ENDORSEMENT PROCESS FOR INSPECTION REPORTS

1. PURPOSE AND SCOPE

To provide an outline of the process of endorsing an Accreditation Inspection Report before the hospitals or training sites receive the final report following an accreditation inspection.

2. ENDORSEMENT PROCESS

2.1 Stage 1

Following an inspection, the Lead Inspector submits report to Accreditation Officers at accreditation@acem.org.au. 
Suggested Length of Time: four weeks

Report undergoes a preliminary review

Final Inspection Report is uploaded for e-Voting by the Accreditation Subcommittee (ASc).

2.2 Stage 2

Accreditation Subcommittee (ASc) e-Voting of the Inspection Report. The time line may be extended if the report does not go straight to Stage 5 from the first round of this stage.
Suggested Length of Time: two weeks.

Requirements:
- Report is amended and re-submitted for second round of e-Voting
- Report is discussed at the next ASc meeting.

ASc submit their decision:
- Approve
- Go to Stage 4
- Go to Stage 3 if it is a Paediatric ED Report and Checklist.
- Re-submit for 2nd round of voting
- Not Approve
- Requires decision made at a higher level.
- Go to Stage 5
- Approve

Go to Stage 4

Go to Stage 3
2.3 Stage 3 (for Paediatric Inspection Reports only)
Joint College Training Committee – Paediatric Emergency Medicine (JCTC-PEM) review of Paediatric ED Inspection Report.
Suggested Length of Time: two weeks

![Diagram]

- Report is amended and re-submitted for second round of eVoting by the ASc
- Report is discussed at the next ASc meeting.

2.4 Stage 4
Specialist Training and Assessment Committee (STAC) e-Voting of the Inspection. This stage occurs when a decision will need to be made at a higher level.
Suggested Length of Time: two weeks

![Diagram]

2.5 Stage 5
Hospital review of the Inspection Report.
Suggested Length of Time: two weeks

Hospital is given two weeks to review the Inspection Report for factual errors eg. incorrect spelling of names, presentation numbers etc.

After verification of the information, the final Inspection Report and Accreditation Certificate are sent to the Hospital.
3. DOCUMENT REVIEW

Timeframe for review: every two (2) years, or earlier if required.

3.1 Responsibilities

Document authorisation: Accreditation Subcommittee
Document implementation: Accreditation Manager
Document maintenance: Accreditation Manager

3.2 Revision History

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