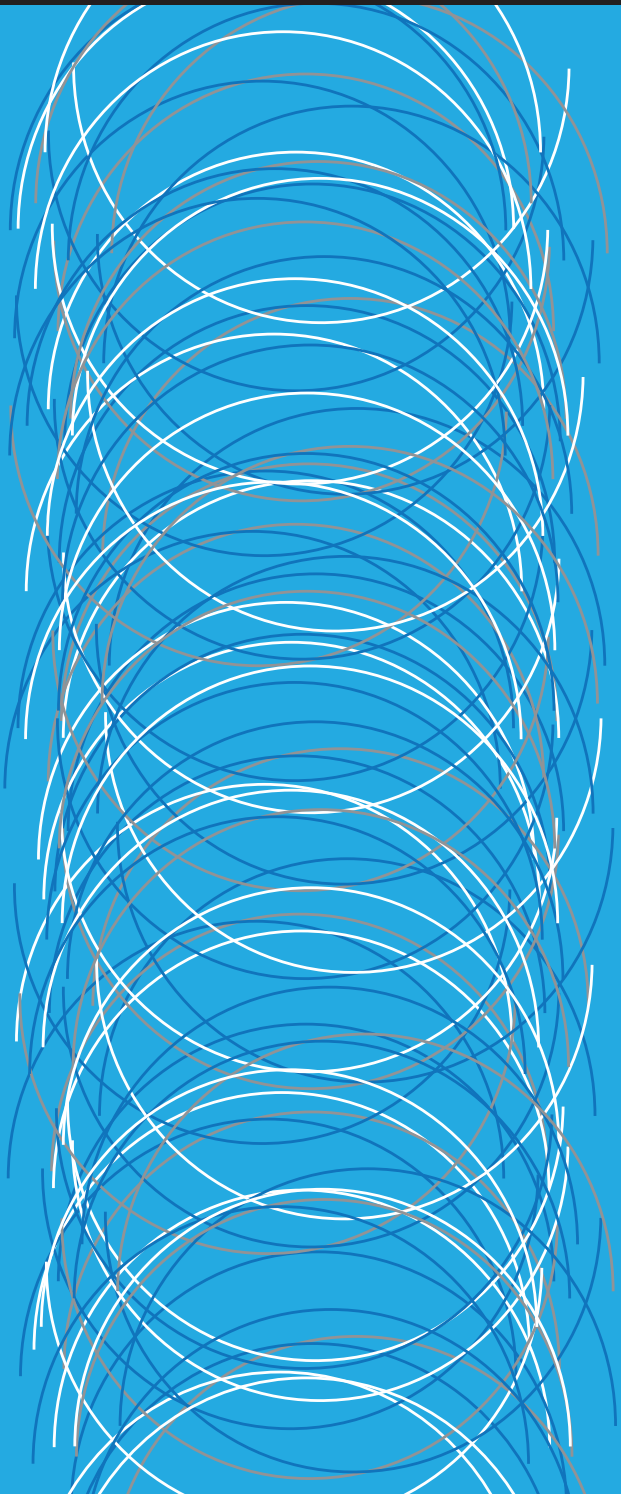


Australian Medical Council Limited

Accreditation Report:
South Australian Medical Education and
Training Health Advisory Council

AMC



Prevocational Standards Accreditation Committee
July 2023

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Acknowledgement of Country

The Australian Medical Council (AMC) acknowledges the Aboriginal and Torres Strait Islander Peoples as the original Australians, and the Māori People as the original Peoples of New Zealand.

We acknowledge and pay our respects to the Traditional Custodians of all the lands on which we live, and their ongoing connection to land, water and sky.

We recognise the Elders of all these Nations both past, present and emerging, and honour them as the traditional custodians of knowledge for these lands.

Executive summary

This report records the findings of the Australian Medical Council (AMC) assessment of the South Australian Medical Education and Training Health Advisory Council, the intern training accreditation authority for South Australia.

In 2022, an AMC team completed an assessment of the intern training accreditation authority's work. The AMC conducted this assessment following the steps in the document *Procedures for Assessment and Accreditation of Intern Training Accreditation Authorities by the Australian Medical Council, 2019*. The AMC team assessed the intern training accreditation activities of the authority against the requirements of the document, *Intern training – Domains for assessing accreditation authorities, 2020*.

- (i) Accreditation for a period of five years* subject to satisfactory progress reports. In the year the accreditation ends, the intern training accreditation authority will submit a comprehensive report for extension of accreditation. Subject to a satisfactory report, the AMC may grant a further period of accreditation, up to a maximum of three years, before a new accreditation assessment.
- (ii) Accreditation for five years subject to certain conditions being addressed within a specified period and to satisfactory progress reports. In the year the accreditation ends, the intern training accreditation authority will submit a comprehensive report for extension of accreditation. Subject to a satisfactory report, the AMC may grant a further period of accreditation, up to a maximum of three years, before a new accreditation review.
- (iii) Accreditation for shorter periods of time. If significant deficiencies are identified or there is insufficient information to determine that the intern training accreditation authority satisfies the domains for assessing accreditation authorities, the AMC may grant accreditation with conditions and for a period of less than five years. At the conclusion of this period, or sooner if the intern training accreditation authority requests, the AMC will conduct a follow-up review.

** In the case of SA MET, due to the short extension of accreditation of six months granted in March 2023, accreditation may be granted for a period of up to four and a half years.*

AMC Directors at their 10 August 2023 meeting resolved:

- (i) That the South Australian Medical Education and Training (SA MET) substantially meets the domains for assessing accreditation authorities; and
- (ii) That the South Australian Medical Education and Training (SA MET) be accredited as an intern training accreditation authority for four and a half years, to 31 March 2028, subject to satisfactory annual monitoring submission reports to the AMC.

Key findings

The key findings of the 2023 AMC assessment against the requirements of *Intern training – Domains for assessing accreditation authorities* are set out below.

The left column of the Table includes commendations and recommendations for improvement. Recommendations for improvement are suggestions not conditions.

The right column summarises the findings for each domain and lists any accreditation conditions. The AMC imposes conditions where requirements are ‘not met’ or ‘substantially met’ to ensure that the intern training accreditation authority satisfies the domain in a reasonable timeframe. The AMC requires accreditation authorities to provide evidence of actions taken to address the condition and to meet the domain in a specified timeframe.

Domain with commendations and recommendations for improvement	Findings and conditions
Domain 1 – Governance	Substantially met 1.2 <i>Priority to accreditation of intern training positions</i> is substantially met
<p><i>Commendations</i></p> <p>A The Strategic Plan 2021-2026 that sets out a clear roadmap and set of priorities for medical education and training in South Australia. (Attribute 1.2)</p> <p>B The National Prevocational Framework Implementation Committee that brings health services and other key stakeholders together to undertake the detailed planning required for transitioning to the new framework from 2024. (Attribute 1.2)</p> <p>C The <i>Guide for preventing and responding to workplace bullying, harassment, and discrimination</i>, which demonstrates commitment to trainee medical officer wellbeing. (Attribute 1.2)</p> <p>D The appointment of an independent chair to address any perceived bias arising from a chair based in the health service. (Attribute 1.5)</p> <p>E The appointment of a consumer representative on the Accreditation Committee to participate in the detailed review of accreditation assessments and monitoring. (Attribute 1.5)</p> <p>F The high level of engagement and engagement and connectivity across the medical education and training continuum, particularly the engagement of medical schools and specialist medical colleges and their involvement in consultation and links</p>	<p><i>Conditions to satisfy accreditation domains</i></p> <p>To be addressed in 2024:</p> <p>1 Demonstrate that the SA MET Unit has the necessary seniority, expertise, allocated time, and support from the Department to ensure the accreditation functions are appropriately prioritised and delivered as set out in the SA MET policies and processes by 2024. (Attribute 1.2)</p>

<p>into the governance structure. (Attribute 1.6)</p> <p><i>Recommendations for improvement</i></p> <p>AA Review the reporting lines and accountability within the Department to clarify where responsibility for the performance and resourcing of the SA MET Unit lies, particularly in relation to the accreditation functions. (Attribute 1.2)</p> <p>BB Ensure the SA Met Unit has dedicated senior staff with appropriate medical education, training and accreditation experience with time to provide focused support and oversight of the Unit's operational accreditation processes and capabilities, and to work within the Department and with the Advisory Council and stakeholders to negotiate appropriately prioritised and funded work programs (Attribute 1.2)</p> <p>CC Review the arrangements for supporting the Accreditation Committee and subcommittees to ensure compliance with the documented SA MET policies and processes. (Attribute 1.2)</p>	
Domain 2 - Independence	Met
<p><i>Recommendations for improvement</i></p> <p>DD Increase the contribution of interstate members on the Accreditation Committee and survey teams. (Attribute 2.1)</p> <p>EE Revise the conflict of interest policy to include a more nuanced approach in responding to identified and perceived conflicts of interest, including clarifying that when the Advisory Council is making accreditation decisions or the Accreditation Committee is forming recommendations, members who have a declared conflict of interest with the health service being reviewed, leave the meeting for that item so as to demonstrate a clear commitment to mitigating perceived or actual bias in accreditation processes. (Attribute 2.2 and 4.3)</p> <p>FF Provide education on the approach to identifying and responding to conflicts of</p>	<p><i>Conditions to satisfy accreditation domains</i></p> <p><i>Nil.</i></p>

interest arising through accreditation activities to relevant staff and stakeholders.	
Domain 3 – Operational management	Substantially met 3.1 <i>Resources to achieve accreditation objectives</i> is substantially met 3.2 <i>Monitoring and improving accreditation processes</i> is substantially met
<p><i>Commendations</i></p> <p>G The Virtual Accreditation Manager system, which has streamlined the documentation process for accreditation activities for both the SA MET Unit and Local Health Networks, with excellent feedback received from key stakeholders involved in the process. (Attribute 3.3)</p> <p><i>Recommendations for improvement</i></p> <p>GG Review operational policies and processes to strengthen the functioning of the SA MET Unit and accreditation processes, including consideration of strategies to attract and retain staff and enhance the orientation, onboarding and training documentation and processes to ensure appropriate knowledge acquisition and skill development of new staff relating to the accreditation functions. (Attribute 3.1)</p> <p>HH Develop and agree a budget model that clearly identifies funding and resourcing for the delivery of new initiatives, including the implementation of the National Framework for Prevocational Training, as well as the accreditation program. (Attribute 3.1)</p> <p>II Review the arrangements for monitoring the resourcing and prioritisation of the SA MET Unit accreditation functions. (Attribute 3.1)</p> <p>JJ Update the Risk Register to include risks arising from the implementation of the new National Framework for Prevocational Training and identify responses to manage these risks. (Attribute 3.2)</p> <p>KK Work with regional and rural stakeholders to identify opportunities to strengthen their participation in risk identification and management. (Attribute 3.2)</p>	<p><i>Conditions to satisfy accreditation domains</i></p> <p>To be addressed in 2024:</p> <p>2 Demonstrate that human and financial resources have been identified to improve the delivery and support the sustainability of the accreditation functions, and to allow appropriate actioning of strategic initiatives and the imminent changes relating to implementation of the National Framework for Prevocational Medical Training by 2024. (Attribute 3.1 and 3.2)</p>

<p>Domain 4 – Accreditation processes</p>	<p>Substantially met</p> <p>4.2 <i>Selection, appointment, training, and performance review of accreditation visitors</i> is substantially met</p> <p>4.3 <i>Managing conflicts of interest in the work of accreditation visitors and committees</i> is not met</p> <p>4.8 <i>Mechanisms for identifying and managing concerns for junior doctor wellbeing</i> is substantially met</p>
<p><i>Commendations</i></p> <p>H The comprehensive and useful information on the SA MET website which was known to and appreciated by stakeholders (Attribute 4.1)</p> <p>I The comprehensive policies for appointment and training of survey team members (Attribute 4.2)</p> <p>J The clear commitment to and evidence of quality improvement at a strategic and policy-setting level. (Attribute 4.5)</p> <p>K Implementation of the mid-cycle monitoring process and the subsequent refinement of reporting through the implementation of the Virtual Accreditation Management System. (Attribute 4.6)</p> <p>L The transparent communication of accreditation outcomes via the SA MET website. (Attribute 4.11)</p> <p><i>Recommendations for improvement</i></p> <p>LL That the Accreditation Committee and/or the Advisory Council lead the design, delivery and evaluation of surveyor and team leader training to ensure appropriate expertise and commitment to developing survey team members' knowledge and skills. (Attribute 4.2)</p> <p>MM Clarify the policies and procedures for selection of survey team members and leaders, including the oversight role of the Accreditation Committee in this process, and review the implementation to check the policies and procedures are followed (Attribute 4.2).</p>	<p><i>Conditions to satisfy accreditation domains</i></p> <p>To be addressed in 2024 and 2025:</p> <p>3 Ensure that all survey team members participate in training that enables them to effectively apply the standards within accreditation assessment and manage challenging and important situations such as potential conflicts of interest and concerns raised by trainees medical officers by 2024. (Attribute 4.2 and 4.3)</p> <p>4 Demonstrate that conflicts of interest have been managed consistently and appropriately by the Accreditation Committee to ensure that when the Committee is forming recommendations about survey reports and monitoring reports, the engagement of members who have an actual or perceived conflict of interest in discussions is appropriately managed by 2025. (Attribute 4.3)</p> <p>5 Work with the SA MET Unit, survey team members and Accreditation Committee members to ensure that there are shared expectations of the implementation of policy and guidelines supporting trainee medical officer wellbeing which results in appropriate exploration and response to concerns raised by 2024. (Attribute 4.8)</p>

<p>NN Check whether the performance reviews of survey team members are undertaken consistently, as documented by SA MET processes, to support members' development and contribution to the accreditation functions and follow up where needed. (Attribute 4.2)</p> <p>OO Work with stakeholders, including current and former survey team members to address perceptions that the survey process could be more robust in its implementation. (Attribute 4.3)</p> <p>PP Review the model of support for survey teams to ensure sufficient seniority and authority to direct teams on adherence to accreditation standards and SA MET processes. (Attribute 4.4)</p> <p>QQ Adjust the survey interview process to enable systematic exploration of individual accredited terms and the implementation of the education program within them. (Attribute 4.4)</p> <p>RR Work with trainee medical officers to raise awareness of escalation route directly to the SA MET Unit. (Attribute 4.8)</p> <p>SS Update the New Unit Accreditation Process to address the inconsistent description of decision-making. (Attribute 4.10)</p> <p>TT Update accreditation process documentation to clarify who in the LHN the draft accreditation report is required to be sent to. (Attribute 4.11)</p>	
Domain 5 – Stakeholder collaboration	Met
<p><i>Commendations</i></p> <p>M The Accreditation Stakeholder Consultation Guideline, which articulates clear values and process to guide consultation with stakeholder.</p> <p>N The strength of the Advisory Council's engagement and consultation with stakeholders on strategic matters.</p> <p>O The close working with local medical schools, which has resulted in practical improvements to support transition to practice.</p>	<p><i>Conditions to satisfy accreditation domains</i></p> <p><i>Nil</i></p>

<p>P The successful implementation of the new communications plan, which resulted in very positive feedback across stakeholder groups about communication about the accreditation functions and strategic direction.</p> <p>Q The high-level of collaboration with and support given to other postgraduate medical councils.</p> <p><i>Recommendations for improvement</i></p> <p>UU Work with trainee medical officers across South Australian health services to develop formal mechanisms for engagement with the SA MET Unit and/or Advisory Council.</p>	
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Introduction

AMC and intern training accreditation

The Australian Medical Council (AMC) is the designated accreditation authority for the medical profession under the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory. Its purpose is to ensure that standards of education, training and assessment promote and protect the health of the Australian community.

The AMC assesses and accredits medical programs and providers in three of the four stages of medical education: primary medical education, specialist medical education and the continuing professional development phase.

From 2014, as part of the new national framework for medical internship, the AMC assesses and accredits the authorities that accredit intern training programs. This framework includes a national registration standard on granting general registration to Australian and New Zealand medical graduates on completion of internship, as well as national standards and guidelines on intern training. The framework was developed by the AMC, in conjunction with stakeholders, on behalf of the Medical Board of Australia.

The AMC process for accreditation of intern training accreditation authorities provides advice to the Medical Board of Australia to enable it to make a decision to approve authorities that accredit intern training terms, as required under the registration standard. The AMC assessments focus on intern training accreditation and do not address other functions performed by these organisations. The AMC assesses the intern training accreditation authorities' processes and standards against a quality framework, *Intern training – Domains for assessing accreditation authorities*. This process provides a quality assurance and quality improvement mechanism for these intern training accreditation processes.

The AMC's Prevocational Standards Accreditation Committee oversees the AMC process of assessment and accreditation of intern training accreditation authorities, and reports to AMC Directors. The Committee includes members appointed after consultation with the Australian Health Ministers' Advisory Council, the Confederation of Postgraduate Medical Education Councils, and the Medical Board of Australia. The Committee also includes members experienced in AMC accreditation and examination processes, junior doctor and international medical graduate members, a member with background in and knowledge of health consumer issues, and a director of clinical training.

For each accreditation assessment, the AMC appoints an expert team. The intern training accreditation authority's accreditation submission, which addresses the *Intern Training: Domains for Assessing Authorities*, forms the basis of the assessment. Following a review of the submission, the team discusses the submission with staff and committees of the intern training accreditation authority and meets stakeholder representatives. The team may also observe some of the authority's usual intern training accreditation activities. Following these discussions, the team prepares a detailed report for the Prevocational Standards Accreditation Committee, providing opportunities for the authority to comment on successive drafts. The Committee considers the team's report and then submits the report, amended as necessary, to AMC Directors. The Directors make the final accreditation decision. The granting of accreditation may be subject to conditions.

Once accredited by the AMC, all intern training accreditation authorities are required to report annually to the Prevocational Standards Accreditation Committee against the domains and any conditions on their accreditation.

AMC assessment of the South Australian Medical Education and Training Health Advisory Council

The South Australian Medical Education and Training Health Advisory Council (SA MET) is the intern training accreditation authority for South Australia.

In 2013, an AMC team completed the assessment of the South Australian Medical Education and Training Health Advisory Council's intern training accreditation work. On advice from the Prevocational Standards Accreditation Committee, at their October 2013 meeting, AMC Directors agreed that they were reasonably satisfied that SA MET met the domains for assessing accreditation authorities and granted accreditation to SA MET as the intern training accreditation authority for South Australia for the maximum period of five years, to 31 December 2018.

Based on a satisfactory comprehensive report in 2018, AMC Directors extended accreditation for three years to 31 March 2022.

Due to the impact of the COVID-19 pandemic, at their December 2020 meeting, AMC Directors extended SA MET's accreditation until 31 March 2023, to enable an assessment to be undertaken.

This report details the 2023 assessment (with accreditation activities undertaken over 2022) of SA MET against the requirements of *Intern training – Domains for assessing accreditation authorities* and the findings of that assessment.

The key steps in the assessment process were as follows:

- The AMC contacted SA MET regarding the commencement of the assessment process in December 2021 after which there were regular discussions between AMC and SA MET staff to plan the assessment.
- SA MET developed an accreditation submission, addressing the domains in the *Intern training – Domains for assessing accreditation authorities* and responding to guidelines provided by the AMC.
- The AMC appointed an expert team to complete the assessment, after SA MET had an opportunity to comment on the proposed membership. The membership of the team is shown at Appendix 1.
- The AMC invited stakeholder bodies to comment on SA MET's accreditation submission. To assist this process, SA MET placed its submission on its website.
- The team met on 5 July 2023 to consider SA MET's submission and to plan the review.
- The team met SA MET staff, SA MET members, education and accreditation committees and selected stakeholders on 25-27 July 2021 and again on 24 November 2022.
- A subset of the AMC team undertook an online observation of SA MET's survey visit to Northern Adelaide Local Health Network from 17-18 August 2022.
- The team undertook an online observation of an SA MET Advisory Council meeting on 14 September 2022.
- The team observed SA MET's Accreditation Committee meeting virtually on 19 October 2022.
- The team chair and AMC staff met with the Presiding Member of the Advisory Council and the Manager of the SA MET Unit on 24 November 2022.
- A video-conference with the Chair of the Accreditation Committee was held on 30 November 2022.
- The AMC invited SA MET to comment on the factual accuracy of the draft report and on any recommendations, conclusions, or judgments in the draft report.

- The report and the comments of SA MET were considered through the AMC's committee processes.

Appreciation

The AMC thanks SA MET for the support and assistance of its staff and committee members, and its stakeholders who contributed to this assessment.

It acknowledges the additional work of SA MET Unit staff and SA MET Advisory Council members to develop the documentation and plan the review. The AMC also acknowledges with thanks the collegial and open discussion by individuals and groups who met the AMC team between July and November 2022.

1 Governance of the South Australian Medical Education and Training Health Advisory Council

Domain requirement: The intern training accreditation authority effectively governs itself and demonstrates competence and professionalism in performing its accreditation role.

Attributes

- 1.1 The intern training accreditation authority is, or operates within, a legally constituted body subject to a set of external standards/rules related to governance, operation and financial management.
- 1.2 The intern training accreditation authority's governance and management structures give appropriate priority to accrediting intern training programs including the impact of these programs on patient safety. This should also include the way these programs address the wellbeing of junior doctors.
- 1.3 The intern training accreditation authority is able to demonstrate business stability, including financial viability.
- 1.4 The intern training accreditation authority's accounts meet relevant Australian accounting and financial reporting standards.
- 1.5 There is a transparent process for selection of the governing body.
- 1.6 The intern training accreditation authority's governance arrangements provide input from stakeholders, including health services, intern supervisors, and interns.

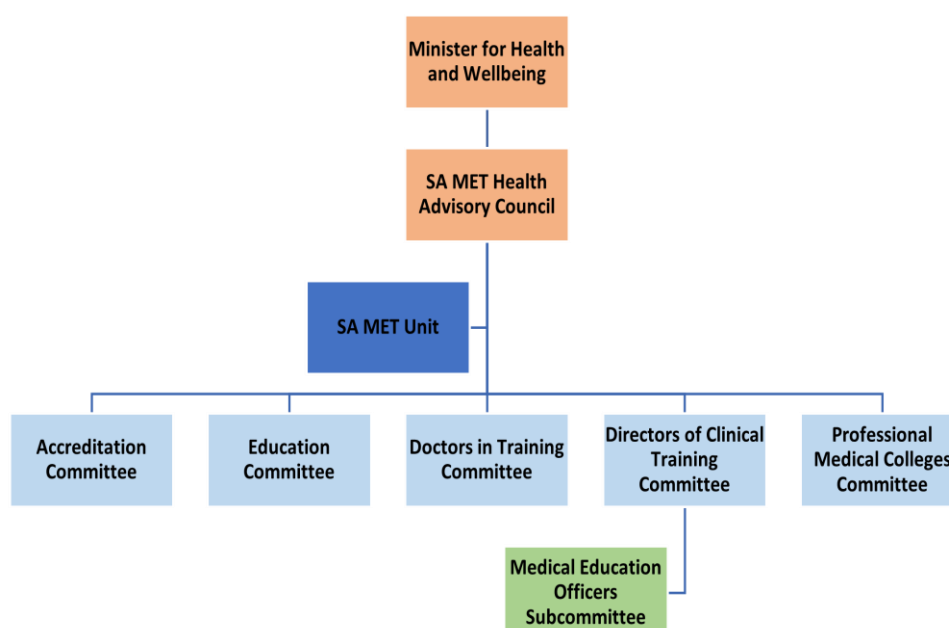
1.1 South Australian Medical Education and Training Health Advisory Council

The intern training accreditation authority is, or operates within, a legally constituted body subject to a set of external standards/rules related to governance, operation and financial management.

Governance

The governance structure for the accreditation of intern training in South Australia is illustrated below.

High-level governance chart for SA MET accreditation functions for prevocational training



The SA MET Advisory Council

The SA MET Advisory Council was established as the intern training authority for South Australia. The Advisory Council was set up as a Minister appointed committee in 2009 and the Advisory Council Rules (attachment 1) were implemented by the Minister for Health and Wellbeing setting out the purpose and responsibilities of the Advisory Council as per section 17(3) of the *Health Care Act 2008* on 15 December 2009.

The Advisory Council is the delegated intern accreditation authority for South Australia. The delegation was made by the Minister for Health and Wellbeing

The Council's purpose and responsibilities are governed by the *South Australian Medical Education and Training Health Advisory Council Rules*, which outline the twelve core functions of the Council, membership and appointment, the subcommittees of the Advisory Council and relevant reporting lines and objectives.

The Advisory Council holds the following functions:

- 1 provide leadership in postgraduate medical education and training in the State
- 2 provide expert advice to the Minister, the Chief Executive and the Department on matters relating to postgraduate medical education and training, accreditation of medical training and issues surrounding the education and employment of international medical graduates
- 3 identify, evaluate, monitor and promote medical education and training programs for trainee medical officers and their trainers, in conjunction with key stakeholders
- 4 work with vocational training Colleges to achieve high quality vocational training
- 5 promote and actively encourage innovation in postgraduate medical training
- 6 undertake the accreditation and monitoring of individual trainee medical officer positions and the clinical units, facilities and networks that support these positions using national and jurisdictional standards, with a focus on:
 - a accreditation and monitoring of positions for prevocational trainee medical officers
 - b developing training standards and accreditation processes for prevocational trainee medical officers
 - c providing collaborative assistance to specialty training colleges in relation to the accreditation of vocational training positions.
- 7 provide advice to the Department, after consulting with stakeholders, on the suitability of trainee medical officer positions in the State
- 8 notify the South Australian Board of the Medical Board of Australia of the Advisory Council's recommendations in relation to accreditation of postgraduate year 1 training positions
- 9 develop linkages and agreements with accreditation agencies and education providers to:
 - a promote a continuum of learning
 - b foster sharing of expertise and information
 - c minimise any duplication of workload on health services that is associated with multiple accreditation agencies and processes.
- 10 establish, maintain and promote partnerships with relevant national and jurisdictional organisations
- 11 contribute to a national core competency set for prevocational training and undertake research in relation to education and training pathways, assessment and the needs of international graduates

- 12 receive feedback from trainee medical officers about relevant safety and quality matters and advocate to health services about postgraduate training, health and welfare issues.

Subcommittees of the Advisory Council

There are five subcommittees which report directly to the Advisory Council.

The **Accreditation Committee** was established to provide advice to the Advisory Council on accreditation processes for the postgraduate training of medical officers, and reports to the Advisory Council through its independent Chair. The Accreditation Committee has ten functions, including:

- 1 provide expert advice to the Advisory Council on accreditation processes for the postgraduate training of prevocational medical officers
- 2 undertake accreditation and monitoring of prevocational trainee medical officer posts, clinical units, facilities and networks that support these posts using the current SA MET accreditation standards
- 3 receive applications for the accreditation of new prevocational trainee medical officer posts and consider them in relation to the current SA MET accreditation standards with a particular focus on: the quality of the clinical education and training program; the provision of a supportive environment, with adequate supervision and appropriate welfare support; and assurance of appropriate measures to ensure patient safety
- 4 review matters relating to accreditation processes for the postgraduate training of prevocational medical officers and make recommendations for endorsement by the Advisory Council
- 5 work collaboratively with specialty medical colleges to support and achieve high quality vocational training within the State
- 6 monitor and review the accreditation standards and processes ensuring relevance and effectiveness
- 7 oversee the recruitment and training of accreditation visit team members and leaders
- 8 develop linkages and agreements with accreditation agencies and education providers to:
 - a promote a continuum of learning
 - b foster sharing of expertise and information
 - c minimise any duplication of workload on health services that is associated with multiple accreditation agencies and processes.
- 9 work collaboratively with other Advisory Council committees
- 10 establish, maintain, and promote partnerships with relevant national and jurisdictional organisations.

The Accreditation Committee has the power to seek advice from external experts, co-opt members to the Committee as required, establish working groups to perform activities relevant to its functions and consult appropriately in order to obtain information relevant to the functions of the Committee. Since the last AMC accreditation assessment of the SA MET Health Advisory Council in 2013, an independent chair has been appointed to the Accreditation Committee.

The Advisory Council is further supported by the:

- **Education Committee**, which provides advice to the Advisory Council on appropriate education and training activities for trainee medical officers in South Australia

- **Doctors in Training Committee**, which provides advice to the Advisory Council on any aspect of the Advisory Council's functions from a medical student and trainee medical officer perspective
- **Professional Medical Colleges Committee**, which provides advice to the Advisory Council on any aspect of the Advisory Council's functions from a Professional Medical College perspective
- **Directors of Clinical Training Committee**, which provides advice to the Advisory Council on any aspect of the Advisory Council's functions from the perspective of the Directors of Clinical Training employed in an incorporated hospital under the Act.

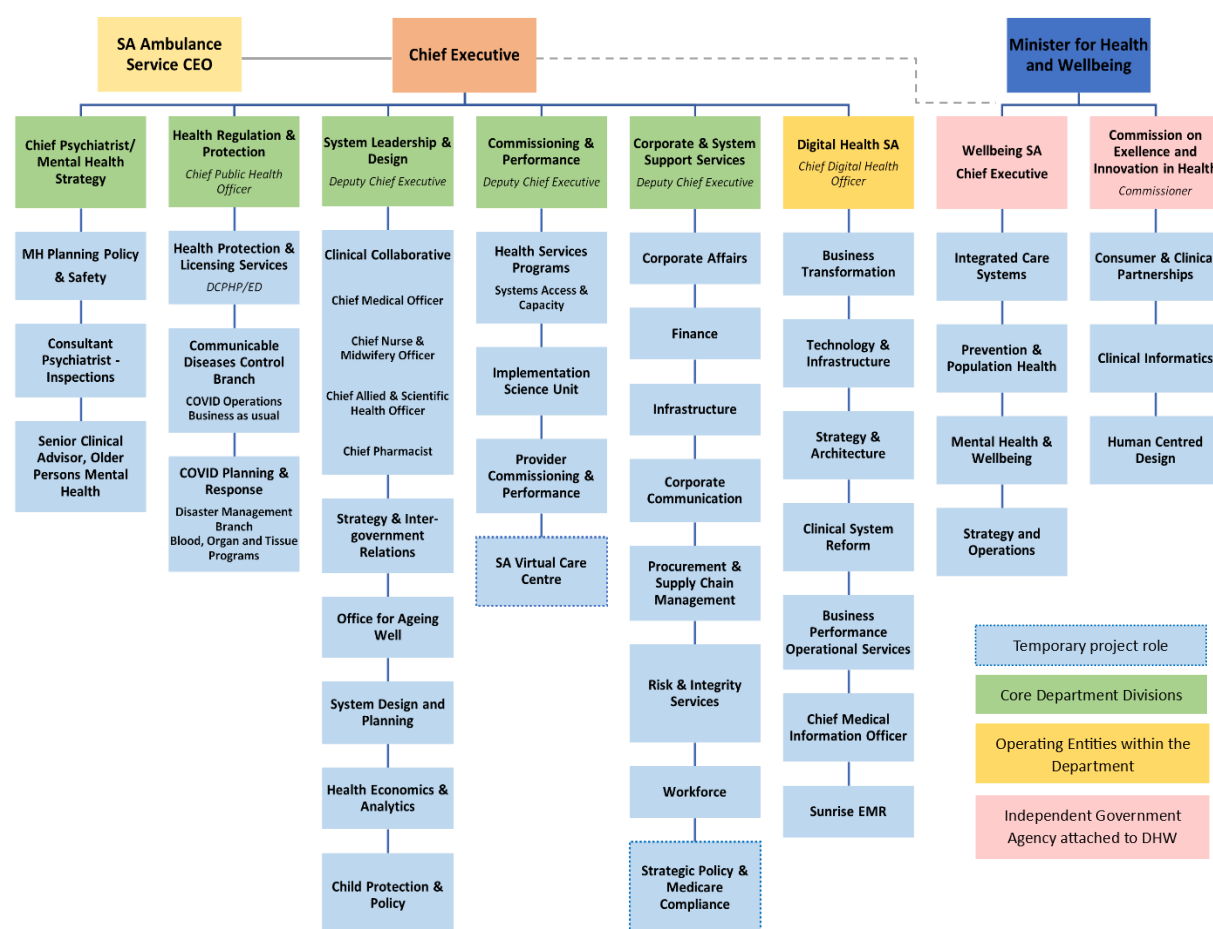
Additionally, there is a **Medical Education Officers Subcommittee**, which is a subcommittee of the Directors of Clinical Training Committee and provides advice to this committee on any aspect of the Advisory Council's functions from the perspectives of Medical Education Officers employed in an incorporated hospital under the Act and allows sharing of resources, ideas and knowledge across South Australian hospitals.

Management

The South Australian Medical Education and Training (SA MET) Unit was established as an unincorporated body in accordance with the Health Practitioner Regulation National Law and *Health Care Act 2008* (originally named South Australian Institute of Medical Education and Training, renamed in 2013).

The SA MET Unit effectively sits within the South Australian Department for Health and Wellbeing and is administratively accountable to the Chief Medical Officer (who sits with the Chief Nursing and Midwifery Officer, the Chief Pharmacist, and the Chief Allied & Scientific Health Officers in the Clinical Collaborative Division) within the System Leadership and Design Division. The SA MET Unit is subject to the comprehensive rules and policies of the South Australian Department for Health and Wellbeing.

The Department for Health and Wellbeing organisational chart



The SA MET Unit provides operational and secretariat support to the SA MET Advisory Council in its role as the intern training accreditation authority for intern training posts in South Australia, and its subcommittees. As per the Rules, the Advisory Council may, with the approval of the Minister, make use of staff, services or facilities of the Department for Health and Wellbeing.

In addition to supporting the accreditation functions, the SA MET Unit undertakes a range of additional education, training and workforce management functions for the South Australian health system, inclusive of managing the internship and PGY2+ applications, allocations and job matching, trainee medical officer workforce planning and education support. Further, the Manager of the SA MET Unit also has separate responsibilities for developing and overseeing a significant and growing health system and services research portfolio.

Team findings

The SA MET Health Advisory Council (Advisory Council) is the key governance and decision-making body. The team were satisfied that it meets the intended requirements of this attribute and operates within a legally constituted framework, with support from the SA MET Unit, which is subject to clear rules related to governance, operational and financial management, by virtue of its position within the South Australian Department for Health and Wellbeing.

1.2 Priority to accreditation of intern training positions

The intern training accreditation authority's governance and management structures give appropriate priority to accrediting intern training programs including the impact of these programs on patient safety. This should also include the way these programs address the wellbeing of junior doctors.

As outlined in the SA MET Advisory Council purpose, the Advisory Council is accountable for improving the quality of education, training and welfare for trainee medical officers in South Australia, in addition to making recommendations for the accreditation of trainee medical officer positions in the state health services.

As noted under attribute 1.1, the rules governing the Advisory Council and the subcommittees outline the functions of each governance body related to postgraduate medical education and training, with specific functions attributed to the accreditation process. The Council is additionally integral to setting standards and encouraging innovation.

The governance structure is positioned to support priority to accreditation, particularly reflected through the positioning and responsibilities of the Accreditation Committee and operational support of the SA MET Unit.

The SA MET have a comprehensive range of resources, inclusive of policies and guidelines which provide structure to the approach to and functioning of accreditation activities. These are noted to support the SA MET Unit Education and Accreditation team to perform accreditation functions. In addition to documentation relating to accreditation processes, the SA MET Unit additionally have policy documents and guides embedded throughout the structure which relate to patient safety and trainee medical officer wellbeing. Examples of these include:

- *Trainee Medical Officer Wellbeing Guideline*
- *Trainee Medical Officer Supervision Guideline*
- *Trainee in Difficulty handbook for Directors of Clinical Training*
- *Addressing Workplace Bullying: A guide for junior doctors*
- *Responding to Concerns Guideline*
- *Guide for preventing and responding to workplace bullying, harassment and discrimination.*

Standing agenda items, particularly those within the Accreditation Committee and Advisory Council meetings, ensure regular review of survey reports, and timely consideration of: Local Health Network requests; change in circumstances; patient safety and junior doctor wellbeing concerns.

As stated under attribute 1.1, the Advisory Council and SA MET Unit have additional functions relating to medical education, training and workforce, as well as positions within the SA MET Unit also being responsible for supporting the functions of the health system research portfolio.

The *SA Medical Education and Training Strategic Plan 2021–2026*, launched in October 2021, was developed for the purpose of establishing goals to improve the quality and coordination of learning, education and training for medical professionals and to enhance partnerships within SA Health and the medical education and training providers. The Strategic Plan outlines the vision, purpose, values and areas of the SA MET's strategic focus, in addition to their commitment over the next five years.

The plan identifies the vision of the SA MET as 'enabling medical professionals to provide high quality patient care through integrated, coordinated and structured medical education and training', with a purpose to further develop and enhance partnerships, coordination, optimisation and equity of medical workforce education and training across the continuum.

The SA MET operate according to the following six values:

- advocacy
- collaboration
- compassion
- empowerment

- integrity
- recognition.

The Strategic Plan places focus on embracing a culture of learning and wellbeing through the formation of an Educational Governance Steering Committee, embedding innovation and collaboration and optimising workforce agility, including career pathways and planning, mandatory training, promoting educational activities to meet the needs of the workforce and building a sustainable, contemporary, and responsive medical workforce. The Strategic Plan additionally identifies key achievements of the SA MET, examples of which include a review of the SA Trainee Medical Education and Training Survey and the development of resources to support trainee medical officer wellbeing, such as the *Guide for preventing and responding to workplace bullying, harassment and discrimination*, which aims to support trainee medical officers, managers and supervisors to prevent, identify and manage bullying and harassment.

Team findings

There was clear evidence that SA MET Advisory Council is committed to high quality prevocational training, in line with the National Framework and the needs of the communities and health services across South Australia.

The Advisory Council has demonstrated a commitment and prioritisation of intern training accreditation in its proactive preparation for the new National Framework for Prevocational Training. It has established an Implementation Committee that is chaired by the Director of Clinical Training / Executive Director Clinical Innovation and has broad representation from the Local Health Networks. The Committee has been actively engaged in supporting the Advisory Council in planning for the implementation of the new framework and identifying risks and opportunities for trainee medical officers and health services.

The Strategic Plan 2021–2026 is an exemplary initiative that sets out a collaborative roadmap for the Advisory Council to work with health service stakeholders to address key community priorities and plan together for the implementation of the revised prevocational framework. It had clear support from those stakeholders that spoke to the team during the assessment process, and this is evidence of the clear priority given to improvement in training systems and environments.

The SA MET Strategic Plan, policies and processes demonstrate a commitment to trainee medical officer wellbeing and patient safety. Notably, the implementation of the new *Guide for preventing and responding to workplace bullying, harassment and discrimination* was well communicated and reviewed positively by trainee medical officers, Directors of Clinical Training, and supervisors. SA MET Advisory Council innovations were positively identified by the team as evidence of collaborative development and links across the South Australian health system.

While the team were impressed with the vision and commitment of the Advisory Council in developing the Strategic Plan, it had a number of concerns relating to the resources of the SA MET Unit in relation to fulfilling its accreditation functions. It was unclear to the team how the Strategic Plan would be resourced and implemented. There were no line items in the Departmental budget specifically addressing the Strategic Plan and no evidence of staff resources being assigned to support the implementation of the key priorities articulated in it.

The team also heard concerns from multiple stakeholders about the level and continuity of support for the routine operational accreditation functions delivered by the SA MET Unit. Multiple stakeholders across health services identified both a lack of senior support for the accreditation functions from the department and significant staff turnover, which has contributed to the perception of a reduced priority placed upon accreditation. The team heard concerns from Medical Education Officers, Directors of Clinical Training and the Accreditation Committee regarding turnover (with an example provided of a postponement of accreditation assessment

activities due to short staffing), risk of loss of corporate knowledge and reduced experience, impacting the approach taken to responding to queries and fulfilling the accreditation function.

The increase in Local Health Networks with the development of new rural LHNs is a very positive development for coordinated and supported prevocational training in rural services. However, these new LHNs present an increased workload for the Advisory Council and SA MET Unit and there did not appear to be recognition that this may require additional staff with significant experience and seniority within the SA MET Unit to support these new LHNs in understanding their responsibilities in relation to accreditation and the SA MET processes.

Along with strong stakeholder feedback, there was clear evidence that governance structures and governance processes were not always implemented as described. For example, it was apparent that the Accreditation Committee was not operating according to all the functions as defined by the rules in the *SA MET Health Advisory Council Accreditation Committee Terms of Reference*. In particular, the team found a lack of awareness for the full functions and roles of the Accreditation Committee, as documented in the terms of reference, with regard to a number of accreditation functions (as noted under Attribute 4.2.) The Committee is identified in the submission as the key body reviewing reports and making recommendations to the Advisory Council, yet has recently been supported by a temporary contract position without significant experience of accreditation processes. From the Committee documentation reviewed by the team, and feedback from stakeholders, it did not appear that the Committee had access to any senior support or advice on SA MET processes or policies prior to or during meetings.

Furthermore, the team noted that advocacy for the accreditation function appeared limited. Concerns about the priority and support for the accreditation function had been raised repeatedly by health service stakeholders and the Committee, but it was unclear whether the impact and risks associated with this were effectively escalated within the Department. With the reporting lines of the SA MET Unit (to the Chief Medical Officer), which are different to the Advisory Council (to the Minister for Health and Wellbeing), it was not apparent how additional resources for accreditation functions could be accessed and where ultimate responsibility for the operational aspects of accreditation performance lay.

Capacity for advocating for additional resourcing is further compromised by the Manager of the SA MET Unit having dual role responsibilities (for the health system research portfolio), which was identified by the team as a potential barrier to dedicated advocacy for accreditation functions and the capacity to prioritise these, among other competing and external (to the SA MET Unit) priorities.

While the team were encouraged to see accreditation being prominently reported on in the annual report of the Advisory Council to the Minister and the active work of the Advisory Council in the medical education field, it was considered that the accreditation functions did not have appropriate priority in the delivery at the operational level. The team considered there is an opportunity for the Advisory Council and SA MET Unit (as the secretariat and operational support), to strengthen the relationship between the strategic direction and accreditation functions through encouraging advocacy for the accreditation function and supporting the resources, level of experience and authority of staff engaged in the operational functions of accreditation.

1.3 Business stability

The intern training accreditation authority is able to demonstrate business stability, including financial viability.

The majority of funding for the Advisory Council and SA MET Unit is provided by the Department for Health and Wellbeing. The Department funding covers accreditation staff positions within the Unit, relevant equipment, office space, human resources, IT support, committee costs and some professional development.

Separate to direct funding by the Department, there is a co-funding model with Local Health Networks, incorporating an agreement with and contribution of funds by each network to support action relating to the capacity of the SA MET to address workforce issues. Through this approach, Local Health Networks fund one position in the SA MET Unit office to support this work.

A small proportion of funding is also contributed by the Medical Board of Australia via the Australian Health Practitioner Regulation Agency for South Australian accredited intern positions. The amount of funding is variable each year dependent on the number of South Australian intern positions required.

Each financial year, the Advisory Council provides an unaudited financial statement to the Medical Board of Australia which specifically relates to the expenditure and financial viability of the accreditation function.

Oversight of the budget falls under the responsibility of the SA MET Unit Manager.

Team findings

The funding of the Advisory Council and SA MET Unit through the Department for Health and Wellbeing and the Medical Board of Australia is a secure funding model that supports continuity of the functions and there appeared to be no risk that funding would cease. However, there did appear to be risks to the future financial viability in terms of the adequacy of funding and resources to secure the appropriate level of administrative support for the accreditation functions as identified under Attribute 1.2, and to deliver the change management required by the Strategic Plan and the implementation of the new National Framework for Prevocational Training. This is discussed further under Domain 3.

1.4 Financial arrangements

The intern training accreditation authority's accounts meet relevant Australian accounting and financial reporting standards.

The SA MET Advisory Council accounts are managed within the SA Health financial management infrastructure and are governed by a series of policies to ensure that financial management and reporting is compliant with state and national legislation, financial reporting and accounting practices. The Department of Treasury and Finance governs SA Department for Health and Wellbeing financial policies.

The *Financial Management Compliance Policy Directive* outlines the overarching principles to achieving financial management compliance across SA Health, documenting the level of responsibility and performance required of all SA Health employees to ensure compliance with relevant financial obligations. Additionally, the *External Financial Reporting Policy Directive* describes external financial reporting requirements and provides direction in the preparation of General Purpose Financial Statements to ensure all reporting obligations are satisfactorily met.

All financial records and systems recording the financial performance and position of the public authority falls under the responsibility of the Chief Executive or Local Health Network Chief Executive Officer.

Documentation supporting external financial reporting is subject to verification by an authorised officer or auditor. Annual financial statements are required to comply with *Australian Accounting Standards*, the *Accounting Policy Framework* and the *Treasurers Instructions*, and are to be presented to the Auditor General prior to the end of each reporting period.

Team findings

There was evidence that the financial arrangements of the SA MET met the relevant Australian accounting and financial reporting standards. The financial management of the SA MET Unit, and

the Advisory Council and its Subcommittees, is conducted through the Department for Health and Wellbeing's standard reporting and budgetary management processes.

The Advisory Council produces an Annual Report with financial statements that is signed by the Presiding Member.

1.5 Selection of governing body

There is a transparent process for selection of the governing body.

The process of selection of the Advisory Council is clearly outlined in the *SA MET Advisory Council Rules*.

The appointment and re-appointment of members and deputy members to the Advisory Council is the responsibility of the Minister for Health and Wellbeing. The process involves the Minister calling for nominations when a position becomes vacant, with at least three nominations called from each incorporated hospital. Selection of members occurs at the discretion of the Minister, with the Advisory Council Rules stating that in making appointments, regard will be held to ensuring there is an appropriate balance of skills, qualifications or experience, while, as far as practicable, gender equity, adequate representation of metropolitan, rural and remote issues, and a range of perspectives including senior management, medical management, medical administration and medical education are ensured. The *Rules* state that members may be paid such remuneration as the Minister determines and this may vary from member to member, in accordance with the policy from time to time of the Government of South Australia.

Members hold office for a term of up to three years, as determined by the Minister on a case by case basis and members may be eligible for re-appointment for consecutive terms. The Minister may appoint a suitable person to be the deputy member of the Advisory Council, in addition to holding the power to revoke such an appointment. If a member of the Advisory Council is unable to attend a meeting, the relevant deputy, if available, can act in the place of the member and, while doing so, has all the functions of the member.

The SA MET Unit is responsible for providing secretariat support for the appointment process, drafting calls for nomination and appointment briefings, providing appointment letters and orientation packs, managing remuneration for non-government members, and keeping record of briefings, human resources documents and membership status.

There are 15 representatives on the Accreditation Committee, and each holds a membership for three years. A vacancy notice is forwarded to each LHN or industry leader seeking nominations. Nominations are reviewed and a successful candidate selected by the Accreditation Committee Chair and the Advisory Council Presiding Member. Membership of the Accreditation Committee will consider geographic location and skills to ensure membership contains the required skills, knowledge, experience and capabilities. Examples of relevant experience and skills include medical education and training, communication, analytical thinking, decision making and leadership, quality improvement, safety, evaluation, and risk management.

In 2018, the SA MET made the decision to appoint an independent Chair of the Accreditation Committee. Independence is defined by them not being a clinician or having any employment history with a hospital, which is intended to avoid any perceived or actual bias in making accreditation recommendations.

A consumer representative was added to the Accreditation Committee in 2020, following an expression of interest process.

Team findings

The team was satisfied that there is a clear process in place for the selection of the governing body, as articulated by the Advisory Council Rules, including an open nomination process of three names for each position. While selection occurred at the Minister's discretion, it was based on a

shortlist and with a clear requirement for broad and equal representation across the LHNs, and this has resulted in the appointment of appropriately qualified and experienced members. The team noted that there was no evidence or reporting of concern by key stakeholders regarding the selection process of members of the governing body.

1.6 Stakeholder input to governance

The intern training accreditation authority's governance arrangements provide input from stakeholders, including health services, intern supervisors, and interns.

The SA MET has input from a diverse range of key health stakeholders from across the South Australian health system continuum through the membership requirements of Advisory Council and its subcommittees.

The rules specify the following membership for the **SA MET Health Advisory Council**:

- Presiding Member
- Deputy Presiding Member (currently vacant)
- Chief Medical Officer
- Manager, SA Medical Education and Training Unit
- a person with specific interest and expertise in medical accreditation (independent)
- a person with specific interest and expertise in trainee medical officer education and training
- three persons to represent medical students and prevocational and vocational trainee medical officers. In these appointments, the Minister will, as far as practicable, ensure that a member at the time of their appointment is one of the following:
 - an undergraduate medical student from a South Australian medical school
 - a trainee medical officer in their first year of training since graduating from medical school
 - a trainee medical officer in their second or subsequent prevocational year
 - a trainee medical officer in vocational training.
- a person to represent professional medical colleges recognised by the Australian Medical Council (independent)
- a person to represent medical schools in South Australian Universities (independent)
- a person employed as a Director of Clinical Training (or equivalent) in an incorporated hospital under the Act
- persons to represent incorporated hospitals under the Act (but no more than one person for each incorporated hospital). In these appointments, the Minister will, as far as practicable, apply the following principles:
 - each incorporated hospital under the Act will be represented
 - metropolitan, rural, and remote issues will be adequately represented
 - a range of perspectives, including that of senior management, medical management, medical administration, and medical education will be represented.

The Minister may additionally appoint one member of the South Australian Board of the Medical Board of Australia to be a member of the Advisory Council, for which purpose the Minister may request a nomination of one its members for membership.

The independent terms of reference for the subcommittees of the Advisory Council outline the membership requirements for each.

The published terms of reference of the **SA MET Accreditation Committee** specify the following membership:

- Chair of the Accreditation Committee (a member of the Advisory Council)
- Deputy Chair of the Accreditation Committee (a deputy member of the Advisory Council)
- Clinician/Term Supervisor (four positions)
- General Practitioner/Private Sector Clinician (one or two positions)
- Medical Administrator (one position)
- Director of Clinical Training (one position)
- Medical Education Officer
- Trainee Medical Officer (three positions)
- Consumer Representative.

The published terms of reference of the **SA MET Education Committee** specify the following membership:

- Chair of the Education Committee (a member of the Advisory Council)
- Deputy chair (occupied by one of the following positions)
- Director of Clinical Training representatives (two metropolitan and rural positions)
- Medical Education Officer representative (one position)
- Dean of SA University School of Medicine representative (one position)
- Junior Medical Officers (two metropolitan and rural positions)
- Education and training expert (one position)
- SA MET Unit nominee (one position)
- Local Health Network representative (two positions)
- SA Health Library representative (one position)
- Rural representative (one position).

The published terms of reference of the **SA MET Doctors in Training (DIT) Committee** specify the following membership:

- Health Advisory Council (vocational) member
- Health Advisory Council (vocational) deputy member
- Health Advisory Council (prevocational) member
- Health Advisory Council (prevocational) deputy member
- Health Advisory Council (student) member
- Health Advisory Council (student) deputy member
- trainee medical officers in their first year of training since graduating from medical school (intern) (four positions)
- trainee medical officers in their second or subsequent prevocational year (four positions)

- trainee medical officer at a level of prevocational or vocational training
- the Chair or delegate of the JMO Forum (one position)
- a doctor in training representative from the SA MET Accreditation Committee and the Education Committee (one to two positions); an existing member of the committee may be eligible to fill either of these roles, in which case an additional member is not required
- if not already represented in the above listed membership group, member positions will be opened to a member of the AMA (SA) DIT Committee, and to each medical school in South Australia, as well as an international medical graduate (currently vacant).

The published terms of reference of the **SA MET Professional Medical Colleges (PMC) Committee** specify the following membership:

- Chair of the Professional Medical Colleges Committee (also a member of the Advisory Council)
- one person with an interest in postgraduate medical education from each of the medical colleges recognised by the Australian Medical Council.

Members are permitted to send proxies to meetings after first informing the Chair.

The published terms of reference of the **SA MET Directors of Clinical Training (DCT) Committee** specify the following membership:

- Chair of the Directors of Clinical Training Committee (a member of the Advisory Council)
- Directors of Clinical Training or equivalent employed in an incorporated hospital under the *Health Care Act 2008*
- a representative from the Medical Education Officer subcommittee.

The **Medical Education Officers (MEO) subcommittee** of the DCT Committee incorporates the following members per the terms of reference:

- Chair (selected by Medical Education Officers)
- Deputy Chair (selected by Medical Education Officers and acts as a proxy to the Chair in the instance of their absence)
- Medical Education Officers (or equivalent positions) from each incorporated hospital under the *Health Care Act 2008*.

Membership to the MEO subcommittee is by virtue of appointment to a Medical Education Officer's position.

The terms of reference for the **South Australian Junior Medical Officer (JMO) Forum** provides representation for trainee doctors through the following membership structure:

- hospital and network representatives
 - Northern Adelaide Local Health Network: up to four interns and two to three PGY2+ representatives
 - Central Adelaide Local Health Network: four to five interns and two to three PGY2+ representatives
 - Southern Adelaide Local Health Network: up to four interns and two to three PGY2+ representatives
 - Regional Local Health Networks: up to one to two interns or PGY2+ representatives.
- training representatives
 - Adelaide Metro Mental Health Directorate: two PGY2+ representatives

- Women's and Children's Health Network: one PGY2+ obstetrics representative and one PGY2+ paediatrics representative.
- student representatives
 - Adelaide Medical Students' Society: one student representative
 - Flinders Medical Students' Society: one student representative.
- chairpersons
 - Chair (preferably PGY2+) elected from the above representatives; the immediate past Chair will continue on the Forum as an ex-officio representative
 - Deputy Chair (preferably PGY1) elected from the above representatives and who will continue as Chair in the following year.
- co-opted members as determined by the JMO Forum
- Clinical Advisors: two to three senior doctors, PGY4+, who will oversee discussion and provide advice on the issues raised.

The JMO Forum has been established as an independent forum for junior doctors from each hospital to meet and discuss issues facing them as a group. The SA MET Unit provides secretariat support, ensuring preparation of papers for each meeting, documentation of minutes and correspondence as required.

Team findings

The SA MET governance and membership structure is inclusive of a wide range of key stakeholders across the Advisory Council, Accreditation Committee and other subcommittees, including Trainee Medical Officers, Directors of Clinical Training, supervisors, Medical Education Officers, hospital executives, consumers and representation from vocational and undergraduate medical education bodies. The arrangements support connectivity across the South Australian health system and also support input from a diverse range of perspectives by key stakeholders relevant to prevocational medical education and accreditation.

The team considered that the representative membership model in place supports direct lines of communication to key stakeholders. This was evident in the high level of participation and engagement in the Advisory Council's work as well as the degree of penetration across the system of new developments and initiatives such as the *Guide for preventing and responding to workplace bullying, harassment and discrimination* and the Strategic Plan 2021–2026.

2 Independence

Domain requirement: The intern training accreditation authority carries out independently the accreditation of intern training programs.

Attributes

- 2.1 The intern training accreditation authority makes its decisions about accrediting programs independently. There is no evidence of undue influence from any area of the community, including government, health services, or professional associations.
- 2.2 The intern training accreditation authority's governing body has developed and follows clear procedures for identifying and managing conflicts of interest.

2.1 Independence of accreditation decision making

The intern training accreditation authority makes its decisions about accrediting programs independently. There is no evidence of undue influence from any area of the community, including government, health services, or professional associations.

As noted under attribute 1.1, the SA MET Health Advisory Council was established as an independent organisation, with members of the Advisory Council appointed to their respective positions by the Minister for Health and Wellbeing. The *SA MET Advisory Council Rules* defines that decision-making power relating to accreditation lies with the Council.

To reduce risk and prevent undue influence by the SA MET Unit, broader SA Health, health services and professional associations, there are three distinct levels within the Advisory Council governance structure to preserve the independence of decision making relating to accreditation decisions:

- 1 **Independent survey teams** are appointed to undertake accreditation site visits to assess health services against the *Accreditation Standards*. The submission documents that team members are appointed by the Accreditation Committee. The survey team is responsible for submitting an accreditation report to the Accreditation Committee detailing and recommending the outcomes of the assessment visit, in addition to a recommendation regarding duration of accreditation and any conditions required to be met.
- 2 The **Accreditation Committee** receives the accreditation reports and holds responsibility for providing recommendations to the Advisory Council. The Accreditation Committee has the capacity to recommend modifications to the survey team's accreditation recommendations as necessary.
- 3 The **Advisory Council** reviews the Accreditation Committee's accreditation recommendation before making a final decision regarding accreditation of trainee medical officer posts, which is then provided to the South Australian Board of the Medical Board of Australia.

In addition to the three levels of engagement within this process, membership of survey teams, the Accreditation Committee and the Advisory Council represent a diverse range of key stakeholders. This is designed to balance decision making and mitigate the risk of undue influence from the health services, professional associations and government through engaging the views of multiple stakeholder perspectives across all levels of the accreditation process.

Team findings

The team were satisfied that the three-step process, as described in the submission, supports independence of decision making and this was also confirmed through feedback from health services and other key stakeholders who expressed confidence in the independence of the Advisory Council's accreditation processes.

However, many stakeholders also noted that the South Australian health system was a close and collaborative community, and that this may have the potential to limit the capacity to effectively address challenges raised through the accreditation process, particularly when staff across health services are well known to each other. Stakeholders raised the potential benefits of increased external input, and the team agrees that there is an opportunity to strengthen independence through more external input on the Accreditation Committee as well as survey teams.

2.2 Managing conflicts of interest

The intern training accreditation authority's governing body has developed and follows clear procedures for identifying and managing conflicts of interest.

The *Accreditation Conflict of Interest Policy and Procedure* outlines a framework and process for the identification and management of conflicts of interest, which is applicable to all levels of the SA MET governance arrangements.

The policy identifies a conflict of interest as 'a set of circumstances that create a risk of professional judgement or actions being unduly influenced by a personal interest.'

The *Accreditation Conflict of Interest Policy and Procedure* is designed to be applicable to all involved in the following accreditation processes and activities:

- reviewing Local Health Network accreditation submissions
- supporting and advising facilities in accreditation preparation
- analysing accreditation data
- supporting and advising accreditation teams at visits and in the development of an accreditation report
- reviewing accreditation reports
- participating in discussions, recommendations and decision making on accreditation matters
- formulating accreditation provisos and commendations
- monitoring progress on accreditation provisos.

The policy outlines how the accreditation process involves many individuals who may have broad experience with various accreditation functions, with roles having the potential to conflict with employment or personal interests, which could contribute to actual or perceived bias in accreditation decisions.

Considerations of perceived or actual conflict of interest are noted to include where an Advisory Council member, subcommittee member, accreditation team member or SA MET Unit staff member:

- is currently or was recently employed at a facility or LHN being discussed
- has professional or financial involvement in the facility or LHN being discussed
- has a current application for employment at the facility or LHN being discussed
- has a significant relationship with a person (e.g. a spouse) either directly involved in medical education of Trainee Medical Officers, or an interest in an accreditation decision (e.g. a Director of Clinical Training, Medical Education Officer or Director of Medical Services) at the facility being discussed
- has professional, personal, or financial interests which may conflict, or be perceived to conflict, with the accreditation function.

Management of conflict of interest

The approach to the management of conflict of interest is governed by four principles:

- transparency and accountability
- fairness and integrity
- impartial and objective decision making
- a high standard of ethics.

Management of the policy and procedures sits under the Advisory Council's responsibility, with support from the Accreditation Committee and SA MET Unit:

- **Advisory Council** members will: disclose any actual or perceived conflict of interest with agenda items at the beginning of meetings or during a meeting, should a conflict become evident; include declaration of conflict of interest as a standing agenda item; and ensure conflicts of interest are identified in the minutes and that a conflicted member can take part in any discussion but has no eligibility to vote on the agenda item.
- **Accreditation Committee members** will: disclose any actual or perceived conflict of interest with agenda items at the beginning of meetings or during a meeting, should a conflict become evident; include declaration of conflict of interest as a standing agenda item; ensure conflicts of interest are identified in the minutes and that a member with a LHN conflict can take part in any discussion; however, they will not take part in any vote on the agenda item involving that LHN.
- **SA MET Unit staff** hold responsibility for: identifying where a conflict of interest could exist; notifying the Presiding Chair of the Advisory Council and Chair of the Accreditation Committee where there is a concern that a conflict of interest exists; and restrict access to relevant materials where a conflict of interest exists excluding the Advisory Council meeting papers to members.
- **Accreditation survey team members** will notify the SA MET Unit if they believe their role on an accreditation visit could be seen as an actual or potential conflict of interest.
- **Local Health Networks** undergoing accreditation will notify the SA MET Unit in writing if they are aware of any conflicts of interest that could influence the outcome of an accreditation visit.

The steps for managing conflict of interest include:

- 1 All Advisory Council, Accreditation Committee and accreditation team members will complete a *Confidentiality and Conflict of Interest Declaration*.
- 2 Local Health Networks will be notified of the membership of accreditation visit teams at least two weeks prior to a visit and will be required to respond in writing to confirm that a conflict of interest either does or does not exist.
- 3 Any informal notification, which includes 'off the record' information, of a perceived or actual conflict of interest of an accreditation team member or SA MET Unit staff member must be recorded and investigated.
- 4 The response to any informal or 'off the record' notification, which will include informing the team member or SA MET Unit staff member, must also be recorded and notified to the facility concerned.
- 5 If a conflict of interest emerges during an accreditation visit, the nature of the conflict is to be recorded and the team leader is to advise the SA MET Unit. Depending on the level and nature of the conflict, the team member may be asked to abstain from participating further in the visit and not contribute to the accreditation recommendation, at the team leader's discretion.

- 1 Members of the Advisory Council that have registered a conflict of interest will not receive any material related to the matter.
- 2 If a conflict of interest emerges during discussion of an accreditation matter at an Advisory Council meeting, the nature of the conflict is to be minuted and it will be at the Chair's discretion whether the member remains in the room or is asked to remove themselves. The action taken in the meeting in response to the identified conflict is to be included in the minutes.
- 3 If a conflict of interest emerges during discussion of an accreditation matter at an Accreditation Committee meeting, the nature of the conflict is to be minuted with the member remaining for the Local Health Network discussion; however, the conflicted member will not be involved in any decision/vote in relation to that LHN matter. The voting ballot taken at the meeting in response to the identified conflict is to be minuted.

In 2018, a review of the *Conflict of Interest Policy and Procedure* was undertaken with regards to discussion and decision making at Accreditation Committee meetings. The Advisory Council determined that potential conflicts of interest would be declared by committee members at the beginning of a meeting and these members would not be excluded from discussions. This approach was seen to allow a conflicted member to be involved in discussions and contribute usefully with their local knowledge from the Local Health Network, providing a thorough discussion.

Team findings

While the Advisory Council has well documented policies and processes for identifying and managing conflict of interest at all levels of the organisation, these did not appear to be always implemented effectively. The team found evidence that these policies and processes were not universally applied in the Accreditation Committee meeting nor on the observed accreditation visit. This is discussed under domain 4.

During the Advisory Council Meeting that the team observed, conflicts of interest were noted at the beginning of the meeting. While conflicts of interest were observed to be managed appropriately at the Advisory Council level, other observations made by the team suggest variable understanding of and compliance with the policy at other levels of the organisation. In high stakes assessment it is important for all parties to ensure that there are no actual or perceived conflicts of interest or bias, and further, to recognise that the presence in the room of employees of the health services being discussed may of itself have a potential impact on the nature of the discussion or the willingness of other members to robustly raise and discuss issues. Feedback from health service stakeholders did indicate perceptions that the accreditation processes were less robust than desirable. The team considers that there is an opportunity for the Advisory Council to lead work to strengthen the conflict of interest policy and processes across the organisation. This should include the development of a more nuanced approach when responding to actual or perceived conflicts of interest, and education of key stakeholders, including on the potential seriousness of the impact on the authority and reputation of the accreditation program if conflicts of interest are not appropriately managed.

3 Operational management

Domain requirement: The intern training accreditation authority effectively manages its resources to perform functions associated with accreditation of intern programs.

Attributes

- 3.1 The intern training accreditation authority manages human and financial resources to achieve objectives in relation to accrediting intern training programs.
- 3.2 There are effective systems for monitoring and improving the intern training accreditation processes, and for identifying and managing risk.
- 3.3 There are robust systems for managing information and contemporaneous records, including ensuring confidentiality.

3.1 Resources to achieve accreditation objectives

The intern training accreditation authority manages human and financial resources to achieve objectives in relation to accrediting intern training programs.

As noted under domain one, the Advisory Council is supported operationally by the SA MET Unit, with the Education and Accreditation team forming the core human resources employed to undertake the accreditation functions.

Situated within the South Australian Department for Health and Wellbeing, the SA MET Unit follows SA Health financial and human resource policies and processes, including processes for the review and approval of recruitment. The department's human resource team provides support to the SA MET Unit for human resource-related matters and performance management.

In the 2022 submission, the SA MET Unit reported that the education and accreditation team was adequately staffed to manage the accreditation function and perform required duties efficiently and professionally, in addition to there being stable, ongoing funding for the staffing of this team. The current staffing profile of the SA MET Unit education and accreditation team is:

- Manager 1.0 FTE
- three Project Officers totalling 2.4 FTE.

The submission noted that staff continuously review policies and processes to ensure efficiency, with a review of accreditation resources having taken place in 2021. It was further reported that the Manager of the SA MET Unit holds well-established links through the Chief Medical Officer to the Chief Executive to obtain approval for additional resources which may be required, as the need arises.

Team findings

The team considers that finance and human resources have previously been sufficient to achieve objectives in relation to accrediting intern training programs. However, there was evidence that the Unit is now stretched in meeting the current demands of managing the accreditation processes and there are no operational and project resources or budget specifically identified to support the current strategic plan or the future implementation of new National Framework for Prevocational Training. This further relates to the findings under attribute 1.2 relating to the priority attributed to accreditation.

The recent restructure to health services, resulting in a total of 10 Local Health Network Governing Boards across South Australia, has contributed to a significantly increased workload for the Unit. While an additional 0.6 FTE was allocated to the Education and Accreditation team through recognition of underutilised FTE within another SA MET Unit team, the AMC team heard that challenges persist. The postponement of an accreditation survey in early 2022 due to limited

resources is an example of the challenge of the Unit to meet the needs of the current accreditation work program.

The Manager of the SA MET unit also has responsibility for the Office for Research within SA Health. The team considered the reduced FTE relating to management of the SA MET Unit has had adverse impacts on the accreditation functions and it is suggested that SA Health review the current FTE and sufficiency of time and experience to support the conduct and continuity of accreditation work.

The team also noted the significant amount of turnover within the Unit, and the Education and Accreditation team more specifically. Discussions with stakeholders within the Local Health Networks and the SA MET governance structure identified significant concerns that the level of staff turnover has resulted in loss of corporate knowledge and reduced senior support. The high turnover of more junior staff in key positions that are responsible for advising the Committee and Subcommittee on policies and procedures; managing the accreditation processes; and writing the accreditation reports, create risks to the effective functioning of the accreditation program. The current education and accreditation team were recognised as responsive and hardworking; however, the team heard consistent views from key stakeholders that there is need for increased staffing within the key accreditation roles of appropriately skilled and experienced staff, combined with a review of retention strategies to minimise staff turnover.

Staff turnover was identified as a significant problem, and subsequent adjustment periods were noted as a challenge for Accreditation Committee functioning. The team were informed that reasons behind high staff turnover is linked to the current policy where permanent SA Health staff have opportunities to undertake secondments, and a possible lack of career advancement opportunities within SA MET itself. While this is largely beyond the scope of the SA MET Unit's control, it is considered that further emphasis should be placed on the importance of comprehensive orientation, training and knowledge transfer processes for SA MET staff. Within the SA MET risk register, it was noted that 'all education and accreditation team members are on contracts backfilling employees on secondment', with this considered to have had an impact on and present a continuing risk to the accreditation work the SA MET Unit has operational responsibility for. This was verified in discussions with SA MET Unit staff and accreditation stakeholders who spoke about recent turnover across the team and the negative impacts of this.

The team was also concerned about an apparent lack of planning and understanding of the significance of the impact of the current resourcing model on the current and future accreditation work program. In financial documents provided to the team, there was no detailed funding or budget forecast relating to the accreditation functions, including the expanding accreditation activities or the future implementation of the new National Framework for Prevocational Training. The team held concerns that the significant uplift in accreditation work for the recently established Local Health Networks, because of the changes to governance of the public health system in 2019, has not been supported by additional resource allocation.

As noted above, the Strategic Plan 2021–2026, which is an exemplary collaborative initiative articulating a clear vision for medical education and training in South Australia, does not appear to have any dedicated project or operational budget allocated to deliver the initiatives.

The team also noted that the work arising from the implementation of the National Framework for Prevocational Medical Training will place additional pressures on existing staff and resources. It appeared that no bid for additional project funding to support the change management required to implement the new National Framework from 2024 had been made by the SA MET Unit to either the Department or the Local Health Networks.

Additionally, it became apparent during the assessment process that the secretariat support for the Accreditation Committee was being undertaken by a contractor who had held the position for five months, with their contract due to expire at the end of 2022. The team noted that (in November 2022) there were no plans in place to fill this position nor was there the expected level

of concern, given the obvious importance of effective functioning of this Committee to the broader accreditation program.

The Advisory Council, while reporting on the financial position in its Annual Report, appeared to have limited engagement with or involvement in decisions about SA MET Unit budget setting or allocation.

The AMC team heard contradicting statements regarding Departmental support for additional resources and noted that the most likely avenue of securing additional resourcing would be via agreement to a continued and/or increased co-funding model with Local Health Networks. However, it did appear that no funding bids to increase resources had yet been made to either the Department or the Local Health Networks.

There is a need for leadership and advocacy to successfully negotiate funding agreements and a human resourcing model that will ensure continuity of support at an appropriate level for the core accreditation processes that in turn will enable the successful implementation of the new National Prevocational Framework, in addition to the strategic initiatives set out by the Advisory Council.

There is also an opportunity to review the current funding structure and resourcing to ensure that the core operational business of accreditation, as well as current and future project workload, is appropriately financed to support the allocation of staff resources with the seniority and experience to discharge the accreditation function effectively.

3.2 Monitoring and improving accreditation processes

There are effective systems for monitoring and improving the intern training accreditation processes, and for identifying and managing risk.

The SA MET submission reported a proactive approach to quality assurance, monitoring and evaluation of its structure, performance, function and policies. Feedback is sought from accreditation team members and Local Health Networks on accreditation processes in efforts to identify areas for improvement.

Systems for identification and management of risk

The SA MET Unit follow SA Health processes relating to risk management, which supported the development of a *Risk Management Process*. This process guides the process for identification and management of risk within the SA MET Unit and aligns with the following SA Health policies, frameworks and guidelines:

- SA Health, System-wide Risk Management Policy Directive
- Department for Health and Wellbeing, Risk Management Framework
- SA Government, Risk Management Policy Statement
- ISO 31000:2018 Risk Management – Guidelines.

The approach to risk identification and management is guided under the principles of information sharing and collaboration with stakeholders to support effective identification, monitoring and management of strategic and operational risks to the SA MET Unit and accreditation of intern and PGY2+ training programs. The SA MET manager holds responsibility over the risk register and is required to escalate high or critical risks to the Chief Medical Officer, the Advisory Council and/or the Accreditation Committee as required by SA Health policies.

The Advisory Council and Accreditation Committee are responsible for regular review of the risk register and management plan and for the management of risks associated with accreditation and delivery of training programs, whereas the Chief Medical Officer holds responsibility over the strategic and operational risks of the SA MET Unit.

The *Risk Management Process* outlines the processes and responsibilities for key individuals/staff and bodies, as documented below:

- **SA MET Unit staff:** are responsible for the reporting of any strategic or operational risks to the SA MET Unit manager as soon as practicable. Staff can be allocated as risk owners and hold responsibility for treatment or control of the risk according to their role and responsibilities within the Unit.
- **SA MET Unit Manager:** will identify strategic and operational risks through review of SA MET policies, audits and inspections, incidents, forecasts and trends, and reports from SA MET Unit staff. High or critical risks beyond the authority of the Manager will be escalated to the Chief Medical Officer, Advisory Council or Accreditation Committee.
- **Chief Medical Officer:** the SA MET Unit Manager discusses the risk register and management plan with the Chief Medical Officer on a regular basis. The Chief Medical Officer will assess critical or system-wide risks to decide if the risk warrants a next level of escalation to SA Health Deputy Chief Executive or Chief Executive.
- **SA MET Health Advisory Council:** reviews the risk register/management plan on a six-monthly basis and it is tabled at the corresponding Advisory Council meetings. They will additionally review high or critical risks as needed.
- **SA MET Accreditation Committee:** reviews the risk register/management plan on an as-needed basis and it is tabled at the corresponding Advisory Council meetings. They will additionally review high or critical risks as needed.

The most recent review of policy and procedure documentation occurred in 2019, with the SA MET's approach to review being on an as-needed basis. In 2021, the SA MET Unit updated several policy documents, including the Responding to Concerns Guideline and Annual Communication Plan, while internal accreditation templates undergo more regular updates aligned with quality improvement suggestions.

Risk assessments are also built into accreditation processes. For example, Local Health Networks are required to notify the SA MET Unit if changes have been made to any intern or PGY2+ post through the lodging of a change of circumstance application via the Virtual Accreditation Management (VAM) system. A key aspect of this process requires Local Health Networks to review the change and nominate the level of risk, including how the change will impact trainee medical officers, which is identified as a mechanism to support the network in their risk management.

The SA MET submission considers resourcing to be a high priority risk, which is reviewed and evaluated on a regular basis, in addition to it being included directly and indirectly within the risk register. The SA MET Unit has experienced ongoing staffing challenges which present the risk of negative impacts on the performance and delivery of accreditation activities and services. This includes the skill and experience level of SA MET Unit staff, with limited resources being self-identified as a causal factor for the postponement of accreditation assessments and subsequent inability for interns to continue within specific training programs and risks to the actioning and implementation of strategic initiatives as outlined in the Strategic Plan. The submission noted that accreditation activities are of priority, and resourcing concerns are raised with the SA MET Unit Manager, who also has the ability to approval additional resourcing.

Systems for monitoring and quality improvement

The submission outlined examples of evaluation processes undertaken by the SA MET Unit that are designed to generate quality improvements in its processes. These include:

- evaluations with each Local Health Network regarding their preparation for an accreditation visit during the year and how the SA MET Unit provided support.

- evaluations of accreditation visit team members on the SA MET Unit's performance and other quality improvement opportunities.
- annual evaluations conducted with the Advisory Council and Accreditation Committee members regarding performance, with outcomes tabled at each meeting for discussion and action, as required.
- provision of feedback from trainee medical officers and health network staff regarding performance, policy amendments and initiatives is encouraged.
- debriefing session following each accreditation visit to discuss the processes followed, including considerations of the proposed and actual outcomes.

Team findings

The SA MET Unit has policies, processes, mechanisms, and structures in place to regularly review and update or improve processes for intern training accreditation and risk management.

There was clear evidence of reflection and renewal. For example, new policies, including those related to trainee wellbeing, have been implemented since the last accreditation assessment. The approach to the trainee medical officer surveys has been updated and the new IT system implemented.

The *Risk Management Process* clearly delineates the responsibilities of SA MET Unit staff, Manager, Chief Medical Officer and the Advisory Council and Accreditation Committee regarding risk identification and management, while the risk register operates on a risk rating scale for risk assessment, incorporating categories of impact and an inherent risk ranking including the likelihood, impact and severity of a risk, and any mitigating actions. The SA MET Unit is also required to follow SA Health risk management processes.

The risk register has been implemented as a standing item at Advisory Council meetings, which the team considered to be appropriate for ensuring regular oversight of potential and real risks impacting the Unit, Council, and broader accreditation processes.

Aligned with the principles outlined in the *Risk Management Process* document, the team found the SA MET Unit and Advisory Council prioritise the collaborative approach and information sharing with key stakeholders, through actively seeking feedback, engagement across committees/governance bodies and the coordination of working groups to inform quality improvement activities and effective identification, monitoring and management of strategic and operational risks to intern and PGY2+ training programs. The team heard feedback that there are opportunities for the SA MET to strengthen regional and rural perspectives in quality improvement and risk identification/management processes in recognition of the different challenges and experiences of such geographic locations.

It was broadly considered that there was extensive engagement from a diverse range of stakeholders from across the health system throughout the governance structure, and that the stakeholder evaluation process supports facilitation of risk management opportunities and prompt identification of risks. There are clear policies in place to mitigate risk; however, it was apparent formal mitigation strategies are not always implemented, in favour of more informal relationships and discussions.

Through interview discussions with SA MET stakeholders, the team heard that, on occasion, there have been delays in the transmission of information or issues regarding trainee medical officers or concerns with training programs to the relevant Local Health Network and executive staff. Health service staff further identified concerns regarding the seniority of assessment team members and the level of seriousness which has been attributed to accreditation. Each of these issues presents a risk to the accreditation process and delivery of training programs and will be discussed further under domain 4.

Risks related to staff turnover were clearly noted but did not appear to be actively managed, as discussed above under Attribute 3.1. It was also noted that the risk register has not identified the implementation requirements for the National Framework for Prevocational Medical Training in terms of resourcing and other risk.

3.3 Management of records and information

There are robust systems for managing information and contemporaneous records, including ensuring confidentiality.

The SA MET Unit has an *Accreditation Recordkeeping Policy* and *Accreditation Recordkeeping Guideline* which outline the requirements for efficient and effective recordkeeping for the accreditation process, while emphasising the need for accountability and meeting stakeholder expectations. The policy applies to all records and information created and received by the SA MET Unit, while supporting accreditation processes and activity. It documents a framework for managing accreditation records and information which promotes accountability, minimises risk and provides governance. Under the *Accreditation Recordkeeping Policy*, the responsibilities for the creation and storage of accurate and reliable records belong to the SA MET Unit staff, including:

- SA MET Unit management is responsible for management of the policy through resource allocation and for supporting recordkeeping as part of standard business practice.
- The SA MET Project Officer – Education and Accreditation is responsible for ensuring accurate and reliable records are created, registered and securely stored.

The *Accreditation Recordkeeping Guideline* presents a consistent approach to the creation, management, storage, preservation and disposal of accreditation records of both paper and electronic format. The guideline is underscored by the principles of record management and records that are:

- easily accessible by those who need them
- kept secure to ensure confidentiality
- managed from creation and archived or disposed of appropriately when necessary.

Managing and maintaining records, created through the general conduct of Advisory Council and SA MET Unit accreditation business, allows for:

- provision of proof that actions or events have occurred
- meeting specific legislative requirements
- acting as a source of information to stakeholders
- guidance of future decision making and planning
- risk management
- increased operational effectiveness
- enhanced stakeholder satisfaction
- improved access to and sharing of information
- support for SA MET accreditation policies and guidelines
- information being available when key staff may no longer be employed by the Unit
- ensuring accountability to the Advisory Council.

The *Accreditation Recordkeeping Guideline* additionally outlines the procedures SA MET Unit staff need to follow relating to the creation, storage, access, retention and archiving of records.

SA MET's placement within the Department for Health and Wellbeing requires all records are captured, stored and retained in the SA Health recordkeeping system, Objective. The system maintains a record of document versions, user access and folder permissions to ensure confidentiality is maintained, while ensuring records survive staff turnover or management change.

Ensuring the confidentiality of all involved throughout the accreditation process is documented to be achieved through requiring accreditation team members, the Accreditation Committee and Advisory Council members to sign a relevant *Confidentiality Agreement and Conflict of Interest Declaration* on their appointment. All SA Health employees are further required to comply with the *Code of Ethics for the South Australian Public Sector*, which incorporates the handling of official information and confidentiality.

The VAM system was developed to support coordination and improve efficiency of the accreditation process. This system presents a single information system which SA MET Unit staff and Local Health Network staff can access to monitor the progress of accreditation compliance and applications. Objectives of the initiative were to additionally enable accurate data collection and audit reporting. External VAM users only have access to records and processes relevant to their specific Local Health Network, which has been achieved through an internal system hierarchy and permission structure. Security and confidentiality were a core consideration in the development of the VAM, which resulting in the VAM being an add-on module to the SA Health's Safety Learning System. Confidentiality and security compliance of the SA Health system is monitored and reported to the eHealth Systems Security Team, who additionally provide ICT security planning and assurance functions.

Team findings

There are robust systems and policies in place for the effective management of information and contemporaneous records, and these ensured confidentiality. The team found the SA MET Unit's positioning within the Department for Health and Wellbeing supported adherence to established systems.

The innovation of the VAM system to support accreditation processes is commendable as it has introduced efficiencies across the system for all stakeholders, serving as a central point for accreditation submissions and ongoing reporting requirements, while adhering to confidentiality and security requirements through its linkage to a broader SA Health system. The team heard very positive feedback about the VAM from Medical Education Officers who are key users of the VAM.

There appeared to be some further potential to streamline the system to optimise user experience and functionality for all stakeholders, and particularly to reduce the time required for regional Local Health Networks who have less administrative support. The team encourage continuing evaluation and refinement of the system.

4 Processes for accreditation of intern training programs

Domain requirement: The intern training accreditation authority applies the approved national standards for intern training in assessing whether programs will enable interns to progress to general registration in the medical profession. It has rigorous, fair and consistent processes for accrediting intern programs.

Attributes

- 4.1 The intern training accreditation authority ensures documentation on the accreditation requirements and procedures is publicly available.
- 4.2 The intern training accreditation authority has policies on selecting, appointing, training and reviewing performance of survey team members. Its policies result in survey teams with an appropriate mix of skills, knowledge and experience to assess intern training programs against the accreditation standards.
- 4.3 The intern training accreditation authority has developed and follows procedures for identifying, managing and recording conflicts of interest in the accreditation work of survey teams and working committees.
- 4.4 The accreditation process includes self-evaluation, assessment against the standards, site visits where appropriate, and a report assessing the program against the standards. In the process, the intern training accreditation authority uses standards that comply with the approved national standards for intern training.
- 4.5 The accreditation process facilitates continuing quality improvement in delivering intern training.
- 4.6 The accreditation process is cyclical, in line with national guidelines and standards, and provides regular monitoring and assessment of intern programs to ensure continuing compliance with the approved *Intern training – National standards for programs*.
- 4.7 The intern training accreditation authority has mechanisms for dealing with concerns for patient care and safety identified in its accreditation work, including accreditation assessment, monitoring and complaints process.
- 4.8 The intern training accreditation authority has mechanisms for identifying and dealing with concerns about junior doctor wellbeing or environments that are unsuitable for junior doctors in its accreditation work including accreditation assessment, monitoring and complaints processes.
- 4.9 The intern training accreditation authority applies national guidelines in determining if changes to posts, programs and institutions will affect the accreditation status. It has clear guidelines on how the institution reports on these changes, and how these changes are assessed.
- 4.10 The intern training accreditation authority follows documented processes for accreditation decision-making and reporting that enable decisions to be free from undue influence by any interested party.
- 4.11 The intern training accreditation authority communicates the accreditation status of programs to employers, interns and other stakeholders, including regulatory authorities. It communicates accreditation outcomes to the relevant health services facility and other stakeholders.
- 4.12 There are published processes for complaints, review and appeals that are rigorous, fair and responsive.

4.1 Documentation on the accreditation requirements and procedures

The intern training accreditation authority ensures documentation on the accreditation requirements and procedures is publicly available.

The accreditation requirements, standards and relevant policies and procedures are publicly available on SA MET Unit's website. Documents available on the website include:

- the Accreditation Standards
- the Accreditation Policy
- the Guide to Accreditation
- the suite of SA MET accreditation policies, guidelines and processes that cover core aspects of the accreditation process and requirements for health stakeholders, Trainee Medical Officers and Local Health Networks.

The website also includes information on the accredited terms and posts, in addition to the current accreditation status of each intern training program across the South Australian Local Health Networks, inclusive of site details, the dates of last and next accreditation assessment and number of accredited posts for intern and PGY2+. The SA MET Unit include details of accreditation activities and visit and meeting schedules, while the website is also used as a platform to share information about team membership and training, the Health Advisory Council and subcommittees, and details regarding opportunities to evaluate the accreditation process.

The SA MET Unit publishes monthly newsletters, which are available via the website in addition to being distributed via emails to subscribers. This process presents opportunities to disseminate information relating to accreditation requirements and decisions, notify stakeholders of new or updated policies, updates from the Unit and Advisory Council and good news stories.

Team findings

The SA MET website is comprehensive and presents a clear and user-friendly approach to sharing documentation relating to accreditation requirements, policies and procedures in a publicly available manner. The team heard positive feedback from stakeholders regarding the useful resources available on the site.

4.2 Selection, appointment, training, and performance review of accreditation visitors

The intern training accreditation authority has policies on selecting, appointing, training and reviewing performance of survey team members. Its policies result in survey teams with an appropriate mix of skills, knowledge and experience to assess intern training programs against the accreditation standards.

The *SA MET Team Member Guide* outlines the selection, appointment, training, and performance review of team members involved in accreditation activities. The guide describes:

- the accreditation team member recruitment processes
- the composition of an accreditation team
- team member roles and responsibilities.

Accreditation team composition and selection

As set out in the Accreditation Team Member Guide, SA MET accreditation teams will usually include a Director of Clinical Training, a Trainee Medical Officer and a Medical Education Officer, or Medical Administrator. The Guide also states that one of the team members will be appointed as a team leader by the Accreditation Committee on the basis that they have participated in visits and have extensive subject knowledge. The size and composition of a team is dependent on the

size and role of the Local Health Network undergoing accreditation, in addition to the education and training program it provides.

Where possible, the SA MET Unit engages a team member from interstate or an external organisation, such as a Postgraduate Medical Council, to participate in accreditation assessments of large Local Health Networks. If specific issues have been identified prior to an accreditation visit, specialist expertise may also be sought.

There are four ways by which an accreditation team member may be selected to join a survey team, including via:

- nomination by a professional body or organisation
- registration of an expression of interest with SA MET Unit
- invitation from SA MET Unit
- completion of the Accreditation Team Training Workshop.

The terms of reference of the SA MET Accreditation Committee stipulate that the Committee oversees the recruitment and training of accreditation visit team members and will appoint one team member to be team leader on the basis of prior experience participating in accreditation visits and extensive knowledge of the subject matter. The SA MET Unit holds the responsibility of supporting the accreditation team before, during and after the visit.

Training

The process of training of SA MET team members is supported by the *SA MET Training Plan for Accreditation Teams* which requires that all new survey team members must complete accreditation training prior to undertaking an accreditation visit. Coordination, promotion, facilitation, and evaluation of training sessions is the responsibility of the SA MET Unit. The submission noted that training sessions are provided annually, and existing members of the accreditation team member pool may also participate to refresh their knowledge and understanding of the SA MET Accreditation standards and processes.

The submission notes that there is an online training introduction module, which is a prerequisite to attendance at practical training sessions. The *Online Theory Course* aims to delivery theory components virtually to optimise the scenario-based practical training sessions. The online course covers:

- the reasons for accreditation
- the purpose of the accreditation standards
- the SA MET Health Advisory Council Accreditation Committee function
- the accreditation team's functions
- the importance of accreditation team members' preparation for accreditation
- the role of accreditation team members in assessing a site against the accreditation standards
- the role of accreditation team members in the development of the decision and creation of the report
- the accreditation process once the accreditation report has been finalised.

Subsequent *Practical Group Sessions* in the form of a short, face-to-face workshop support skill development in the form of:

- applying communication in interviews on site visits
- assessing information received against the standards

- identifying and resolving conflicts of interest on site visits
- managing confidential information appropriately
- facilitating an appropriate accreditation recommendation
- reviewing an accreditation report and formulating appropriate commendations and provisos.

The submission also stated that the SA MET Unit organise one-on-one training for individuals who display leadership potential at the training workshop or express interest in becoming a team leader, to enhance their skills.

As a result of the COVID-19 pandemic, the 2020 accreditation team member training was cancelled, with the SA MET Unit subsequently inviting interested Medical Education Officers to a virtual presentation held via Microsoft Teams.

Feedback

The SA MET Unit seeks feedback in the form of a survey from the accreditation team members regarding the performance of the SA MET Unit following each visit, to provide team members with constructive feedback on their performance and as a record of their contribution. Feedback is collated into a de-identified summary which is emailed to each team member. The Accreditation Committee receives a summary of all visits that occur during a calendar year.

In the submission, it was reported that the SA MET Unit Education and Accreditation team hold a formal debriefing session following each accreditation visit where all aspects of the accreditation process are discussed. This includes evaluating and determining the skill set of team members and providing feedback for their next visit. In addition, an annual evaluation process is conducted at the end of each year requesting feedback from accreditation visit team members and Local Health Networks regarding the performance of the SA MET Unit. The feedback incorporates peer evaluation of accreditation visit teams and accreditation visit processes.

Team findings

There are clear and appropriate policies and procedures in place to support the selection, appointment, training, and review of survey team members. However, these do not always appear to be implemented in practice. The team heard concerning reports about the lack of availability of training, which was reinforced in the observation of a survey visit in which it was evident that the SA MET survey team did not appear to always adhere to SA MET processes and policies.

It was evident to the team that the policies in place for selection and appointment of team members and leaders for assessment visits are not always followed. It was noted that the SA MET Unit staff undertake the selection and appointment process, with no evidence of the Accreditation Committee approving teams for Local Health Network accreditation visits. The team heard that the Accreditation Committee has no involvement in the selection/appointment process beyond the Chair signing the correspondence to facilities notifying of team composition. This was not regarded as an approval of the team as set out in the *Accreditation Team Member Guide*. The Committee Chair reported no involvement in reviewing either the appointments or the process, though the Terms of Reference for the Committee set out an oversight role. The Accreditation Committee engagement with and ownership of the selection and appointment processes for survey teams may enhance the importance of and priority attributed to the accreditation process and ensure a more robust governance structure.

The team noted that there had been no face-to-face training of survey teams or team leaders since 2019 because of the COVID-19 pandemic. The team heard through interviews that an online training session was undertaken in February 2022, with documented evidence of Accreditation Committee minutes discussing the evaluation of the training session. This session had a total of 12 participants attend and was reported to provide the necessary skills to contribute to an

accreditation process and allow participation in accreditation visits, including a conflict scenario. However, the team remain concerned with the team member and team leader training process, having heard contradictory evidence throughout the assessment process. Of the individuals the team interviewed who had been involved as a surveyor, the team heard a range of reports including that there was informal training, there was attendance at an initial training session with no refresher training sessions, or no training at all.

Assessors who gave feedback on attending training sessions reported a focus on the accreditation process with limited discussion of how to deal with potential challenges and no training on interviewing skills. Assessor feedback emphasised the importance of structured refresher training for team members to be confident that they have the right skills and knowledge to conduct the accreditation visits.

No individuals reported engagement with the online module.

Additionally, the team heard no evidence of formal team leader training being received. Instead, previous team leaders noted experiences of shadowing a team lead on their second accreditation visit to learn the process. This is not aligned with the documented process presented in the submission.

There is a need to ensure that team member and leader training occurs as outlined in the documented processes and under the oversight and responsibility of the Accreditation Committee. Training is critical to ensure team members can effectively manage interviews, and identify and appropriately follow up areas of concern.

Observation of an accreditation visit demonstrated to the AMC team that there are opportunities for improvement through the training of accreditation team members and leads; for example, avoiding leading questions, strengthening briefing of hospital staff, management of trainees in distress, avoiding clear breaches of standards, enabling better exploration of cultural issues, and follow up of areas of concern expressed in responses.

Appropriate training and structured refresher options would additionally support an improved and more formal approach to visits, including management of conflict of interest, the potential impact of recording interviews on interviewees and ensuring there is an appropriate balance of questions and interviews across all the standards rather than consistent focus on just a few.

It was apparent that despite the Accreditation Committee terms of reference outlining that it is a function of this committee to oversee the recruitment and training of accreditation visit team members and leaders, SA MET Unit staff are leading training sessions which can be seen as problematic when considering the resourcing and staff turnover challenges discussed under attribute 3.1.

The team heard no evidence of formal evaluation or provision of feedback to survey team members following an accreditation visit. There was one individual who noted having been asked to complete a survey following a training session to feed back to the SA MET Unit regarding areas which were useful or where elements could be improved.

4.3 Managing conflicts of interest in the work of accreditation visitors and committees

The intern training accreditation authority has developed and follows procedures for identifying, managing and recording conflicts of interest in the accreditation work of survey teams and working committees.

As detailed under attribute 2.2, the *Accreditation Conflict of Interest Policy and Procedure* is the procedure for recording and managing conflicts of interest across assessment visit teams and committees.

Committee members and assessment visit team members are required to complete the *Confidentiality Agreement and Conflicts of Interest Declaration* form. Examples of conflicts include:

- being a current or recent employee of a LHN undergoing accreditation
- having professional or financial involvement in the LHN being visited
- having a current application for employment at the LHN being visited
- having a significant relationship with a person (e.g. a spouse) either directly involved in medical education of trainee medical officers or an interest in accreditation, for example, a Director of Clinical Training, Medical Education Officer or Executive Director of Medical Services
- having professional, personal, or financial interests which may conflict, or be perceived to conflict, with the functions of the accreditation team.

Committee members must take all reasonable steps to notify the SA MET and Advisory Council of any perceived or actual conflict that arises through professional or personal interests in the future. Committee members do not need to leave the meeting for discussion of items when they have an actual or perceived conflict but are excluded from voting on recommendations to the Advisory Council.

The SA MET Unit identifies survey teams to avoid the conflicts of interest described above. The team members are expected to be skilled in identifying a conflict of interest and resolution actions through knowledge acquired at the team member training, based upon the advice of the SA MET Unit or through review of the *Accreditation Team Member Guide*. As per the *Accreditation Conflict of Interest Policy*, accreditation team members must notify the SA MET Unit if they believe their role on an accreditation visit or team could be seen as an actual or potential conflict of interest.

Team findings

As noted in Attribute 2.2, there are clear and comprehensive policies for managing conflicts of interest across working committees. There are also clear policies for managing conflicts of interest in appointing survey team members. The team did not identify information to support survey team members to manage conflicts of interest that may arise during the accreditation survey process.

The team was concerned about the implementation of the policies and formal identification and management of conflicts across the work of both survey teams and working committees.

There was a low level of recognition of the potential for bias in the Accreditation Committee and survey process, which contrasted with the views expressed across health service stakeholders that the increased external involvement in processes would strengthen the system's ability to meet challenging situations appropriately. In the meeting observed by the team, some but not all conflicts of interest were declared at the beginning of the meeting, with others emerging during discussion. Members who had declared conflicts advocated for particular positions on the survey report being considered by the Committee and there was no recognition of the potential bias or undue influence during these discussions. Neither did there appear to be a recognition that the very presence of an individual with a conflict of interest remaining in the room (regardless of whether they actively participated in the discussion or not) has the potential to impact the nature of the discussion and decisions made.

The team recognises that there may be instances where it is appropriate for individuals to stay within the meeting; for example, for non-contentious items. However, the team is concerned that conflicts of interest are not being managed proactively enough, and this may undermine the quality and robustness of the accreditation processes.

Similarly, there was evidence of close friendships between survey members and hospital staff being interviewed and the style of the survey was very informal. In combination with the lack of probing questions and apparent downplaying of a number of concerns raised by trainee medical officers about unprofessional supervisor behaviour, this gave the impression that the survey

process was not robust. This impression was reinforced by feedback from stakeholders across different Local Health Networks that greater external involvement would enable more challenge in the process and provide more assurance about the process.

4.4 The accreditation process

The accreditation process includes self-evaluation, assessment against the standards, site visits where appropriate, and a report assessing the program against the standards. In the process, the intern training accreditation authority uses standards that comply with the approved national standards for intern training.

The Advisory Council accredits all prevocational training posts and programs within health services in South Australia. The Advisory Council accredits at the position, unit, facility and LHN level for prevocational trainee medical officers (interns and PGY2+).

The SA MET *Accreditation Standards* provide the framework for the education and training of prevocational trainee medical officers. These standards align with the national standards for intern training. Provisos are set on the accreditation when standards are not evidenced as being met. The standards, as outlined in the *SA MET Accreditation Policy*:

- assist LHN, facilities, units, individual supervisors and trainee medical officers to evaluate their own progress towards improved education and training. This evaluation should be ongoing and integrated with education and training governance and delivery.
- allow accreditation teams visiting facilities, units and positions to benchmark the establishment and performance against expectations to achieve accreditation
- act as a reference for trainee medical officers to ensure they are receiving education and training of an appropriate quality as they review their own progress informally and through structures such as the Advisory Council Doctors in Training Committee.

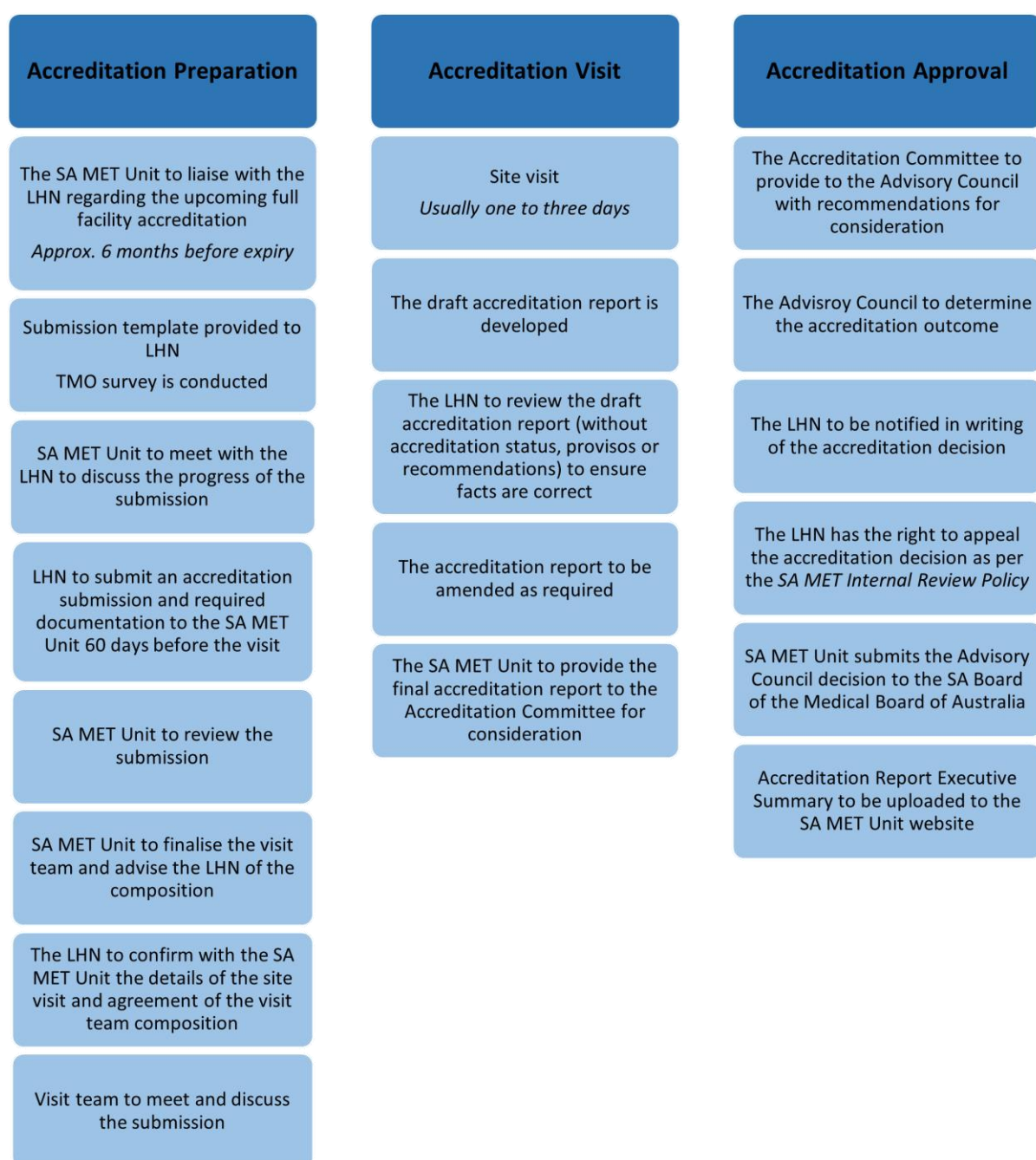
The SA MET accreditation process differs dependent on whether there is to be a full accreditation assessment, change of circumstance or a new unit.

SA MET accreditation process

The accreditation process is a formal evaluation of a Local Health Network's intern training posts against the *Accreditation Standards*. The process is described as adding value in a formative way through the sharing of local and interstate experience on best practice in prevocational trainee medical officer education and training.

The SA MET accreditation process is illustrated in the following graphic.

High-level diagram of the SA MET accreditation process



The accreditation process for a full assessment commences with the SA MET Unit collaborating with the Local Health Network to prepare for the survey and conduct an online survey of all trainee medical officers at the relevant facility. Survey results are included within the LHN accreditation assessment documentation and support the survey team's approach and discussion during an accreditation visit. Local Health Networks complete an accreditation submission and provide supporting documentation as a form of self-evaluation against the accreditation standards, with the LHN asked to assess its own performance using the rating scale used by the accreditation team, in addition to commenting on how the standards have been achieved. The SA MET Unit may work in partnership with the LHN preparing for accreditation to ensure there is an understanding of the process and access to necessary resources and services. An accreditation survey team is appointed to formally evaluate the LHN against the standards based on the submission, additional information such as the trainee survey, and a site visit, which involves a review of the supervision, education, training, and welfare received by trainee medical officers.

During the survey, one to three days of interviews are conducted with term supervisors, registrars, trainee medical officers, medical education officers, directors of clinical training and directors of medical services. On the final day of the visit the survey team drafts notes which facilitate the development of a draft accreditation report. The SA MET Unit supporting staff member compiles the report and finalises it with the accreditation team.

The accreditation report is provided to the LHN, excluding the accreditation outcomes, for factual accuracy checking before final changes are made and the report is presented to the Accreditation Committee for consideration. The Accreditation Committee provides recommendations to the Advisory Council on the outcome of the report, including the duration of accreditation. The Advisory Council makes the final decision on accreditation.

The submission

When developing an accreditation submission, Local Health Networks are required to provide the following information:

- number of accredited posts and term descriptions: prepopulated by the SA MET Unit from records of accredited posts. LHNs are required to include any additional posts being put forward for accreditation.
- provisos and recommendations from previous accreditation visit(s): prepopulated by the SA MET Unit from its records. LHNs should note whether they consider any provisos and recommendations identified as outstanding to be resolved or provide evidence of completing these. Outstanding provisos or recommendations will be discussed at the site visit.
- Chief Executive Officer's Statement: addresses executive accountability for the trainee medical officer education and training across the network and support provided through budget and resource allocation.
- Director of Clinical Training report: overview of prevocational medical education and training at the LHN.
- term supervisor reports: prepopulated with names of accredited terms. Supervisors are to provide an overview of the term addressing areas outlined in the submission. A comment on each term should be included from the DCT. Overviews should be brief, focusing on strengths, weaknesses, issues and any changes.

New Unit accreditation process

Within the accreditation cycle, facilities are able to apply to have new units accredited for training programs. Facilities are encouraged to submit applications for new intern posts as early as possible in the year to ensure the post is available for the forthcoming year.

New unit accreditation focuses on orientation, supervision and exposure to training, as outlined in the *New Unit Accreditation Process*. It considers some LHN-wide aspects; however, in less detail than for a full accreditation visit.

The documented process for accrediting a new intern unit involves the following:

- The LHN completes a *New Unit Accreditation Application* via the VAM, as well as a detailed term description and ACF checklist.
- The SA MET Unit reviews the documentation provided and the Accreditation Committee considers the application. If no concerns are noted, provisional accreditation is provided subject to a site visit after two terms.
- The SA MET Unit liaises with the LHN Medical Education Unit to confirm a suitable date for the visit to occur and establishes an accreditation team ensuring there are no conflicts of interest.

- The LHN develops a program for the visit, including interviews with key stakeholders of the new unit.
- During the site visit, the accreditation team interviews relevant staff and convenes after the interviews are complete to develop a draft accreditation report. The SA MET Unit compiles the report from team discussions and with notes from the visit.
- The report is provided to the LHN for fact checking, excluding accreditation outcomes, prior to the final report being considered by the Accreditation Committee in order that a decision can be made on the accreditation status of the unit.
- The Advisory Council is notified of the Unit's accreditation decision and the LHN is notified of the accreditation recommendation with the right to appeal.

Team findings

The team verified that the SA MET standards are compliant with the approved national standards for intern training. The accreditation processes incorporate the requisite steps for self-evaluation, assessment against the standards, site visits and a subsequent report assessing the program. While in-person site visits are the preferred method of conducting an accreditation, the SA MET has demonstrated flexibility in response to the COVID-19 pandemic, implementing hybrid or virtual visits as required.

The team considered there was an opportunity for SA MET Unit staff to strengthen focus on the standards, which supports earlier AMC team concerns about the appropriate level of seniority and experience of SA MET Unit staff, adequate time and continuity of support.

Similarly, while the team supports the identification of priority areas to investigate during a survey site visit based on review of documentation, the focus in the survey observed was narrow and repeated across terms and this raises a risk that the breadth of the standards is not being fully tested.

4.5 Fostering continuous quality improvement in intern training posts

The accreditation process facilitates continuing quality improvement in delivering intern training.

The SA MET Health Advisory Council aims to promote a continuum of learning and shared accreditation expertise and information to health stakeholders, including building strong relationships between the various subcommittees of the Council to ensure shared educational expertise and support for accreditation activities.

Development of the 2021 *Strategic Plan* involved broad consultation with relevant Local Health Network representatives to identify areas of priority and resulted in clear strategic focus regarding the future of education and training programs, and commitment to strategic initiatives and continued improvement.

The SA MET Unit is responsible for evaluation activities relating to the development, management, and continuous improvement of intern training accreditation activities. Examples of these activities include:

- opportunities to provide direct feedback to the SA MET Unit for complaints and concerns
- inclusion of a contact form on the SA MET Unit website
- annual evaluation and trainee medical officer surveys.

Team findings

The SA MET Health Advisory Council demonstrated effective communication and collaboration with Local Health Networks, which contributes to quality improvement in prevocational training

and positive initiatives in the medical education field. The team found evidence of new initiatives, inclusive of policies and guides, in addition to notable strategic goals to continue facilitating improvement.

The VAM system further demonstrates a quality improvement initiative as a tool which facilitates efficient accreditation submission and monitoring processes, simplifying the process for both Local Health Networks and the SA MET Unit. The system offers a standardised portal with the aim of promoting greater consistency for decision making through a clear audit trail, in addition to improving efficiency and the risk management processes.

The team noted that the resourcing challenges, as outlined under domains one and three, may constrain the capacity of the SA MET to continue facilitating quality improvement in intern training delivery.

As described earlier in the report, there may be opportunities increase participation by experienced individuals from other jurisdictions within accreditation teams and governance to further support quality improvement, particularly in relation to the survey and committee processes.

4.6 The accreditation cycle and regular monitoring of intern programs

The accreditation process is cyclical, in line with national guidelines and standards, and provides regular monitoring and assessment of intern programs to ensure continuing compliance with the approved Intern training – National standards for programs.

The accreditation cycle

The process of review of accredited training sites includes a comprehensive review against the standards through a survey visit every four years.

Mid-cycle reporting

Since the 2013 accreditation assessment, SA MET has introduced a *Local Health Network Mid-Cycle Reporting Process* to support the monitoring of Local Health Networks that have been granted four-year accreditation. A mid-cycle report is submitted by a Local Health Network via the Virtual Accreditation Management system halfway through their accreditation cycle. The mid-cycle report is reviewed by the Accreditation Committee and Advisory Council to ensure health networks are maintaining compliance and providing an update on the education and training program for prevocational trainee medical officers. Local Health Networks are asked to update with:

- improvements made to the education and training program since the last accreditation visit
- concerns or challenges in providing an education and training program
- a summary of the work of the Medical Education Unit and any significant changes in staff roles or staff movements
- a summary of trainee medical officer term evaluations and rates of return
- a summary of the trainee medical officer mid- and end-of-term assessment process and rate of return
- any issues that the Director of Clinical Training would like the Committee to support as part of continuous improvement.

The mid-cycle reporting process has the following steps:

- 1 The SA MET Unit pre-populates and provides the mid-cycle report template to the LHN.
- 2 The SA MET Unit provides support to the LHN to aid completion of the report, if necessary.

- 3 The LHN submits the mid-cycle report as advised by the SA MET Unit.
- 4 The SA MET Unit reviews the mid-cycle report and tables it at the next available Committee meeting.
- 5 The SA MET Unit advises the LHN of any recommendations from the Committee and prepares a brief for the Advisory Council for noting.

If any concerns are raised by the Local Health Network Medical Education Unit or Director of Clinical Training through the mid-cycle reporting process, the Accreditation Committee may recommend provisos for the LHN to address within a specified timeframe.

Team findings

There is a clear and cyclical four-year accreditation process that aligns with the national standards. The documentation reviewed by the team included evidence of both cyclical assessment and mid-cycle monitoring. Use of the VAM system was noted to be effective for regular monitoring and reporting during the accreditation process.

4.7 Mechanisms for dealing with concerns for patient safety

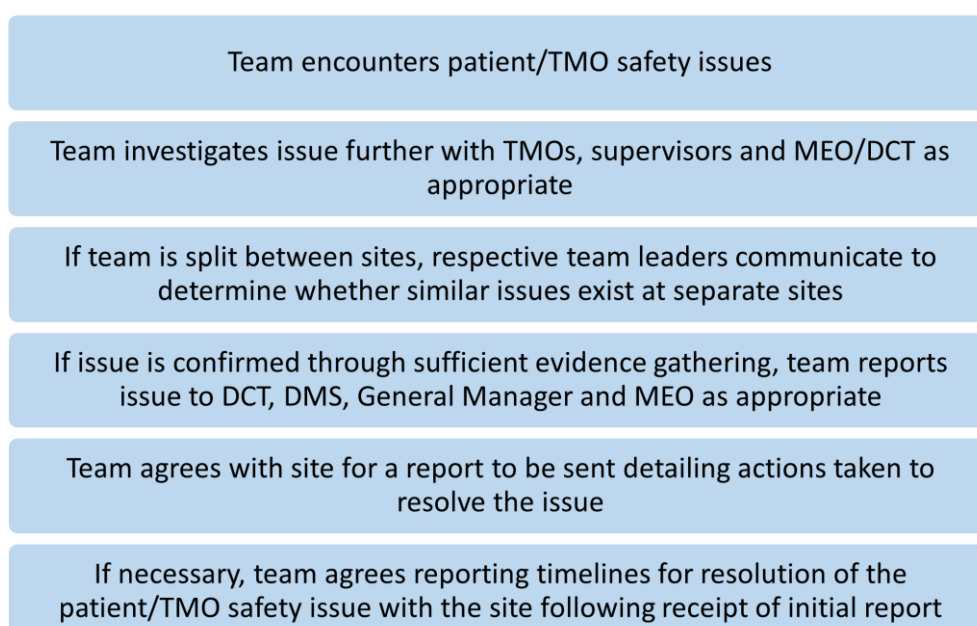
The intern training accreditation authority has mechanisms for dealing with concerns for patient care and safety identified in its accreditation work, including accreditation assessment, monitoring and complaints process.

Opportunities for SA MET to identify and manage concerns for patient care and safety may arise at several points throughout the accreditation cycle and by a range of different mechanisms, including during a survey visit through survey interviews and feedback, during the mid-cycle report, raised through term evaluations completed by interns and through direct reporting to SA MET by means of the Directors of Clinical Training and/or Medical Education Advisors.

In January 2019, SA MET implemented the *Managing Patient/TMO Safety Concerns During Accreditation Visits Procedure* which outlines the process for accreditation team members undertaking an accreditation visit to manage any concerns to patient safety. Accreditation teams have a duty to investigate, to the best of its ability, patient and trainee medical officer (TMO) safety issues, and inform the relevant authorities at the site.

A patient safety concern refers to any real or potential issue. The process is as follows.

SA MET identifying concerns process flowchart



In February 2022, a major review of the *SA MET Responding to Concerns Guideline* occurred. The scope of this document is to outline the process for responding to concerns and complaints received by the SA MET Unit regarding TMO education and training, supervision, TMO welfare or patient safety in South Australia. Concerns about training can be raised by anyone. There are multiple mechanisms: the SA MET Unit website, email, phone, during an accreditation visit or through the survey process.

The SA MET Unit Manager, Education and Accreditation, will allocate one of the following risk ratings to a concern:

- **extreme risk:** having or likely to have a dangerous impact on TMO welfare, the education and training received by TMOs and the subsequent requirement to meet the Accreditation Standards and/or patient safety; for example, but not limited to, any bullying and/or harassment especially but not exclusively by senior staff or inadequate or no supervision of TMO.
- **major risk:** having or likely to have a significant impact on TMO welfare, the education and training received by TMOs and the subsequent requirement to meet the Accreditation Standards and/or patient safety; for example, but not limited to, excessive working hours or overtime which may impact patient care or an unresolved dispute with a supervisor.
- **moderate risk:** having or likely to have a lesser impact on TMO welfare, the education and training received by TMOs and the subsequent requirement to meet the Accreditation Standards and no impact on patient safety. Can be successfully resolved without involvement of the Accreditation Committee or Advisory Council; for example, but not limited to, inability of TMO to attend education sessions for any reason, inadequate orientation to hospital or unit.
- **minor risk:** no impact on or risk to TMO welfare and/or patient safety or the education and training received by TMOs and subsequent requirement to meet the Accreditation Standards. Can be resolved without involvement of the Accreditation Committee or Advisory Council.

The Guideline outlines the process for identification, assessment and management of concerns for patient and TMO safety.

It augments the *Managing Patient/TMO Safety Concerns During Accreditation Visits Procedure* by providing guidelines for when an accreditation team encounters a major or extreme patient or TMO safety issue.

Responding to concerns or complaints outside an accreditation assessment

A concern or complaint received by the SA MET Unit will be entered into the responding to concerns register. The Manager, Education and Accreditation in conjunction with the Project Officer will identify the issues raised and determine whether the issue is a concern or complaint and allocate the level of risk (minor, moderate, major or extreme), then follow the *Responding to Concerns Guideline*.

The register and a responding to concerns report is an agenda item at the Advisory Council and Accreditation Committee meetings on a quarterly basis.

The process sets the expectation that the complainant will be contacted by SA MET Unit staff to advise the outcomes of their complaint or concern.

Impact on accreditation outcomes

In addition to the above documented processes, the Advisory Council can determine the ongoing suitability of accreditation, should concerns exist, with the following potential outcomes:

- continued accreditation

- conditional accreditation with provisos for monitoring: managed by SA MET Unit Education and Accreditation team in conjunction with medical education staff of the LHN ensuring proviso timeframes are met
- rescinded accreditation.

As with the accreditation process, a unit or facility can appeal this decision.

Evaluation

An annual performance review survey is sent to the Advisory Council, Accreditation and Doctors in Training Committees as well as LHN staff to provide feedback on the performance of the policy, to reflect on the quarterly reports and note any quality improvements that need to be made.

Team findings

There is a comprehensive *Responding to Concerns Guideline* and *Managing Patient/TMO Safety Concerns During Accreditation Visits Procedure*, in addition to appropriate flow charts for the identification and management of patient safety issues during assessment visits and outside of the accreditation cycle based on documented complaints and/or concerns.

While the team observed no direct evidence of patient safety concerns emerging during the accreditation assessment activities, there were multiple reports of poor behaviour of senior clinicians reported by TMOs during interviews, which in the literature is linked to adverse patient outcomes. Further details about this are provided in the following section.

4.8 Mechanisms for identifying and managing concerns for junior doctor wellbeing

The intern training accreditation authority has mechanisms for identifying and dealing with concerns about junior doctor wellbeing or environments that are unsuitable for junior doctors in its accreditation work including accreditation assessment, monitoring and complaints processes.

The SA MET Accreditation Standards address patient and TMO safety and welfare in standard 6.1.1. The *Managing Patient/TMO Safety Concerns During Accreditation Visits Procedure* and *Responding to Concerns Guideline* is also used as the mechanism and to describe the process for identifying and managing concerns for junior doctor wellbeing, engaging the same escalation pathway and requirements as documented under attribute 4.7.

While a TMO safety concern refers to any real or potential issue that could result in a TMO coming to physical or professional harm, it is noted in the documentation that these patient and TMO concerns are not mutually exclusive, with an issue which endangers patient safety often endangering TMO safety and vice versa. With regard to TMO safety and wellbeing, examples of concerns and complaints may include issues relating to the education and training provided to TMOs, TMO supervision levels, and issues with TMO wellbeing (which may result in physical or professional harm).

The SA MET additionally has a *Trainee Medical Officer Wellbeing Guideline* which was developed to provide LHNs with a framework to use when developing their own guideline for TMO wellbeing. This guide details:

- TMO welfare
- safe working hours
- TMO responsibilities
- Local Health Network responsibilities relating to personal support, services and amenities, and safe and flexible work practices

- sources of help: anti-discrimination policies, Australian Medical Association Doctors in Training Committee, Doctors' Health Advisory Service, Employee Assistance Programs, SA Board of the Medical Board of Australia, Medical Education Units and the SA MET Unit.

Many LHN stakeholders are involved in the SA MET governance structure, presenting an additional opportunity to raise problems or disputes.

The South Australian Trainee Medical Officer Survey (SATMOS) seeks feedback about TMO education, training and wellbeing. The Advisory Council utilises results from the SATMOS end-of-term survey and Ahpra's annual Medical Training Survey to monitor TMO welfare.

Team findings

The team found the published processes, policies and guides to be appropriate mechanisms for identifying and managing issues related to junior doctor wellbeing in its accreditation, monitoring and operational work. The *Guide for preventing and responding to workplace bullying, harassment and discrimination* has been previously noted in this report to be a great initiative.

There was very positive feedback about support for wellbeing and local responsiveness to concerns about wellbeing from the TMOs interviewed by the team. This was particularly notable in feedback related to the rural LHNs. However, during the accreditation survey observed, there was evidence of minimisation of trainee medical officers' concerns and significant cultural and TMO wellbeing issues did not appear to be fully explored or followed up.

Although some of the TMO wellbeing concerns raised were recorded in the accreditation report, there was a subsequent softening of the level of concern surrounding the issue and seeming dismissal during discussion at the Accreditation Committee meeting. This gives rise to concern about the robustness of the process. The challenges surrounding conflict of interest (discussed under attributes 2.2 and 4.3) combined with informal and collegiate relationships during the process may at times limit, or be perceived to limit, the ability to make difficult decisions or, at the very least, bias discussions.

It is critical that the documented escalation processes are followed, and concerns identified in accreditation assessments and outside of the cycle are effectively responded to.

The team additionally heard that although there are escalation processes in place directly to the SA MET Unit, trainee medical officers have only recently been made aware of this process and did not believe it to be widely known across the TMO cohort.

4.9 Considering the effect of changes to posts, programs and institutions on accreditation status

The intern training accreditation authority applies national guidelines in determining if changes to posts, programs and institutions will affect the accreditation status. It has clear guidelines on how the institution reports on these changes, and how these changes are assessed.

SA MET has a *Change of Circumstance Process* for Local Health Networks (LHNs) to follow to ensure that the accreditation status of a unit or LHN is maintained.

A change in circumstance is defined as 'any change which impacts the education and training received by trainee medical officers and directly links to the requirements set out in the SA MET Health Advisory Council Accreditation Standards. TMOs in the context of this document are prevocational doctors who have not yet entered into specialty training'.

The SA MET *Change of Circumstance Process* outlined three levels to describe a change in circumstance:

- **Significant change:** having or likely to have a major impact on the education and training received by TMOs and subsequent requirement to meet the accreditation standards.

- **Moderate change:** having or likely to have change within a reasonable limit, not considered excessive, on the education and training received by TMOs and subsequent requirement to meet the accreditation standards.
- **Minor change:** having or likely to have a lesser impact on the education and training received by TMOs and subsequent requirement to meet the accreditation standards.

The relevant Director of Clinical Training determines whether the change is significant, moderate or minor and follows the appropriate process via the VAM system.

Change of circumstance process

The process for managing change of circumstances varies depending on the level of change. Documentation submitted by the LHN focuses on establishing key risk areas, while the accreditation teams meet only with units identified as having areas of concern. During visits, specific standards relevant to orientation, education and training, welfare, supervision and assessment are prioritised.

Team findings

It is apparent that SA MET applies national guidelines in determining if changes to posts, programs and institutions will affect the accreditation status. The SA MET has clearly documented processes for LHN reporting on changes and outlining the circumstances where accreditation status may be reviewed.

It has clear guidelines on how the institution reports on these changes, and how these changes are assessed depending on the identified level of change involved. The team also heard that the VAM system has been excellent for managing the change of circumstance process.

4.10 Application of documented decision-making processes

The intern training accreditation authority follows documented processes for accreditation decision-making and reporting that enable decisions to be free from undue influence by any interested party.

The SA MET Accreditation Committee considers all accreditation reports submitted by accreditation teams and holds responsibility for making recommendations on accreditation to the Advisory Council. As noted under attribute 1.1, the Advisory Council has decision-making responsibilities.

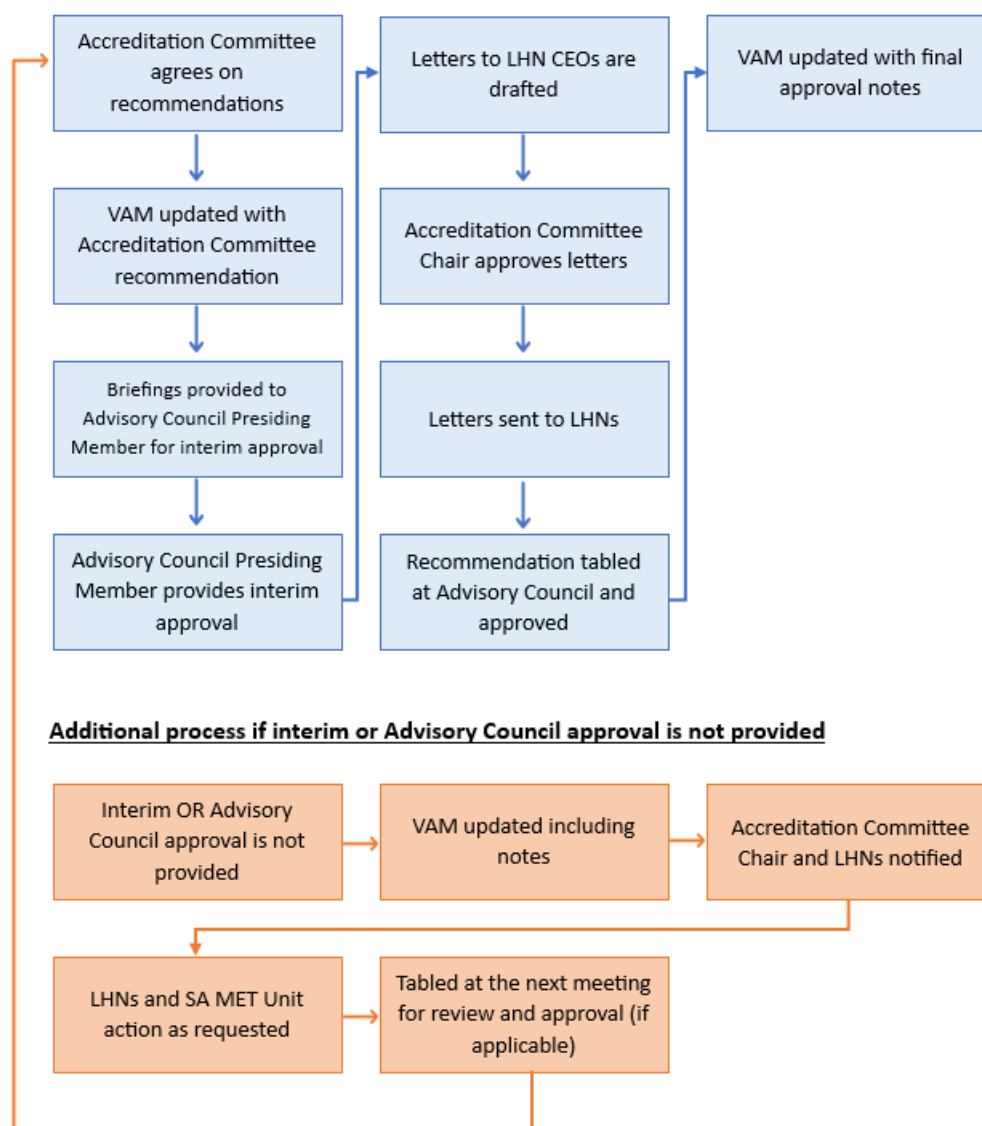
The *Guide to Accreditation of Prevocational Medical Education and Training programs* describes the possible outcomes, which provide the framework for the recommendations that the Committee may make and the Advisory Council may approve:

- **four-year accreditation:** indicating substantial compliance with the majority of the SA MET *Accreditation Standards*. The Advisory Council or Accreditation Committee may require subsequent verification or clarification of issues raised by the accreditation team.
- **two-year accreditation:** granted to Local Health Networks that meet most of the SA MET *Accreditation Standards* but have significant deficiencies warranting attention.
- **12-month accreditation:** this may be granted to a new unit that has not previously employed prevocational trainee medical officers.
- **six-month accreditation:** this will be granted to hospitals that require immediate action to correct deficiencies identified through a site visit.
- **removal or non-granting of accreditation:** withdrawal of accreditation from certain terms of a Local Health Network as a whole.

Provisional accreditation can be granted by the Accreditation Committee to a new unit or LHN without a site visit taking place. A site visit will be undertaken to assess the education and training provided once it is in place. Provisional accreditation will generally be granted for a period of up to six months and will follow consideration of a submission from the unit of LHN and analysis by the Accreditation Committee. A survey of trainee medical officers and the term supervisors may be conducted at the six-month point.

The *Accreditation Committee Recommendations for Approval Mandatory Work Instruction* outlines the processes for the making of recommendations and is aligned to the Advisory Council's Accreditation Approval Delegations table.

Accreditation Committee Recommendations Approval Process



As demonstrated in the figure above, members of the Accreditation Committee review LHN requests, accreditation assessment reports and monitoring submissions and make recommendations to the Advisory Council for Approval. Recommendations are recorded in the minutes and the SA MET Unit staff are required to update the VAM, noting the Committee's recommendations as soon as practicable following a committee meeting.

The SA MET Unit also prepares an Advisory Council briefing for each of the LHN requests that summarises the Committee's recommendation on approval. This briefing can be shared with the

Advisory Council Presiding Member for interim approval for the period leading to the next Advisory Council Meeting. Once the Presiding Member has provided interim approval for the Committee's recommendations, the SA MET Unit will prepare LHN correspondence addressed to the Chief Executive Officer and provide this to the Committee Chair for approval. Correspondence to LHNs contains a statement relating to the fact that 'all recommendations made by the Committee are subject to Advisory Council approval'. These letters are provided to the LHN CEO and the Medical Education Unit.

Should the Presiding Chair or members of the Advisory Council not approve the Committee's recommendations, the SA MET Unit will notify the Committee Chair and inform the LHN. The LHN can resubmit requests, for example, once they satisfy Advisory Council requirements.

The stakeholder representation model and conflicts of interest declarations are designed to mitigate undue influence in these decisions.

Team findings

The team found the Advisory Council follow clearly documented processes for accreditation decision making, with evidence, through the provision of minutes and mid-cycle review reports, supporting the proper application of processes.

The team considered the broad stakeholder membership of the Advisory Council to support a range of perspectives and input into the decision-making process, mitigating the potential for bias and no undue influence was observed in the Advisory Council's decision-making process.

The team did, however, note some inconsistencies across policy and process documents about an aspect of decision-making responsibility. The *New Unit Accreditation Process* outlines the Accreditation Committee as the decision maker of the accreditation status of the new unit, notifying the unit accreditation decision to the Advisory Council. Per the *SA MET Advisory Council Accreditation Approval Delegations*, the responsibility for approval of new unit accreditation sits with the Advisory Council, with the Accreditation Committee reviewing documentation and making a recommendation. The team did not find this inconsistency to be reflected in the decision-making process.

4.11 Communicating accreditation decisions

The intern training accreditation authority communicates the accreditation status of programs to employers, interns and other stakeholders, including regulatory authorities. It communicates accreditation outcomes to the relevant health services facility and other stakeholders.

The SA MET communicates the accreditation status of programs to the relevant Local Health Network, including employers and other key stakeholders. The SA MET Unit website contains detailed information informing health stakeholders of accreditation decisions and the status of programs across South Australia, inclusive of accredited posts and accreditation visit report executive summaries.

Following each accreditation visit and the decision-making process through SA MET governance, a letter is sent to the LHN Chief Executive Officer notifying them of the meeting outcomes and attaching the accreditation report and an updated proviso tracking spreadsheet, which includes a due date for resolution of provisos.

Following the decision-making process:

- decisions are recorded in the VAM
- meeting outcomes are communicated to the LHN Chief Executive Officer
- LHN accredited post spreadsheets are uploaded to the SA MET Unit website for LHN reference and to support Ahpra in the intern general registration process. From 2022,

approved accredited post lists are to be uploaded to the website after each intern and PGY2+ term and remain for the whole year.

- the approved full facility accreditation report executive summary is published on the website to communicate the decision made by the Advisory Council to other stakeholders
- approved amendments to accreditation policy documentation are uploaded and communicated via subcommittees for appropriate distribution
- approved accreditation activities, such as the annual accreditation visit, team training and meeting schedules are uploaded to the website
- Chairs of the Advisory Council subcommittees recommend members to forward minutes of relevant meetings to relevant colleagues, particularly the SA MET Unit JMO Forum and Doctors in Training Committee.

The SA MET Unit reports to the AMC, Ahpra, the SA Health Chief Executive and Minister for Health and Wellbeing on a regular basis, providing a progress of accreditation activities.

Team findings

It has been clearly demonstrated that the SA MET communicates the accreditation status of programs to employers, interns and other stakeholders, including regulatory authorities, in addition to the relevant health service/facility. The SA MET publicises the outcomes of surveys, including ongoing issues, without communicating provisos.

The team heard a few examples of instances of accreditation reports not going to the appropriate LHN staff member (for example, the Medical Education Unit), with no correspondence or oversight to the LHN Executive for fact checking. In some instances, this presented challenges and additional issues. The *LHN Accreditation Process* document does not specify to whom within the LHN the report is sent for fact checking and the team considered this to be an area for consideration and improvement moving forward to increase clarity for all stakeholders and ensure proper processes are followed, particularly given the turnover of staff within the SA MET Unit.

4.12 Complaints, review, and appeals processes

There are published processes for complaints, review and appeals that are rigorous, fair and responsive.

As noted under attributes 4.7 and 4.8, there are processes for managing concerns and complaints via the *Responding to Concerns Guideline*, which are published on the website.

The SA MET has one core document supporting the process for review and appeals: *Accreditation Internal Review Policy and Procedure*. It outlines a framework for responding to and managing applications for internal review of accreditation decisions in a timely manner. Administrative support is provided by the SA MET Unit. The procedure offers mediation as well as internal review.

The grounds for a review qualify as one or more of the following:

- relevant and significant information which was available to the accreditation team members was not considered
- irrelevant matters were taken into account by the accreditation team, the Accreditation Committee or the Advisory Council
- the Accreditation Committee or Advisory Council's decision was based on preconceived considerations

- the Accreditation Committee or Advisory Council's decision was made using inflexible application of internal policy documents
- the report was inconsistent with the information put before the accreditation team
- the Accreditation Committee, Advisory Council or members of the accreditation team were biased
- information provided by the accreditation team was not duly considered in the recommendation of the Accreditation Committee
- the Accreditation Committee or Advisory Council's accreditation decision was made in bad faith or for improper purpose
- the Accreditation Committee or Advisory Council acted unreasonably in all the circumstances.

In the case of an internal review, a review committee is convened by the Presiding Member of the Advisory Council. This Committee has responsibility for reviewing the accreditation decision on the behalf of the Accreditation Committee regarding the facility or unit making the application. Membership of the Internal Review Committee consists of:

- a Chair, appointed by the Presiding Member, who was not a party to the decision to which the application relates
- a minimum of three individuals experienced in medical education and training, none of whom were members of the original accreditation team nor are members of the Accreditation Committee or Advisory Council. A minimum of one member should be from an external organisation (for example an interstate Postgraduate Medical Council or the AMC).
- no individual who is employed by the unit or facility being accredited/reviewed.

No personal representation to the Committee is permitted, with only written submissions to be considered.

The Committee makes a recommendation to the Advisory Council, which may be one of three outcomes:

- uphold the original accreditation decision made by the Advisory Council
- revoke the original decision and make an alternative decision or recommendation
- require a revisit to be undertaken to the unit or facility. In this instance, the Internal Review Committee may conduct the visit or may choose to recommend to the Presiding Member that a new accreditation visit team is established.

Outcomes of the review are decided by a majority vote, and in the instance of a tied vote, the Chair of the Internal Review Committee exercises a casting vote.

The role of the Advisory Council in this process is to adopt or reject the recommendation of the Internal Review Committee and, if necessary, communicate the outcome to the Minister for Health and Wellbeing for consideration. The Council additionally communicates the review outcome to the Chief Executive Officer of the applicant facility Local Health Network.

At the time of submission, the SA MET Unit reported four complaints related to the assessment process which were managed with confidential outcomes. It recorded one review about the Local Health Network report fact checking process with the outcome of this review upheld. No appeals have been reported to have occurred.

Team findings

The team found there to be clear and published processes for complaints, review and appeals which are rigorous, fair and responsive.

The SA MET provided evidence of having managed complaints and a review in accordance with this process; however, no appeals against an accreditation decision have been experienced by the SA MET.

5 Stakeholder collaboration

Domain requirement: The intern training accreditation authority works to build stakeholder support and collaborates with other intern training accreditation authorities and medical education standards bodies.

Attributes

- 5.1 The intern training accreditation authority has processes for engaging with stakeholders, including health departments, health services, junior doctors, doctors who supervise and assess junior doctors, the Medical Board of Australia, professional organisations, and health consumers/community.
- 5.2 The intern training accreditation authority has a communications strategy, including a website providing information about the intern training accreditation authority's roles, functions and procedures.
- 5.3 The intern training accreditation authority collaborates with other relevant accreditation organisations.
- 5.4 The intern training accreditation authority works within overarching national and international structures of quality assurance and accreditation.

5.1 Engagement with stakeholders

The intern training accreditation authority has processes for engaging with stakeholders, including health departments, health services, junior doctors, doctors who supervise and assess junior doctors, the Medical Board of Australia, professional organisations, and health consumers/community.

The SA MET engages with stakeholders through standing membership of stakeholder representatives on committees across all levels of governance and participation in the SA MET's accreditation processes, as outlined under attributes 1.5 and 1.6. The representative governance model supports the engagement of health services and key medical education staff, supervisors, junior medical officers, the Medical Board, health consumers, South Australian universities and specialist medical colleges.

Avenues for communication between SA MET and SA Health include:

- monthly meetings with Regional Support Service
- with and via the Chief Medical Officer
- via the EDMS Leadership Council.

The SA MET Unit liaises with health networks via the Chief Medical Officer, EDMS Leadership Council and its Medical Officer Appointments Working Group subcommittee. The Presiding Member of the Advisory Council sits on the EDMS Leadership Council and the Professional Medical Colleges Committee to support information sharing and engagement from the Advisory Council.

The Advisory Council has an *Accreditation Stakeholder Consultation Guideline* which guides the process of stakeholder consultation to ensure key stakeholders are actively contributing to the development of medical education and training accreditation policies and processes. The guideline focuses on the five core principles for accreditation stakeholder consultation: transparency, respect, inclusiveness, collaboration and integrity.

The consultation guideline identifies a structured framework for consulting and engaging with stakeholders.

The SA MET Advisory Council and Unit collaborate with South Australian medical schools and specialist colleges on education projects and improve the transition process across the training continuum, from medical school to vocational training. An example of this collaboration is the *Transfer of Information Guideline* which outlines the principles and processes to support the transition of medical graduates looking to commence internship, with the purpose of ensuring the intern is adequately supported through their first prevocational year and that patient safety is always optimised.

Trainee medical officers are engaged across the governing committees and the state-wide end-of-term survey, which covers education and training and wellbeing in the workplace, as well as work rostered outside of working hours, is a key mechanism to incorporate trainee medical officer feedback in the accreditation processes.

Team findings

SA MET has clear formal processes and structures in place for engagement of and collaboration with stakeholders. Throughout the accreditation activities, the team heard evidence of the significant and effective consultation processes the Advisory Council implements to engage a diverse group of stakeholders on matters affecting accreditation; medical education and training; and strategic state and national initiatives. One particular example of this that the team recognised was the work that the Advisory Council has put into coordinating a state-wide steering group to discuss and plan for implementation and consultation for the National Framework for Prevocational Training. This is to be commended.

The team identified an opportunity for the Advisory Council and SA MET Unit to strengthen the engagement of trainee medical officers within the accreditation processes. While there was evidence of consultation with trainee medical officers on policy development, there was consensus amongst trainee medical officers of a very limited awareness of the role of the SA MET Unit outside of job applications at the end of medical school.

The team heard that trainee medical officers have considerable engagement with the SA MET Unit and the website during the job application process and noted the excellent resources which support the transition to internship as well as reports of positive experiences of assistance from the SA MET Unit staff. However, communication appeared to significantly reduce with this cohort once they moved into intern posts. There is an opportunity for the SA MET to give consideration to ways to keep trainee medical officers engaged in the processes and work of the SA MET, leveraging their positive experience with the job application process and extending connectivity with this important stakeholder group. There may also be opportunities to increase awareness of and engagement with accreditation functions and to promote opportunities to engage in the accreditation process, whether as a team member or participant in the accreditation process at the health service level.

The team recognises that increasing engagement during intern training would increase the workload of the Advisory Council and/or SA MET but considered that it offers the Council an important opportunity to raise awareness of the Council's role and responsibilities for prevocational training.

5.2 Communications strategy

The intern training accreditation authority has a communications strategy, including a website providing information about the intern training accreditation authority's roles, functions and procedures.

The SA MET has an *Accreditation Communications Plan* and *Accreditation Communications Guideline* which outlines the Advisory Council's communication strategy to engage and provide

information to stakeholders. The SA MET's stakeholder communication objective aims to ensure that information on accreditation matters is:

- conveyed in an open, transparent and objective manner
- accurate, respectful and timely
- effectively managed and responsive to stakeholder needs
- provided in accessible formats and uses plain language.

As outlined in the *SA MET Accreditation Communications Guideline*, the Advisory Council implements a range of tools to communicate on accreditation matters, inclusive of:

- email
- the SA MET Unit website
- the SA MET Online Training and Information System
- SA MET Unit and Accreditation electronic newsletters
- the Virtual Accreditation Management System
- the SA MET Unit annual report and communiqués
- conferences, presentations and meetings
- stakeholder consultation processes.

The document further outlines the responsibilities of relevant SA MET bodies regarding engaging and communicating with stakeholders.

The **Advisory Council** communicates to:

- the SA Board of the Medical Board of Australia on accreditation of trainee medical officer positions, supported by clear and factual accreditation reports
- the Minister for Health and Wellbeing and the SA Health's Chief Executive annually on accreditation of all accredited positions in South Australia
- Local Health Networks on accreditation decisions and appeals processes, and on the SA Board of the Medical Board of Australia decisions relating to the suitability of intern positions for general registration purposes.

The **Accreditation Committee** holds responsibility for communicating to:

- the Advisory Council on accreditation decisions and recommendations supported by clear and factual accreditation reports
- facilities on the accreditation of intern and prevocational positions and accreditation decisions
- facilities where further information is required in order for an accreditation recommendation or decision to be made.

The **SA MET Unit** communicates to:

- the Minister for Health and Wellbeing and the SA Health Chief Executive on AMC monitoring submissions and the SA MET's ongoing accreditation status; and relevant concerns, issues and commendations that should be noted
- the Advisory Council and Accreditation Committee on issues and risks identified in accreditation applications, submissions and reports; Local Health Network progress on addressing accreditation provisos; national accreditation developments; rationale for accreditation policy and guideline development

- visit team members on their roles and responsibilities, policies, guidelines and logistics relevant to accreditation visits; and opportunities to provide feedback on the accreditation process.
- Local Health Networks on accreditation processes, policies, guidelines and timelines; support available from the Unit to prepare for accreditation; composition of visiting accreditation teams; progress of accreditation reports; and policy and guideline consultation and other feedback opportunities
- trainee medical officers on opportunities for undertaking accreditation visit team member training and to provide feedback on the quality of education and training which can inform accreditation processes
- the Confederation of Postgraduate Medical Education Councils and Postgraduate Medical Councils in other jurisdictions on responses to national developments in prevocational accreditation
- the Australian Medical Council on issues relating to the accreditation of the SA MET by the AMC.

The guide identifies two-way and open communication as essential to an effective accreditation process and identifies ways Local Health Networks and facilities are encouraged to communicate regularly with the SA MET Unit on the following topics:

- additional support, advice or feedback the SA MET Unit may be able to utilise to assist the facilitation of accreditation activities
- potential accreditation requirements for new posts or changes of circumstance
- any concerns with accreditation team composition
- appeals on accreditation decisions
- factual correction to accreditation reports
- progress towards accreditation provisos and any difficulties or concerns in meeting a proviso.

Despite the SA MET Unit's positioning within the Department for Health and Wellbeing, they maintain their own comprehensive website and social media page which provide information about the roles, function and procedures of the authority, in addition to the accreditation policy and process documents and functions as outlined under attribute 4.1.

The *Communications Plan* further outlines communication activities to support the SA MET Unit Education and Accreditation team throughout 2022, some of which include:

- promotion of the team and their responsibilities
- promotion of accreditation events and Local Health Network accreditation visits
- promotion of Education and Accreditation training, including for using the VAM and for visit team members and leaders
- strengthening training and education programs through facilitating sharing of best practice
- encouraging collaborative views of accreditation and recognition of the process as a tool for advocating for improvements
- promoting a culture of learning in SA Health, whereby education and training is a part of everybody's focus and responsibility

- promotion of an open, transparent and objective communication channel that will result in accurate, respective, and timely information and different perspectives into the accreditation process
- improved communication to increase community confidence in the safety and quality of health care
- gaining a greater understanding of the challenges and opportunities in medical education common to Local Health Networks and health consumers and develop state-wide solutions, where possible.

There are plans for the newly implemented communications plan to be reviewed annually, with the goal of having the plan support the development, consultation and promotion of the SA MET Unit's accreditation function.

Team findings

The SA MET Advisory Council and Unit has a clear communications guideline and strategy. The implementation of the new communications plan was reported to have improved the communication to and engagement of stakeholders and increased awareness of the prevocational accreditation functions and their importance.

The team heard that the SA MET Unit has excellent communication with key Local Health Network stakeholders including Medical Education Officers, Directors of Clinical Training and Executive Directors of Medical Services, providing clear and prompt responses and support where required.

The SA MET Advisory Council further demonstrated strong relationships across the South Australian health system, collaborating more broadly with medical schools, specialist colleges and consumers.

As noted under attribute 4.1, the SA MET Unit website contains comprehensive information on the SA MET Advisory Council and Unit's role, functions and procedures relating to accreditation. The website was found to be clear and easy to navigate.

5.3 Collaboration with other accreditation organisations

The intern training accreditation authority collaborates with other relevant accreditation organisations.

The SA MET is a member of the Confederation of Postgraduate Medical Education Councils (CPMEC), through which the Presiding Member of the Advisory Council, as the SA MET representative on the CPMEC, has connection and collaborative links with other postgraduate medical councils across Australia. The Presiding Member is additionally involved in the following accreditation organisations:

- representative on the Scientific Committee for the Australian and New Zealand Prevocational Medical Education Forum in New Zealand, facilitating sessions on the new intern training program and innovations and the impact of COVID-19.
- Chair of the Organising and Scientific Committees in 2022 with South Australia hosting the Australian and New Zealand Prevocational Medical Education Forum
- the Australian Medical Council as the CPMEC representative on the AMC Medical School Accreditation Committee and as a member of AMC accreditation assessment teams.

The SA MET Unit Manager of Education and Accreditation is a member of the National Prevocational Medical Accreditation Network (PMAN), which liaises with members and obtains current national information on accreditation matters and developments. This Manager, in addition to the SA MET Unit Manager, also meets monthly with the Ahpra State Manager to

discuss accreditation and expectations of and requirements for training and trainee medical officer registration.

The SA MET Unit further have a partnership with the South Australian Postgraduate Medical Education Association which involves collaboration on:

- accreditation activities for postgraduate medical training
- professional development and associated training projects and programs for medical practitioners
- the Cognition Newsletter, which provides another opportunity and platform for trainee medical officer education and training
- other projects as mutually agreed.

The submission outlined the SA MET's collaboration with other state prevocational medical training authorities, through CPMEC and PMAN.

Team findings

The SA MET Advisory Council and Unit collaborate with other relevant state and national accreditation organisations, including the CPMEC and PMAN. This was further evidenced through feedback from other intern training accreditation authorities that identified the Advisory Council as an active contributor to CPMEC and PMAN, in addition to providing mentoring, accreditation training and assistance with policy and procedure development to other postgraduate medical councils.

The SA MET also demonstrated system leadership through the hosting of the 2022 Australian and New Zealand Prevocational Medical Education Forum which was noted to be of great success.

5.4 Working within accreditation frameworks

The intern training accreditation authority works within overarching national and international structures of quality assurance and accreditation.

The SA MET accreditation processes are clearly mapped to the *National Safety and Quality Health Service Standards* as well as the *Intern Training – National Standards for programs* and *Intern training – Domains for assessing accreditation authorities*. Policy frameworks have been developed and implemented to ensure alignment and compliance with state and national standards and legislation.

The Advisory Council has been an active and constructive participant in the AMC's review of the National Framework for Prevocational Medical Training, providing valuable feedback in consultation and helping to shape the revisions.

Team findings

SA MET demonstrated evidence of collaboration with overarching national and international structures of quality assurance and accreditation and ensures that standards for accreditation are aligned with state and national standards and legislation.

Appendix One Membership of the 2022 AMC Team

Dr Jo Burnand (Chair), BSW, BMed, MPH, GradCert(CoachPsyc), FRACMA.

Chair, Deputy Medical Director, Health Education and Training Institute NSW; Medical Director IECO Consulting; Member of the AMC National Framework for Medical Internship Working Party.

A/Professor Allan Beswick, MBBS, FRACP, FCICM.

Director of Clinical Training, Interns, Royal Hobart Hospital; Clinical Associate Professor, University of Tasmania.

Prof Shane Brun, MBBS, FFSEM(UK), FACRRM, FRACGP, FARGP, FASMF, MTrauma (Distinction), MEd, MSpMed, BAppSc, GradDipRMed, DCH.

Director of Medical Education and Clinical Training, Gold Coast Health and Hospital Services; Hon Professor, Bond University; Associate Professor, Griffith University; Associate Professor, James Cook University.

Dr Dayna Duncan, BMed/MD, GAICD.

Prevocational Trainee Officer, Alice Springs Hospital, Northern Territory, Doctor in Training Representative.

Mrs Maria Halkitis

Assistant Manager, Northern Territory Prevocational Medical Assurance Services, Postgraduate Medical Council, Operations Manager Representative.

Ms Kirsty White

Director, Accreditation and Standards, Australian Medical Council.

Ms Tahlia Christofersen

Accreditation Officer, Prevocational Accreditation, Australian Medical Council.

Appendix Two Groups met by the 2022 AMC Team

Videoconference - MS Teams	
<i>Monday 25 July 2022 – Dr Jo Burnand, Dr Allan Beswick, Professor Shane Brun, Dr Dayna Duncan, Ms Maria Halkitis, Ms Kirsty White (AMC staff) Ms Tahlia Christofersen (AMC staff)</i>	
SA MET Key Executive and SA MET Unit Staff	Presiding Member, Health Advisory Council Manager, SA MET Unit and Office for Research Senior Project Officer A/Manager, Education and Accreditation
SA MET Health Advisory Council	Presiding Member Chief Medical Officer Accreditation Committee Chair Education member Manager, SA MET Unit SALHN member Professional Medical Colleges Deputy Chair/Rural Medicine and Remote Medicine and Rural Doctors Workforce Agency representative. Deputy Doctors in Training member (prevocational) Regional Local Health Network member NALHN member Women and Children's member Deputy Doctors in Training member (vocational) Deputy Doctors in Training member (students)
Medical Education Officers	Riverland Mallee Coorong Local Health Network Northern Adelaide Local Health Network, Modbury Hospital Northern Adelaide Local Health Network, Lyell McEwin Hospital Women's and Children's Health Network Southern Adelaide Local Health Network Flinders and Upper North Local Health Network
Directors of Clinical Training	Flinders Medical Centre, Southern Adelaide Local Health Network Northern Adelaide Local Health Network Women's and Children's Health Network Mount Gambier and Districts Health Service Riverland Mallee Coorong Local Health Network Riverland Mallee Coorong Local Health Network
SA MET Accreditation Committee	Chair Deputy Chair Term Supervisor member Medical Education Officer, Northern Adelaide Local Health Network Medical Education Officer, Women's and Children's Health Network

Videoconference - MS Teams	
<i>Tuesday 26 July 2022 – Dr Jo Burnand, Dr Allan Beswick, Professor Shane Brun, Dr Dayna Duncan, Ms Maria Halkitis, Ms Kirsty White (AMC staff) Ms Tahlia Christofersen (AMC staff)</i>	
SA MET staff	Manager Acting Manager, Education and Accreditation Acting Project Officer, Education and Accreditation
Executive Director of Medical Services	Southern Adelaide Local Health Network Central Adelaide Local Health Network Limestone Coast Local Health Network Northern Adelaide Local Health Network Riverland Mallee Coorong Local Health Network
Medical Schools	Dean and Head of Medical School, University of Adelaide Director, Medical Education, University of Adelaide
Specialist Colleges	Fellow, College of Intensive Care Medicine Fellow, The Royal Australasian College of Physicians
South Australian Board of the Medical Board of Australia/Ahpra	Chair State Manager
Trainee Medical Officers	Riverland Mallee Coorong Local Health Network Central Adelaide Local Health Network
Accreditation Assessors	Northern Adelaide Local Health Network Riverland Mallee Coorong Local Health Network Registrar, Australian Capital Territory
Term Supervisors	Northern Adelaide Local Health Network Riverland Mallee Coorong Local Health Network Southern Adelaide Local Health Network Central Adelaide Local Health Network
Videoconference – MS Teams	
<i>Wednesday 27 July 2022 – Dr Jo Burnand, Dr Allan Beswick, Professor Shane Brun, Ms Maria Halkitis, Ms Kirsty White (AMC staff) Ms Tahlia Christofersen (AMC staff)</i>	
Debrief with SA MET Executive and key staff members	Presiding Member, Health Advisory Council Manager, SA MET Unit and Office for Research Acting Manager, Education and Accreditation Senior Project Officer, SA MET Unit Acting Project Officer, Education and Accreditation, SA MET Unit

Videoconference – MS Teams	
<i>Wednesday 17 to Thursday 18 August 2022 – Dr Jo Burnand, Professor Shane Brun, Ms Brooke Pearson (AMC staff), Ms Tahlia Christofersen (AMC staff)</i>	
Observation of SA MET accreditation visit to Northern Adelaide Local Health Network	Various meetings Interview with the assessment team
Videoconference - MS Teams	
<i>Wednesday 14 September 2022 – Dr Jo Burnand, Dr Allan Beswick, Dr Dayna Duncan, Ms Kirsty White (AMC staff) Ms Brooke Pearson (AMC staff), Ms Tahlia Christofersen (AMC staff)</i>	
Observation SA MET Health Advisory Council meeting	Health Advisory Council members
Videoconference – MS Teams	
<i>Wednesday 19 October 2022 – Dr Jo Burnand, Dr Allan Beswick, Dr Dayna Duncan, Ms Maria Halkitis, Ms Kirsty White (AMC staff), Ms Tahlia Christofersen (AMC staff)</i>	
Observation SA MET Accreditation Committee meeting	Accreditation Committee members
Videoconference – MS Teams	
<i>Wednesday 2 November 2022 – Dr Jo Burnand, Professor Shane Brun, Dr Dayna Duncan, Ms Kirsty White (AMC staff), Ms Tahlia Christofersen (AMC staff)</i>	
Discussion with Trainee Medical Officers	Riverland Mallee Coorong Local Health Network
<i>Thursday 3 November 2022 – Dr Jo Burnand, Dr Allan Beswick, Professor Shane Brun, Dr Dayna Duncan, Ms Kirsty White (AMC staff), Ms Tahlia Christofersen (AMC staff)</i>	
Discussion with Trainee Medical Officers	Flinders and Upper North Local Health Network
<i>Wednesday 9 November 2022 – Dr Jo Burnand, Dr Allan Beswick, Ms Maria Halkitis, Ms Tahlia Christofersen (AMC staff)</i>	
Discussion with Trainee Medical Officers	Royal Adelaide Hospital
<i>Thursday 10 November 2022 – Ms Maria Halkitis, Ms Tahlia Christofersen (AMC staff)</i>	
Discussion with Trainee Medical Officers	Northern Adelaide Local Health Network
Adelaide, SA	
<i>Thursday 24 November 2022 – Dr Jo Burnand, Ms Kirsty White (AMC staff), Ms Tahlia Christofersen (AMC staff)</i>	
Discussion with Presiding Member, Health Advisory Council	Presiding Member

Discussion with SA MET Unit Manager	Manager, SA MET Unit and Office for Research
Videoconference - MS Teams	
<i>Wednesday 30 November 2022 – Dr Jo Burnand, Ms Kirsty White (AMC staff), Ms Tahlia Christofersen (AMC staff)</i>	
Discussion with SA MET Accreditation Committee Chair	Chair
Adelaide	
<i>Friday 10 February 2023 – Dr Jo Burnand, Ms Kirsty White (AMC staff), Ms Tahlia Christofersen (AMC staff)</i>	
Discussion about team findings and the draft report before presentation to the Prevocational Training Accreditation Committee	Presiding Member, SA MET Advisory Council Chief Medical Officer, South Australia Acting Deputy Chief Executive, System Leadership and Design SA Medical Education and Training Unit and Research Office

