Document Review

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

Responsibilities

Document authorisation: Council of Education
Document implementation: Accreditation Subcommittee
Document maintenance: Manager, Standards

Revision History

<table>
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<th>Version</th>
<th>Date of Version</th>
<th>Pages revised / Brief Explanation of Revision</th>
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<tr>
<td>1-0</td>
<td>June 2012</td>
<td>Approved</td>
</tr>
<tr>
<td>7-0</td>
<td>July 2018</td>
<td>AC95 split into 2 separate documents – Policy and Process Guide. AC95 became the Process Guide and the Policy component is in AC638.</td>
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1. INTRODUCTION

1.1 Purpose and Scope
To provide information and outline the administrative processes associated with the accreditation of Special Skills Placements (SSP).

The purpose of the FACEM Training Program is to produce specialist doctors with the clinical knowledge, skills, and attitudes necessary to function safely and independently as emergency physicians at a specialist level. These are described in the ACEM Curriculum Framework.

The intention of Special Skills Placements is to provide focussed non-ED training to a competence level equivalent to that described in Advanced Training.

This process guide refers to the accreditation process for the following types of ACEM Accreditation:

- Special Skills Placement – Category A (ACEM)
- Special Skills Placement – Category T (Trainee)

This guide does not apply to the Accreditation of Emergency Departments and Paediatric Emergency Departments for the FACEM Training Program. Refer to AC550 FACEM Training Program Site Accreditation – Process Guide for guidance on accreditation of these placement types.

1.2 Terms and Definitions
When reading this guide, terms identified in emboldened text are defined and/or expanded upon in the glossary at Section 10 of this document.

1.3 SSP Accreditation Types

1.3.1 Category T
Category T is a one-off approval and is assessed on a case by case basis in accordance with the relevant SSP Guidelines. The approval is for the placement and the site is not inspected.

***Note:
If it is apparent that any site has had multiple Category T application requests, the College may choose to request the site applies for a Category A status and the process for applying for Category A will be initiated and no further Category T applications will be accepted for that site.

1.3.2 Category A
Category A accreditation is for site(s) that are inspected and accredited for a specific Special Skills Placements. ACEM implements a five-year accreditation cycle. A site is initially accredited against the relevant SSP Guidelines requirements in the first year of the cycle, via the process of application, inspection and assessment outlined in this document. All sites are required to be re-assessed for accreditation against the relevant SSP Guidelines requirements after five years.

Additionally, the College may initiate a focussed investigation (which may include a focussed site visit) of a site at any point within the five year cycle, in response to issues identified through the monitoring of accreditation conditions, the review of College data, or other substantiated avenues.
The purpose of a Special Skills Placement accreditation inspection is to allow the inspectors to assess:

- The commitment of the hospital or service to postgraduate education within a specific discipline of emergency medicine;
- The capacity of the Special Skill Placement to provide adequate and appropriate experience within a specific discipline of emergency medicine;
- The training and research environment of the Special Skills Placement;
- The adequacy of the resources associated with the Special Skill Placement, where these may impinge on training;
- Any concerns raised by trainee reports, other College survey tools, reports, or substantiated avenues.

### 1.3.3 Continuous Quality Improvement and Accreditation

The College adopts continuous quality improvement (CQI) principles in the assessment of sites and works collaboratively with the site to ensure all learning objectives are fully achieved.

Following inspection by the College, the site will be provided with a reasonable period of time to demonstrate that it has sufficiently met the specified requirements, and is then reviewed. The identified areas for improvement from the recommendations from the site inspection must be met within the specified timeframe.

In circumstances where the site does not demonstrate sufficient progress in meeting a requirement, the College’s review process is enacted and the accreditation outcome is determined (outlined further in Section 6 of this document).

### 2. REQUESTING SSP APPROVAL

#### 2.1 Category T Application

The trainee submits an application via email to accreditation@acem.org.au that includes:

- Completed AC173 SSP Application or TA157 Overseas SSP Application (as applicable) with supporting documentation.
- A cover letter, addressed to the Chair, Accreditation Subcommittee, requesting accreditation for the SSP, signed by the CEO or equivalent.
- Any other necessary documents must be returned to the College at least three months before the start of the placement date.

#### 2.2 Category A Application

The supervisor submits an application via email to accreditation@acem.org.au that includes:

- Completed AC173 SSP Application with supporting documentation.
- A cover letter, addressed to the Chair, Accreditation Subcommittee, requesting accreditation for the SSP, signed by the CEO or equivalent.
- Any other necessary documents must be returned to the College at least three months before the start of the placement date.

The College does not accept hard copy applications.
* **Note:** All applications for reaccreditation after the removal of accreditation will be treated as a new site and will undergo the same process as a new accreditation application.

These documents, together with any previous accreditation inspection reports, feedback letters, trainee reports and other relevant documentation (including previously submitted learning portfolios and logbooks), are collated by the College Accreditation Officer for review by the inspection team.

Confirmation of the application will be sent to the site within seven days. If there is insufficient documentation to support the application or the AC173 SSP Application is not fully completed, the site will be requested to update and resubmit the application.

It should be noted that if the College does not receive the relevant documentation one month prior to the inspection date, the inspection may be cancelled.

### 3. REQUIRING CATEGORY A ACCREDITATION – SPECIFIC INFORMATION REGARDING SUPPORTING DOCUMENTATION FOR NEW SITES

#### 3.1 Site Preparation

Prior to applying for accreditation, the Director(s) of Emergency Medicine (DEM(s))/Director(s) of Emergency Medicine Training (DEMT(s)) or the SSP Supervisor(s) must familiarise themselves with the relevant SSP Guidelines which can be found on ACEM’s website:


#### 3.2 SSP Supervisors

Each Special Skills Placement (Category A or T) will have a nominated supervisor. This person is required to have qualifications or demonstrated experience within the discipline.

The SSP Supervisor is the main point of contact for both the trainee and the College. Regular formal contact between the supervisor and the trainee is required throughout the placement. In general, the supervisor is responsible for ensuring trainees are appropriately orientated, provided with the appropriate education and training to achieve the learning objectives and provided with mid and end of placement assessments. SSP Supervisors should also be familiar with any specific criteria related to their role as outlined in the relevant SSP Guideline for their discipline.

The SSP Supervisor will also be required to perform an In-Training Assessment (ITA) of the trainee(s) every three months. The SSP Supervisor will be notified via email to complete the ITA in the ACEM Member Portal. The SSP will receive login details once they have been approved.

#### 3.3 Educational/Learning Portfolios/Logbooks

For some of the Special Skills Placements (including all category T placements), it will be highly recommended that the trainee completes an Educational Portfolio. Further details of the purpose of an Educational Portfolio are contained in the Accreditation Policy on Educational Standards for SSPs (AC638).
3.4 Outcome: Provisional Accreditation Assessment

The application is considered by the Accreditation Subcommittee and an outcome will be communicated to the site within eight weeks of application, which shall include confirmation of the approved Duration of Advanced Training Time and the maximum number of trainees supported at the site.

Where Provisional Accreditation is approved, the DEM(s)/DEMT(s)/Supervisor(s) must advise the College of commencement of trainee(s):

- Immediately via email to accreditation@acem.org.au
- A site granted Provisional Accreditation will be inspected by the College between three to six months from the commencement of trainees depending on the length of the trainee’s placement.
- The site is given a total of 12 months of provisional accreditation status to appoint the trainees. If there are no trainees appointed within this period, the provisional accreditation status will lapse and the site will be required to submit a new application before a trainee can be appointed.

4. SSP ACCREDITATION SITE INSPECTIONS

4.1 Identification of SSP Sites for Inspection

The ACEM Accreditation Team routinely identifies SSP sites for inspection for the following reasons:

a) A New SSP Accreditation Inspection is initiated upon notice from a site granted provisional accreditation advising commencement of trainee(s) (as per section 2, above). This inspection will be scheduled between three (3) to six (6) months (depending on length of trainee’s placement) post the commencement of a trainee.

b) A Five Year Review Inspection is held for all SSP sites at five years post the granting date of their initial or renewed accreditation if a trainee is in place at the site. If the site does not have a trainee in place at this point of time, the accreditation will lapse and the site will be required to submit a new application if they wishes to place a trainee in the future.

c) The College may instigate a focussed investigation which may include a focussed site visit following notification of an issue at a site which indicates that a site no longer meets College requirements, including failure to submit ITAs of the trainee’s performance during the SSP (Refer to Section 8.4 below for further information).

d) Accreditation Subcommittee initiated urgent or unscheduled inspection. The Accreditation Subcommittee may, for a given reason, request that an unscheduled or urgent inspection is indicated. In these instances the timeline of the administrative process and the inspection will be negotiated with the SSP Supervisor. The timeframes indicated below may therefore not be strictly adhered to if mutually agreed.

4.2 Accreditation Inspection confirmation

The site SSP Supervisor(s) submits a completed AC173 SSP Application to be returned via email to accreditation@acem.org.au a minimum of six weeks ahead of the scheduled inspection date.
4.3 Composition of Inspection Team

Accreditation inspection teams are led by a member of the Panel of Inspectors and may include a specialist in the SSP being inspected.

ACEM Accreditation Team provides the AC173 SSP Application together with other relevant data to an inspection team which may consist of the following members:

- A local Lead FACEM Inspector, who is a member of the ACEM Panel of Inspectors and who have experienced in the relevant SSP
- A Second Inspector, who is an approved FACEM inspector may also be included.

At a minimum, the inspection team will consist of a Lead FACEM Inspector.

All members of the Inspection Team are required to declare any conflict of interest, as outlined in the ACEM COR139 Conflict of Interest Policy, with the SSP to be inspected. In the event of a declared conflict of interest, the inspector would be removed from the Inspection team and the position reassigned.

4.4 Inspection Program

The ACEM Accreditation Team liaises with the site and coordinates the creation of an inspection program, as follows:

- After reviewing the AC173 SSP Application, the Lead Inspector advises of any further members of staff from the site to be interviewed, in addition to the following interviewees:

<table>
<thead>
<tr>
<th>Interview/activity</th>
<th>Time frame</th>
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<tbody>
<tr>
<td>Inspectors private team pre-meeting</td>
<td>10 mins</td>
</tr>
<tr>
<td>Supervisor(s) of SSP</td>
<td>30-40 mins</td>
</tr>
<tr>
<td>Director of Unit / DEM / DEMT (if applicable)</td>
<td>30 mins</td>
</tr>
<tr>
<td>Tour of service (if applicable)</td>
<td>30 mins</td>
</tr>
<tr>
<td>Minimum of two (2) trainee interviews: 15 mins each (include previous trainees that have completed the SSP to ensure an adequate number of trainees interviewed)</td>
<td>15 mins each</td>
</tr>
<tr>
<td>Other relevant staff who work in the SSP area (if applicable)</td>
<td>15 mins each</td>
</tr>
<tr>
<td>Inspection team private meeting</td>
<td>15 mins</td>
</tr>
<tr>
<td>Concluding meeting with SSP Supervisor(s)</td>
<td>15 mins</td>
</tr>
</tbody>
</table>

It is the responsibility of the SSP Supervisor to organise the inspection program with the College Accreditation Officer. The inspection timetable is to be forwarded to the College three weeks prior to the inspection date. The lead inspector will also review the submitted timetable to ensure it reconciles with the inspection team’s objectives.

- The site DEM(s)/DEMT(s) or SSP Supervisor(s) organises the specific times for individual interviews, within the bounds of the inspection program requirements.
- Interviews with trainees are the most important aspect of the inspection, as many current and previous trainees should be included in the inspection timetable as possible. The preference would be to interview each trainee separately.
- The accreditation inspection must be of sufficient depth to allow the preparation of a detailed report. An adequate inspection will usually require a visit of approximately three hours duration. The inspectors will meet with the SSP Supervisor(s) at the conclusion of the visit to discuss the identified strengths of the SSP.
SSP, issues of concern and the likely recommendations. The final outcome of the inspection will be decided by the Accreditation Subcommittee when the inspection report is submitted.

The final inspection program is provided to all participants a minimum of two weeks ahead of the scheduled date.

The College will, wherever practicably possible, make arrangements with the site to minimise costs for the site and the College.

5. CONDUCT OF A SSP ACCREDITATION INSPECTION

5.1 College Regulations and Policies Governing Conduct

The Inspection Team conducts the site visit in accordance with all relevant College Regulations, Policies and Procedures, and in accordance with the ACEM Guideline AC98 Accreditation Inspector’s Manual. Key policies and procedures include:

- ACEM Conflict of Interest Policy (COR139)
- ACEM Code of Conduct Policy (COR235)
- ACEM Discrimination, Bullying and Sexual Harassment Policy (COR133)
- ACEM Privacy Policy (COR200)
- ACEM Policy on Procedural Fairness (COR140)

5.2 The Accreditation Inspection

The inspectors will review the relevant accreditation documentation and inspect the Special Skills Placement. Within the service, interviews are required with the SSP Supervisor(s), the Director of the Unit, Department or Service, if applicable and other relevant staff who work within the area of the SSP.

The Chair of Accreditation may provide specific advice with regards to the structure of the inspection program, particularly for an inspection of the type described in 3.1 (c) or (d).

5.3 Accreditation Inspection Findings

At the conclusion of an inspection, the Lead Inspector is responsible for creating the AC203 SSP Accreditation Report to reflect the findings of the Inspection Team, specifically recording:

- The period of accreditation for advanced training in the SSP placement;
- The recommended number of trainee positions sustainable by the placement;
- Any suggestions/recommendations for addressing accreditation issues or for improving the placement’s training program;
- Any requirement for further review.
6. APPROVAL OF THE INSPECTION TEAM FINDINGS

6.1 Approval Process

Following the inspection, the AC203 SSP Accreditation Report from the lead inspector will be forwarded to all members of the Inspection Team for confirmation and endorsement.

Once approved by the Inspection Team, the AC203 SSP Accreditation Report will be submitted to the Accreditation Subcommittee for their review and approval.

- The Accreditation Subcommittee may seek clarification or request amendments from the Inspection Team.
- The Accreditation Subcommittee may provide an outcome of either ‘accredited’ or ‘not accredited’.

Where the outcome is ‘accredited’, the report is updated as per Section 6 of this document. Where the outcome is ‘accredited’ but with recommendations to be addressed, the process outlined at Section 7 of this document is initiated.

Should the Accreditation Subcommittee be unable to provide a clear outcome of either “accredited” or “not accredited”, the report will be forwarded to the Specialist Training and Assessment Committee to determine the outcome.

At the conclusion of this process, the approved AC203 SSP Accreditation Report is sent to the hospital for site factual verification. Once the report is finalised, the site will be formally notified of the outcome.

7. POST INSPECTION SITE REVIEW

7.1 Site Response to Recommendations

In circumstances where the Accreditation Subcommittee has defined a site as Accredited with recommendations to be met, the site DEM(s)/DEMT(s)/Supervisor(s) are to provide a response to all recommendations in the report to be submitted to accreditation@acem.org.au by the specified date.

7.2 Resolution of accreditation recommendations

The Accreditation Subcommittee will assess the response and determine the finding for all recommendations imposed as follows:

- A finding of ‘satisfied and closed’ indicates the site has satisfactorily addressed the recommendations and now meets the relevant accreditation requirement. The site is no longer required to report against the recommendation.
- A finding of ‘progressing’ indicates satisfactory progress is being made against the condition, but further reporting is necessary. A further period (generally of up to six months) will be provided to the site for resolution of the recommendation (once only).
- A condition finding of ‘unsatisfactory’ will trigger the submission of a report from the Accreditation Subcommittee to the Specialist Training and Assessment Committee (STAC), requesting a determination on the appropriate next steps (see section 6.3).
Exception: Where the ‘unsatisfactory’ finding relates to a requirement delineating *Duration of Advanced Training Time*, the Accreditation Subcommittee may determine that the Duration of Advanced Training Time be downgraded. This decision is made by the Accreditation Subcommittee and does not require further approval from the Specialist Training and Assessment Committee (in accordance with the Terms of Reference of the Accreditation Subcommittee).

### 7.3 Management of ‘unsatisfactory’ recommendation progress

The Specialist Training and Assessment Committee will review the report and either:

- Determine that the site has addressed the recommendation(s) and overturn the finding of ‘unsatisfactory’ to ‘satisfied and closed’, and issue an accreditation outcome as per Section 7
- OR
- Uphold the finding of ‘unsatisfactory’ and formally advise the site that the College is recommending *Removal/Downgrade of Accreditation*. The notification will include, but is not limited to:
  - specific details of the type of removal/downgrade;
  - the date the removal/downgrade will be effective from;
  - invitation to show cause within the specified timeline; and
  - invitation to seek assistance from the College to facilitate remediation.

Following the specified timeline, the Specialist Training and Assessment Committee will make their final determination on the Accreditation of the site, taking into consideration any further information that may have arisen through the invitation to the training site to submit further evidence to show cause as to why accreditation should not be removed/dowgraded. A decision of the Specialist Training and Assessment Committee to remove or downgrade accreditation will be referred to the Council of Education for ratification prior to official notification to the site.

The Council of Education may approve the recommendation made by STAC or it may overturn the decision and make an alternative determination requiring the site to take appropriate steps to remedy the recommendation(s) within a specified timeframe.

### 8. PROVISION OF ACCREDITATION OUTCOMES

#### 8.1 Accreditation outcomes

Steps 6.1 and 6.2 (above) will repeat until all recommendations have been satisfied and closed within a maximum 12 month timeframe and a final accreditation outcome can be provided, or, in the event of recommendations that remain rated as *unsatisfactory* at the conclusion of any Specialist Training and Assessment Committee initiated activity, the Council of Education has endorsed *Removal of Accreditation*.

Where Accreditation is approved, the following outcomes will be defined and communicated to the site, together with an Accreditation Certificate:

- Approval of accreditation as an SSP training site.
- The *Duration of Advanced Training Time* that stipulates the maximum amount of training time a trainee may spend at the site.
- A specified maximum number of trainees the site can support.
9. MAINTAINING ACCREDITATION - ACCREDITED SSP SITES

9.1 Twelve Month Follow up

The ACEM Accreditation Unit may request, on behalf of the Accreditation Subcommittee, a progress report from all sites, 12 months following the provision of an accreditation outcome.

9.2 Application for increase or decrease to trainee numbers

Sites seeking an increase or decrease to the number of trainees at the site at any point during the 5-year cycle, must make a request to the College via submission of an updated AC173 SSP Application. Evidence required to establish whether a training site meets the relevant requirements for the higher number of trainees must be supplied.

The Accreditation Subcommittee will assess the request and respond within eight weeks of receipt of the application. The Accreditation Subcommittee may request a site visit in order to make a final determination on the application.

9.3 Changing/Adding SSP Supervisor(s)

All SSP supervisors must be approved by the Accreditation Subcommittee. Any changes to Supervisors within the 5-year accreditation cycle must be communicated to the College. If applicable, refer to the specific SSP guideline with respect to the requirements for a SSP Supervisor in the relevant discipline.

The site must submit the Curriculum Vitae of the proposed supervisor(s) to the subcommittee for approval via accreditation@acem.org.au.

9.4 Complaints or Grievances

In circumstances where the Accreditation Subcommittee or the Accreditation Team receives notification of a complaint or grievance from a single person or from a small number of persons regarding a site, the person/s is referred to the College relevant policies regarding complaints management.

Following investigation of the complaint, the College may determine that the issue relates to a site’s accreditation and a Focussed Investigation (see 8.4) is warranted. This determination is made by the Office of the CEO following consideration of the information submitted to the College and of the potential impact on the FACEM Training Program.

9.5 Notification of Issues relating to Accreditation – Focussed Investigation

The College may become aware of an issue(s) relating to trainees, the training program or the training environment at an accredited site during the accreditation cycle. The issue(s) may be identified through monitoring of College survey tools, College generated reports, or other substantiated avenues.

If the College determines the issue(s) to be such that the site may no longer be meeting a SSP Accreditation Requirement(s), a focussed investigation will be initiated, whereby the College will conduct an assessment of the performance of the site with respect to the specific SSP Accreditation Requirement(s) identified.

At the commencement of a focussed investigation, the site will be asked to respond to the identified issue(s) and provide information in support of their still meeting the requirement(s). A focussed investigation may include a focussed site visit.

At the conclusion of a focussed investigation, the College will provide a determination as to whether the identified issue(s) is addressed. A determination of an issue not being successfully addressed will result in further recommendation(s) placed on the site, and the process outlined at Section 6 will be initiated. Failure to have satisfactorily addressed the issue(s) of concern, or undertaken the prescribed changes in the proposed time
frame may lead to immediate loss or downgrading of accreditation following the next Accreditation Subcommittee meeting.

10. RECONSIDERATION, REVIEW AND APPEAL

A site may request a re-assessment of an Accreditation Outcome via the process defined in the COR355 Reconsideration, Review and Appeals Policy document.
11. GLOSSARY OF TERMS

Accreditation Report
The Accreditation Report is a comprehensive document detailing the Accreditation Status of a site. It is used to record the findings of the appointed Inspection Team to reflect their assessment against each of the Accreditation Requirements in the relevant SSP Guidelines.

Accreditation Subcommittee
The Accreditation Subcommittee is appointed by the Council of Education to review and consider applications for accreditation as an ACEM accredited SSP training site. All members of the Subcommittee are expected to participate in a minimum of four site inspections per annum. The Subcommittee has delegated authority to make decisions on the accreditation of emergency medicine and special skills placements. Decisions relating to the withdrawal of accreditation are referred to the Specialist Training and Assessment Committee for approval.

Commendation
The College may make a commendation with respect to a site’s performance against an accreditation requirement. A commendation will reflect that the site is clearly exceeding the expectation of the requirement.

Council of Education
The Council of Education is appointed by the College to oversee the activities of all educational committees of the College.

Duration of Advanced Training Time
The College determines whether a site is accredited for 3 or 6 months advanced training time through the SSP accreditation process. This time limit represents the maximum amount of time that a trainee can have their training time recognised by the College. If a trainee’s training time exceeds the site’s accreditation time limit, the training time will not be counted towards training and the trainee will have to apply for an interruption to training.

The assessment of the site-specific accreditation time limit is based on the:
- Number, breadth, acuity and complexity of the casemix available at the site for the specific SSP.

Five Year Review Inspection
A full and comprehensive assessment of the site is undertaken every five years, with the objective of determining that the site continues to meet all of the requirements of the specific SSP Guidelines. The Five Year Review Inspection process will be initiated by the College, for all sites that are due for re-accreditation.

Focussed Investigation
Where sufficient cause is identified, the College may investigate (via telephone, written correspondence, or other methods of communication) the performance of a site with respect to specifically identified Accreditation Requirements. A focussed investigation may include a focussed site visit.

Focussed Site Visit
Where sufficient cause is identified, and on the recommendation of the appropriate College entity, the College may request an ad hoc site visit to determine the ongoing accreditation of the site with respect to specifically identified requirements. Failure to have satisfactorily addressed the issues of concern, or undertaken the prescribed changes in the proposed time frame may lead to immediate loss or downgrading of accreditation following the next Accreditation Subcommittee meeting.

Inspection Program
When coordinating the inspection program, the following schedule is required to be prepared:

<table>
<thead>
<tr>
<th>Interview/activity</th>
<th>Time frame</th>
</tr>
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AC95 – SSP Accreditation – Process Guide (v8)
Inspectors private team pre-meeting 10 mins
Supervisor(s) of SSP 30-40 mins
Director of Unit / DEM / DMT (if applicable) 30 mins
Tour of service (if applicable) 30 mins
Minimum of two (2) trainee interviews: 15 mins each (include previous trainees that have completed the SSP to ensure an adequate number of trainees interviewed) 15 mins each
Other relevant staff who work in the SSP area (if applicable) 15 mins each
Inspection team private meeting 15 mins
Concluding meeting with SSP Supervisor(s) 15 mins

Other than the initial pre-meeting, DEM(s) interview, DMT(s) interview, WBA coordinator interview, tour of the ED and concluding meetings, the above interview order may be altered to accommodate the availability of required participants on the day. A break for lunch should also be included in the program.

Interviews with trainees are the most important aspect of the inspection, as many current and previous trainees should be included in the inspection timetable as possible.

The accreditation inspection must be of sufficient depth to allow the preparation of a detailed report. An adequate inspection will usually require a visit of approximately three hours duration. The inspectors will meet with the SSP Supervisor at the conclusion of the visit to discuss the identified strengths of the SSP, issues of concern and the likely recommendations.

Maximum Number of Trainees
It is expected that sites balance the service delivery needs of their Departments with their supervisory and educational resource capacities with respect to the number of trainees they have within their clinical roster. As such, the College does not routinely prescribe the number of trainees a training site can support at any one time within the SSP.

When considering the number of trainees that a department can support, examples of determining factors include, but are not limited to, the following:

- Individual trainee casemix exposure with respect to numbers and variety
- Available supervisor clinical supervision of the trainee;
- The ability to provide adequate access to the training site’s structured education program

New Accreditation Inspection
Following the granting of provisional accreditation, a site is required to provide formal notification of the commencement of a trainee. A New Accreditation Inspection will then be initiated, to be held three or six months from the trainee commencement date (dependent on the placement length), to enable the College to determine full accreditation of the site as per the processes outlined in this document.

Panel of Inspectors
The College has an established Panel of Inspectors which lists eligible fellows of the College to undertake inspections. The Panel of Inspectors scope and purpose is outlined in the Terms of Reference (TOR312). All inspectors are required to have a thorough understanding of the accreditation requirements and the FACEM Training program and to be actively involved in trainee education.

Provisional Accreditation
Provisional Accreditation may be granted to new sites where the Accreditation Subcommittee has determined, based on the evidence submitted in application, that the site meets, or has the potential to meet, all of the SSP Accreditation Requirements. The site is then permitted to appoint trainees, which will initiate a New Accreditation Inspection in three or six months’ time. In the event that a Provisionally Accredited site does not
appoint a trainee within 12 months of notification, the Provisional Accreditation will lapse, and the site will be required to submit a new application before a trainee can be appointed.

Recommendations
Accreditation recommendations to address accreditation requirements in the relevant SSP Guidelines. The condition identifies a timeframe (generally six months) for the site to meet the accreditation requirement. The College may determine that, in instances where the safety and/or wellbeing of trainees is considered at risk, a shorter (usually three month) timeframe for remedy is necessary. Accreditation recommendations require remedy as a mandatory component of continuing accreditation.

Removal/Downgrade of Accreditation
Sites that fail to address accreditation recommendations to the satisfaction of the College within the prescribed timeframe face withdrawal or downgrading of their accreditation. Accreditation will not be withdrawn/downgraded without written notice. Where ACEM is considering withdrawal of accreditation and in circumstances where accreditation is withdrawn, the College will work with trainees at the site to minimise the implications of these decisions on their training. In these circumstances, it is up to the training site and the supervisor(s) to communicate openly and honestly about accreditation possibilities with trainees.

Specialist Training and Assessment Committee
The Specialist Training and Assessment Committee (STAC) is appointed by the Council of Education to oversee matters relating to the FACEM Training Program. The Accreditation Subcommittee reports to this Committee. The STAC reports directly to the Council of Education.