



Accreditation Visitor Guide

Canberra Region Medical Education Council
(CRMEC)

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Table of Contents

Scope	3
Overview of Accreditation	3
CRMEC Accreditation Standards	3
1. The Visit Team	3
1.1. Becoming a Visitor	3
1.2. Composition of the Visit Team	3
1.3. Responsibility of the Visit Team	4
2. Administrative Issues	4
2.1 Conflict of Interest	4
2.2 Pre-Visit	4
2.3 Travel Arrangements	5
2.4 Payment for Visitors	5
3. Role of the Visit Team	5
3.1 Read and Evaluate	5
3.2 Plan	5
3.3 Communicate	5
3.4 Objectivity	6
3.5 Debriefing	6
3.6 Visit Report	6
4. Accrediting the Facility	7
4.1 Accreditation Status	7
5. Ethical Issues and Confidentiality	7
6. Credentialing of Visitors	7
7. Evaluating Accreditation Visits	8
Definition of Terms	8
Related Documents	9
Acronyms	10
APPENDICES	
Appendix A: Accreditation Rating Scale	11
Appendix B: Confidentiality Agreement	12
Appendix C: The Top 10 Tips for being an Effective Visitor	13
Appendix D: Surveyor Feedback	14
Appendix E: Facility Accreditation Evaluation	15

Scope

The CRMEC Visitor Guide provides Visit Teams with a clear outline of their role and the necessary information and tools to conduct a comprehensive accreditation review.

Overview of Accreditation

The accreditation process appraises and monitors standards for Junior Medical Officers (JMOs) and assists in the attainment of a universally high standard of general clinical training. Accreditation helps to ensure that the best possible environment exists for the organisation, supervision and training of JMOs.

Through the processes of accreditation, a professional Accreditation Visit Team ("Visit Team"), using clearly defined and established standards, formally evaluates facilities that employ JMOs. The process adds value in a formative way by sharing local and interstate experience on what works for JMO training. It also allows the CRMEC Secretariat ("the Secretariat") to develop the supports it can offer for supervisors and JMOs both directly and through its advocacy functions.

The CRMEC regularly provides accreditation decisions and the updated facility Record of Terms to the ACT Board of the Medical Board of Australia for intern registration purposes.

CRMEC Accreditation Standards

The CRMEC Accreditation Standards assume clinicians, facilities and their staff are committed to teaching, educating and training and that JMOs are committed to learning and in turn, teaching others. While the Standards provide checks and balances for those rare occasions when this is not the case, the emphasis is on a framework, goals and aspirations which will continue to develop a quality prevocational medical education system in the Australian Capital Territory. The Standards set down an ambitious education and training framework.

1. The Accreditation Visit Team

1.1 Becoming a Visitor

Visitors may be recruited in one of the following ways:

- Nomination by their professional body or organisation
- Invitation from the Secretariat

1.2 Composition of the Accreditation Visit Team ("the Visit Team")

The Visit Team will usually comprise at least three to four people, who may represent the following groups:

- DPETs
- Clinicians
- JMOs
- MESOs
- Medical Administrators
- Consumers, carers or community representatives

The composition of the Visit Team will depend on the size and role of the facility and the program that it provides. Special expertise may be sought if there are particular problems which have been identified prior to the accreditation visit.

Lead Visitor

Lead Visitors will be selected and appointed by the Accreditation Committee on the basis that they have actively participated in visits and have extensive subject knowledge.

The Lead Visitor is expected to:

- Liaise with team members and the Secretariat to set up the visit;
- Liaise with team members to establish a plan for the visit and to finalise the agenda and timetable;
- Chair sessions on the visit day;
- Seek a consensus with the team members on major issues affecting accreditation;
- Agree on a draft visit report and circulate to all members for comment and amendments; and
- Submit the visit report to the Accreditation Committee and brief members on any significant outcomes, provisos or recommendations from the visit at the meeting.

1.3 Responsibility of Visit Team

The primary responsibilities of the Visit Team are to:

- Conduct a comprehensive review of the supervision, training and support received by JMOs at the facility under consideration
- Report in a relevant, timely and accurate manner enough information for the Accreditation Committee to make a well informed decision on the accreditation status of the facility
- Act in a courteous, professional and non-judgmental manner as a representative of the CRMEC.

2. Administrative Issues

2.1 Conflict of Interest

If you feel your role as Visitor on a particular visit could raise a potential conflict of interest, you must notify the Secretariat, who will determine whether it is appropriate for you to be involved in a visit.

Examples of perceived or actual conflict of interest include where a Visitor:

- is currently or previously employed at a facility or area health service being visited; or
- has professional or financial involvement in the facility or area health services being visited; or
- has a current application for employment at the facility or area health service being visited; or
- has a significant relationship (e.g. spouse, partner etc.) with a person either directly involved in medical education of JMOs, or a stakeholder with an interest in the accreditation (e.g. DPET, MESO, DMS etc.) at the facility being visited; or
- as a carer or consumer, has a current complaint lodged in relation to the area being visited; or
- has professional, personal or financial interests which may conflict, or be perceived to conflict, with the functions of the Accreditation Committee.

2.2 Pre-Visit

Prior to a visit being conducted, each facility will have been asked to complete and provide pre- accreditation data. A request will be made for data to be returned to the Secretariat at least sixty days prior to the visit date.

Once the request for data has been sent a Visit Team will be organised.

When the pre-visit data has been completed and forwarded to the Secretariat, it will be made available to each member of the Visit Team to review.

2.3 Travel Arrangements

Interstate

Should a visitor need to travel from interstate, the Secretariat will make the necessary arrangements. It is usual that travel and accommodation arrangements will be for the day prior to the actual visit date. This allows time for the Visit Team to discuss the pre-visit questionnaire and isolate areas that may need special review.

Local

It is expected that visitors will make their own arrangements. The Secretariat will, if requested, reimburse the costs of taxis, buses and private vehicles. Receipts for the above expenses should be forwarded to the Secretariat.

Release from duties

The Secretariat will, on behalf of all trained Visitors who are ACT Health employees (and especially JMOs), negotiate with facilities their release from usual duties in paid time in order to participate in the CRMEC accreditation activities.

Accommodation

Persons travelling interstate requiring accommodation will be booked into accommodation by the Secretariat.

2.4 Payment for Visitors

It is expected that those Visitors in full time hospital employment and who are given leave for accreditation purposes will not make a claim for payment from the Secretariat. However, visitors who are in private practice and miss clinical work may invoice the CRMEC for an honorarium of \$750.00 per day excluding GST.

3. Role of the Visit Team

3.1 Read and Evaluate

The Visit Team should carefully read the pre-visit data and supporting documentation provided by the facility in the weeks before the visit and isolate areas which may require further clarification.

The report from the previous accreditation visit of the facility (if there has been a previous visit) should be examined and recommendations made at that time noted. The Visit Team should clarify if there have been any particular changes or additional requests made by the facility regarding accreditation since the last visit, as these aspects may need to be included in the team's work during the visit.

The Visit Team should then evaluate the written information available, in line with the CRMEC Accreditation Standards.

Each Visitor should carry out these activities.

3.2 Plan

The Visit Team should either meet before the visit or liaise by phone or other means. The team should establish a visit plan that will comprehensively cover all areas which need to be visited.

The Secretariat will work with the facility to determine a visit timetable. The Lead Visitor should then review this with input from other team members.

3.3 Communicate

Visitors communicate with other team members regarding their perception of the facility's submission and supporting information from the facility.

The Visit Team communicates with the Secretariat regarding its requirements for the visit itself. Generally the bulk of

the Visit Team's involvement on the day(s) of the visit will be interviewing JMOs (usually in small groups), Term Supervisors and Clinical Teachers (often individually). However, sufficient time must be allocated for discussions with the DPET, Director of Medical Services (DMS) and MESO as well as additional tasks the team may have identified prior to the visit.

3.4 Sources of Information

While making the site visit, the Visit Team will have numerous sources of information that will help inform decisions. A timetable will be established that will provide the Visit Team with opportunity to conduct interviews with the Executive team, DPET, Supervisors and JMOs.

The Visit Team will have opportunity to interview JMOs who have previously attended the facility, if required.

3.5 Objectivity

The Visit Team is at all times representing the CRMEC; all comments and observations should be in line with the CRMEC guidelines and not individual expectations.

Recommendations and decisions regarding accreditation compliance **must be based on sound evidence**. It is often wise to discuss any concerns that are raised during the visit with either the DPET or DMS, so that they may have the opportunity to respond before the visit is completed.

Visitors should refrain from making comparisons with their own facility and should seek only to ascertain whether the Standards are being met.

Contact can be made at any time with the Secretariat during or after the visit to clarify issues or request information.

3.6 Debriefing

Debriefing is an important stage in the accreditation process. It allows the Visit Team to provide feedback to the members of the facility on their observations and general findings and give some sense of the overall impression of the visit. There must be an opportunity for the Visit Team to raise issues and for the facility to be given an opportunity to respond.

The focus on debriefing should be on the positives, however it is also an important opportunity to inform the facility briefly about the problems identified. There should be no surprises for the facility in the final visit report.

If there are differences between the views of the facility and the Visit Team during the debriefing, some possible solutions for the Visit Team include:

- acceptance of the information;
- if possible, verification of information from other sources following the visit; and
- formulation and exploration of potential solutions to problems, particularly if systemic.

The accreditation status will not be advised at debriefing. Accreditation status is decided by the CRMEC (through recommendation from the Accreditation Committee), as delegated by the ACTBMBA. The facility is advised formally of the accreditation visit outcome by the Chair of the CRMEC.

3.7 Visit Report

The Visit Team should complete the Visit Report within 1 month of the visit.

The Visit Report should not make any recommendations regarding the accreditation status (i.e. the duration of accreditation is recommended by the Accreditation Committee). However, it should contain enough commentary to substantiate any constructive recommendations regarding how the facility's performance could be improved.

The Report should then be returned to the facility for comment prior to review by the Accreditation Committee.

The Lead Visitor is responsible for:

- ensuring that each team member is satisfied with the Report contents;
- passing all handwritten notes and comments to the Secretariat for safe storage for at least **six months** after the visit
- sending the completed Report to the Secretariat by the due date specified;
- submitting the Visit Report to the Accreditation Committee and briefing members on any significant outcomes, or recommendations from the visit at the meeting.

4. Accrediting the Facility

After review of the Report by the facility, the Visit Team will suggest a recommendation to the Accreditation Committee regarding the accreditation status. The Accreditation Committee will make the recommendation, which will then be reviewed and endorsed by the CRMEC. The CRMEC will then notify the ACTMBA of the accreditation decision and the updated Record of Terms for the facility, for registration purposes.

4.1 Accreditation Status

The Accreditation Committee can make the following accreditation decisions:

- Three year full accreditation. This indicates substantial compliance with the majority of the standards.
- Three year provisional accreditation. This 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 and compliance with any requirements set out in the provisos to the accreditation. The Committee will grant full accreditation once satisfied that the provisos have been complied with and any additional issues have been verified or clarified. .
- Twelve month accreditation. This will be granted to facilities which meet most of the standards but which have significant deficiencies warranting attention.
- Six month accreditation. This will be granted to facilities which require immediate action to correct deficiencies identified in the visit. Facilities granted such accreditation will be re-visited within 6 months.
- Withdrawal of accreditation from certain terms or a facility as a whole.

5. Ethical Issues and Confidentiality

Information gathered in relation to an accreditation visit must be treated by the Visit Team and external visitors in confidence. Matters concerning the accreditation should only be discussed with the facility personnel concerned, Accreditation Committee members and the Director General or Chief Executive of the local health network (LHN). Team members should also treat with confidence all information provided by other team members during the review.

Visitors and members of the Accreditation Committee are required to complete and sign a Confidentiality Agreement (refer to Appendix C) prior to undertaking any accreditation functions on behalf of the CRMEC.

At the completion of the review, all information should be sent to the Secretariat.

6. Credentialing of Visitors

6.1 Credentialing

In order to ensure an open and transparent accreditation system, visitors need to be equipped with the necessary skills and experiences. The below guidelines seek to maintain a high calibre of assessors and thereby ensuring the CRMEC accreditation system continues to work at a consistently high level.

- All visitors will be assessed by an approved Lead Visitor as defined by the Secretariat.

- Visitors will notify the Secretariat if they feel there could be a potential conflict of interest (see above).
- Visitors will provide feedback and advice to facilities on how to improve the education and training for JMOs.
- Visitors will provide advice to the Secretariat on broader issues which might emerge from the visit and which are relevant to the education and training of JMOs.
- Lead Visitors are responsible for the leadership and direction of each visit, assessment of observers and the finalisation of the Visit Report.
- Lead Visitors are responsible for offering advice to the Accreditation Committee and the Appeals Committee regarding the accreditation status of a facility, unit or department
- Lead Visitors must complete a sufficient number of visits per annum to maintain their lead status.

7. Evaluating Accreditation Visits

After the accreditation process the Secretariat will conduct an evaluation of the accreditation process in order to identify any areas for improvement in planning, communication or the way issues are addressed during the accreditation process. Evaluations will include:

- Survey of the accreditation Visit Team
- Survey of participants in the accreditation process (e.g. JMOs, supervisors, executives)

Accreditation evaluation reports will be reviewed by the Accreditation Committee and, when required, processes and procedures will be updated to address issues arising.

Definitions 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 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, Medical Administrators, consumers, carers or community representatives. Special expertise may be sought if particular issues have been identified prior to the accreditation visit.

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.

Appeal – a request for review of a report made by an accreditation visit team or a recommendation of an Accreditation Committee, prior to the submission of the report to the ACTBMBA and/or 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.

Canberra Region Medical Education Council (CRMEC) – a Committee which is responsible for an efficient and effective accreditation process, taking into account jurisdictional requirements, national program developments, and the needs of JMOs in prevocational training.

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 & Training (DPET) – a medical practitioner appointed by a facility to be responsible for the coordination of the General Clinical Training Program for junior medical officers within a network or facility. This includes training program structure, assessment, quality improvement and overall organisation and oversight of supervision.

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

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

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.

Provisos – are made where it is judged that the facility has not met a standard or mandatory criterion. The facility must address these within the timeframes agreed.

Record of Terms – refers to the terms formally accredited or provisionally accredited within the facility.

Recommendation - areas where training in a facility or unit could be improved, but may not be directly related to a particular Accreditation Standard. Recommendations have no reporting requirement but the facility is advised to address these; they will be reviewed at the next facility accreditation.

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

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

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

Related Documents

- CRMEC Accreditation Standards
- Accreditation Policy
- Observer Guide
- Process for Managing Patient/ JMO Safety Concerns During Accreditation Visits
- Team Report Template Full Facility
- Team Report Template New Unit
- Confidentiality Agreement Template
- Accreditation Rating Scale
- Be an Effective Accreditation Visitor: Top 10 tips

Acronyms

ACF:	Australian Curriculum Framework
ACTBMBA:	ACT Board of the Medical Board of Australia
AMC:	Australian Medical Council
CEO:	Chief Executive Officer
CMA:	Chief Medical Administrator
CPMEC:	Confederation of Postgraduate Medical Education Councils
CRMEC:	Canberra Region Medical Education Council
DDG:	Deputy Director General
DG:	Director General
DPET:	Director of Prevocational Education & Training
ETP:	Education & Training Program
JMO:	Junior Medical Officer
LHN:	Local Health Network
MBA:	Medical Board of Australia
MESO:	Medical Education Support Officer
MEU:	Medical Education Unit
PGY:	Postgraduate Year
RMO:	Resident Medical Officer

Acknowledgement

The CRMEC gratefully acknowledges the assistance of the South Australian Medical Education and Training Unit. This document is modelled on their document of the same name

Accreditation Rating Scale Appendix A

The facility is asked to assess its own performance against meeting the criteria within the Accreditation Standards using a rating scale. The same rating scale will be used by the survey team. The facility is also asked to demonstrate how the criteria have been achieved.

Each of the four rating points is identified below. A rating of 'some major concerns' or 'extensive concerns' should be accompanied with comments and recommendations for improvement from the facility.

No concerns: There is good evidence to show compliance with the Accreditation Standards. There is evidence that systems and processes to support junior medical officer (JMO) education and training are integrated and observed uniformly across the health services. These systems and processes are monitored and evaluated, with outcomes fed back and acted upon in line with efforts to continuously improve training.

Some minor concerns: There is good evidence of systems and processes in place to support JMO education and training but they are either not yet fully integrated or not observed uniformly across the health service. These systems and processes are monitored and evaluated.

Some major concerns: There is some evidence of systems and processes in place to support JMO education and training, but this is inconsistent across the facility. There is little or no monitoring or evaluation of outcomes of processes to provide continuous improvement.

Extensive concerns: There is little evidence of systems and processes in place to support JMO education and training. There is little evidence of how the facility plans to resource and implement JMO education and training. There is no clear plan in place to meet the Accreditation Standards and no evidence of how this can be resourced and delivered.

Confidentiality Agreement Appendix B

I, give this agreement to the Canberra Region Medical Education Council.

I acknowledge that all information to which I gain access as a result of my work as an Visit Team member for the CRMEC and/or as a member of the CRMEC or one of its Committees, including information provided by the health service, documents relating to accreditation visits and any report I author or co-author in this capacity is confidential and will be used for the sole purpose of fulfilling my professional role

The terms of the agreement are:

1. I will not disclose, either directly or indirectly, the contents of any Visit Team reports, associated material or data without prior written authorisation from the CRMEC Chair;
2. I will take all reasonable steps to ensure that any person, other than those persons permitted by CRMEC, does not have an opportunity to inspect or otherwise have access to confidential accreditation information.

NAME: *(please print)*:

SIGNED: DATE: /

/

Be an Effective Accreditation Visitor: Top 10 Tips

As a Visitor.....

1. You must always make accreditation a constructive process aiming to ensure all facilities attain high standards of JMO supervision, training, working conditions and morale.

You must recognise that different facilities will have different ways of achieving these standards – it is the outcome that matters, not the mechanism.

2. You must seek consensus amongst your Visitor colleagues as to how well the standards are being achieved.
3. You must be meticulous and thorough in the examination of facts and listen to opinions from a wide range of sources before reaching conclusions.
4. You must keep to yourself any preconceived impressions and prejudices concerning the facility being visited.
Keep an open mind.

5. You must keep your thoughts and opinions on how well your own facility meets the Accreditation Standards to yourself.

Your own facility's time for accreditation will come!

6. You must remember to keep any information you acquire during the visit process strictly confidential.
Never discuss any details with other work colleagues afterwards.

7. You must send all handwritten notes to the Lead Visitor and destroy other visit materials once the report has been written.

The Lead Visitor will pass all handwritten notes and comments to the Secretariat for safe storage for at least 6 months after the visit.

8. You must make enough commentary to substantiate any recommendations regarding the accreditation status. You must not pre-empt the accreditation decision by telling the facility what you believe the final decision by CRMEC might be.
9. You will be representing CRMEC. Ensure all your comments and observations align with CRMEC guidelines to maintain the positive reputation of CRMEC and the accreditation process.
10. You must encourage feedback from the facility regarding the visit process.

SURVEYORS FEEDBACK



These questions relate to the accreditation of the [FACILITY] intern training program, conducted on [DATE]. You have been sent this survey as you participated in the Accreditation. We welcome your feedback on this topic.

SURVEYORS FEEDBACK			
<i>These questions will only take a couple of minutes to complete and will assist to improve future accreditation visits.</i>			
1. What were the most helpful ways CRMEC Secretariat supported you to prepare for the accreditation site visit?			
2. What sorts of assistance would have helped you to be more prepared for the site visit?			
3. What is your preferred method for receiving documentation related to accreditation?	Electronically Via email	Electronically Via USB stick	Paper hard copy
4. Did you feel that you met enough appropriate people on the site visit to make a reasonably accurate evaluation of the unit/facility?			
5. How adequate was the time allocated to the discussions in which you participated?			
6. What, among the areas you discussed during the visit, did you feel were the most important to focus on?			
7. What topics were addressed in the discussions that you felt were of lesser relevance?			
8. What areas would you have liked to have covered more in the discussions but did not get a change to?			
9. Did you need to refer to the submission document during the site visit? If yes, what was your preferred method of viewing the documentation?	Electronically Via laptop	Electronically Via iPad	Paper hard copy
10. How well did you feel the lead visitor fulfilled their role of facilitating discussion, seeking consensus amongst the team members, and coordinating the report?			
11. Any other comments?			

Thank you for your time in completing these questions, it is much appreciated

Facility Accreditation Evaluation



These questions relate to the accreditation of the **[FACILITY]** intern training program conducted on **[DATE]**.

You have been sent this survey as you were invited to participate in a meeting with the survey team. We welcome your feedback on this topic.

FACILITY STAFF FEEDBACK

These questions will only take a couple of minutes to complete and will assist to improve future accreditation visits.

Prior to meeting with accreditation team	<i>Nowhere near enough</i>	<i>Not quite enough</i>	<i>Right amount</i>	<i>Too much</i>
1. How much advance notice were you given prior to your meeting with the accreditation team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. What sort of assistance would have helped you to be more prepared for the meeting with the accreditation team?				
Meeting with the accreditation team	<i>Nowhere near enough</i>	<i>Not quite enough</i>	<i>Right amount</i>	<i>Too much</i>
3. How adequate was the time allocated to the discussion in which you participated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Of the topics that were discussed at your meeting, which did you feel were the most important?				
5. What were the topics discussed that you felt were of lesser importance?				
6. What areas would you liked to cover but did not get a chance to discuss?				
Impacts of the Accreditation				
7. Do you feel that the CRMEC accreditation process will make a difference to your day to day work? How?				
8. What other expectations might you have with regards to the accreditation process?				