

# Accreditation Fact Sheet



## Scope

The following information provides an outline of the accreditation process to inform involved and/or interested parties including junior medical officers, employees in facilities being accredited, members of the CRMEC and the general public.

## What is Accreditation?

- Accreditation is a quality assurance process that establishes and monitors standards for prevocational training positions to assist in the attainment of a high standard of general training.
- Through the accreditation process, training facilities are evaluated by an accreditation visit team using the clearly defined and established standards.
- Accreditation helps health services to create the best possible working environment for the supervision and training of Junior Medical Officers (JMOs) by ensuring they receive appropriate orientation, clinical experience, education, training, supervision, assessment, evaluation and support (including resources), to enable them to meet the objectives of their training program in a safe manner.

## Why Accredit?

- Accreditation is required to ensure JMOs are receiving appropriate education and support in Canberra Region hospitals and health facilities. The prevocational period is crucial for JMOs, giving them the confidence to practise independently having recently graduated from medical school, while preparing them for specialty training.
- The Canberra Region Medical Education Council (CRMEC) has delegated responsibility from the ACT Board of the Medical Board of Australia (MBA) to accredit facilities for intern training. The ACT Board of the MBA will use the PMC's accreditation decisions to determine the suitability for registration purposes of intern terms within facilities.
- As well as ensuring facilities and units offer appropriate education and training, accreditation has a purpose to discover and encourage the dissemination of good practice, improving the quality of prevocational education and training in the Canberra Region.

## Who Accredits?

In Australia, intern training accreditation and the accreditation of JMO positions is undertaken by postgraduate medical councils for each state or territory. Accreditation of postgraduate medical councils, medical schools and specialty medical college programs is by the Australian Medical Council (AMC). The AMC has approved the CRMEC as an accreditation body.

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## How is Accreditation Undertaken?

- All Council and Committee members will complete a standing notice of interest and update it regularly. These declarations are available at each Council and Committee meeting.
- All agendas are to begin with a 'declaration of interests', in which members are requested to declare any personal or professional interests which might, or might be perceived to, influence their capacity to undertake their roles as members of the Council, Accreditation and Education Committees. The Chair may decide that a member's interest in a particular item requires the member to be excluded from the Council or Committee's usual duties with respect to that item, including discussion of that item at meetings; or it may decide that the member should continue to participate.
- Members will not vote on matters on which they have a declared personal or professional interest.
- All declared interests will be recorded in the Council and Committee minutes, as will the decision in relation to the interest.
- The CRMEC requires proposed members of Accreditation Visit teams ("Visit teams") to declare to the Accreditation Committee any relevant personal or professional interest that may be perceived to conflict with their ability to undertake impartially their duties as a surveyor. Following receipt of any such comments, the Accreditation Committee will make a decision on the composition of the Visit team, documenting the nature and basis of the decision.
- The facility or health service being accredited has the right to formally object to the inclusion of a Visit team member where they consider a conflict of interest exists. Following receipt of any such comments, the Accreditation Committee will make a decision on the composition of the Visit team, documenting the nature and basis of the decision.
- If a previously unidentified conflict of interest emerges for a surveyor during an assessment, the Lead surveyor will determine an appropriate course of action. This may entail changing the report writing responsibilities of the surveyor, requiring the surveyor to abstain during relevant discussion, or altering the survey program. Any such conflicts, and the course of action taken, will be reported to the Accreditation Committee.
- Where a member of the Visit Team has given recent formal or informal advice to a facility or health service outside the CRMEC accreditation process, that member must declare their interest.

The *CRMEC Standard Notice of Interest – Declaration and Record Form* is attached for utilisation by all parties.

## How is Accreditation Undertaken?

- JMO positions are accredited against the CRMEC Standards. The Standards are to be in line with the Prevocational Medical Accreditation Framework (PMAF) and elements specified in the National Intern Accreditation Framework.
- Accreditation can be at the level of a facility, e.g. a hospital, or a unit, e.g. a specialty unit in a hospital, or a general practice setting.
- Facilities and units are required to provide a detailed submission, which takes the form of a self-assessment

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against the Accreditation Standards. Assistance is provided to facilities in completing this submission as part of a collaborative approach to accreditation.

- There will be Change of Circumstance policy, which demonstrates the steps taken to ensure posts are accredited following significant changes. It is essential that this process is followed, especially for intern posts, as changes to these can affect the accreditation status of the unit or facility and consequently the registration status with the ACT Board of the MBA.
- Following a visit, an accreditation visit team will provide a report to the CRMEC containing detail regarding the facility and individual units against the Accreditation Standards. The report will also include provisos and recommendations for improvement, plus commendations. The CRMEC reviews the report and makes recommendations to the Director General. Final advice regarding accreditation decisions for facilities or units is provided to the ACT Board of the MBA for registration purposes

## How Often Does Accreditation Occur?

All facilities and units should be accredited at three yearly intervals. Please note the Change of Circumstance policy as discussed above.

## What are the Accreditation Outcomes?

- There are four possible outcomes for accreditation:
  - Three year accreditation is granted when a unit or facility meets all or most of the Accreditation Standards, and there are no major concerns at the unit or facility level;
  - Twelve months accreditation is granted when the majority of Accreditation Standards have been met, but there are some significant, potentially systemic, deficiencies warranting attention;
  - Six months accreditation is granted when significant deficiencies have been discovered that warrant immediate attention or the unit or facility is undergoing significant change;
  - Removal of accreditation from a unit or facility if it is deemed unsuitable for TMO training.
- A facility can be granted three years accreditation with some units within the facility granted accreditation for a shorter period or discredited.

### Acknowledgement

The CRMEC gratefully acknowledges the assistance of the AMC and PMC Tasmania in formulating this policy. This policy and process document is modelled on information gathered from AMC and PMCT documents of the same nature.