



## **Accreditation of ECSACOG training sites**



## **Introduction**

ECSACOG is a collegiate training institution with a mandate to train specialists' obstetricians and Gynaecologists within the East, Central and South Africa. ECSACOG was established in 2017 with the aim of enhancing development and growth of skilled human resources in Obstetrics and Gynaecology.

ECSACOG is an organ of the ECSA Health community College of Health Sciences (ECSA-CHS) and it currently operates in 10 member countries in the Sub-Saharan Africa region including: Kenya, Uganda, Malawi, Rwanda, Tanzania, Mozambique, Zambia, South Sudan, Zimbabwe and Ethiopia.

Accreditation is a vital activity of the College. The main aim of the process is to ensure high quality training for trainees in each of the training sites. This involves an assessment of the training capacity of the hospital in terms of numbers of trainers and trainees and an assessment of the quality of training activities in the hospital, both clinical and academic.

Other aims of the process include establishing roles and lines of communication between the hospital and ECSACOG, to support the Obstetrical and gynecological departments to deliver the ECSACOG training programme.

The college will support each hospital wishing to be accredited as an ECSACOG training site to provide the optimum environment to train ECSACOG Obstetricians and Gynecologists. The process is driven by ECSACOG's vision, mission and core values.

## **Vision**

To be a reference body for reproductive, maternal and newborn health (RMNH) in the region of East, Central and Southern Africa and beyond.

## **Mission**

To be a lead organization for clinical excellence in reproductive health in the region of East, Central and Southern Africa and beyond, and a platform for shared experiences and skills transfer.

As we prepare to start the training programme this document is produced to provide greater clarity on the accreditation process; to specify the accreditation standards; to outline the roles of the college officials and individuals involved; and to illustrate how accreditation intersects with other aspects of the training programme.

## The ECSACOG Accreditation Process: Step by Step

1. A hospital wishing to become an accredited training site for ECSACOG trainees applies to ECSACOG by filling in the accreditation form and send to the secretariat.
2. The ECSACOG Secretariat acknowledges the application and forwards the application details to the ECC Chair. The Secretariat records the application noting all relevant details on the central database.
3. The ECC Chair notifies the relevant Country Representatives that an application from a hospital located in their country has been received.
4. The Examinations and Credentials Committee chair in consultation with the Education, Scientific and Research Committee (ESRC) forms a team lead by an External Accreditor to visit the hospital.
5. The External Accreditor can be a senior OB/GYN from another country with experience in hospital accreditation, or a senior OB/GYN in the same country who has served as a member of the Executive, but who is based in another city/location from the applicant hospital.
6. The ECC chair contacts the Programme Director and requests for the hospital to contact the External Accreditor and the team to arrange for a mutually convenient date for the visit. At this juncture, the ECC Chair may also request that any outstanding information missing from the original application be provided in advance.
7. The visit occurs. Initial verbal feedback is given to the hospital at the conclusion of the visit before the team departs. The visit must always be accompanied by one of the Country Representatives and a representative of the local medical or accreditation board.
8. The visit Team Leader finalises the accreditation report and sends it to the ECC chair within two weeks of the visit, who in turn sends a summary of the report to the ECC and then to the ECSACOG Council for approval of the decision.
9. The Council formally endorse the visit team's decision (at the next meeting).
10. Following the Council meeting, the Secretariat updates the hospital's status on the database and, where relevant, on the ECSACOG website.
11. The ECC Chair makes appropriate arrangements to have the Accreditation Certificate collected by the Hospital noting the dates of accreditation, and letters of appointment to the Programme Director and Trainers.
12. The Secretariat contacts the Programme Director and Trainers and gives them the curricula and evaluation forms. As trainees complete formalities for enrollment into the Programme to undertake ECSACOG training at the hospital, the Secretariat updates the central database to record which Trainer the Trainee is assigned to.
13. The Country Representatives maintain regular contact with the Programme Director to keep him/her informed of trainee workshops and Train the Trainer events in the country. The Country Representative proactively inform the Secretariat of any changes to the training programme at the accredited hospital, e.g. turnover of Trainers.

## Accreditation Standards

In order for a hospital to be successful in their application for accreditation, the minimum standards are:

- A qualified OB/GYN who is an ECSACOG Fellow and willing to serve as Programme Director (PD) at the hospital. This senior OB/GYN is the main focal point for contact with ECSACOG; he/she supports Trainers in the hospital to deliver the ECSACOG training programme. He/she is accountable for the ECSACOG training programme at the hospital. His/her name must be included in the application form.
- For Membership programmes: Two qualified OB/GYN who are committed to serving as Trainers for ECSACOG trainees must be in post. The names of these OB-GYN must be included in the application. The Trainer is responsible for the progress of the ECSACOG trainee throughout their Membership training. The PD can also be counted as a Trainer.
- The qualified OB/GYN must be Fellows or Members of ECSACOG at the time of the application, or eligible to apply for Membership or Fellowship by Election
- The visit team will request to see the operating theatre logbooks.
- The hospital must have a minimum of two operating theatres, a post-operative care unit, an intensive care unit, and emergency admissions unit.
- The hospital must also have anaesthesia; pathology; pharmacy; blood transfusion; haematology; clinical chemistry; bacteriology; laboratory; nursing services and radiology services appropriate for the specialty. During the visit, the team members may seek to speak to staff from each of the above services.

## Accreditation Team

The team should include:

- External Accrerator, who acts as Team Leader
- Country Representative. Where the Country Representative is named as Programme Director or Trainer in the hospital's application.

The team members are selected with their knowledge and experience of the ECSACOG training model in mind.

It is mandatory to **invite** a member of the appropriate medical body or regulatory authority to accompany the team when they visit the hospital. The ECC Chair, in consultation with the Programme Director and Country Representative will ensure that the Team Leader is aware of this requirement. In arranging the date of the visit, the Team Leader will work with the local authority's availability insofar as possible, so long as it does not unduly delay the accreditation

process.

An accreditation visit is not rendered invalid if the local authority does not or cannot accept the invitation. The visit is valid so long as there is ECSACOG- appointed External Accreditor/Team Leader and Country Representative in attendance, and they follow the instructions for the visit detailed below.

### **Instructions for the visit**

The aim of the visit is for both the team and the hospital to have increased understanding of how the hospital can create an optimum environment for OBGYN trainees to be successful.

Accreditation visits are one of the few occasions where Council members travel to training sites outside their country on official ECSACOG business. These visits may also be one of the few opportunities when people who are centrally involved in training our trainees - Programme Directors, Trainers, Operating Theatre staff - meet face to face with Council Members. As such they are an important engagement activity for the College and an opportunity for communications. The visits should be conducted in a courteous, respectful and fair manner that reflects the core values of ECSACOG and the efforts made by the hospital seeking accreditation.

The visit will take place at a mutually convenient date for the visit team and the hospital. The Programme Director and the Team Leader will agree the date, keeping the ECC Chair informed. The visit is expected to take no longer than one working day.

The hospital will bear the expenses related to travel: flights and transfers, meals, subsistence allowance and possibly accommodation. The Programme Director will organise local arrangements for the team and prepare an itinerary for the visit. He/she should be available to the team for the duration of the visit.

The team's visit should include:

- Meeting with Hospital Director
- Meeting with the Programme Director
- Meeting with Trainers (if present) and senior OBGYN
- Meeting with current OBGYN trainees (if present)
- Meeting with anaesthesia, nursing, radiology, laboratory, pathology, pharmacy staff
- View of Operating Theatre logbook
- Tour of the hospital
- Discussion on how the ECSACOG curriculum will be rolled out at the hospital, to include the academic components
- Feedback session before the Team depart - this session is to allow time to for the Team

Leader to discuss their findings verbally with the Programme Director and or other colleagues; to request any clarifications or corrections; and have a general discussion.

## **Reporting**

The team must complete the visit accreditation form, The form may be printed and completed in writing for the sake of efficiency during the visit.

The Team Leader must ensure that the form is fully completed and sent to the ECC Chair no later than two weeks after the visit. This constitutes the report of the visit and gives the joint decision of the team.

Any additional notes, comments or suggestions that the team members have should be communicated to the ECC chair

Decisions following an accreditation visit

The Accreditation Team can make one of three decisions following their visit:

- Working towards accreditation

In this instance, the decision is made not to accredit the hospital as a training site for ECSACOG at this time. The reasons for this decision should be explicit on the form and should be clearly linked to the Accreditation Standards above. The Team Leader should give recommendations as to how the hospital could be successful in achieving accreditation should the hospital wish to re-apply to ECSACOG in the future.

This decision however acknowledges the steps that the hospital has made in completing the application form and hosting the Accreditation Team during the visit, and recognizes the learning that both the hospital and ECSACOG have gained from the process. The hospital's wish to contribute to ECSACOG's mission for OB/GYN training in the region is also acknowledged by this decision.

- Conditional accreditation

Conditional accreditation should be granted when the majority of the standards are met, and the team is satisfied that the remainder can be achieved.

In this instance the hospital can be accredited to train ECSACOG trainees but under certain conditions. These conditions should be explicit and clearly linked to the Accreditation Standards above, e.g. accreditation will come into effect when the Trainers become Fellows of ECSACOG; when the skills lab is in place; when the radiology services improve; or for a limited period of time only.

Training may commence either in the January following the accreditation visit, or when all the specified conditions are achieved.

The Programme Director commits to send reports every 6 months to the ECC Chair so that full accreditation can be secured. Provided the necessary conditions are met, full accreditation can be granted without the need to revisit.

- Fully accredited

In this instance, the committee decides to accredit the hospital for training of OB/GYN trainees as all standards are met. Training commences at the start of the academic year following the accreditation visit.

The ECC notes each decision and sends the report to the ECSACOG Council. The Council endorses the decision at the next meeting. The ECC Chair communicates the decision to the hospitals following the meeting.

The ECC chair ensures that the Secretariat updates the central database and website, and that all relevant information is included. When a hospital has been conditionally accredited, the ECC chair, Country Representative and Secretariat track progress of these conditions.

The ECC Chair/ Secretariat prepares the Accreditation Certificate and letters of appointment to the Trainers once a hospital's accreditation is endorsed.

## **Key Roles in the Accreditation process**

### **Programme Director**

The Programme Director's name must be given in the application form for accreditation. He/she plays a prime role in the accreditation process and subsequently in ensuring that the ECSACOG training programme is fully rolled out at the hospital. He/she maintains contact on behalf of the hospital with the ECSACOG Country Representative and Secretariat. He/she is accountable for the delivery of the ECSACOG training programme at the accredited hospital.

The Programme Director is the main liaison with all the other people involved in accreditation. He/she mutually agrees a date for the visit with the visit team, makes the local arrangements, and hosts the team at the hospital during their visit.

The Programme Director's wider role is elaborated at Appendix I.

### **ECC Chair**

The ECC chair is the ECSACOG Council Member who oversees the accreditation process. He/she acts as a linchpin between the hospital and ECSACOG, and the Country Representatives and ECSACOG. The ECC Chair ensures that all records relating to accreditation are accurate and up to date. The ECC chair reviews the Accreditation standards and the overall process to ensure that they serve ECSACOG's mission. He/she brings any proposals for adjustments to the ECSACOG Council.

### **External Accreditor/Visit Team Leader**

The External Accreditor/Team Leader is appointed by the ECC chair, in consultation with the Chairman of Education, Scientific and Research committee (ESRC). The External Accreditor is typically from outside the country of the hospital seeking accreditation. The External Accreditor can be from the same country but in such a case, must be from a city unrelated to the hospital. He/she must be a Fellow of ECSACOG. The External Accreditor is responsible for mutually agreeing the visit date with the Programme Director, chairing the meetings during the visit, and ensuring that the report is sent to the ECC chair within two weeks of the visit.

### **Trainer**

The Trainer(s)' names are given in the application form. The team will meet with the Trainers

during the accreditation visit.

When a hospital is accredited to train OB/GYN trainees, Trainers are responsible for the trainees' progress through the training programme. They are the day-today tutors and mentors of ECSACOG trainees. When rotations or circumstances dictate, the Trainer may delegate supervision of the trainee to another senior OB/GYN but the responsibility for the trainee remains with the named Trainer. The Trainer's wider role is elaborated at Appendix II.

### **Country Representative**

In the accreditation process, the ECC chair requests the Country Representative to be a member of the Visit Team.

The Country Representative, in consultation with the Programme Director and the ECC chair will approach the Medical Board to arrange for a representative to accompany the ECSACOG team for the accreditation visit.

The Country Representative, with the assistance of the Secretariat will proactively maintain ongoing contact with the Programme Director from the time of application to the granting of accreditation and subsequent rolling out of the training programme at the hospital. The Country Representative, will notify the ECSACOG Secretariat and the ECC chair of any material changes to the training programme at an accredited hospital, and provide ongoing administrative support to accredited hospitals, Programme Directors, Trainers and Trainees in relation to ECSACOG

The Country Representative ensures that the Trainers and Trainees at the accredited hospital have access to the full ECSACOG curriculum for their programme, and that mandatory workshops are held in-country and all accredited hospitals are invited.

### **Secretariat**

The contact point for accreditation matters at the Secretariat is the Programme Coordinator. The Secretariat maintains an up-to-date record of all hospitals applying for accreditation, and those that currently in the process. This record includes the named Programme Director and Trainers at each hospital. As trainees enrol on the programme, the Secretariat records which accredited hospital they are based in and who their Trainer is. The Secretariat ensures that details of accredited hospitals are published on the ECSACOG website.

## Appendix I The ECSACOG Programme Director

1. The Programme Director (PD) is to be a Fellow of ECSACOG
2. The PD is selected by the hospital which is to be accredited
3. The Tenure of office shall be reviewed by a College Committee after 2 years
4. He/she will send report to the Chairperson of the Exams and Credentials committee (ECC) at least 6 months before a visit.
5. Logbook data of trainees - PDs should ensure that trainees are regularly filling out their logbooks so that real-time, objective, numerical data about the operative experience that trainees are getting at that hospital is available.
6. Trainee Evaluations - PDs should ensure that Trainers regularly complete the evaluation form for their trainees (typically after each rotation). This helps ECSACOG to form an understanding of how the training programmes are running at the hospital, and may indicate how ECSACOG can better support the hospital in delivering
7. If the hospital existing staff do not have ECSACOG Fellows or Member -Specialists the PD should ensure the potential candidates for a Trainer position be identified before an accreditation visit in order for them to start formalities for Fellowship or Member-Specialist by election status
8. The PD should ensure an academic Programme is prepared by the Trainers and implemented on a regular basis.
9. The PD, in consultation with Country Reps, should ensure that all Trainers at the hospital have attended the ECSACOG Train the Trainer course.
10. The PD informs the ECSACOG Secretariat of the names and contact details of Trainers at his/her hospital.
11. The PD, in consultation with T rainers overseas arrangements for trainees to gain operative exposure at other hospitals or centers of excellence. The PD ensures that the exposure aligns with the ECSACOG training programme and that the trainee maintains their logbook and academic commitment while away from their hospital.

## Appendix II ECSACOG Trainer

1. All Trainers should complete ECSACOG-approved Train the Trainers course.
2. The main objective of the Trainer is to supervise the work of the trainee and be a mentor in his/her studies. Regular effective communication with the various organs of the College ensures a successful programme for our trainees.
3. A Trainer should supervise a trainee who is in the Membership Programme throughout the four years. If for any reason a trainer has to leave, adequate and timely provision must be made for another accredited trainer to replace the person leaving.
4. The trainer is to ensure the trainees' credentials are correct (full name with Surname in capitals and ECSACOG Programme number) and that the appointment has been made in accordance with the regulations existing in that country.
5. The Trainer must be in regular contact with the Programme Director at the hospital,
  - a. Country Representatives and the Secretariat on the Trainee's progress
6. The Trainer is also expected to complete the Evaluation Form in respect of their trainees after each rotation. Trainees may not be permitted to sit their exams if their progress has not been formally evaluated and recorded.
7. The Trainer's duties include supervision and mentorship of the trainee. He/she ensures that the trainee attends educational activities such as Clinical/Journal/Xray and Mortality/Morbidity meetings on a weekly basis.
8. The Trainer shall conduct mock examinations twice a year before the written and clinical examinations. The examination shall consist of a hands-on bedside Clinical examination of patients.
9. The Trainer must ensure that the Trainee keeps a logbook of all operations done during the training period. The Trainer should verify the contents of the Logbook monthly. Unless trainees have specific exemptions, they should complete the ECACOG logbook