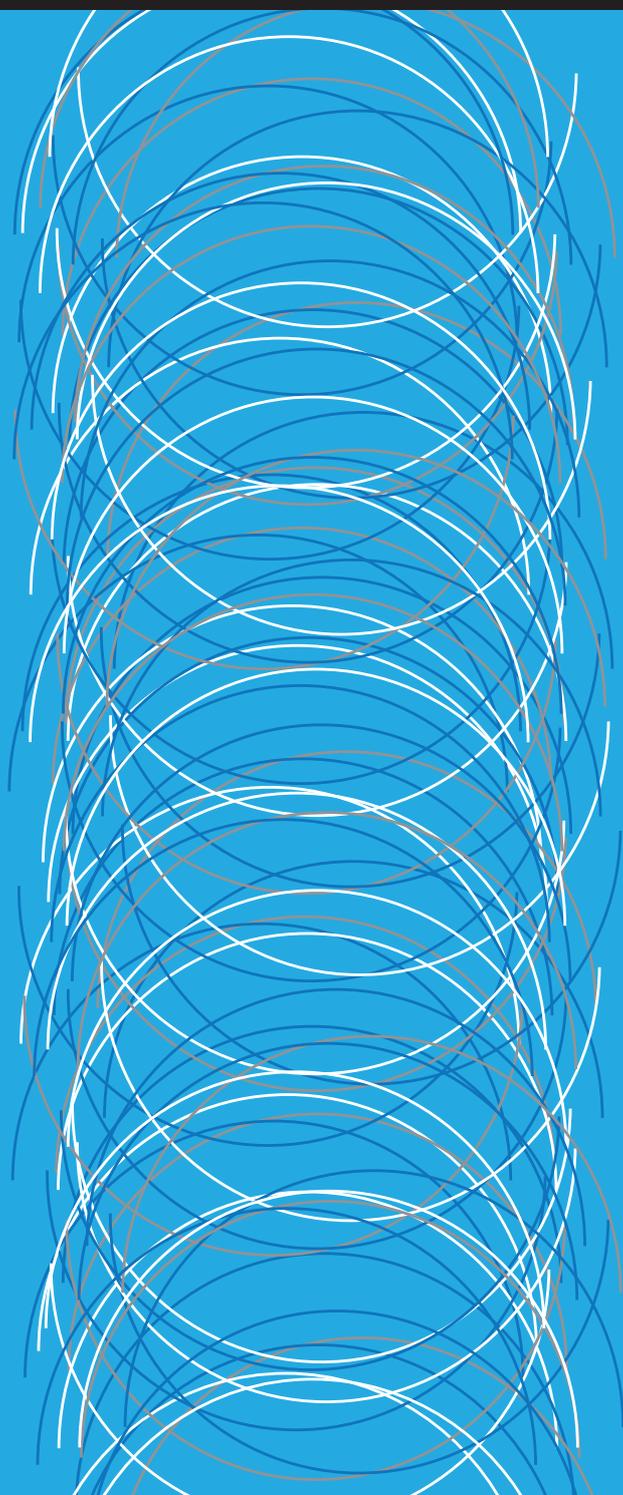


Australian Medical Council Limited

Accreditation Report:  
Health Leaders Australia  
Queensland Prevocational Medical Accreditation

AMC



Prevocational Standards Accreditation Committee  
February 2017

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## **Executive summary**

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This report records the findings of the Australian Medical Council (AMC) assessment of Health Leaders Australia, trading as Queensland Prevocational Medical Accreditation, the intern training accreditation authority for Queensland.

In July 2016, an AMC team completed an assessment of the intern training accreditation authority's work. The AMC conducted this assessment following the steps in the document *Procedures for Assessment and Accreditation of Intern Training Accreditation Authorities by the Australian Medical Council, 2015*. The AMC team assessed the intern training accreditation activities of the authority against the requirements of the document, *Intern training – Domains for assessing accreditation authorities, 2015*.

The team reported to the AMC Prevocational Standards Accreditation Committee in December 2016. The Committee considered the draft report and made recommendations on accreditation to AMC Directors on 24 February 2017.

### **Decision on accreditation**

The AMC's finding is that Health Leaders Australia (HLA), trading as Queensland Prevocational Medical Accreditation (QPMA), substantially meets the domains for assessing intern training accreditation authorities.

The January 2017 meeting of Directors resolved:

- (i) That Health Leaders Australia, trading as Queensland Prevocational Medical Accreditation, be accredited as an intern training accreditation authority for three years, to 31 March 2019, subject to satisfactory annual progress reports to the AMC.
- (ii) That this accreditation is subject to the conditions set out below:

In the 2017 progress report:

- Demonstrate that HLA continues to give priority to intern training accreditation through:
  - Once in principle agreement has been reached with Queensland Health regarding the accreditation of PGY2 positions, provide plans to manage and resource the accreditation workload. (1.2)
  - Resources to support delivery of this function at a level that meets the accreditation domains, including staffing, support for committees and fora, stakeholder engagement, and evaluation and monitoring. (1.2)
- Provide an update on consideration of the accreditation model in relation to current budget. (1.3)
- Inform the AMC of any changes to the financial viability or stability of HLA-QPMA, particularly as it affects intern training accreditation (1.3).
- Strengthen the link between the Accreditation Committee and the JMOs through the JMO Forum. (1.6)
- Implement and report on QPMA's planned evaluation of the accreditation process. Include consideration of opportunities to find efficiency, effectiveness and sustainability of current processes and the tension between managing financial resources and the impact on QPMA staff. (3.1)
- The AMC identified risks associated with human resources and internal processes that might impact on the sustainability and timeliness of accreditation. Describe how these risks are being monitored and managed. (3.1)

- Provide an update on the development and implementation of the portal, including plans to address challenges with IT resourcing. (3.1)
- Develop mechanisms to ensure the Board of Directors have strategic oversight and mechanisms for monitoring risk. (3.2)
- As QPMA's accreditation standards and polices are new, evaluate their implementation through wide stakeholder consultation (3.2).
- Consider and articulate clearly the role of site visits, and review the need for random site visits. (4.4)
- During this implementation phase, keep the AMC informed through progress reports of policies and procedures being developed and/or implemented and of the QPMA's process for evaluating the success of these activities. (4.4)
- Develop and apply clear procedures on the communication of outcomes of accreditation to stakeholders, particularly the distribution of reports to JMOs. (4.9)
- Formally communicate accreditation decisions to the HLA Board. (4.9)
- Develop mechanisms to engage health consumer/community in QPMA's accreditation functions and consultation about standards and accreditation processes. (5.1)
- Report on the implementation and evaluation of the communication strategy, including the development of links with the new stakeholder fora being established. (5.2)

In the 2018 progress report:

- Develop mechanisms to facilitate trained surveyors maintaining their skills and to evaluate consistency between teams. (4.1)

The accreditation relates to the HLA-QPMA's work as the intern training accreditation authority for Queensland.

In 2018, before this period of accreditation ends, the AMC will seek a comprehensive report from HLA-QPMA. The report should address the requirements of the *Intern training – Domains for assessing accreditation authorities* and outline HLA-QPMA's development plans for the next five years. The AMC will consider this report and, if it decides HLA-QPMA is continuing to satisfy requirements, the AMC Directors may extend the accreditation by a maximum of five years (to March 2024), taking accreditation to the full period which the AMC will grant between assessments, eight years.

Before this extension ends, an AMC team will conduct a reaccreditation assessment.

### **Overview of findings**

The key findings of the 2016 AMC assessment against the requirements of *Intern training – Domains for assessing accreditation authorities* are set out below.

The left column of the Table includes commendations and recommendations for improvement. Recommendations for improvement are suggestions not conditions.

The right column summarises the finding for each domain and lists any accreditation conditions. The AMC imposes conditions where requirements are 'not met' or 'substantially met' to ensure that the intern training accreditation authority satisfies the domain in a reasonable timeframe. The AMC requires accreditation authorities to provide evidence of actions taken to address the condition and to meet the domain in the specified timeframe.

HLA-QPMA is a new accreditation authority. At the time of the team's visit HLA-QPMA was 12 months into its role, with many accreditation processes in the early stages of development. While an extensive amount of work has been undertaken to develop the current accreditation

model, the ongoing development, implementation, evaluation and refinement of robust accreditation processes will remain a high priority for HLA-QPMA. The ongoing development and evaluation of processes will be an area for continued reporting to the AMC, and this is reflected in the AMC's findings. This is particularly the case in a large state with a high volume of work.

Domain with commendations and recommendations for improvement	Findings and conditions
<p><b>Domain 1 - Governance</b></p>	<p><b>Substantially met. The following attributes are also substantially met</b></p> <p><i>1.1 Legally constituted body</i></p> <p><i>1.2 Priority to intern training accreditation</i></p> <p><i>1.3 Business stability and financial viability</i></p>
<p><i>Commendations</i></p> <ul style="list-style-type: none"> <li>• Intern training accreditation is a clearly identified priority for the organisation. (1.2)</li> <li>• QPMA is working within its budget to conduct intern training accreditation. (1.3)</li> <li>• There is appropriate input by stakeholders into governance arrangements.</li> <li>• The establishment of the JMO Forum.</li> <li>• The planned establishment and interaction with key stakeholder committees and fora (1.6)</li> </ul> <p><i>Recommendations for improvement</i></p> <ul style="list-style-type: none"> <li>• Consider strengthening the clinician membership of the Accreditation Committee. (1.5)</li> <li>• In the review of the Accreditation Committee, monitor the appropriateness and balance of membership provisions for the Committee's role. (1.5)</li> <li>• Provide an update on recruitment of unfilled positions on the Accreditation Committee, such as representatives from QPMA's Workforce Forum. (1.5)</li> <li>• Strengthen the JMO Forum so that it is able to operate independently from the operational constraints of QPMA. (1.6)</li> </ul>	<p><i>Conditions</i></p> <p>In the 2017 progress report:</p> <ul style="list-style-type: none"> <li>• Demonstrate that HLA continues to give priority to intern training accreditation through: <ul style="list-style-type: none"> <li>◦ Once in principle agreement has been reached with Queensland Health regarding the accreditation of PGY2 positions, provide plans to manage and resource the accreditation workload. (1.2)</li> <li>◦ Resources to support delivery of this function at a level that meets the accreditation domains, including staffing, support for committees and fora, stakeholder engagement, and evaluation and monitoring.</li> </ul> </li> <li>• Provide an update on consideration of the accreditation model in relation to current budget. (1.3)</li> <li>• Inform the AMC of any changes to the financial viability or stability of HLA-QPMA, particularly as it affects intern training accreditation. (1.3)</li> <li>• Strengthen the link between the Accreditation Committee and the JMOs through the JMO Forum. (1.6)</li> </ul>

Domain with commendations and recommendations for improvement	Findings and conditions
<b>Domain 2 - Independence</b>	<b>Met</b>
<p><i>Commendations</i></p> <ul style="list-style-type: none"> <li>• QPMA’s accreditation activities have clear procedures to ensure independence from stakeholder influence. (2.1)</li> <li>• There are clear policies to manage conflict of interest. The Accreditation Committee demonstrated a good understanding of more subtle conflicts of interest and biases. (2.2)</li> </ul>	
<b>Domain 3 - Operational management</b>	<p><b>Substantially met. The following attributes are also substantially met:</b></p> <p><i>3.1 Management of human and financial resources</i></p> <p><i>3.2 Quality improvement and risk management</i></p> <p><i>3.3. Information management</i></p>
<p><i>Commendations</i></p> <ul style="list-style-type: none"> <li>• The commitment of QPMA staff in implementing the accreditation process and the high quality of their work. (3.1)</li> <li>• The plans for a portal as a way of better managing information and the flow of accreditation work in the future. (3.1)</li> </ul> <p><i>Recommendations for improvement</i></p> <ul style="list-style-type: none"> <li>• Identify and address the requirements and risks for management and storage of records in the accreditation portal. (3.3)</li> <li>• Now that QPMA has experience in the accreditation role, review the risks identified in the risk management matrix to ensure that there are appropriate mitigation strategies for significant risks within the system, such as de-accreditation of a site or program. (3.2)</li> </ul>	<p><i>Conditions</i></p> <p>In the 2017 progress report:</p> <ul style="list-style-type: none"> <li>• Implement and report on QPMA’s planned evaluation of the accreditation process. Include consideration of: opportunities to find efficiency, effectiveness and sustainability of current processes; and the tension between managing financial resources and the impact on QPMA staff. (3.1)</li> <li>• The AMC identified risks associated with human resources and internal processes that might impact on the sustainability and timeliness of accreditation. Describe how these risks are being monitored and managed. (3.1)</li> <li>• Provide an update on the development and implementation of the portal, including plans to address challenges with IT resourcing. (3.1)</li> <li>• Develop mechanisms to ensure the Board of Directors have strategic oversight and mechanisms for monitoring risk. (3.2)</li> <li>• As QPMA’s accreditation standards and polices are new, evaluate their</li> </ul>

Domain with commendations and recommendations for improvement	Findings and conditions
	implementation through wide stakeholder consultation (3.2).
<b>Domain 4 – Accreditation processes</b>	<p><b>Substantially met. The following attributes are also substantially met:</b></p> <p>4.2 <i>Selection, appointment training and performance review of team members</i></p> <p>4.4 <i>The accreditation process</i></p> <p>4.9 <i>Communicating accreditation decisions</i></p>
<p><i>Commendations</i></p> <ul style="list-style-type: none"> <li>• The extensive set of documents publicly available on all aspects of the accreditation process. (4.1)</li> <li>• The recruitment and training of a large pool of accreditation surveyors.(4.2)</li> <li>• Stakeholders provided a strong commendation of the training provided by QPMA. It was regarded as of high value, not just for new surveyors but also health service staff. (4.2)</li> <li>• QPMA has clear policies and procedures for managing conflicts of interest in the work of its survey teams. (4.3)</li> <li>• The accreditation process has a clear focus on quality improvement in training. (4.5)</li> <li>• QPMA’s commitment to maintain the cycles of previous accreditation of facilities in spite of inadequate handover of information when it began its accreditation role. (4.5)</li> </ul> <p><i>Recommendations for improvement</i></p> <ul style="list-style-type: none"> <li>• Consider the mix of skills on teams, especially the inclusion of junior medical officer team members as key stakeholders of the accreditation process. (4.1)</li> <li>• Articulate and address in surveyor training: <ul style="list-style-type: none"> <li>○ The role and responsibilities of QPMA staff in accreditation assessments</li> <li>○ The balance between the teams’ quality assurance (assessment) role and quality improvement (support) roles</li> <li>○ A standardised approach to applying, using and referencing accreditation standards. (4.2)</li> </ul> </li> </ul>	<p><i>Conditions</i></p> <p>In the 2017 progress report:</p> <ul style="list-style-type: none"> <li>• Consider and articulate clearly the role of site visits, and review the need for random site visits. (4.4)</li> <li>• During this implementation phase, keep the AMC informed through progress reports of policies and procedures being developed and/or implemented and of the QPMA’s process for evaluating the success of these activities. (4.4)</li> <li>• Develop and apply clear procedures on the communication of outcomes of accreditation to stakeholders, particularly the distribution of reports to JMOs. (4.9)</li> <li>• Formally communicate accreditation decisions to the HLA Board. (4.9)</li> </ul> <p>In the 2018 progress report:</p> <ul style="list-style-type: none"> <li>• Develop mechanisms to facilitate trained surveyors maintaining their skills and to evaluate consistency between teams. (4.1)</li> </ul>

Domain with commendations and recommendations for improvement	Findings and conditions
<ul style="list-style-type: none"> <li>• The monitoring of facilities and programs between visits, and the potential role of the JMOs in contributing to this monitoring, requires further development. (4.6)</li> <li>• Evaluate and develop further the guidelines concerning what constitutes a change in a program or post. (4.7)</li> <li>• Develop additional guidance for facilities to assist them to complete their accreditation documentation efficiently. (4.6)</li> <li>• Clarify the responsibility of the HLA Board in relation to an appeal by a facility. (4.10)</li> </ul>	
<p><b>Domain 5 – Stakeholder collaboration</b></p>	<p><b>Substantially met. The following attributes are also substantially met:</b></p> <p>5.1 <i>Engagement with stakeholders</i></p> <p>5.2 <i>Communication strategy</i></p>
<p><i>Commendations</i></p> <ul style="list-style-type: none"> <li>• QPMA has worked hard to build relationships with stakeholders. QPMA was seen by stakeholders who met the team as supportive and open in its dealings with them. (5.1)</li> <li>• QPMA has established a collegial relationship with Queensland Health. (5.1)</li> </ul> <p><i>Recommendations for improvement</i></p> <ul style="list-style-type: none"> <li>• Develop additional ways of communicating and engaging EDMS. (5.2)</li> <li>• Expand linkages to other intern training accreditation authorities. (5.3)</li> </ul>	<p><i>Conditions</i></p> <p>In the 2017 progress report:</p> <ul style="list-style-type: none"> <li>• Develop mechanisms to engage health consumers/community in QPMA's accreditation functions and consultation about standards and accreditation processes. (5.1)</li> <li>• Report on the implementation and evaluation of the communication strategy, including the development of links with the new stakeholder fora being established. (5.2)</li> </ul>

## Introduction

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### AMC and intern training accreditation

The Australian Medical Council (AMC) is the designated accreditation authority for the medical profession under the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory. Its purpose is to ensure that standards of education, training and assessment promote and protect the health of the Australian community.

The AMC assesses and accredits medical programs and providers in three of the four stages of medical education: primary medical education, specialist medical education and the continuing professional development phase.

It assesses intern training accreditation authorities under a registration function of the National Law. The Medical Board's approved registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training' defines the mix of rotations that interns must complete and also states that 'All terms must be accredited against approved accreditation standards for intern training positions by an authority approved by the Board'.

The AMC has been contracted by Australian Health Practitioner Regulation Agency (on behalf of the Board) to review and accredit authorities that accredit intern training programs in each state and territory.

The AMC assessments focus on intern training accreditation and do not address other functions performed by these organisations. The AMC assesses the intern training accreditation authorities' processes and standards against a quality framework, *Intern training – Domains for assessing accreditation authorities*. This process provides a quality assurance and quality improvement mechanism for these intern training accreditation processes.

A summary of the key documents in the national intern training framework is provided below and the documents are available at: <http://www.amc.org.au/accreditation/prevoc-standards>.

Framework document	Summary
Intern training – Domains for assessing accreditation authorities 2015	Outlines the criteria the AMC uses to assess intern accreditation authorities. Minor changes were made to this document in 2015.
Procedures for Assessment and Accreditation of Intern Training Accreditation Authorities by the AMC 2013	Describes the procedures for assessment of intern training accreditation authorities by the AMC.
Intern training – National standards for programs	Outlines requirements for processes, systems and resources that contribute to good quality intern training. Intern accreditation authorities' standards should map to these minimum requirements.
Intern training – National guidelines for terms	Outlines the experience that interns should obtain during terms. It builds on the Medical Board of Australia's registration standard.

Framework document	Summary
Assessing and certifying completion	Contains the national standards relating to assessment, good assessment practice principles, and outlines remediation processes that would satisfy the national requirements. The national requirements are mandatory from 2015.
Term assessment form	A nationally available term assessment form designed to facilitate assessment against the intern outcome statements.
Intern outcome statements	States the broad and significant outcomes that interns should achieve by the end of their programs.

In 2015, the AMC and the Medical Board of Australia agreed to minor changes to the *Intern training – Domains for assessing accreditation authorities* to clarify the requirements of the current standards and domains. The revised domain and attribute statements are used in report.

The AMC's Prevocational Standards Accreditation Committee oversees the AMC process of assessment and accreditation of intern training accreditation authorities, and reports to AMC Directors.

For each accreditation assessment, the Prevocational Standards Accreditation Committee appoints an expert team. The intern training accreditation authority's accreditation submission, which addresses the *Intern Training: Domains for Assessing Authorities*, forms the basis of the assessment. Following a review of the submission, the team discusses the submission with staff and committees of the intern training accreditation authority and meets stakeholder representatives. The team may also observe some of the authority's usual intern training accreditation activities. Following these discussions, the team prepares a detailed report for the Prevocational Standards Accreditation Committee, providing opportunities for the authority to comment on successive drafts. The Committee considers the team's report and then submits the report, amended as necessary, to AMC Directors. The Directors make the final accreditation decision. The granting of accreditation may be subject to conditions.

Once accredited by the AMC, all intern training accreditation authorities are required to report annually to the Prevocational Standards Accreditation Committee against the domains and any conditions on their accreditation.

### **AMC assessment of Health Leaders Australia, trading as Queensland Prevocational Medical Accreditation**

Health Leaders Australia, trading as Queensland Prevocational Medical Accreditation, is the intern training accreditation authority for Queensland.

In 2013, the AMC set up a process to conduct a paper review of all the intern training accreditation authorities so that they had appropriate recognition when the new national intern training framework was implemented in 2014. The process required submission of an initial report to the AMC addressing the five domains (governance, independence, operational management, accreditation procedures and stakeholder collaboration) from the *Intern training - Domains for assessing accreditation authorities*.

Following a procurement process, the Queensland Government appointed Health Leaders Australia (HLA) as the intern training accreditation authority for Queensland health facilities, commencing from 1 January 2015. HLA has a registered business portfolio, Queensland Prevocational Medical Accreditation (QPMA), to deliver the prevocational medical accreditation services.

Prior to HLA-QPMA's appointment as the intern training accreditation authority for Queensland health facilities, the Postgraduate Medical Education Council of Queensland was the intern training accreditation authority for Queensland.

HLA-QPMA submitted its report to the AMC for initial accreditation in November 2014. The AMC requested additional information, and having considered this, on advice from the Prevocational Standards Accreditation Committee, the March 2015 meeting of AMC Directors agreed that it was reasonably satisfied that HLA-QPMA substantially met the domains for assessing accreditation authorities. Directors granted initial accreditation to HLA-QPMA as an intern training accreditation authority for Queensland, subject to a number of conditions and with accreditation to continue until an AMC team completed an assessment of the intern training accreditation services in 2016.

The Medical Board of Australia approved HLA as an intern training accreditation authority, with this approval to continue until the Board makes a subsequent decision on the basis of an accreditation report from the AMC.

This accreditation report details the 2016 assessment of HLA-QPMA against the requirements of *Intern training – Domains for assessing accreditation authorities* and the findings of that assessment.

The key steps in the assessment process were as follows:

- After discussions between the AMC and HLA-QPMA regarding the commencement of the assessment process there were regular discussions between AMC and HLA-QPMA staff to plan the assessment.
- HLA-QPMA developed an accreditation submission, addressing the domains in the *Intern training – Domains for assessing accreditation authorities* and responding to guidelines provided by the AMC.
- The AMC appointed an expert team to complete the assessment, after HLA-QPMA had an opportunity to comment on the proposed membership. The membership of the team is shown in Appendix 1.
- The AMC invited stakeholder bodies to comment on HLA-QPMA's accreditation submission. To assist this process, HLA-QPMA placed its submission on its website.
- The team met on 1 June 2016 to consider HLA-QPMA's submission and to plan the review.
- A subset of the AMC team observed the following HLA-QPMA activities:
  - Hervey Bay Hospital survey team teleconference on 6 April 2016
  - Site visit to Hervey Bay Hospital on 27 April 2016
  - Site visit to Lady Cilento Hospital on 1 July 2016
  - QPMA Accreditation Committee meeting on 14 July 2016.
- The team met HLA-QPMA staff, HLA Board members, QPMA Accreditation Committee members, junior doctors and selected stakeholders on 14 and 15 July 2016.
- The team provided feedback to HLA-QPMA staff and office bearers at the end of the visit and subsequently prepared this report.
- The AMC invited HLA-QPMA to comment on the factual accuracy of the draft report and on any recommendations, conclusions, or judgments in the draft report.
- The report and the comments of HLA-QPMA were considered through the AMC's committee processes.

**Appreciation**

The AMC thanks HLA-QPMA for the support and assistance of its staff and committee members, and its stakeholders who contributed to this assessment.

It acknowledges the additional work of QPMA staff to develop the documentation, and plan the review. The AMC also acknowledges with thanks the collegial and open discussion by individuals and groups who met the AMC team in August 2015.

The groups met by the 2016 AMC team are listed at Appendix 2.

# 1 Governance of Health Leaders Australia, Queensland Prevocational Medical Accreditation

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**Domain requirement:** The intern training accreditation authority effectively governs itself and demonstrates competence and professionalism in performing its accreditation role.

## Attributes

- 1.1 The intern training accreditation authority is, or operates within, a legally constituted body subject to a set of external standards/rules related to governance, operation and financial management. [Amended: 24 June 2015]
- 1.2 The intern training accreditation authority's governance and management structures give appropriate priority to accrediting intern training programs relative to other activities.
- 1.3 The intern training accreditation authority is able to demonstrate business stability, including financial viability.
- 1.4 The intern training accreditation authority's accounts meet relevant Australian accounting and financial reporting standards.
- 1.5 There is a transparent process for selection of the governing body.
- 1.6 The intern training accreditation authority's governance arrangements provide input from stakeholders, including health services, intern supervisors, and interns.

## 1.1 Health Leaders Australia

The intern training accreditation authority is, or operates within, a legally constituted body subject to a set of external standards/rules related to governance, operation and financial management.

Health Leaders Australia Ltd (HLA), trading as Queensland Prevocational Medical Accreditation (QPMA), was appointed by the Queensland Department of Health as the intern training accreditation authority for Queensland from 1 January 2015, with a three-year contract to 2017.

HLA is a registered public company limited by guarantee, incorporated in 2012. The company operates with the legislative and regulatory obligations of such companies.

HLA Ltd is owned by three individual Members and governed by a Board of four Directors. The Board members' experience includes general practice, medical administration, education, research and governance.

HLA functions under the operational leadership of a CEO who is accountable to the Board and who is supported by other members of a senior executive leadership team:

- General Manager - Operations
- Director, Queensland Prevocational Medical Accreditation
- Director, Business Development.

The senior executive leadership team provides the corporate governance services for the Board of Directors.

The Company is structured with 'Business Portfolios' that focus on business products. The following HLA business portfolios are incorporated within the HLA Organisation Chart:

- Queensland Prevocational Medical Accreditation: Provides the prevocational medical accreditation authority role to Queensland and is led and administered by the Director, QPMA.

Other portfolios which are led by other members of the executive leadership team include:

- Corporate Services Business Portfolio: Responsible for the provision of corporate business operation services for the corporate HLA entity.
- Facilities Management Services Business Portfolio: Provides rental property management services for not-for-profit healthcare education and training sector organisations.
- Health & Education ICT Services Business Portfolio: From January 2016, is providing ICT Infrastructure and associated services for GPTQ.
- Health Promotion & Other Education & Training Business Portfolio: This Business Portfolio is currently being commissioned and consists of a number of arms including Australasian Sexual Health Education, Australasian Communication for Health Professionals, Clarity Oz and General Practice Training Network.
- Educational Events Management Services Business Portfolio: This business portfolio provides education and other events management services for not-for-profit healthcare sector organisation, and currently provides services for two organisations.

The QPMA Accreditation Committee is the governing body for QPMA decisions, including decisions regarding accreditation of intern training programs and posts. The HLA-QPMA accreditation submission indicates that the Accreditation Committee reports directly and is accountable to the Medical Board of Australia. QPMA staff develop guidelines and procedures for managing prevocational accreditation services, and these are approved by the Accreditation Committee.

### ***Team findings***

HLA-QPMA is a legally constituted body, subject to corporate standards related to governance, operation and financial management.

During the assessment visit, the AMC assessment team sought clarification on the governance relationship between QPMA and HLA, including reporting, budget and resources (raised again in attributes 1.2 on priority of intern training accreditation and 3.1 on resource management).

The QPMA Accreditation Committee is endorsed by the HLA Board as the governing body for Queensland prevocational medical accreditation decisions.

HLA made the decisions to separate the operation of the prevocational medical accreditation from other operations, and to establish a separate governing body, the QPMA Accreditation Committee to ensure the full independence of this function from other HLA business portfolios.

This separation, together with the implementation of separate staffing and business and information systems for QPMA results in functional independence of QPMA operations from HLA. While the team understood the reason for the separation of the HLA Board and the Accreditation Committee, it considered that the governance structures as implemented don't currently support the HLA Board having full responsibility for strategic oversight of this business area. For example, there needs to be a formal reporting process to advise the HLA Board and the CEO on the implications of major or controversial accreditation decisions, to give the organisation strategic capacity to address risks in relation to QPMA's accreditation services. From a strategic oversight and risk management perspective, the team considered that there should be a form of formal reporting of decisions to the Board. This is explored further under attributes 2.1 and 3.2. The current separation may also limit learning and sharing of common challenges and business improvements across the organisation.

While the Accreditation Committee does report directly to the Medical Board of Australia on accreditation-related decisions, QPMA is independent of the Medical Board, and is setting its own operational and accreditation policy and procedures.

## **1.2 Priority to accreditation of intern training positions**

The intern training accreditation authority's governance and management structures give appropriate priority to accrediting intern training programs relative to other activities.

HLA's Company Objects in its constitution include a focus on increasing the quality of health care by facilitating and delivering training and education and the placement of health sector workers and support staff; and facilitating and supporting highest quality training for and/or exposure to general practice and primary health care.

The QPMA Business Portfolio operates under the leadership of a full-time Director, who is also a member of the senior executive leadership team. QPMA is staffed by an Accreditation Manager, Medical Advisor, Accreditation Officer, IT Administrator and Administration Officer who support the accreditation program.

The QPMA Accreditation Committee makes the decisions regarding Queensland prevocational medical accreditation. Core functions of the Accreditation Committee are:

- Review evidence and analysis for all accreditation activity supplied by each survey team and decide on accreditation outcome.
- Adjudicate and decide accreditation outcome and report to the Medical Board of Australia.
- In collaboration with the Survey Pool and its executive, decide on survey team members, and survey team lead, for each accreditation activity.
- Oversee changes and updates to the evidence gathering mechanisms (including the online accreditation portal and site visits) in collaboration with QPMA team members.

Support for intern training from other business portfolios is available, for example HLA has provided additional support to manage QPMA's finances during the start-up phase. In addition to this working capital funds can (and have) be applied across business portfolios as required to address cash-flow stream requirements across months.

### ***Team findings***

The AMC team noted that HLA is involved in a large number of diverse activities including start-up and entrepreneurial activities. In addition, there is discussion concerning the expansion of the accreditation services to Postgraduate Year 2. In a time of company growth, the team was interested in how the establishment of effective intern training accreditation systems remained a priority. This was also relevant to concerns raised in the submission documents, and across a number of interviews, regarding heavy workloads and resource constraints of the accreditation section, addressed under attribute 3.1.

It was clear to the team that the QPMA accreditation model has needed to evolve as experience has grown. The HLA Board clearly identified a strong focus on intern training accreditation as a priority for the organisation. HLA has established governance, management structures and provided resources to support intern training accreditation.

The QPMA processes are developing rapidly but while they are in the early stages of development must have a high priority. The HLA Board acknowledged to the AMC team that investment is required in intern training accreditation and quality must be a focus.

## **1.3 Business stability**

The intern training accreditation authority is able to demonstrate business stability, including financial viability.

HLA was incorporated in May 2012 and has maintained its business and financial viability since this time. HLA attributes its business growth to innovative and cost-effective business solutions and a commitment from senior leadership.

HLA's submission documents state that the non-for-profit status and focus on cost-effective solutions for customers prevents the acquisition of large surpluses. However, HLA has indicated that the diversified portfolios and further expansion plans will assure continued business continuity. In addition to this, the submission states that externally audited 'Statutory Reports' provide assurance of the viability of the company.

Untied corporate HLA working capital funds can be freely applied across business portfolios or their activities should such working capital requirements be required to address cash-flow stream requirements across months. The team heard evidence of this during its meetings with stakeholders.

HLA-QPMA has revenue from the Queensland Government Department of Health for the three years of the contract for prevocational medical education accreditation services, based on the tender submitted by HLA-QPMA. Like all intern training accreditation authorities, it also has funding from the Medical Board of Australia based on a specific funding amount per intern.

HLA indicates it has successfully delivered on its contract for intern training accreditation for the 2015 calendar year and does not anticipate issues with delivering on its triennium contract.

### ***Team findings***

Overall, the AMC team considered that HLA is financially viable.

HLA-QPMA's tender for prevocational accreditation services for Queensland was based on a specific business model, which has had to evolve as experience in accreditation grows. A number of developments in particular have implications for resources, including: the change management strategies required as Queensland health facilities adjust to a new accreditation system, interest from health services in innovations such as introducing new terms and sites, and higher than predicted number of survey visits arising from all survey teams deciding that a site visit to the facility they were reviewing was appropriate.

As a condition of accreditation, in 2015 HLA was required to provide evidence of capacity to draw on additional resources in the event of unexpected overruns or accreditation activity during the first 12 months. The AMC had agreed the condition was satisfied but also that this issue would be considered as part of the AMC's full assessment process. HLA demonstrated that it was supporting QPMA when these situations arise.

The team was satisfied that HLA is directing funding and staffing to the activities required to establish QPMA's intern training accreditation activities.

The team considered that the intern training accreditation workload and resource demands are higher than HLA-QPMA initially expected. This issue is explored further under attribute 3.1

The HLA senior leadership was clearly aware that there is a mismatch between the model originally envisaged and the model which is evolving, and that this has affected the workload and resource needs of QPMA.

QPMA is working within its budget to conduct intern training accreditation but this seems to be as a result of staff carrying large and unsustainable loads. The team was uncertain that the current budget was sufficient for the current accreditation model, and needs further exploration and refinement in the near future. The intended introduction of PGY2 accreditation would seem unrealistic within the current model.

The team's discussions with the Department of Health provided assurance of support for HLA-QPMA. The AMC understood HLA was negotiating with the Department of Health at the time of the visit and the three-year contract will be re-negotiated in 2017.

As a new organisation, HLA-QPMA doesn't yet have the historical evidence of business sustainability in the area of prevocational accreditation. This will be an area for further monitoring and reporting to the AMC.

## **1.4 Financial arrangements**

The intern training accreditation authority's accounts meet relevant Australian accounting and financial reporting standards.

HLA is required to comply with the standards of the Australian Charities and Not-for-profits Commission and the Australia Securities and Investments Corporation. HLA's Statutory Reports are externally audited.

### ***Team finding***

The AMC team considered that HLA-QPMA meets the relevant Australian accounting and financial reporting standards.

## **1.5 Selection of the governing body**

There is a transparent process for selection of the governing body.

The HLA Constitution outlines the membership requirements and selection processes for Company Members and the Board of Directors in its role as the HLA's corporate governing body.

There are three individual members of the company all of whom have experience in higher education management and/or specialist medical training and education. The number of members of the Company is not limited and eligibility is open to persons who are interested in furthering the objects of the Company following a formal process of nomination and support by two current company members.

The Board of Directors consists of a maximum of seven Directors, including the Chairperson. There are currently four Directors in office. Directors are elected by the Members of the Company. Every nomination of a person for election as a Director of the Company must be made by a Director or Member of the Company and seconded by another Director or Member both of whom must personally know the candidate. At every annual general meeting one third of the Directors must retire from office. The maximum term of service for a Director is nine years.

The Accreditation Committee is delegated the authority for governing the intern training accreditation role of HLA.

The Terms of Reference for the Accreditation Committee includes the process for the appointment of Committee members and the election of the Committee Chair. The terms of reference describe a process in which QPMA draws members of the Accreditation Committee from nominations by its committees and forums and augments this through individual nomination or sourcing expertise (by QPMA in collaboration with existing committee members) where there are gaps in expertise.

An interim accreditation committee was in existence from 1st January to 31st July 2015. QPMA indicates that these members were selected based on expertise in the field and sourced by HLA personnel and key stakeholders.

The permanent Accreditation Committee, which began on 1st August 2015, includes representation of key stakeholders and seven members of the interim committee to ensure continuity of decision making. The membership of this committee has representation from the Fora supported by QPMA including the Junior Medical Officer forum, the Director of Clinical Training and Medical Education Officer forum, the Executive Director Medical Service Forum, as well as the Qld branch of the AMA (AMAQ), the pool of QPMA accreditation surveyors, and from select target populations: rural Qld, north Qld, small sites etc. The Chair of the Accreditation Committee is not a medical or health practitioner, but has significant experience in higher education course accreditation processes. Those members of the interim committee who transferred to the full committee to ensure continuity of knowledge and decision will be initially on the committee for 12 months.

## ***Team findings***

HLA-QPMA has established clear membership provisions and appointment processes for the Accreditation Committee, which is the governing body for the prevocational accreditation services. All appropriate stakeholder groups are represented, and there is also attention to geographic spread of membership, which is appropriate for Queensland.

The approach of sourcing members with appropriate expertise through stakeholder groups appears reasonable in establishing an Interim Committee. The team understood that some positions were yet to be filled, for example representatives from QPMA's Workforce Forum and the planned QPMA Education Committee. This will be an area for further reporting to the AMC.

The Team noted that the JMO Forum members of the Accreditation Committee had not been elected by Forum members, which may have been related to the JMO Forum being in early stages of establishment. Relationships with the JMOs will be strengthened by having a process of election of the representatives.

The Team recommends that QPMA consider strengthening the clinician membership of the Committee to add to the Committee's understanding of medical practice and the interface between medical practice and medical training. In reviewing the membership and functions of the Accreditation Committee, QPMA should monitor the appropriateness and balance of membership provisions for the Committee's role.

### **1.6 Stakeholder input to governance**

The intern training accreditation authority's governance arrangements provide input from stakeholders, including health services, intern supervisors, and interns.

QPMA's decision-making structures provide for input from health services, intern supervisors, and interns and other stakeholders. As described above, the Accreditation Committee includes representatives of these major stakeholders as well as directors of clinical training, and medical education officers. In addition, the Postgraduate Medical Council of Victoria has provided a member to the Accreditation Committee with expertise in accreditation.

QPMA provides support to the following stakeholder fora and committees. Each of these groups nominates individuals onto the Accreditation Committee and is involved with accreditation surveying:

- The JMO Forum is used as a point of contact with junior doctors and mechanism for JMOs to be involved in governance and policy directions of QPMA. QPMA indicated that each facility will nominate at least one JMO onto the Forum and that two members of the Accreditation Committee are to be nominated by this Forum.
- The DCT/MEO Forum is independent of QPMA and an organising group oversees its work. Each facility nominates DCTs and / or MEOs onto the forum. Currently three members of the Accreditation Committee are nominated by this forum.
- The Workforce Forum is yet to be established. It is planned to be an independent workforce advocacy group that will consist of medical workforce representatives from each QPMA accredited health facility.
- The Survey pool consists of 131-150 individuals. QPMA plans that the surveyors have an active role, and will have an elected executive to provide advice to QPMA and to act as a contact point with the larger pool. An expression of interest process for the executive is to be established mid-2016. Three surveyors are currently nominated to the Accreditation Committee.
- The Education Committee is expected to be established in 2017 as an independent education advocacy group to provide expertise in education methodology and learning theory.

- EDMS advisory body: Executive Directors of Medical Services (EDMS) is an advisory body to the health minister and it has agreed to be formally involved with QPMA, including input into the policies and procedures of QPMA.

### ***Team findings***

The team considered that there is appropriate input by stakeholders into QPMA's governance arrangements.

The team noted a number of key committee and fora are still being established including the MEO/DCT (active already), workforce forum (yet to commence), JMO Forum (commenced). The plans for these stakeholder groups are to be commended. The team noted that QPMA will also need to consider its capacity to support all of the planned groups.

The establishment of the JMO Forum is commended. The team encourages QPMA to strengthen the JMO Forum so that it is able to operate independently from the operational constraints of QPMA. The team also considered it important that the link between the Accreditation Committee and the JMO Forum is strengthened including intern attendance at the Committee meetings.

## 2 Independence

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**Domain requirement:** The intern training accreditation authority carries out independently the accreditation of intern training programs.

### Attributes

- 2.1 The intern training accreditation authority makes its decisions about accrediting programs independently. There is no evidence of undue influence from any area of the community, including government, health services, or professional associations.
- 2.2 The intern training accreditation authority's governing body has developed and follows clear procedures for identifying and managing conflicts of interest.

### 2.1 Independence of accreditation decision making

The intern training accreditation authority makes its decisions about accrediting programs independently. There is no evidence of undue influence from any area of the community, including government, health services, or professional associations.

QPMA is a business portfolio of HLA and exists separately from its principal funders, the Queensland Department of Health and the Medical Board of Australia.

The Accreditation Committee is endorsed to make accreditation decisions on behalf of HLA. It reports these decisions directly to the Medical Board of Australia, not via the HLA Board or CEO. HLA's accreditation submission states that the composition of and selection processes for the Accreditation Committee and associated forums and groups aim to include wide stakeholder input and to reduce the possibility of undue influence on decision making from one group. There are also a number of procedural mechanisms intended to ensure appropriate independence including consideration and management of conflicts of interest.

HLA has established a management structure in which there is a Director of QPMA who is responsible for the operational leadership of the business portfolio. QPMA has separate office space, infrastructure and physical data repositories to HLA.

QPMA also has a process for grievance and appeals relating to accreditation decision processes and outcomes. The Appeals Committee is an independent group convened and appointed by the HLA CEO.

### *Team findings*

There are a number of processes and structures in place to ensure independence in decision making and to avoid undue influence from individual stakeholders.

In 2015 & 2016 HLA was required to report the AMC on the following condition: Evidence that the reporting arrangements for the Accreditation Committee and Chair of the Accreditation Committee are working satisfactorily, such as confirmation that reporting directly to the Medical Board of Australia is supported by the Board, and examples of accreditation matters on which the Chair of the Accreditation Committee has exercised independence on behalf of the Committee, and accreditation matters where the CEO of Queensland Prevocational Medical Accreditation has made the decision. Clarification was also required on who makes the final decisions in the event of an appeal about an accreditation decision.

The condition was satisfied in 2015. The AMC considered the information provided was appropriate given the early stages of development of the authority.

The AMC agreed to explore this issue in 2016 as part of the accreditation assessment process.

The team considered that QPMA's accreditation activities have full independence from HLA and other stakeholder influence. There are clear reporting lines both to the Medical Board of Australia and Queensland Health. The team considered that HLA-QPMA had a good working

relationship with the Department of Health and that accreditation decision making processes were appropriately independent. It was recognised that the test of the independence will be when there is an adverse accreditation outcome, such as the withdrawal or limiting of accreditation of a facility.

As previously raised at attribute 1.1, in establishing such a level of independence, there is a concern that there is insufficient accountability to the HLA Board and the CEO on the implications of major or controversial accreditation decisions, which limits strategic capacity to address risks.

## **2.2 Managing conflicts of interest**

The intern training accreditation authority's governing body has developed and follows clear procedures for identifying and managing conflicts of interest.

Corporate HLA maintains a Conflict Management Policy that applies to processes for declaring and managing conflict of interests in Board meetings and for Board Directors and staff.

The HLA-QPMA Accreditation Committee maintains a declaration of interests mechanism, further detailed under attribute 4.3.

### ***Team findings***

The team considered there are clear policies to manage conflicts of interest.

The submission documents provided examples of situations where conflicts of interest had been appropriately dealt with.

The team was able to observe a meeting of the Accreditation Committee in addition to meeting with members during the visit and considered that the Committee demonstrated a good understanding of more subtle conflicts of interest and biases.

### 3 Operational management

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**Domain requirement:** The intern training accreditation authority effectively manages its resources to perform functions associated with accreditation of intern programs.

#### Attributes

- 3.1 The intern training accreditation authority manages human and financial resources to achieve objectives in relation to accrediting intern training programs.
- 3.2 There are effective systems for monitoring and improving the intern training accreditation processes, and for identifying and managing risk.
- 3.3 There are robust systems for managing information and contemporaneous records, including ensuring confidentiality.

#### 3.1 Resources to achieve accreditation objectives

The intern training accreditation authority manages human and financial resources to achieve objectives in relation to accrediting intern training programs.

HLA functions under the operational leadership of a CEO who is accountable to the Board of Directors and who is supported by other members of a senior executive leadership team. The senior executive leadership team provides the corporate governance services for the Board of Directors.

In the HLA-QPMA Business Portfolio, annual budgets identify QPMA's revenue from the Queensland Government Department of Health for the three contract years of 2015 to 2017, and the annual QPMA budget also incorporates the Medical Board of Australia funding. Until the specific Medical Board of Australia funding allocation for a calendar year is known, a notional revenue amount is used based on projected intern numbers for the specific year and the amount per intern that applied in the previous year.

Funds are received through the Queensland Health contract budget and Medical Board funding to staff the QPMA unit with six team members. The QPMA unit consists of a Director, Accreditation Manager, Accreditation Officer, IT and Administration, Administration Assistant and a part-time Medical Advisor. Other current HLA employees who serve corporate HLA roles and provide expertise to QPMA are the Chief Executive Officer, General Manager - Operations and the Director, Business Development.

When specific initiatives that are not incorporated within contracted revenue streams, such as for HLA to run the 2017 Prevocational Medical Education Conference, separate agreements/contracts are negotiated and specific funding streams and associated budgets are prepared and deployed.

In its accreditation submission, QPMA indicated that the diversified portfolios and business expansion agenda of HLA have and will continue to assure business continuity.

HLA provides monthly reports, including financial reports to the Queensland Department of Health through its Office of the Chief Medical Officer. HLA provides quarterly reports, including financial reports to the Medical Board of Australia.

HLA-QPMA indicates it has successfully delivered on its 2015 calendar year, and for the 1 January 2016 to 30 April 2016, contract obligations and this is close to half way through its current 2015-2017 triennium contract for the delivery of these services. However, the submission highlighted that increased workloads for the QPMA team due to a change in the predicted model of accreditation activity, expanded accreditation activity in Queensland and due to tight financial parameters as an area of risk. The submission indicates that there is no further capacity for QPMA to absorb more work without additional resourcing.

A key component of QPMA's accreditation management system is the development of an online portal which will be a business communication and accreditation processing/management platform for QPMA staff, surveyors and facilities. The portal has three key functions:

- 1 online submission of evidence by a health facility
- 2 Review by survey team members. This includes compilation of analysis and report writing
- 3 Adjudication space for the accreditation committee.

Originally the portal was to be fully functioning by the beginning of July 2015 but as QPMA's experience in the accreditation process has developed, it has sought additional enhancements. User testing has also led to enhancements. At the time of the AMC team's assessment the portal was being used for some accreditation functions, but it had yet to replace paper-based processing. The first full pilot test of the portal began in March 2016.

### ***Team findings***

The team considered that HLA-QPMA has effectively managed its resources to perform functions associated with accrediting intern programs. The progress made in establishing a new intern training accreditation system for Queensland is commended.

However, there is a tension between managing within the financial resources and managing the impact on QPMA's staff.

As a start-up business, it was difficult for QPMA to quantify the workload and there are better estimates now that the role is established. It is clear that the work involved in start-up of the accreditation role was greater than envisaged. The accreditation submission, and discussions with staff and the Accreditation Committee during the AMC team's visit highlighted the high workload of staff and the Committee, and raised concerns about the sustainability of elements of the current accreditation model. It is important that HLA-QPMA address this as a matter of priority. There was evidence that some accreditation outcomes are being delayed as a result of this overload.

The AMC team was aware of a number of mechanisms to address these concerns, including:

- QPMA has plans for evaluation of the accreditation process in the second half of 2016. This is an opportunity to consider the efficiency, effectiveness and sustainability of the current processes, and whether the aims of the process can be met in other ways.
- Review of arrangements with Queensland Health. The team noted the concerns expressed by HLA about the sustainability of the workload and the management of the expansion to accreditation of PGY2. This is a matter for negotiation with Queensland Health, and will require proper discussion.

A particular challenge is the resourcing of IT, where IT requirements have had to develop in ways that were not originally planned. The team commends the plans for a portal as a way of better managing information and the flow of accreditation work in the future. It encourages HLA to invest in the management of what is a complex and critical IT system to ensure that it reaches its full potential.

QPMA staff are to be congratulated on the progress made and their commitment to implementing the accreditation process and establishing the oversight structures. The work is of high quality.

### **3.2 Monitoring and improving accreditation processes**

There are effective systems for monitoring and improving the intern training accreditation processes, and for identifying and managing risk.

QPMA has developed a *Monitoring and Evaluation Framework*. A component of this cycle is the evaluative review of QPMA processes and outcomes in the second half of 2016.

The Monitoring and Evaluation Framework is divided into the following components:

- 1 The mission and values of QPMA
- 2 The criteria to be met to maintain accreditation by the Australian Medical Council and the performance measures against which these criteria will be adjudicated
- 3 The outcomes from the Queensland Health funding contract
- 4 The Quality Assurance process included within the accreditation cycle
- 5 The monitoring and evaluation mechanisms built into the quality improvement cycle of QPMA to ensure that it has achieved what it set out to achieve.

The evaluation framework is still in development and QPMA indicates this will move into a continual consultation process with key stakeholders until a full review of the processes is commenced in the second half of 2016.

In terms of routine mechanisms for gathering feedback on the accreditation process, QPMA gathers evaluation data from facilities that have completed a review process; surveyors involved in reviews; the accreditation committee; QPMA staff and volunteers.

QPMA has also stated that it will seek evidence that its targets have been achieved through reports to MBA, analysis of complaints register of QPMA; review of feedback documentation from each accreditation activity and analysis and reporting of the evaluation Survey of Accreditation Review Processes.

HLA and QPMA have risk management strategies at both the corporate and accreditation activity levels.

The HLA Board and senior executive leadership team utilise corporate, portfolio and activity risk management strategies to identify potential risks and resulting mitigation strategies. Corporate HLA maintains a suite of corporate insurance policies including public liability, directors and officers' professional indemnity, cyber risk, and assets insurance policies.

A risk analysis and management document was developed by QPMA early in 2015 and has been used to track, manage and resolve risks through its development.

### ***Team findings***

The team considered that the systems and processes for evaluation that are being developed by HLA-QPMA appear appropriate. Many have not yet been implemented and the organisation has not had the opportunity to go through a full cycle of review, this will be an area for further reporting to the AMC.

The team commended the development of a monitoring and evaluation framework. QPMA should report on the progress of the evaluation processes and how these inform any changes in the accreditation process. Particularly in line with concerns about workload and sustainability, raised at attribute 3.1.

QPMA has established a risk management matrix. Now that it has experience in the accreditation role, it should review the risks identified, and ensure that there are appropriate mitigation strategies for significant risks within the system, such as de-accreditation of a site or program. (PSF)

As previously noted under attribute 1.1, the reporting of accreditation decisions, particularly high risk or unfavourable decisions, to the HLA Board would assist in the organisation's strategic capacity to address risks.

### 3.3 Management of records and information

There are robust systems for managing information and contemporaneous records, including ensuring confidentiality.

HLA has separate systems to QPMA to ensure the protection of HLA business records. Separate electronic data repositories are maintained for each of Corporate HLA records and HLA-QPMA records within password protected data files.

QPMA uses a Customer Relationship Management system to track all emails and all phone calls, the system has the ability to upload file notes, attachments and recordings.

QPMA has established an electronic record keeping system for accreditation decisions using the same system of filing documents, discussion and outcomes for each site. A log of accreditation decisions is maintained and this is used to ensure continuity and sustainability of decisions about accreditation. In addition notes and commentary from teams are stored in case of queries or an appeal.

HLA-QPMA took on the role of intern training accreditation for Queensland health facilities where an accreditation process was already in place with records and reports in existence concerning the accreditation status of facilities and posts. Not all the information concerning the accreditation history of facilities and posts has been available to HLA-QPMA. Issues concerning the ownership of reports meant that there was no complete transfer of information to QPMA, and reports were largely sourced directly from health services. Despite the possible challenges of this situation, HLA-QPMA made the need to access reports in this way into an opportunity to build good relations with health services.

All personnel working with QPMA are required to complete and sign a Confidentiality Agreement. Adherence to confidentiality is also acknowledged in the surveyor code of conduct and is discussed at the beginning of all accreditation related meetings, including the accreditation committee itself.

The online accreditation portal has privacy mechanisms to ensure that an individual who logs onto the portal is able to view only the content and evidence that is relevant to their involvement in the exercise.

#### ***Team findings***

In 2015, HLA was required to report on the following accreditation condition: Evidence of access to sufficient and appropriate information to manage the accreditation of health services and posts. The AMC noted the actions by HLA to obtain historical information on accreditation of facilities and posts had been a substantial undertaking. The risks arising from this particular issue will diminish over time, as QPMA establishes relationships with health facilities and as facilities report directly to QPMA as part of the accreditation requirements.

In 2016, while not a condition, the AMC also had questions about the management of confidentiality of information through the online accreditation portal, especially health service submissions, and junior doctor inquiries or complaints.

The team considered that mechanisms for maintaining records and confidentiality were clearly stated and appeared comprehensive.

The team noted QPMA's plans to manage information and records link to the development of the portal. QPMA has given considerable thought to the management of users who might fill multiple roles, such as survey team member, facility director, and/or accreditation committee member. QPMA demonstrated to the team the privacy mechanisms to ensure that an individual who logs onto the portal is able to view only the content and evidence that is relevant to their involvement in the exercise. The team raised a number of other requirements and risks for management and storage of records in this system with QPMA and these need to be identified and addressed. How QPMA manages risks in this area will be an area for further reporting to the AMC.

## **4 Processes for accreditation of intern training programs**

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**Domain requirement:** The intern training accreditation authority applies the approved national standards for intern training in assessing whether programs will enable interns to progress to general registration in the medical profession. It has rigorous, fair and consistent processes for accrediting intern programs.

### **Attributes**

- 4.1 The intern training accreditation authority ensures documentation on the accreditation requirements and procedures is publicly available.
- 4.2 The intern training accreditation authority has policies on selecting, appointing, training and reviewing performance of survey team members. Its policies result in survey teams with an appropriate mix of skills, knowledge and experience to assess intern training programs against the accreditation standards.
- 4.3 The intern training accreditation authority has developed and follows procedures for identifying, managing and recording conflicts of interest in the accreditation work of survey teams and working committees.
- 4.4 The accreditation process includes self-evaluation, assessment against the standards, site visits where appropriate, and a report assessing the program against the standards. In the process, the intern training accreditation authority uses standards that comply with the approved national standards for intern training.
- 4.5 The accreditation process facilitates continuing quality improvement in delivering intern training.
- 4.6 The accreditation process is cyclical, in line with national guidelines and standards, and provides regular monitoring and assessment of intern programs to ensure continuing compliance with the approved *Intern training – National standards for programs*.
- 4.7 The intern training accreditation authority applies national guidelines in determining if changes to posts, programs and institutions will affect the accreditation status. It has clear guidelines on how the institution reports on these changes, and how these changes are assessed.
- 4.8 The intern training accreditation authority follows documented processes for accreditation decision-making and reporting that enable decisions to be free from undue influence by any interested party.
- 4.9 The intern training accreditation authority communicates the accreditation status of programs to employers, interns and other stakeholders, including regulatory authorities. It communicates accreditation outcomes to the relevant health services facility and other stakeholders.
- 4.10 There are published processes for complaints, review and appeals that are rigorous, fair and responsive.

### **4.1 Documentation on the accreditation requirements and procedures**

The intern training accreditation authority ensures documentation on the accreditation requirements and procedures is publicly available.

The QPMA website provides access to information about accreditation requirements and procedures.

The 'PGY1 Accreditation Process' page includes information about the accreditation status of each site in Queensland, as well as providing access to QPMA standards and procedural documents.

Reports detailing the findings of an accreditation review are not publicly available through the QPMA website. QPMA indicates that these reports are for use by the recipient facility as openly as that facility wishes to disseminate the report. These reports are also made available to Queensland Health during standard three month reporting.

At the commencement of accreditation reviews QPMA sends the relevant information about the accreditation requirements to the facility. QPMA also encourages information sharing between facilities and sites that have been accredited through QPMA and those that are about to be accredited.

QPMA also issues framed certificates and requests that each site displays these to ensure the outcomes of the accreditation review are made public.

### ***Team findings***

QPMA has a comprehensive website and the team commends the extensive set of documents publicly available on all aspects of the accreditation process.

## **4.2 Selection, appointment, training and performance review of accreditation visitors**

The intern training accreditation authority has policies on selecting, appointing, training and reviewing performance of survey team members. Its policies result in survey teams with an appropriate mix of skills, knowledge and experience to assess intern training programs against the accreditation standards.

QPMA has developed policies and procedures for surveyor recruitment, appointment, training and evaluation, a summary of these processes is provided below.

QPMA had 131 surveyors, at the time of the AMC assessment. Teams of surveyors are used for full accreditation reviews and reviews of modifications. QPMA uses single surveyors to assist the Medical Advisor in assessing minor modifications.

QPMA has established the survey pool by recruiting surveyors who had been PMCQ surveyors as well as advertising through the QPMA website, and the newsletter. The QPMA Surveyor Application Form requests information about the applicant's interest in being a surveyor, relevant background experience and two referees. Applications are reviewed by QPMA's Accreditation Committee. Successful applicants with previous experience are invited directly into the active pool of surveyors. Those without experience are invited to attend training.

The Surveyor Position Description outlines the background/experience required. The criteria include a demonstrated understanding of quality improvement in healthcare and experience in the past five years of the healthcare industry as either a clinician, manager or consumer. Applicants must agree to comply with the Accreditation Survey Team Member Position Description and Code of Conduct.

QPMA indicates that surveyors must undergo training prior to going on a visit. For experienced surveyors, this is a briefing to ensure the surveyor knows and understands the rationale, policy and mechanisms of the accreditation review and, for new surveyors, a training exercise that includes discussion and role playing about site visits. The training exercise is offered in different locations across the state. QPMA has conducted 11 training activities since January 2015 with 115 participants.

QPMA has developed a Survey Team Selection Process flowchart which describes the mechanism for allocating survey team members to accreditation activities. In summary, once a survey event is identified, the Accreditation Committee and secretariat consider the survey pool, eliminating those with conflicts of interest and reviewing members' experience against the requirements of the facility. The facility is given an opportunity to review a list of potential surveyors and eliminate those with perceived conflicts, and the Accreditation Committee and secretariat then determine the final composition of the survey team.

At present this process is commenced six months prior to an accreditation review however QPMA intends to extend this time frame. There is a small pool of surveyors who are available for short term accreditation review work (e.g. review of documents supporting a modification) to assist the Medical Advisor in their work.

After the accreditation review, QPMA seeks feedback about the performance and suitability of the survey team from the health service involved in the survey visit; and from the survey team members including the team leader. Feedback will be collated by the QPMA Director. Any concerns or issues raised will be managed by the Chair of the Accreditation Committee. Management of concerns may include counselling a team member/leader about their performance, further training or withdrawal as a team member.

As part of its risk matrix, discussed at attribute 3.1, QPMA identified a risk associated with assuming surveyors with previous accreditation experience have the skill, attributes and prior knowledge for the role as envisaged by QPMA without critical oversight. QPMA has addressed this risk by introducing training in surveying and discussion about the guidelines, policies and procedures that QPMA has developed that underpin the accreditation process.

QPMA has developed a range of tools, including a decision making framework, policies, guidelines and template documents to assist teams in applying the QPMA standards and processes.

### ***Team findings***

The team commends the work to recruit and train a large pool of accreditation surveyors. The surveyors who met the team were engaged and committed to their role with QPMA. With such a large pool, it will be important to have mechanisms for surveyors who do not participate in accreditations regularly to maintain their skills.

The AMC team observed two QPMA survey visits during this assessment process. The team noted good engagement by all survey team members. QPMA has set out to implement processes that are different to those of its predecessor, PMCQ. The team did observe some differences in style, experience and understanding of QPMA's accreditation processes between team members. This was acknowledged by QPMA and appropriate strategies have been developed to address the issue, as noted under attribute 3.1.

The team received some variable feedback from stakeholders about the composition of the teams and noted the importance of recruiting across the breadth of stakeholders, so that there is an appropriate mix of skills and experience on teams, especially junior medical officer team members.

In observing the QPMA survey visits the team noted a strong sense of collegiality between the QPMA team and the facilities, this was considered a strength. This was further supported by discussions with stakeholders who confirmed that QPMA plays an important support role. However, if the process is to be objective and fair, there will need to be clearer guidance about when support and collegial advice from surveyors is appropriate and when the surveyor's role is to make an assessment against the standards. The AMC team observed a number of instances where survey team members had followed up issues directly with a facility or had given guidance to a facility on how to solve specific problems. The team considered that finding the balance between assessment and support roles and maintaining objectivity, could be addressed further during team training.

QPMA has been establishing itself in a period of national change while the national framework for intern training is still in early implementation. The team observed some confusion around the national assessment processes and suggests this might be an area for consideration in surveyor training.

There was strong commendation of the training provided by QPMA. It was regarded as of high value, not just for surveyors but also health service staff.

Currently staff can perform a significant role in survey teams, although this is not explicit in the description of the team's role. The AMC team expected this should decline as the pool of trained and experienced surveyors increases, but the extent of the staff role should be made more explicit.

QPMA is in the early stages of recruiting and training its surveyor pool. It has developed comprehensive policies and procedures to support these processes. Evaluation of the process, surveyor performance and training will be important areas for continued development. The review process outlined in the Surveyor Evaluation Policy and Procedure is comprehensive. The implementation and further development of this policy should be an area for further reporting to the AMC.

#### **4.3 Managing conflicts of interest in the work of accreditation visitors and committees**

The intern training accreditation authority has developed and follows procedures for identifying, managing and recording conflicts of interest in the accreditation work of survey teams and working committees.

QPMA requires that all individuals working with QPMA declare their interests. QPMA has developed a Declaration of Interest Form which both the Accreditation Committee and survey team members are required to complete.

Procedures for managing and recording conflicts of interest for the Accreditation Committee include: the inclusion of declaration of interest in the Terms of Reference, a separate procedural document specific to managing interests of the Accreditation Committee and noting of existing conflicts in the agenda of committee meetings. In addition, members are asked to declare interests at the beginning of each meeting and if new interests are declared these are noted. Where interests are noted, the individual is able to be present, at the discretion of the chair, for discussion and is asked to leave the room during adjudication and decision. This is recorded in the minutes.

There are also procedures to declare and manage interests of survey teams. The survey team selection flowchart describes three occasions where conflicts may be declared: by the potential surveyor themselves; by the facility; and by the Accreditation Committee.

#### ***Team findings***

QPMA has clear policies and procedures for managing conflicts of interest in the work of its survey teams.

#### **4.4 The accreditation process**

The accreditation process includes self-evaluation, assessment against the standards, site visits where appropriate, and a report assessing the program against the standards. In the process, the intern training accreditation authority uses standards that comply with the approved national standards for intern training.

The QPMA accreditation process includes self-evaluation, assessment against standards and a report assessing the program against the standards. At present, QPMA uses the exact wording of the national standards, *Intern training – National standards for programs*.

A summary of the QPMA accreditation process is provided below:

- 1 Submission of evidence for a full review
- 2 Analysis, reporting, recommendation by the survey team
- 3 Review and adjudication by the Accreditation Committee
- 4 General Conditions, specific conditions, monitoring conditions, addressed within set time frames by the facility

- 5 Development of quality improvement recommendations
- 6 Ongoing reporting and relationship with QPMA
- 7 Modifications / changes to intern training program informed to QPMA
- 8 Self-reflection and evaluation by facility examining adherence to AMC standards
- 9 Move through to step one again.

Facilities are required to self-evaluate in preparing their accreditation submission. In addition to preparing an accreditation submission, facilities are asked to complete a document reflecting on how their program adheres to the standards. The self-evaluated rating of adherence to each standard is included as an appendix in each accreditation report.

Survey team members are asked to assess each component of the intern training program against each standard. This includes an individual rating against the standards by each team member and then collectively. The rating against each standard is included in the final report. The *Standards, Conditions and Timeframe* Guideline provides guidelines for surveyors and a comparison to the rating system previously used in Queensland and provides an explanation of each rating level.

QPMA may undertake accreditation assessments for a full review of a facility, an application for a new term, an application for a new site and for moderate or major modification. The Accreditation Site Visit Policy indicates a site visit may be part of any of these accreditations and that QPMA's policy is that the need for a site visit is decided by the Survey Team reviewing the evidence for a particular accreditation. Should a Survey Team determine a site visit is not needed for a full review, the hospital executive, the medical education team and the interns will still be interviewed by the team. Therefore, for all full four-yearly reviews, a site visit remains an essential component of the process. QPMA indicated it is planning to conduct a random sampling of site visits to complement its quality assurance processes. Its accreditation submission indicated that from July 2016 QPMA planned to randomly select 5% of departments and units that have been through some form of accreditation review in the previous 12 months (e.g. modification of a term; full review etc.) for a follow up visit or teleconference.

QPMA has developed different report templates (mapped to the standards) for different types of accreditation review.

### ***Team findings***

As a result of its initial accreditation assessment and subsequent monitoring of HLA-QPMA, the AMC had asked QPMA to report on the following under domain 4:

- Evidence that systems for managing accreditation services are implemented by the end of the transitional period including information on any outstanding and unplanned work on the online accreditation portal.
- The timeline for completion of the portal and a critical assessment of the interim paper-based model implemented while the portal was developed.
- Information about evaluation of the accreditation processes to date and circumstances that trigger a site visit.
- The development of data gathering processes and feedback from junior doctors and supervisors via fora and surveys: specifically processes established, information gathered and responses to it.

QPMA's accreditation process is well underway with seven full reviews, including 17 individual training sites, completed at the time of the AMC team's visit. The AMC team considered that QPMA's model is developing with a strong focus on learning from experience. QPMA is currently managing the process in a traditional paper-based approach, while the portal develops, with site

visits occurring for most assessments. QPMA is currently piloting the use of the portal with facilities in parallel with the paper-based process. The team understood that the specifications for the accreditation portal have required review as QPMA's experience in accreditation grows. The use of an agile programming methodology allows for ongoing refinement of requirements, but the development is taking longer than originally anticipated. The paper-based model appears to be functioning well in the meantime.

The policy on when and whether site visits are used has evolved since QPMA began its accreditation role. Currently, the survey team decides if a site visit is required. To date, most reviews have required a visit. In these early stages of QPMA's establishment site visits have also played a role in relationship building and information gathering. However, QPMA should consider and articulate clearly the role of site visits, and with use of this policy, review of the proposal to have random site visits. Random visits would seem only to be required when the percentage of accreditations that have a site visit has decreased substantially. The team considered that the trigger/requirement for a site visit needs further consideration.

As noted at attribute 3.1, the current model of accreditation has implications for workload and resources. QPMA's planned evaluation of the accreditation process will be an opportunity to consider efficiency and effectiveness and sustainability of current processes.

The portal should help as a way of better managing information and the flow of accreditation work in the future.

QPMA has developed template documents to align the survey team's assessment of facilities against the standards. The AMC team did observe some variability in how these processes were applied during the survey visits and noted that the standards were not necessarily specifically referenced in discussions with the facility. This is something that should be further addressed in team training.

The team commended QPMA's efforts to develop stakeholder knowledge of the standards, through segments in its newsletter and on the website each month which highlight a standard and discuss its meaning.

The team encouraged QPMA to develop additional guidance for facilities to assist them to complete their accreditation documentation efficiently. Inevitably, with the establishment of a new process, there is some lack of clarity about the level of evidence required from facilities.

The conduct of the accreditation process will be an area for further reporting to the AMC. This should include an update on the development of the accreditation processes and the implementation of the accreditation portal, process evaluation and future plans.

The team noted that QPMA had adopted the AMC-developed document *Intern training national standards for programs* and that some facilities were seeking additional guidance on the application of the national standards to their facility. The national standards are written at a high level to allow for variation across states and facilities and to strengthen opportunities for health services to develop innovative models of intern training. Applying these high level standards represents a significant change for Queensland health services and QPMA may need to provide additional guidance that is customised to Queensland. There may be opportunities for QPMA to learn from approaches in other states.

#### **4.5 Fostering continuous quality improvement in intern training posts**

The accreditation process facilitates continuing quality improvement in delivering intern training.

QPMA states that the role of accreditation is to ensure that interns are able to provide safe patient care, in a patient-centred way. The accreditation process is based on a quality improvement and quality assurance model.

The focus on improvement of intern education and training is stated in a number of QPMA's procedural documents and guides such as the *Accreditation Decision Framework*, the templates for surveyor review of standards, and the surveyor position description.

QPMA has developed a *Standards Conditions and Timeframe Guideline* which describes the different types of conditions that are applied to sites that train interns. In addition to conditions that are required to be met within certain timeframes, there are *Recommendations for Quality Improvement* which do not have set timeframes but are intended to raise the quality of intern training.

The QPMA Medical Advisor also has a role in quality improvement. In discussions with the team, the Medical Advisor indicated that this role included being point of contact for facility staff and then working through these issues with members of QPMA staff, the facility and if necessary the Accreditation Committee.

### ***Team findings***

The team noted clear statements about the QPMA philosophy and objects throughout the correspondence and survey reporting. The accreditation process has a clear focus on quality improvement of intern training.

The AMC team observed this focus on quality improvement in the accreditation survey visits it attended. Of particular note was the Lady Cilento survey team's focus on patient safety and junior doctor welfare during the meeting with junior medical officers.

While the team considered the accreditation processes, as described, should facilitate quality improvements, the evidence of this will come with time and through completed accreditation and monitoring processes. This should include consideration of mechanisms for identifying and managing issues related to patient safety or junior doctor wellbeing in the accreditation processes. As HLA-QPMA was still in a period of establishing itself and its processes at the time of the AMC team's visit, this will be an area for continued reporting to the AMC.

The team noted the importance of relationships with the JMO Forum, interns, and doctors in training groups to facilitate quality improvement and ensuring mechanisms for regular JMO feedback.

## **4.6 The accreditation cycle and regular monitoring of intern programs**

The accreditation process is cyclical, in line with national guidelines and standards, and provides regular monitoring and assessment of intern programs to ensure continuing compliance with the approved *Intern training – National standards for programs*.

The QPMA accreditation process is cyclical and based on national guidelines and standards. QPMA indicates monitoring is achieved through both formal mechanisms and relationships developed between QPMA and each site.

QPMA has established a four-year accreditation cycle and the following applies:

- Placements are accredited until the end of Term 5 of the year of expiry date
- Conditions of accreditation are given specific timeframes to meet the requirements
- New placements that are accredited during the existing four year cycle, are given expiry dates in line with the existing accredited placements.

QPMA has a number of different types of conditions applied to sites that train interns, described in the *Standards Conditions and Timeframe Guideline*. This includes:

- General Conditions: apply to the whole training program and are accompanied by a date to be demonstrated, failure to meet this results in a lapse of accreditation for the facility/site.

- **Specific Conditions:** apply to individual placements or components of the intern training program, again a date is set. Failure to meet these conditions results in lapse of accreditation for that placement or component.
- **Monitoring conditions:** placed upon facilities/sites/terms where further information is required at a future time to determine the ongoing efficacy of the accredited placement. A date is set by which the facility/site needs to submit the required information. Failure to do so results in lapse of accreditation for the placement about which the monitoring condition is written.
- **Recommendations for quality improvement:** Included as part of an aim to raise the quality of intern training. Not accompanied by dates and not followed up as part of cyclical review of facilities or sites. May be followed up at next full review cycle.

This reporting process and the *Notification of Change Guideline* are formal mechanisms for monitoring. The planned random site visit process will also contribute to this monitoring function.

### ***Team findings***

There is a four-year cycle of accreditation, and reports contain clear conditions which facilities must report against in order to meet standards.

The team noted that QPMA is maintaining continuity with the previous accreditation cycles (by PMCQ). The team commends QPMA for the extensive work undertaken to build relationships and gather information about each of the facilities, including accreditation reports and provisos set by the previous accreditation authority.

QPMA is still in an early stage of implementing its processes, with a focus on accreditation of facilities and posts. Its approaches to monitoring will develop as its experience grows. JMOs have much to contribute to the monitoring of facilities and programs between visits, and the potential role of the JMOs in these processes requires further development.

#### **4.7 Considering the effect of changes to posts, programs and institutions on accreditation status**

The intern training accreditation authority applies national guidelines in determining if changes to posts, programs and institutions will affect the accreditation status. It has clear guidelines on how the institution reports on these changes, and how these changes are assessed.

QPMA has developed notification requirements about changes and modifications to placements that train interns, *Notification of Change Guideline*. It has also developed a *Notification of Change Decision Matrix* and form to assist facilities.

QPMA indicates that in the first instance it is the responsibility of the facility to determine the level of consequence of a modification (minor; moderate; major) however the facility may seek advice from the Medical Advisor and / or the Accreditation Committee. The *Notification of Change Guidelines* provides examples of the types of changes that might occur in a facility and the level of consequence. The accreditation process for each is summarised below:

- **Major consequences of change:** This is defined as a change which impacts significantly on intern training, intern safety and wellbeing and/or patient safety and wellbeing. The facility submits the Notification of Change form to QPMA to notify the change that has occurred, or is about to occur. QPMA works with the facility to determine which standards should be addressed. The facility is required to submit evidence in the same manner as submitting for a review of the relevant placement or element of the intern training program. QPMA forms a survey team to examine the evidence and this team may request a site visit. The processes of consideration and decision making about the accreditation outcome are the same as for re-accreditations.

- **Moderate consequences of change:** Defined as a change which has a strong impact on the working day of the intern and possibly on the education provided, or offered to interns but does not impact on intern or patient safety. The standards to be addressed and evidence required are determined in discussion with QPMA. The QPMA Medical Advisor (or delegate, who may be a member of the survey pool or the Director of QPMA) reviews submitted evidence and, if deemed appropriate, will suggest QPMA forms a survey team to further analyse the data. The process results in a report to the Accreditation Committee.
- **Minor consequences of change:** Defined as a change which has no impact on the quality of intern training, the intern training program or intern and patient safety but which QPMA needs to be notified of to maintain a comprehensive understanding of the full intern training program and experience at each facility. The facility is required to submit the Notification of Change form to QPMA, which triggers an assessment by the QPMA Medical Advisor. Once the change is fully assessed and confirmed as minor, QPMA will notify the facility that the change is approved. Advice regarding changes which have minor consequences will be presented to the Accreditation Committee for noting.

QPMA's submission states that if a facility modifies a placement and that change results in consequences to the intern training, to intern welfare and safety, or to patient safety, interns should be removed from this placement until QPMA has reviewed it. QPMA indicated good compliance with this requirement, but the need to reinforce the requirement through newsletters and specific letters to the Executive Directors of Medical Services across the state.

QPMA is developing a standardised framework for the approach to commonly occurring changes. This is intended to assist in enhancing the consistency in the decision making process.

### ***Team findings***

QPMA has given considerable thought to the guidelines concerning what constitutes a change in a program or post. However, the processes for managing these changes seemed underdeveloped, with instances of significant changes potentially not being flagged as such in an appropriate/timely manner. This also relates to attribute 4.6 and mechanisms for monitoring outside the formal accreditation process. This will be an area for further reporting to the AMC.

## **4.8 Application of documented decision-making processes**

The intern training accreditation authority follows documented processes for accreditation decision-making and reporting that enable decisions to be free from undue influence by any interested party.

QPMA has developed a *Decision and Reporting Flowchart* which describes the decision making process across the accreditation cycle.

There are a number of mechanisms to avoid undue influence on the decision-making processes, discussed in more detail under attributes 2.1 and 4.3. This includes decision making through a number of levels of governance and a conflict of interest policy for committees and survey team members.

The survey team's role is to analyse evidence, summarise in report format and recommend to the Accreditation Committee. The Accreditation Committee's role is to adjudicate on these recommendations.

The draft report must be signed off by survey team members before it moves to the next stage. The facility being accredited has the opportunity to check the report for fact and error before it moves to the Accreditation Committee for review. When a report of a full review is presented to the Accreditation Committee, the team lead of that review is asked to present the findings of the report to the committee.

Decision making processes for other accreditation reviews are also documented. The *Notification of Change Guideline* provides a decision making flowchart which details the roles of the Medical Advisor, the Accreditation Committee, and the individuals at the facility where a change is occurring. For minor changes the Medical Advisor, or their delegate, is able to adjudicate on changes and for moderate changes the Medical Advisor adopts the role of determining the next course of action.

QPMA has developed processes for accreditation decisions that need to occur 'out of session'. Out-of-sessions adjudications are determined by the Chair and two Accreditation Committee members. Where a decision is made it is tabled for noting at the next Accreditation Committee meeting.

As previously noted, QPMA has developed procedures for managing conflicts of interest and levels of decision making with wide input from different stakeholder groups in survey teams and the accreditation committee is also intended to reduce the potential for undue influence.

### ***Team findings***

The team considered that QPMA has clearly defined procedures for decision making. There are mechanisms to deal with conflict of interest and evidence of this occurring.

## **4.9 Communicating accreditation decisions**

The intern training accreditation authority communicates the accreditation status of programs to employers, interns and other stakeholders, including regulatory authorities. It communicates accreditation outcomes to the relevant health services facility and other stakeholders.

All accreditation outcomes are available to view on the QPMA website. QPMA indicated this is updated after each accreditation committee meeting where new terms and modifications to terms are endorsed.

Accreditation Reports are sent to each facility following an accreditation review. This report details all findings of the review. A certificate of accreditation is also sent at this time.

QPMA's monthly newsletter contains updates on accreditation status of facilities, including those facilities that have moved through a full review and those facilities that have successfully applied for a new term or site. This newsletter is distributed to all personnel involved with QPMA, including the members of the JMO forum. QPMA indicated that, through the JMO forum, members are asked to distribute relevant information to all interns at the site.

QPMA has a formal relationship with the Medical Board of Australia, receiving quarterly funding to contribute towards the prevocational medical accreditation services that QPMA provides. QPMA reports to the Medical Board twice a year. QPMA indicated it has established a working relationship with the Queensland State Medical Board of the Medical Board of Australia with regular informal three-monthly meetings.

QPMA has formal reporting lines to the Office of the Chief Health Officer (OCHO) of Queensland Health. HLA stated it provides monthly reports, including financial reports to the Queensland Department of Health.

QPMA indicated it has also established informal reporting relationships with the Executive Directors of Medical Services (EDMS) Forum. The Accreditation Committee only reports formally to the Medical Board of Australia. This includes six weekly briefing sessions.

### ***Team findings***

Outcomes of accreditation are communicated to stakeholders, but there is some variability in which officers in a facility receive the report. QPMA should develop and apply clear procedures on this matter, including the distribution of outcomes to JMOs. As well as communicating the outcomes of the accreditation, the team suggests QPMA consider how, working with health

services, JMOs can be reassured that any concerns they had raised and commendations made have been addressed. As noted in previous attributes, the team considered that accreditation decisions should be formally communicated to the HLA Board.

During the site visit, the AMC team was unable to meet with relevant representatives of the Queensland Board of the Medical Board of Australia to confirm the reporting relationships and level of stakeholder engagement. As a new authority, QPMA is encouraged to continue to develop the relationship with the Medical Board of Australia at both State and National levels.

#### **4.10 Complaints, review and appeals processes**

There are published processes for complaints, review and appeals that are rigorous, fair and responsive.

QPMA has developed a grievance and appeals policy that covers accreditation decisions of QPMA. This document describes the procedures that QPMA applies in handling appeals relative to the QPMA training facility accreditation program and process and it covers all accreditation adjudication decisions of QPMA.

The QPMA accreditation process provides a number of opportunities for feedback to and from facilities prior to delivery of the final review report. These include:

- Requests for further clarification of evidence and data submitted by the facility from the QPMA Survey Team.
- Requests for further clarification of evidence and data from the QPMA Survey Team during the collation and analysis phase or Site Visit.
- Debriefing by the QPMA Survey Team at the conclusion of a site visit (if a site visit forms part of an accreditation review) to provide overall feedback of evidence and data collected.
- The draft survey report which is generally forwarded to facilities within 6-8 weeks following the Submit Date and which invites the facility to review and comment for factual errors. Any such correspondence will be directed to and reviewed by the QPMA Survey Team.
- The final survey report includes accreditation status and improvement recommendations. Any correspondence submitted by a facility in response to the draft survey report will be submitted with the final survey report to the Accreditation Committee.

QPMA indicates that should a facility contest a specific accreditation recommendation (other than accreditation status), the QPMA Accreditation Committee will determine the significance of the recommendation, and whether it has a bearing on the accreditation status of the facility. Should it be deemed to be of material significance, the facility will be advised that failure to comply with the recommendation will impact on their accreditation status. This may result in the facility either accepting the recommendation, or seeking a formal review using the appeal process. The formal process is detailed in the Appeal Policy. To date, no facility has appealed a decision by the Accreditation Committee.

The *Accreditation Review Appeal Policy* states the following as a basis for appeal:

- relevant and significant information that was made available to the Accreditation Survey Team was not considered in the final report; and/or
- the report of the Accreditation Survey Team was inconsistent with the information put before the team; and/or
- bias of a surveyor or surveyors exists; and/or
- information provided by the Accreditation Survey Team was not duly considered in the recommendation/conditions of the QPMA Accreditation Committee; and/or
- the process of their accreditation review was seriously flawed.

A summary of the process for appeal as described in the *Accreditation Review Appeal Policy* is provided below.

An appeal is to be submitted within 20 days after formal receipt of the accreditation review report. An Appeals Committee would then be convened and appointed by the HLA CEO as an independent group composed of:

- an independent Chair nominated by the CEO, HLA in consultation with the HLA Board
- two HLA-QPMA experienced survey team leaders (other than the survey team leader or members of the accreditation review under discussion)
- a nominee of the appellant
- a nominee of the relevant health jurisdiction (as example Queensland Health or a private health organisation).

The formal appeal and accompanying documentation lodged by the facility will be submitted to the Appeals Committee and then forwarded to the Accreditation Survey Team Leader and the Chair of the Accreditation Committee. Content of the Appeals documentation will be redacted where it concerns individuals within the Accreditation Survey Team and/or Accreditation Committee. A meeting will then be arranged for the Appeals Committee to consider the appeal and mediation. The findings and recommendations of the Appeals Committee will be reported to the HLA CEO within 14 days. The CEO will inform the Chair, Accreditation Committee, the Survey Team Leader, Director QPMA and the appellant of the recommendations of the Appeal Committee.

### ***Team findings***

The team considered that procedures for appeal are clearly defined. However, the team was not clear about the responsibility of the HLA Board in relation to an appeal by a facility. This is an area for further consideration by HLA-QPMA as discussed in attribute 1.1.

## 5 Stakeholder collaboration

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**Domain requirement:** The intern training accreditation authority works to build stakeholder support and collaborates with other intern training accreditation authorities and medical education standards bodies.

### Attributes

- 5.1 The intern training accreditation authority has processes for engaging with stakeholders, including health departments, health services, junior doctors, doctors who supervise and assess junior doctors, the Medical Board of Australia, professional organisations, and health consumers/community.
- 5.2 The intern training accreditation authority has a communications strategy, including a website providing information about the intern training accreditation authority's roles, functions and procedures.
- 5.3 The intern training accreditation authority collaborates with other relevant accreditation organisations.
- 5.4 The intern training accreditation authority works within overarching national and international structures of quality assurance and accreditation.

### 5.1 Engagement with stakeholders

The intern training accreditation authority has processes for engaging with stakeholders, including health departments, health services, junior doctors, doctors who supervise and assess junior doctors, the Medical Board of Australia, professional organisations, and health consumers/community.

QPMA has expressed a strong commitment to engaging with stakeholders in its governance and in the development of policies and procedures.

QPMA has also developed a *Communication and Engagement Policy* which details QPMA's processes for engaging with stakeholders and describes the formal points of contact with: Junior Medical Officers, Directors of Clinical Training and Medical Education Officers, Workforce managers, Survey team members (the survey pool) and the Education Committee.

QPMA has a community member on its Accreditation Committee and has three survey team members it identifies as community members.

A summary of QPMA mechanisms for engagement with specific stakeholder groups is listed below:

- Queensland Health: regular formal meetings with Office of the Principal Medical Officer/ Office of the Chief Health Officer personnel as well as ad-hoc meetings as required.
- Health facilities: written communiques, ad-hoc and scheduled phone engagements, HLA website information, and staged QPMA ePortal roll-out. In 2015 QPMA visited every facility that was then accredited to train interns and it plans at least once yearly visits.
- Junior doctors: via the JMO Forum which was established early 2015, initial face to face meeting, ad-hoc email communication and at least monthly electronic communication engagements. Video-teleconference meetings and a face-to-face meeting at least once a year are planned.
- Doctors who supervise and assess junior doctors (DCT & MEO Forum): established early 2015, initial face to face meeting, ad-hoc email communication and at least monthly electronic communication engagements. Video-teleconference meetings and a face-to-face meeting at least once a year are planned.

- The Medical Board of Australia and MBA-Q: Ad-hoc phone and email communication, at least monthly formal contact for first three months, then at least quarterly meetings, Accreditation Committee recommendations submitted as required.

QPMA indicated that it has also met with representatives from several disease / condition non-governmental organisations about accreditation as part of the initial and informal stakeholder briefings across the state.

### ***Team findings***

QPMA has given a high priority to the building of relationships with stakeholders. This commitment by QPMA was commended by the AMC team. QPMA was seen by stakeholders who met the team as supportive and open in its dealings with them.

QPMA has established a collegial relationship with Queensland Health.

The team considered that the relationship with the JMO Forum, as it is further established, will be an important area for continued focus by QPMA.

The communication with stakeholders will be enhanced when a number of developing fora are operating.

The team considered that engagement with the community and health consumers still requires development and this was acknowledged by QPMA. This will be an area for reporting to the AMC.

The team also encourages QPMA to develop additional ways of communicating and engaging EDMS with developments in accreditation standards and procedures, preferably through face to face meetings.

## **5.2 Communications strategy**

The intern training accreditation authority has a communications strategy, including a website providing information about the intern training accreditation authority's roles, functions and procedures.

As noted in the previous attribute QPMA has developed a Communication and Engagement policy.

It has also developed the internal procedures to ensure it provides consistent information. For example, it has developed a record of history and contact with a site or individual to provide history and tracking of discussions and decisions.

QPMA's website provides information about its roles, functions and procedures. New and updated resources and revisions are published to the website.

QPMA started a monthly newsletter in June 2015. The newsletters are emailed to over 300 subscribers and are publically available on the website: <http://www.qpma.org.au/home/about-us/latest-news/>. The topics range from overviews and outcomes of previous accreditation reviews, updates on changes to guidelines and policies, updates on committees and forums, and upcoming events e.g. national prevocational medical education forum and CPMEC award winners for the state.

The subscribers to the newsletter include staff at all Queensland Medical Education Units (or equivalent), all forum and committee members, and others who have expressed an interest in receiving the newsletter or who would benefit from being informed of current accreditation issues and events.

QPMA intends that the portal will be an important source of information for facilities and survey team members in the future.

### ***Team findings***

QPMA has a comprehensive communications strategy and website. Over time, it will be important for QPMA to evaluate the effectiveness of these policies and processes.

### **5.3 Collaboration with other accreditation organisations**

The intern training accreditation authority collaborates with other relevant accreditation organisations.

QPMA indicates it has established links with intern accreditation authorities in other states of Australia, further outlined in the *Communication and Engagement Policy*.

QPMA has expertise from Postgraduate Medical Council of Victoria (PMCV) with personnel being part of the QPMA survey pool and participates in surveys, as well as the Interim Accreditation Committee (2015) and Accreditation Committee (2015 and 2016). In April 2016, QPMA's Accreditation Manager attended PMCV surveyor training and observing a survey conducted by PMCV. This will be reciprocated when the PMCV accreditation manager is attending surveyor training and participating in a full accreditation review in Queensland at the end of April 2016.

Formal contact and discussion has been undertaken with the Confederation of Postgraduate Medical Education Councils (CPMEC). QPMA is represented on relevant national working groups in a knowledge sharing and resources sharing capacity, and to assist in identifying key professional linkages in support of accreditation principles. These include:

- Principal Officers group
- Accreditation Managers Group
- Confederation of Postgraduate Medical Education Councils Board
- National Steering Committee for the annual Prevocational Medical Education Conference.

QPMA is also building contacts with other accreditation authorities in medicine, primarily specialist medical colleges but also health facility accreditation organisations.

Particular emphasis in the initial phases of QPMA has been to develop links with accreditation authorities in health that have also moved to an online portal for gathering evidence, in full or in part. As the use of an e-portfolio for program accreditation is still relatively new in Australia, this is an important strategic step.

QPMA also maintains contact with authorities that are responsible for accreditation in areas other than health, such as the Tertiary Education Quality and Standards Agency (TEQSA).

The submission indicates that Health Leaders Australia is currently developing relationships with internationally recognised bodies in the accreditation sector.

### ***Team findings***

QPMA's commitment to learning from other accreditation authorities was obvious to the team. Its commitment to engaging with other intern training accreditation authorities is evidenced by its relationship with PMCV and its hosting of the 2017 Prevocational Forum. The team encourages QPMA to expand its linkages to other intern training accreditation authorities.

### **5.4 Working within accreditation frameworks**

The intern training accreditation authority works within overarching national and international structures of quality assurance and accreditation.

QPMA has adopted the AMC-developed document *Intern training - National standards for programs* when it began work in intern training accreditation in Queensland and uses the wording of each standard as they have been written by the AMC.

QPMA indicated it reviews its procedures, policies and other documents with relevant Australian authorities, to ensure alignment with their requirements, specifically:

- Australian Medical Council
- Confederation of Postgraduate Medical Education Councils
- Medical Board of Australia, and
- Queensland Health.

QPMA has developed a Monitoring and Evaluation framework that is intended to ensure that QPMA operates within quality assurance and quality improvement cycles. This applies to accreditation activity, procedural and process activity, and education activity.

QPMA's accreditation submission indicates that it has based its Quality Assurance mechanisms on national and international benchmarks for quality assurance such as those of the Tertiary Education Quality and Standards Agency (TEQSA).

QPMA stated it has undertaken a review of other intern training accreditation authorities' resources, including current policy, AMC submission documents (web version) and other documents provided by the AMC. With permission, QPMA has utilised other agencies work to build its own resources. Three examples include:

- 1 The supervision guideline of QPMA began from the template document from the PMCV.
- 2 The Notification of Change guideline of QPMA began from the original document of SA MET and the key three tiered level of change (minor, moderate, major) remains.
- 3 The Medical Education Unit guideline draws its position descriptions of key roles from the HETI guidelines on the role of the DPET and others.
- 4 Surveyor analysis templates and sample interview questions have been locally adapted from PMCV internal resources.

### ***Team findings***

The team considered that QPMA appears to be aiming for best practice and has set its processes up to reflect this. Because accreditation is a large and growing area, the team encourages QPMA to focus its review of "good practice" on those accreditation processes with similar objectives to the QPMA processes.

Intern training accreditation authorities often play a value role for their jurisdiction in identifying common concerns or risks relating to junior doctor training based on their monitoring and accreditation of sites and facilities. Over time, the team encourages QPMA to further explore its role in strategic issues related to the intern year on behalf of the state.

## **Appendix One Membership of the 2016 AMC Team**

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**Dr Andrew Singer (Chair)** MBBS, FACEM, FIFEM

Principal Medical Adviser, Strategic Policy & Innovation Group and Health Workforce, Australian Government Department of Health.

**Dr Claire Blizard** MBBS, MHA, MBA, FRACMA

Director Medical Services, Sydney Local Health District. Chair of Prevocational Accreditation Committee, Health Education and Training Institute.

**Dr Tamsin Cockayne** MBBS, FRACGP, MHM, MPH, DRANZCOG Adv, FARGP, Cert Pall Care, DTM&H

General Practitioner, Top End Medical Centre. Clinical and Public Health Advisor Northern Territory Primary Health Network.

**Emeritus Professor David Prideaux** Dip Teaching, BA (Hons), MEd, PhD

School of Medicine, Flinders University.

**Dr Jonathan Sen** BHSc MBBS

Basic physician trainee, Austin Health, Melbourne.

**Ms Theanne Walters**

Deputy Chief Executive Officer, Australian Medical Council.

**Ms Sarah Vaughan**

Manager, Prevocational Standards Accreditation, Australian Medical Council.

## Appendix Two Groups met by the 2016 AMC Team

### Observation of QPMA accreditation of Hervey Bay Hospital – Survey team teleconference: 6 April 2016

Subset of AMC accreditation team observed the QPMA survey team teleconference to review evidence provided by Hervey Bay Hospital.

### Observation of QPMA accreditation of Hervey Bay Hospital – Site visit: 27 April 2016

Survey Team Meeting		
Meet with executive and MEU		
Supervisor interview	2 Surveyors + 1 secretariat	Writing up – 2 Surveyors + 1 secretariat
Supervisor interview	2 Surveyors + 1 secretariat	Writing up – 2 Surveyors + 1 secretariat
Survey team meeting		
Lunch with Interns/RMOs		
Supervisor interview	2 Surveyors + 1 secretariat	Writing up – 2 Surveyors + 1 secretariat
Supervisor interview	2 Surveyors + 1 secretariat +/- AMC observer	Writing up – 2 Surveyors + 1 secretariat +/- AMC observer
Survey team meeting		
Survey Team wrap up with MEU		

### Observation of QPMA accreditation of Lady Cilento Children’s Hospital – Site visit: 1 July 2016

Survey Team Discussion	
Meet with Executive & MEU	
Meeting 1*	2 Surveyors + 2 AMC Observers + Secretariat + <b>TBA</b>
Meeting 2*	2 Surveyors + 2 AMC Observers + Secretariat + <b>TBA</b>
Survey Team Discussion	
Lunch with Interns/RMOs	
Meeting 3*	2 Surveyors + 2 AMC Observers + Secretariat + <b>TBA</b>
Meeting 4*	2 Surveyors + 2 AMC Observers + Secretariat + <b>TBA</b>

Meeting 5*	2 Surveyors + 2 AMC Observers + Secretariat + <b>TBA</b>
Meeting 6*	2 Surveyors + 2 AMC Observers + Secretariat + <b>TBA</b>
Survey Team Discussion	
Survey Team wrap up with Executive & MEU	

#### **AMC assessment team site visit at HLA - QPMA: 14 - 15 July 2016**

Meeting	Meeting attendees
BRISBANE, QLD	
Thursday 14 July - Dr Andrew Singer, Dr Claire Blizard, Dr Tamsin Cockayne, Emeritus Professor David Prideaux, Dr Jonathan Sen, Ms Theanne Walters (AMC staff), Ms Sarah Vaughan (AMC Staff)	
Senior Staff	Acting Chief Executive Officer, HLA Business Manager, HLA Chief Executive Officer, HLA Director, QPMA Accreditation Manager, QPMA
HLA Board	Board Chair Board Members
QPMA Managers and staff	Director, QPMA Accreditation Manager, QPMA Accreditation Officer, QPMA IT/Administration Officer, QPMA Administration Officer, QPMA Project Officer
QPMA Accreditation Committee	Committee Chair Committee Members
Junior Doctors	Junior Medical Officers: Cairns Hospital Hervey Bay Hospital Redcliffe Hospital
Observation of Accreditation Committee Meeting	

Meeting	Meeting attendees
Directors of Clinical Training	Directors of Clinical Training: Nambour General Hospital Mackay Base Hospital Redland Hospital Gold Coast University Hospital Lady Cilento Children's Hospital Bundaberg Hospital
Directors of Medical Services	Director of Medical Services: Mount Isa Base Hospital Gold Coast University Hospital Metro South Addiction & Mental Health Services The Prince Charles Hospital
Surveyors	Director of Clinical Training, Lady Cilento Children's Hospital Term Supervisor O&G, Hervey Bay Hospital HHS Clinical Director - Older Persons, Sub-acute and Rehabilitation (OPSAR), Cairns Hospital Medical Superintendent, Joyce Palmer Health Service General Physician, Caboolture Hospital
Queensland Health	Director, Office of the Chief Medical Officer Manager, Office of the Chief Medical Officer Senior Policy Officer, Office of the Chief Medical Officer
Queensland Medical Board	Queensland Board Members
Medical Education Officers	Medical Education Officers: Gladstone Hospital Gold Coast University Hospital Ipswich Hospital Logan Hospital Princess Alexandra Hospital Redcliffe Hospital Rockhampton Hospital Toowoomba Hospital Townsville Hospital

Meeting	Meeting attendees
Term Supervisors	Intern Supervisors: Caboolture Hospital Carins Hospital Hervey Bay Hospital Joyce Palmer Health Service Lady Cilento Children's Hospital
Friday 15 July – Dr Andrew Singer, Dr Claire Blizard, Dr Tamsin Cockayne, Emeritus Professor David Prideaux, Dr Jonathan Sen, Ms Theanne Walters, Ms Sarah Vaughan	
Present preliminary statement of findings	AMC Team HLA Board Chair HLA Directors Administration Officer, HLA Acting Chief Executive Officer, HLA QPMA Director Accreditation Manager, QPMA Accreditation Officer, QPMA Administration Officer, QPMA



