teleconference. Interns and prevocational trainees at the main facility that have experienced a rotation at a General Practice being visited should be interviewed rather than the visit team visiting a General Practice to interview these trainees.

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

Responsibility

It is the responsibility of facilities to draft the timetables. The visit team may suggest changes, but these must be minimised unless absolutely essential and are discouraged if the timetable meets the above recommendations.

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Example 1: Large Full Facility Visit Schedule

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			
VISIT TEAM 1 (Visitors x3)			VISIT TEAM 2 (Visitors x3)		
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

Example 2: Small to Medium Full Facility Visit Schedule

Full Facility Accreditation Visit Program Accreditation for intern and prevocational training		
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 – 10:15	Board Room	Medical Administration, Support staff
10:15 – 10:30	Board Room	Morning tea - Visit team discussion
10:30 – 10:55	Board Room	Medicine – Term Supervisor
10:55 – 11:20	Board Room	Emergency Medicine – Term Supervisor
11:20 – 11:45	Board Room	Elective terms – Term Supervisor
11:45 – 12:15	TOUR	Tour of Hospital including RMO lounge, sleeping quarters, library, tutorial space, some wards
12:15 – 12:45	Board Room	Lunch – Visit team discussion

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12:45 – 13:30	Board Room	Interns x 3 <i>n.b.: the number of interns interviewed should increase or decrease in line with facility size)</i>
13:30 – 14:15	Board Room	Interns x 3
14:15 – 14:30	Board Room	Afternoon Tea – Visit team discussion
14:30 – 15:15	Board Room	PGY2+ x 3 <i>(the number of PGY2+ interviewed should increase or decrease inline with your facility size)</i>
15:15 – 16:00	Board Room	PGY2+ x 3
16:00 – 16:15	Board Room	Visit team discussion
16:15 – 16:30	Board Room	Feedback to General Manager (or equivalent) and DPET

Example 3: New / Changed Unit Visit Schedule

Individual Unit Accreditation Visit Program Accreditation for intern and prevocational training		
Time	Location	Interviewee
08:00 – 08:30	Board Room	Accreditation team convenes
08:30 – 09:30	Board Room	MEU Staff – DPET, MESO, Support staff
09:30 – 09:45	Board Room	Morning tea – Visit team discussion
09:45 – 10:30	Board Room	Head of Unit and Term Supervisor
10:30 – 11:15	Board Room	Interns x 4 <i>(the number of interns interviewed should increase or decrease inline with your facility size)</i>
		For new units include all JMOs in the unit
11:15 – 11:30	Board Room	Visit team discussion
11:30 – 12:00	Board Room	PGY2+ x 4 <i>(the number of PGY2+ interviewed should increase or decrease inline with your facility size)</i>
12:00 – 12:30	Board Room	Tour
12:30 – 13:00	Board Room	Lunch – Visit team discussion
13:00 – 13:15	Board Room	Feedback to General Manager (or equivalent) and DPET

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

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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 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 accreditation visit team or a recommendation of the Accreditation Committee, prior to the submission of the report to the ACTBMBA and/or Minister for Health and Wellbeing.

Appeals Committee – An independent group established by the Chair of the CRPMC (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.

Facility – The institution or clinical setting in which junior medical officers (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.

Related documents

- None listed

Version control

Policy 8: Planning an Accreditation Visit				
Review date	Version	Updated by	Approved by	Changes made
February 2015	1.0	Manager	CRMEC	
September 2017	1.1	Admin	Manager	Formatting