

Accreditation Responding to Concerns Guideline



SOUTH AUSTRALIAN
MEDICAL EDUCATION & TRAINING
HEALTH ADVISORY COUNCIL

Scope

This guideline outlines the process for responding to concerns and complaints received by the South Australian Medical Education and Training (SA MET) Unit regarding prevocational doctor education, training, supervision, wellbeing or patient safety. The process allows anyone to raise instances of non-compliance against the *Australian Medical Council's (AMC) National standards for prevocational (PGY1 and PGY2) training program and terms.*

Introduction

Feedback received by the SA MET Unit is categorised into two categories: a concern or a complaint.

- > A concern is any issue that a prevocational doctor considers may affect their wellbeing or their patient's safety, their education and training and the requirements to meet the National standards (affiliated to accreditation matters).
- > A complaint is an expression of concern, dissatisfaction or frustration with the quality, or delivery of patient care and/or prevocational doctor wellbeing (affiliated to operational matters).

Concerns and complaints can manifest in several different ways. Some examples are listed below.

- > Issues relating to the education and training provided to prevocational doctors, for example consenting or being asked to consent patients without appropriate training.
- > Issues relating to prevocational doctor supervision, for example receiving inadequate levels of supervision, as defined by the SA MET Supervision Guideline or being asked to undertake procedures they have not been adequately trained in.
- > Issues relating to prevocational doctor wellbeing (any real or potential issue that could result in a prevocational doctor coming to physical or professional harm), for example working excessive amounts of overtime, leaving them fatigued and prone to errors.
- > Issues relating to patient safety (any real or potential issue relating to a prevocational doctor that could compromise patient care), for example prescribing unfamiliar or inappropriate medication.

Patient safety and *prevocational doctor wellbeing* concerns are not mutually exclusive; an issue which endangers patient safety will often endanger prevocational doctor safety and vice versa.

Concerns and complaints can be raised with the SA MET Unit through different sources, including prevocational doctors or their advocates, other healthcare staff, health service management or anonymously. Concerns and complaints can be received via the SA MET Unit website, email, phone, during an accreditation visit or through the accreditation survey process.

It is most likely that issues will be discovered in face-to-face meetings with prevocational doctors. Due to the numbers of prevocational doctors in certain terms, an individual's anonymity may be compromised by the reporting of a patient/ prevocational doctor safety concern. If this is likely, the accreditation survey team will inform the prevocational doctor of this and determine if they wish to proceed.

The SA MET Unit's Accreditation Manager will allocate a risk rating to the concern or complaint received. An assessment will indicate whether the feedback is extreme, major, moderate, or minor. The meanings for each of the risk ratings are noted within the definitions.

The SA MET Unit will progress all concerns and complaints via the process outlined within this document.

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Compliance

This guideline demonstrates compliance against the *AMCs Quality Assurance – Domains for assessing and accrediting prevocational training accreditation authorities*, specifically attribute 4.8 that stipulates the ‘prevocational training accreditation authority has mechanisms for identifying and dealing with concerns about patient care and safety. These concerns might arise through accreditation assessment and monitoring, or through complaints or information from external sources’.

Consent to Disclose Information

Information identifying a complainant prevocational doctor, or information related to their complaint or concern must not be disclosed without their consent as per Section 93 of the *Health Care Act 2008*.

If the complainant does not provide permission to the SA MET Unit to disclose information and the matter is of an extreme or major risk, the SA MET Unit has a duty of care to report and escalate the matter to appropriate channels as per the Responding to Concerns Flowchart depending on the severity of complaint/concern. Where a prevocational doctor has not provided consent for disclosure of their personal information, the information may nevertheless be disclosed if one or more of the following exceptions apply:

- > where disclosure is required or authorised by or under law; or
- > where disclosure is reasonably required to prevent a serious threat to the life, health or safety of a person or a serious threat to public health or safety; or
- > where disclosure is limited to what is reasonably required in connection with the management or administration of the Department, an attached office, a hospital or SAAS.

Personal information can be disclosed where disclosure is reasonably required to prevent a serious threat to the life, health or safety of a person or a serious threat to public health or safety. This is a high threshold which is dependent on the circumstances, and it may be that very few complaints reaching this threshold would be addressed by the prevocational doctor complaints process, as these very serious threats may have already been addressed by other forms of immediate action.

In practice, it is preferable that the consent of the prevocational doctor be obtained before personal information is disclosed, or that conversations are held with the prevocational doctor to agree to what extent any unidentifiable information may be disclosed in an effort to resolve the concern or complaint.

Responding to concerns or complaints

SA MET Unit Response (Appendix – 1. Response to Concerns Flowchart)

- > A concern or complaint received by the SA MET Unit will be entered into the Responding to Concerns Register immediately and ensure the health service is notified within one week. The Manager/Project Officer will identify the issues raised and determine whether it is a concern or complaint and the level of risk (minor/moderate, major or extreme – see definitions).
- > If the issue is considered a concern with an *extreme* risk, the Manager or Project Officer will immediately inform and seek advice from the SA MET Unit Director, Health Advisory Council (Advisory Council) Presiding Member and the Accreditation Committee (AC) Chair and action as per advice, for example:
 - o The Manager/Project Officer will forward the concern on behalf of the Advisory Council Presiding Member to the health service’s Chief Executive Officer (CEO) and Executive Director of Medical Services (EDMS) immediately, copying in the Director of Clinical Training (DCT). It is expected that the health service will take responsibility and resolution of the issue.
- > If the issue is considered a concern with a *major* risk, the Manager or Project Officer will immediately inform and seek advice from the SA MET Unit Director, Advisory Council Presiding Member and the AC Chair and action as per advice, for example:

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- The Manager or Project Officer will forward the concern immediately to the health service's EDMS, copying in the DCT and Medical Education Officer (MEO). It is expected that the health service will take responsibility and resolution of the issue.
- > If the issue is considered a complaint with an *extreme* risk, the Manager or Project Officer will immediately inform and seek advice from the SA MET Unit Director and the Chief Medical Officer (CMO) and action as per advice, for example:
 - The Manager or Project Officer will forward the complaint on behalf of the CMO to the health service's CEO and EDMS immediately, copying in the DCT. It is expected that the health service will take responsibility and resolution of the complaint.
- > If the issue is considered a complaint with a *major risk*, the Manager or Project Officer will immediately inform and seek advice from the SA MET Unit Director and the CMO and action as per advice, for example:
 - The Manager or Project Officer will forward the complaint immediately on behalf of the CMO to the health service's EDMS, copying in the DCT and MEO. It is expected that the health service will take responsibility and resolution of the complaint.
- > If the issue is considered a concern or complaint with a *minor or moderate* risk, the Manager or Project Officer will inform the health service's DCT and MEO within one week of receiving the concern or complaint. It is expected that the health service will take responsibility and resolution of the concern or complaint.
- > Health services are expected to provide the outcome of the concern or complaint back to the SA MET Unit's accreditation team within the timeframe stipulated. When the concern or complaint is resolved, the Project Officer will enter the outcome into the Responding to Concerns Register. A Responding to Concerns report will be tabled as an agenda item at the Advisory Council and AC meetings on a quarterly basis for review by members to close or take further action if required.
- > If the concern or complaint is unable to be resolved, the Manager or Project Officer will liaise with the SA MET Unit Director and the AC Chair for advice.
- > The complainant will be contacted by the Manager or Project Officer to advise of the outcomes of their complaint or concern.
- > The Manager or Project Officer will follow up on any Advisory Council actions. If no actions are required, the concern or complaint will be updated on the Responding to Concerns Register and closed.
- > The SA MET Unit accreditation team will refer to the Responding to Concerns Register before each accreditation site visit to check whether any incidents have occurred in a domain or unit. Questions may be included in the visit schedule to assess that the concern or complaint continues to be resolved.

Response to Concerns Received via Prevocational Doctor Survey

Responses from prevocational doctor survey questionnaires on their experiences within accredited terms, may contain feedback regarding issues which pose risks to patient and/or prevocational doctor safety.

When a concern is identified within a survey response, the SA MET Unit will respond as indicated below and will also follow the New Unit Accreditation or Reporting on Accreditation Proviso processes.

SA MET Unit Response (Appendix – 2. Concerns received via prevocational doctor survey)

- > When a concern or complaint is received through an accreditation survey questionnaire in response to a new unit application or condition follow up, it will be entered into the Responding to Concerns Register and allocated the level of risk. The health service must be notified of the concern or complaint within one week.

- > If the issue is considered a concern or complaint with any level of risk, the Project Officer will follow the New Unit Accreditation or Reporting on Accreditation Conditions processes and additionally follow this responding to concerns document.
- > If the issue is considered a concern with an *extreme* risk, the Manager or Project Officer will immediately inform and seek advice from the SA MET Unit Director, Advisory Council Presiding Member and the AC Chair and action as per advice (outside of the New Unit or Proviso processes), for example:
 - The Manager or Project Officer will forward the concern on behalf of the Presiding Member to the health service's CEO and EDMS immediately, copying in the DCT. It is expected that the health service will take responsibility and resolution of the issue.
- > If the issue is considered a concern with a *major* risk, the Manager or Project Officer will immediately inform and seek advice from the SA MET Unit Director, Advisory Council Presiding Member and the AC Chair and action as per advice (outside of the New Unit or Proviso processes), for example:
 - The Manager or Project Officer will forward the concern immediately to the health service's EDMS, copying in the DCT and MEO. It is expected that the health service will take responsibility and resolution of the issue.
- > If the issue is considered a complaint with an *extreme* risk, the Manager or Project Officer will immediately inform and seek advice from the SA MET Unit Director and the CMO and action as per advice (outside of the New Unit or Proviso processes), for example:
 - The Manager or Project Officer will forward the complaint on behalf of the CMO to the health service's CEO and EDMS immediately, copying in the DCT. It is expected that the health service will take responsibility and resolution of the complaint.
- > If the issue is considered a complaint with a *major* risk, the Manager or Project Officer will immediately inform and seek advice from the SA MET Unit Director and the CMO and action as per advice (outside of the New Unit or Proviso processes), for example:
 - The Manager or Project Officer will forward the complaint immediately on behalf of the CMO to the health service's EDMS, copying in the DCT and MEO. It is expected that the health service will take responsibility and resolution of the complaint.
- > Health services are expected to provide the outcome of the concern or complaint back to the SA MET Unit's accreditation team within the stipulated timeframe. When the concern or complaint is resolved, the Manager or Project Officer will enter the outcome into the Responding to Concerns Register. A Responding to Concerns report will be tabled as an agenda item at the Advisory Council and AC meetings on a quarterly basis for review by members to close or take further action if required.
 - If the complaint or concern continues with no resolution a site visit may be required.
- > The complainant will be contacted by the Manager or Project Officer to advise of the outcomes of their complaint or concern.
- > The Project Officer will follow up on any Advisory Council actions. If no actions are required, the concern or complaint will be updated on the Responding to Concerns Register and closed.

Response to Concerns received during an Accreditation Visit

Accreditation survey teams undertaking accreditation assessment site visits may encounter issues which pose a risk to patient and/or prevocational doctor safety. If an accreditation survey team encounters a patient and/or prevocational doctor safety issue, it has a duty to investigate this to the best of its ability and inform the health service before the site visit concludes.

When a concern or complaint is identified within an site visit, the SA MET Unit will respond as indicated below and will also follow the health service accreditation assessment process.

SA MET Unit Response (Appendix – 3. Concerns received during an accreditation site visit)

When an accreditation survey team encounters a *major* or *extreme* patient or prevocational doctor safety issue, it should follow the process outlined below to ensure duty of care obligations are fulfilled. Any *moderate* or *minor* concern will be included as a condition within the accreditation report.

- > Survey team members should ask questions in meetings with prevocational doctors to investigate the issue and gather further information. The issue should then be discussed with the appropriate term supervisor, and escalated to the MEO and DCT, to determine the extent of the issue, whether this has been detected by the unit and whether steps have been taken to resolve it. This should then be reported to health service management either immediately or at the end of day debrief.
- > The Project Officer will enter the concern and actions taken into the Responding to Concerns Register and discussed with the Manager and the SA MET Unit Director. The concern will be summarised to the Advisory Council Presiding Member and AC Chair, who at their discretion may report back to the health service prior to the finalisation of the Accreditation Report to provide an overview of conditions they should expect to receive to allow for increased time to address and respond to the identified deficiencies.
- > The health service will be responsible for providing a written response detailing how the concern has been resolved, which will be submitted to the SA MET Unit accreditation team within the stipulated timeframe.
- > The Manager or Project Officer will liaise with the accreditation survey team, AC Chair and Advisory Council Presiding Member and if satisfied the concern has been fully resolved, the Project Officer will inform the health service.
- > The Project Officer will enter the outcome into the Responding to Concerns Register, close the matter and report to the AC and Advisory Council as part of quarterly reporting.
- > If the health service has not fully resolved the concern by the time the Advisory Council are scheduled to receive the final accreditation report for consideration, the Manager will request the health service to provide a written response detailing how and when the concern will be resolved to inform the Advisory Council. Monitoring will take place outside of the regular accreditation report process; however, the final accreditation report will contain conditions relating to the concern.
- > The health service's written responses will be tabled to the AC and Advisory Council as part of the quarterly reporting.
- > The Manager or Project Officer will follow up on any Advisory Council actions. If no actions are required, the concern will be updated on the Responding to Concerns Register and closed.

Outcome

In addition, to the above-mentioned processes, should concerns exist or remain unresolved the Advisory Council will determine the ongoing suitability of accreditation through a site visit with the potential outcomes:

- > Continued accreditation
- > Provisional accreditation
- > Rescinded accreditation

Continued or provisional accreditation with conditions will be managed by the SA MET Unit accreditation team in conjunction with the health service to ensure condition timeframes are met.

A health service has the ability to appeal decisions made by the Advisory Council in line with SA MET Unit's Internal Review Policy.

Related Documents

- > AMC National Framework for Prevocational (PGY1 and PGY2) Medical Training
- > Accreditation Policy and Procedure
- > Accreditation Internal Review Policy and Procedure
- > Health Service Accreditation Guideline
- > SA Health Roles, Responsibilities and Governance Policy Directive
- > SA Health Governance Accountability and Consultation Framework
- > National Safety and Quality Health Services (NSQHS) Standards
- > Work Health and Safety Act 2021 (SA)
- > Work Health and Safety Regulations 2021 (SA)

Monitoring

The SA MET Unit will review this document in July 2027

Definitions

Accreditation – a quality assurance process that establishes and monitors the education and training provided for TMOs within facilities to ensure high standards of clinical training for prevocational doctors. Accreditation may be granted to a facility or a new unit for 6 months, 12 months or four years.

National Standards – prevocational accreditation functions are assessed against the [AMC National standards for prevocational \(PGY1 and PGY2\) training program and terms](#).

Complaint - an expression of concern, dissatisfaction or frustration with the quality, or delivery of patient care &/or TMO welfare (affiliated to operational matters).

Concern – any issue that a prevocational doctor considers may affect his/her welfare or his/her patient's welfare or safety, his/her education and training and the subsequent requirement to meet the National Standards (affiliated to accreditation matters).

- > Extreme Risk- Having, or likely to have a dangerous or excessive impact on prevocational doctor welfare, the education and training received by prevocational doctors and the subsequent requirement to meet the National Standards &/or patient safety e.g., but not limited to; any bullying and/or harassment especially but not exclusively by senior staff, inadequate or no supervision of prevocational doctors.
- > Major Risk - Having, or likely to have a significant impact on but not considered excessive or dangerous to prevocational doctor welfare, the education and training received by prevocational doctors and the subsequent requirement to meet the National Standards and/or patient safety, e.g., but not limited to; excessive working hours or overtime which may impact patient care, an unresolved dispute with a supervisor.
- > Moderate Risk - Having, or likely to have a lesser impact on prevocational doctor welfare or the education and training and the subsequent requirement to meet the National Standards received by prevocational doctors and no impact on patient safety. Can be successfully resolved without involvement of the AC or Advisory Council. e.g., but not limited to; inability of prevocational doctor to attend education sessions for any reason, inadequate orientation to hospital or unit.
- > Minor Risk – No impact on or risk to prevocational doctor welfare and/or patient safety or the education and training received by prevocational doctors and subsequent requirement to meet the National Standards. Can be resolved without involvement of the AC or Advisory Council.

Health service – the Local Health Network that manage the delivery of public health services and other community-based health services. The health service may comprise a single hospital or a group of public hospitals with a geographic or functional connection.

South Australian Medical Education and Training Health Advisory Council – a Minister for Health and Wellbeing appointed Advisory Council incorporated to improve the quality of education, training and welfare for prevocational doctors within South Australia and make recommendations for the accreditation of prevocational doctor positions.

South Australian Medical Education and Training Accreditation Committee – a sub-committee of the SA MET Advisory Council that is responsible for an efficient and effective accreditation process considering jurisdictional requirements, national program developments and the needs of prevocational doctors.

South Australian Medical Education and Training Unit: Supports the functions of the SA MET Advisory Council and its various committees and subcommittees providing advice to the Advisory Council. The unit is committed to supporting the education and training of prevocational doctors in South Australia and supports the Advisory Council in ensuring an open and transparent prevocational accreditation system.

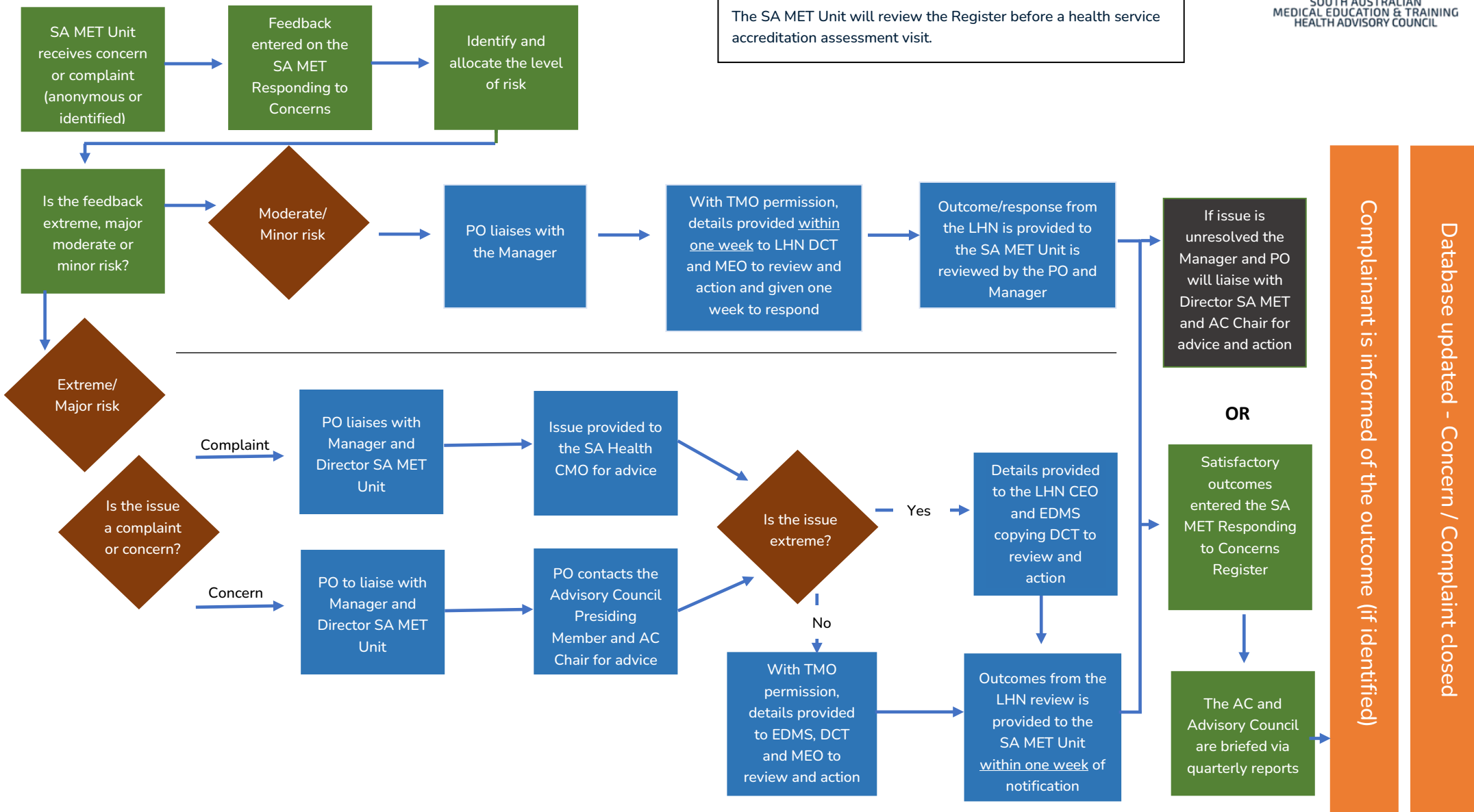
Document History

Date effective	Author/Editor	Approved by	Version	Description
4 April 2012	Senior Project Officer, Accreditation	SA MET Health Advisory Council Accreditation Subcommittee	1.0	Original Document
19 June 2013	Project Officer, Accreditation	Senior Project Officer, Accreditation	1.1	Update process
6 August 2014	Project Officer, Accreditation	Senior Project Officer, Accreditation	1.2	Minor updates
4 February 2015	Project Officer, Accreditation	Senior Project Officer, Accreditation	1.3	Minor update
14 June 2018	Project Officer, Accreditation	Accreditation Manager	1.4	Major Update
27 May 2020	Manager, Accreditation	SA MET Health Advisory Council and SA MET Accreditation Committee	2.0	Major Review
14 February 2023	Manager, Accreditation	SA MET Accreditation Committee and SA MET Health Advisory Council	3.0	Major Review
28 July 2023	Project Officer, Accreditation	Accreditation Manager	3.1	Minor update
31 July 2024	Manager, Accreditation	SA MET Accreditation Committee	3.2	Minor update

Appendix 1: RESPONDING TO CONCERNS FLOWCHART

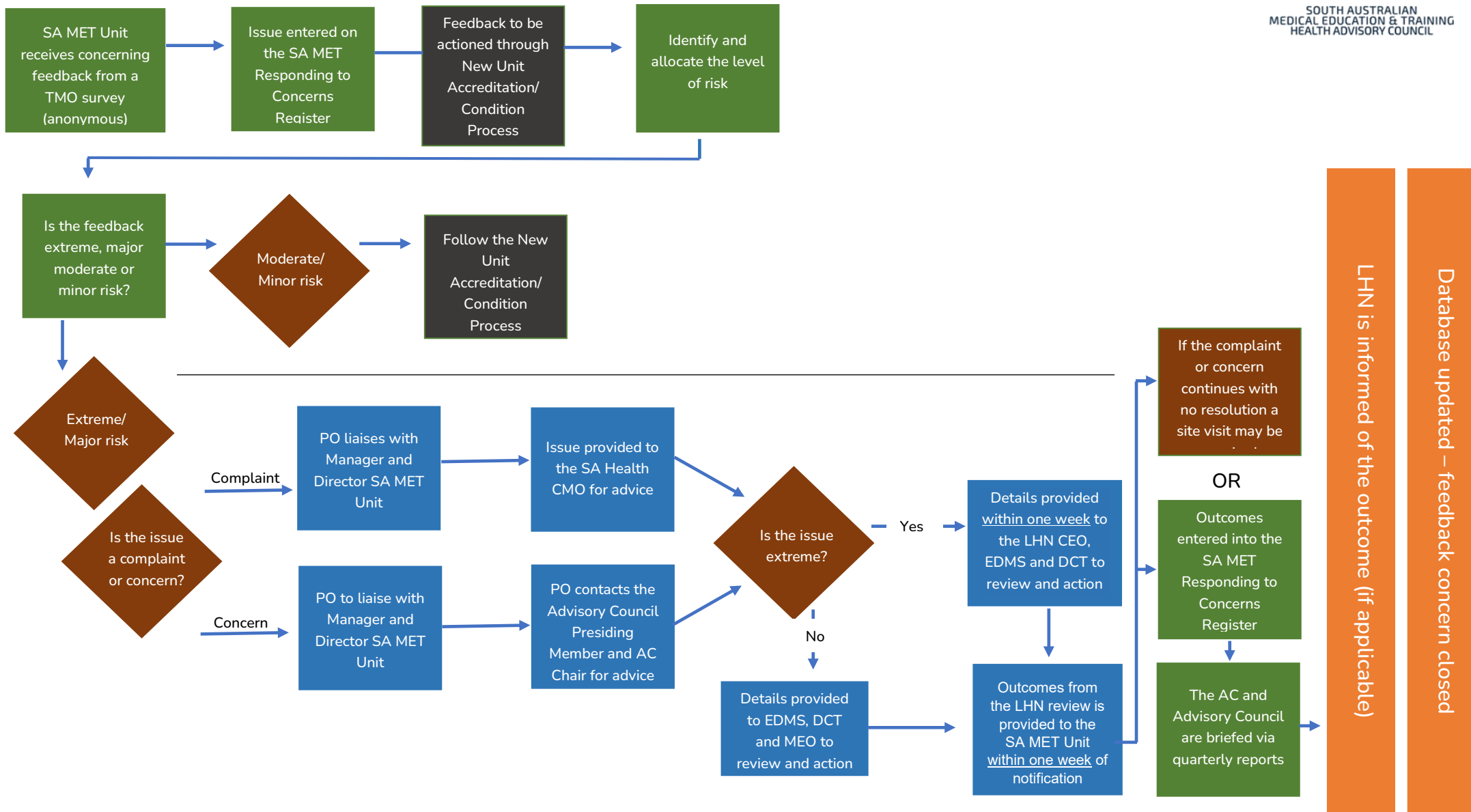
The Responding to Concerns report will be tabled at AC and Advisory Council meetings on a quarterly basis.

The SA MET Unit will review the Register before a health service accreditation assessment visit.



Legend			
PO = Accreditation Project Officer	DCT = Director of Clinical Training	EDMS = Executive Director Medical Services	TS = Term Supervisor
Manager = Accreditation Manager	MEO = Medical Education Officer	CEO = Chief Executive Officer	CMO = Chief Medical Officer
AC = Accreditation Committee	Advisory Council = Health Advisory Council	LHN = Local Health Network/Health service	TMO = Trainee Medical Officer/Prevocational doctor

Appendix 2: RESPONDING TO CONCERNS FLOWCHART – TMO/Prevocational Doctor Survey Process



Legend

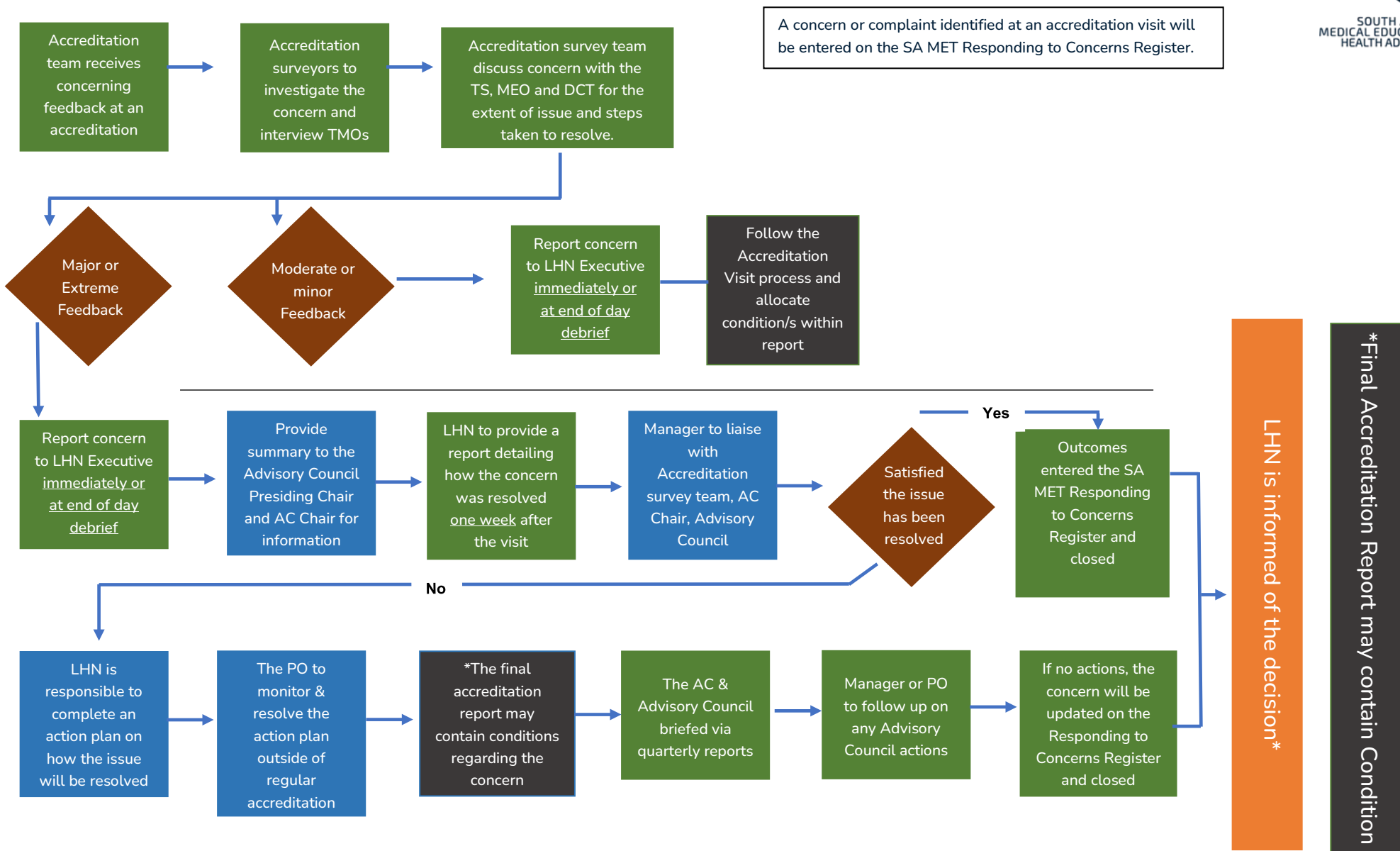
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 CMO = Chief Medical Officer
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Appendix 3: RESPONDING TO CONCERNS FLOWCHART – During an Accreditation Assessment Visit



Legend				
PO = Accreditation Project Officer	DCT = Director of Clinical Training	EDMS = Executive Director Medical Services	TS = Term Supervisor	
Manager = Accreditation Manager	MEO = Medical Education Officer	CEO = Chief Executive Officer	CMO = Chief Medical Officer	
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