

## POLICY AND PROCEDURES

### Hospital Visiting and Training Accreditation Programme (HVTAP)

#### 1. Introduction

Created in 1989 by the European Academy of Anaesthesiology (EAA), the Hospital Visiting and Accreditation Programme (HVAP) has been in place since January 1996, within the framework of a joint permanent committee of the EAA and the European Board of the UEMS Section of Anaesthesiology (EBA). In 2010, in order to reflect better its activities and aims, the name was changed to Hospital Visiting and Training Accreditation Programme (HVTAP).

The main goal of the HVTAP is to ensure that academic institutions meet the prerequisites of training in anaesthesiology as set out in the EBA training guidelines. The information obtained from previous visits allows valuable conclusions on the standard of anaesthesia training in Europe to be drawn. Together with the European Diploma of Anaesthesia and Intensive Care and the Trainee Exchange Programme, the HVTAP serves to improve and harmonise anaesthesia training throughout Europe.

The European visiting programme was instituted to evaluate training programme in terms of facilities, design of education, standard and involvement of faculty, balance between clinical training and didactic teaching and the possibility for research. These visits might be to single hospitals or to a group of hospitals, which are regarded as a training unit with a complete teaching programme. The accreditation process will also include interviews, review of anaesthesia records, logbooks, audits, guidelines and local protocols.

The inspection focuses on structure as well as process. *Structure* addresses resources such as medical staff, facilities, library, technical equipment, access to medical service and opportunities for research and development. *Process* refers to the “educational climate” and to how existing educational resources are used; whether there is a director of studies, whether training programmes are formulated and guidelines applied, how professional guidance is organised, and whether senior doctors take an active interest in the training of their younger colleagues. Good educational resources may not be used to their full potential because of inadequate involvement, and conversely, a positive educational and academic climate may compensate for material deficiencies.

The visitors should be able to answer and comment on the following:

- Is the training unit’s *operation* sufficient to fulfil standards?
- Is the *faculty’s* level of expertise sufficient to fulfil standards?
- Is quality of *facilities* and the available *equipment* sufficient to fulfil standards?
- Is the individual teaching plan adequately *structured* to meet standards?
- Is the *educational climate* and learning environment sufficient to meet standards?
- Is the *theoretical education* sufficient to meet standards?
- Is there an academic climate and opportunities for *research* and development?

This Hospital Visiting and Training Accreditation Programme (HVTAP) is comprehensive so it is unrealistic to expect that every major hospital throughout Europe will be visited. However, those departments of anaesthesiology that request to be visited are provided with an opportunity to demonstrate the value and benefits of having training evaluated and accredited. The aim is to help training departments meet established standards. Training programmes, which do not meet the set standards, will receive recommendations for changes and an earlier scheduled re-evaluation visit.

Once accredited and certified these training units will, as *centres of excellence*, serve as references for national visiting programmes, and hopefully also take on a mentoring role for other European departments seeking accreditation. This will also promote rotation of trainers and trainees which will further contribute to future safety in acute and perioperative health care in line with the intentions of the Helsinki Declaration on patient safety.

## **2. Organisation**

### **2.1 Committee**

The Committee is a permanent Joint Committee of the European Board of Anaesthesiology (EBA) and the European Society of Anaesthesiology (ESA). The committee is called HVTAP Joint Committee.

### **2.2 Committee Composition**

The composition of the Committee is jointly determined by the ESA and the EBA and reviewed annually. The term of office of the Chairperson and the members is three years renewable once. The Committee consists of six (6) members, three (3) from the ESA and three (3) from the EBA. The Committee chooses a Chairperson and a Secretary. If the Chairperson is from the ESA, the Secretary is to be from EBA, and vice versa. Members of the committee shall be selected from the pool of visitors based on the following criteria:

- Previous accreditation experience
- Activity as HVTAP visitor
- Active interest shown in the work of the committee
- Ethnic and gender balance
- Transparent system for display of candidates qualities
- Closed voting among visitors

### **2.3 Committee Meetings**

The Committee shall meet two times per year or as required, with one of these meetings preferably taking place at the annual meeting of the ESA. Between meetings communication will take place by e-mail, videoconference, fax or telephone as necessary. The quorum for the Committee is three members, with at least one member from each of the ESA and the EBA, respectively.

### **2.4 Visitors**

The EBA visitors are selected among volunteering national delegates. The ESA Visitor vacancies will be advertised on the ESA website following normal procedures with application and CV with covering letter. The HVTAP committee will make the selection based on criteria such as National accreditation experience, Language proficiency and activities related to quality assurance of training.

### **2.5 Purpose**

The Committee will co-ordinate the Hospital Visiting and Training Accreditation Programme (HVTAP) with the following means and aims:

- select visitors (assessors) from the ESA and the EBA
- contact the national society for appointing national visitor
- report the results of a visit to the ESA, the EBA and the visited centre
- propose criteria for visiting and assessment guidelines
- record the visits and send copies to the secretariats of the ESA and the EBA
- gather information on training quality for setting and maintaining standards of training

- suggest standards for the recognition of training institutions
- facilitate exchange of trainees between European states
- further harmonisation of the level of training within Europe

## **2.6 Annual report**

The chairperson of the HVTAP Joint Committee will submit an annual report of its activities to the ESA & UEMS/EBA Executive Committees/Boards. This report may be included in the general annual report of both organisations. In this report it may not be possible to link data to individual training centres unless the training centre has given its approval for publication of the visitation report.

## **2.7 Budget**

An appropriate budget must be set annually to support the visiting programme, over and above those costs met by the visiting institution. This should be shared between the organisations involved in the Hospital Visiting and Training Accreditation Programme.

# **3. Hospital Visit**

## **3.1 Application**

The Hospital Visiting and Training Accreditation Programme (HVTAP) is offered on a voluntary basis to departments of anaesthesia which apply for teaching accreditation in accordance with European training guidelines. An application is sent by the Head of Department or Institute to the ESA Secretariat. The HVTAP Joint Committee will decide whether or not a visit is warranted. A questionnaire outlining the structure of the hospital, the composition of the staff and the organisation of teaching and training is then completed by the applicant and submitted to the ESA Secretariat. A separate questionnaire is filled in by trainees and confidentially submitted to the ESA Secretariat.

## **3.2 Visiting Team**

- This comprises three individuals who are appointed by the HVTAP Joint Committee: one from the ESA, one from the EBA and one from the country in which the hospital visit will take place. The latter is appointed by the national anaesthesia society of the respective country.
- The visitor and co-visitor of the visiting team shall be members of either the ESA or the EBA.
- The ESA Secretariat will arrange the date of the visit and coordinate all communications
- The visitor and co-visitor are responsible for writing the report.

## **3.3 Role of the national visitor**

The participation of the National Society representatives can serve to facilitate site visitations but also to promote the accreditation programme in their own country. The national representative forms an integral part of the visit, by not only facilitating but also actively supporting the process. This includes explanation of the national rules and educational programmes that represent frame and constraints for the institution. It also includes translation of the interviews during the visit, if necessary. The national visitor helps with translation during interviews and in the contacts with staff members and the residents. If required for the interviews, a professional interpreter will be provided by the host or the national society. The national visitor may also need to explain to the local authorities the expectations of the visitors and may help them in organizing the agenda of the visit. The national representative is supposed to participate to the final debriefing meeting in order to avoid any misunderstanding. Visitors are expected to discuss the report with the national representative in order to avoid errors and to make sure that local specificities are correctly interpreted.

### **3.4 The Site Visit**

The visit consists of a detailed presentation of the staff and organisation of the hospital, the department and the structure of training. This forms the basis for a discussion and evaluation of all aspects of the teaching and training process with the staff members involved, to complement and build upon the strengths and to encourage development and change where areas of weakness were addressed. This is followed by a personal and confidential interview with trainees at different levels of training and in the absence of supervising staff. Information obtained is not ascribed to individuals.

### **3.5 Debriefing**

At the end of the visit there should be a debriefing session with a representative group of anaesthetists and other key personnel including managers if possible. All key points to be highlighted in the report will be discussed at this meeting. The visitors should provide constructive feedback and focus on highlighting achievements and areas of potential development.

### **3.6 The Report**

The visiting team should formulate its conclusions, conditions and recommendations in a fully agreed and dated report. There should be two aspects to this recommendation: duration of approval and conditions for re-accreditation. The draft report from the visiting team is discussed within the HVTAP Joint Committee and then sent to the visited centre for correction of any factual errors. The final report is sent to the visited centre, the ESA and EBA Boards and archived in the ESA Secretariat. The document must be available to all parties within six months of the visit.

### **3.7 Certificate of Accreditation**

Any department that has submitted an application for certification and has subsequently been visited and approved will receive a certificate of accreditation.

The accreditation certificate will state:

- the names and titles of the visitors
- the date, extent and period of validity of the accreditation

Accreditation may be valid for up to five years depending on the visitor's recommendations and the decision of the HVTAP Joint Committee.

### **3.8 Costs**

Costs incurred by the visit within the country are normally met by the visited institution with or without support from the national society. International travel and all other cost outside the country will be covered by the fee paid by the centre. Visitors' travelling expenses will only be reimbursed at economy class rates. The host or the National Society will cover the cost of an independent translator should the visitor(s) request it.

Information concerning the fee for accreditation can be found on the ESA website.

## **4 Renewal of Training Accreditation**

The HVTAP Joint Committee is authorised to renew the accreditation of visited hospitals as follows. An application for re-accreditation and a copy of the report of the last accreditation visit is sent by the Head of a Department or Institute to the ESA Secretariat. A questionnaire outlining the structure of the hospital, the composition of the staff and the organisation of teaching and training and changes made in the training programme since the last visit is then completed by the applicant and submitted to the ESA Secretariat. A separate questionnaire is filled in by trainees and confidentially submitted to the ESA Secretariat. Based on the review of these documents, the HVTAP committee will decide whether the re-accreditation process will be performed with or without a visit. Re-accreditation is normally granted for up to five years.

Information concerning the fee for re-accreditation can be found on the ESA website.