



SOUTH AUSTRALIAN  
MEDICAL EDUCATION & TRAINING  
HEALTH ADVISORY COUNCIL

# ACCREDITATION INTERNAL REVIEW POLICY AND PROCEDURE

*Version: 1.8*

## Policy Statement

The South Australian Medical Education and Training (SA MET) Health Advisory Council (the Advisory Council) is committed to having an accreditation review process that is transparent, impartial and fair.

This policy outlines a governance framework for responding to and managing applications for internal review of accreditation decisions, ensuring that they are resolved in a timely manner.

## Scope

This policy applies to all accreditation decisions made by the Advisory Council in its performance of accreditation functions pursuant to Part 6 of the *Health Practitioner Regulation National Law Act 2010* (National Law) and pursuant to the Rules of the Advisory Council determined by the Minister pursuant to section 17(3) of the *Health Care Act 2008*.

Any facility, unit, department or individual, has the right to apply for internal review of an accreditation decision.

## Context

Pursuant to section 44 of the National Law and pursuant to the Rules of the Advisory Council, the Advisory Council has responsibility for the accreditation of all prevocational medical education and training posts for prevocational doctors of South Australian hospitals and health facilities.

The SA MET Unit works in partnership with Local Health Networks (LHN) preparing for accreditation to ensure there is an understanding of the process and that LHNs have access to the necessary resources and services.

The outcome of an accreditation visit should not come as a surprise to a LHN as:

A debrief session is held at the conclusion of an accreditation visit to provide feedback to the facility on general findings and give an indication of any concerns identified. The debrief is also an opportunity for the visit team to clarify any matters that arise during the visit.

Following the visit a copy of the report, excluding accreditation recommendation, is provided to the facility for checking of factual accuracy.

These two measures are intended to ensure the accreditation report and recommendation are based on accurate information and that there has been an opportunity to clarify uncertainties.

## Principles

The principles of natural justice and procedural fairness will be applied to all applications for internal review of accreditation decisions received by the Advisory Council.

## Responsibilities

Responsibility for the management of the Internal Review Policy and Procedure rests with the Advisory Council and its Accreditation Committee supported administratively by the SA MET Unit.

# Procedures for Managing Accreditation Internal Reviews

## Mediation

If a facility is dissatisfied with an accreditation decision and would like the decision reviewed, a mediation meeting will be arranged between the SA MET Unit Manager, the Presiding Member of the Advisory Council, the Chair of the Accreditation Committee and facility representatives to discuss the consequences and next steps.

Mediation is informal and must be arranged quickly to find a fair and just solution and involve all parties. Should the matter not be resolved at mediation the facility may apply for a formal internal review. The outcome of mediation will not prejudice any internal review.

## Lodging an application for internal review

A facility, unit, department or individual that is the subject of an accreditation decision may, within 30 days from receipt of written advice of the accreditation decision, apply in writing to the Presiding Member of the Advisory Council to have the decision reviewed by an Internal Review Committee if they are of the belief that:

- > relevant and significant information which was available to the accreditation team members was not considered; and/or
- > irrelevant matters were taken into account by the accreditation team, the Accreditation Committee or the Advisory Council; and/or
- > the Accreditation Committee or Advisory Council's decision was based on pre-conceived considerations; and/or
- > the Accreditation Committee's or Advisory Council's decision was made using inflexible application of internal policy documents; and/or
- > the report was inconsistent with the information put before the accreditation team; and/or
- > the Accreditation Committee, Advisory Council or members of the accreditation team were biased; and/or
- > information provided by the accreditation team was not duly considered in the recommendation of the Accreditation Committee; and/or
- > the Accreditation Committee or Advisory Council's accreditation decision was made in bad faith or for improper purpose; and/or
- > the Accreditation Committee and/or Advisory Council acted unreasonably in all the circumstances.

A written application for the internal review of the accreditation decision must:

- > specify the grounds for the application;
- > have the written support of the relevant LHN Chief Executive Officer; and
- > provide supporting documentation/evidence.

Applications for internal review are to be addressed to the Presiding Member of the Advisory Council. Once received, the written documentation will be forwarded to the team leader of the accreditation visit team and Chair of the Accreditation Committee for written comment.

The facility will, during the internal review process, retain any accreditation status granted to it at its last completed accreditation. If the unit/department/facility was not previously accredited, then it will remain unaccredited until the outcome of the internal review process is communicated.

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## The Internal Review Committee

An independent Internal Review Committee, convened by the Presiding Member of the Advisory Council, will be responsible for reviewing the accreditation decision on behalf of the Accreditation Committee regarding the facility or unit making the application.

The Internal Review Committee will comprise:

- > A Chair, appointed by the Presiding Member of the Advisory Council, 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 was on the original accreditation team or is a member of the Accreditation Committee or Advisory Council. At least one member should be from an external organisation (e.g. an interstate Postgraduate Medical Council or the Australian Medical Council). No individual who is employed by the unit or facility being accredited.

An SA MET Unit staff member shall be Secretary to the Internal Review Committee but shall not form part of the Internal Review Committee and will not have been part of the original accreditation team or a member of the Accreditation Committee or Advisory Council.

## The role of the Internal Review Committee

The Internal Review Committee will act in accordance with the Advisory Council Rules and the laws of natural justice.

The Internal Review Committee will consider all relevant documentation that may include but not be limited to:

- > the last accreditation report of the facility
- > visit notes from accreditation team members
- > relevant correspondence
- > relevant committee minutes
- > documentation from the applicant facility
- > accreditation team leader submission
- > Accreditation Committee submission

The Internal Review Committee shall be entitled to request any relevant information that it sees fit.

No personal representation to the Internal Review Committee is permitted; only written submissions will be considered.

The Internal Review Committee will make a recommendation to the Advisory Council to:

- > uphold the original accreditation decision made by the Advisory Council; or
- > revoke the original decision and make an alternative decision or recommendation; or
- > require a revisit to be undertaken to the unit or facility.

In the event a revisit is recommended:

- > The Internal Review Committee may conduct the accreditation visit or may choose to recommend to the Presiding Member of the Advisory Council the establishment of a new accreditation visit team.

No further internal review process will be available.

The outcome of the internal review will be decided on the basis of a majority vote. In the event of a tied vote, the Chair of the Internal Review Committee will exercise a casting vote.

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The Internal Review Committee recommendations will be made in writing and communicated to the Presiding Member of the Advisory Council within 14 days of the Committee's meeting.

The decision of the Internal Review Committee will take effect following the approval by the Advisory Council.

## The role of the Advisory Council

The Advisory Council will 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 Advisory Council will communicate the outcome of the internal review to the Chief Executive Officer of the applicant facility LHN.

## The role of the SA MET Unit

The SA MET Unit will provide administrative support to the Internal Review Committee and be responsible for:

- > Acknowledging receipt of the application for internal review and notifying the process to the Chief Executive Officer of the facility LHN.
- > Coordinating the appointment of Internal Review Committee members and establishing a date, time and venue for the Committee to meet within eight weeks of receiving the formal application.
- > Notifying the applicant of the Internal Review Committee membership and the timeframe for the outcome.
- > Providing copies of written submissions and relevant documentation to the Internal Review Committee prior to the meeting of the Committee.
- > Support the Internal Review Committee as required including secretariat support, writing the report, disseminating the report and providing other appropriate assistance.

## Cost

When an application is lodged, the facility or LHN will forward the amount of \$3,000 to the Advisory Council to cover administrative costs. If the LHN application is successful, the amount of \$3,000 will be refunded to the facility.

## Monitoring

The SA MET Unit will periodically review the effectiveness of this policy and supporting documentation.

## Definitions

Applicant – the facility, unit, department, LHN or individual applying for internal review of the accreditation decision

Internal Review – a request for a review of an Advisory Council accreditation decision

Internal Review Committee – an independent group established by the Chair of the Advisory Council (or nominee) responsible for reviewing an accreditation decision

## Relevant Legislation

- > Health Practitioner Regulation National Law (South Australia) Act 2010
- > Health Care Act 2008

## Relevant SA MET Policies and Guidelines

- > Accreditation Policy and Procedure
- > Accreditation Surveyor Guideline

## Other relevant documentation

- > Australian Medical Council: Intern Training – Domains for assessing accreditation authorities

## Document history

Date effective	Author	Approved by	Version	Change Reference
September 2014	SA MET Project Officer	SA MET Health Advisory Council	v1.3	LGU review and name change
February 2015	SA MET Project Officer	SA MET Accreditation Committee	v1.4	Minor changes
October 2018	SA MET Project Officer Education & Accreditation	SA MET Accreditation Committee	v1.5	Minor changes
January 2019	SA MET Project Officer Education & Accreditation	Manager, Education & Accreditation	v1.6	Reviewed. Minor changes.
August 2021	Manager, Education & Accreditation	Manager, Education & Accreditation	V1.7	Reviewed. Minor changes.
April 2025	Manager, Accreditation	SA MET Health Advisory Council.	V1.8	Reviewed.

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# ACCREDITATION INTERNAL REVIEW PROCESS

