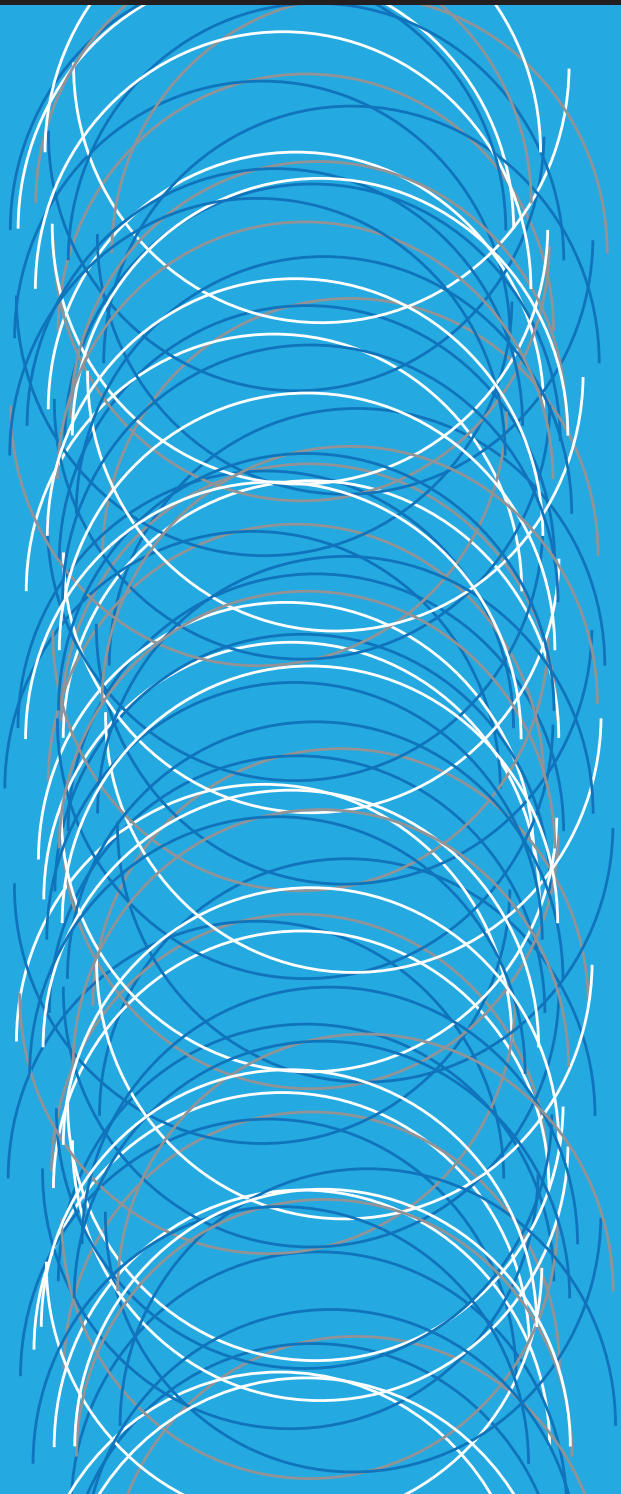


Australian Medical Council Limited

Accreditation Report:  
Queensland Department of Health –  
Prevocational Medical Accreditation Queensland

AMC



Prevocational Standards Accreditation Committee  
August 2021

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## **Acknowledgement of Country**

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The Australian Medical Council (AMC) acknowledges the Aboriginal and Torres Strait Islander Peoples as the original Australians, and the Māori People as the original Peoples of New Zealand.

We acknowledge and pay our respects to the Traditional Custodians of all the lands on which we live, and their ongoing connection to land, water and sky.

We recognise the Elders of all these Nations both past, present and emerging, and honour them as the traditional custodians of knowledge for these lands.

## **Executive summary**

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This report records the findings of the AMC assessment of the Queensland Department of Health – Prevocational Medical Accreditation Queensland (PMAQ), the intern training accreditation authority for Queensland.

The Queensland Department of Health – Prevocational Medical Accreditation Queensland (PMAQ) was granted initial accreditation by AMC Directors on 17 December 2018 as the intern training accreditation authority for Queensland. Initial accreditation is subject to the authority meeting the monitoring requirements of the AMC, including satisfactory progress reports. Under AMC accreditation procedures, initial accreditation continues until another accreditation decision is made, for example following a full accreditation assessment.

In May 2021, 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, 2019*. 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, 2020*.

The team reported to the AMC Prevocational Standards Accreditation Committee in August 2021. The Committee considered the draft report and made recommendations on accreditation to AMC Directors on 9 September 2021.

### **Decision on accreditation**

The AMC's finding is that the Queensland Department of Health – Prevocational Medical Accreditation Queensland (PMAQ) meets the domains for assessing intern training accreditation authorities.

The September 2021 meeting of AMC Directors resolved:

- (i) That the Queensland Department of Health – Prevocational Medical Accreditation Queensland, be accredited as an intern training accreditation authority for three years, to 31 March 2025, subject to satisfactory annual progress reports to the AMC.
- (ii) That this accreditation is subject to the condition set out below:

In the 2022 progress report:

- Develop and implement a selection process for the Chair of the Accreditation Committee that demonstrates independence from the potential, perceived, or real, undue influence from the Department. (Attribute 1.5)

The accreditation relates to the PMAQ's work as the intern training accreditation authority for Queensland.

In 2024, before this period of accreditation ends, the AMC will seek a comprehensive report from PMAQ. The report should address the requirements of the Intern training – Domains for assessing

accreditation authorities and outline PMAQ’s development plans for the next five years. The AMC will consider this report and, if it decides PMAQ is continuing to satisfy requirements, the AMC Directors may extend the accreditation by a maximum of five years, 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 AMC’s finding is that the Queensland Department of Health – Prevocational Medical Accreditation Queensland (PMAQ) meets the domains for assessing intern training accreditation authorities.

The key findings of the 2021 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 for the authority to consider, and are not conditions on accreditation. The authority must advise the AMC on its response to the suggestions.

The right column summarises the findings 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 a specified timeframe.

Domain with commendations and recommendations for improvement	Findings and conditions
<b>Domain 1 – Governance</b>	<b>Substantially met</b> 1.5 <i>Selection of the governing body</i> is substantially met
<p><i>Commendations</i></p> <p>A The clear structures supporting the separation of accreditation decision making and operational management of accreditation functions which are well understood by the health service representatives as well as PMAQ staff and department representatives. (Attribute 1.1)</p> <p>B The clear structures for operational management within the department, which provide for business stability and clear resourcing. (Attribute 1.3)</p> <p>C The proactive approach to reviewing the resourcing of PMAQ and evidence of additional investment in staff. (Attribute 1.3)</p> <p>D The representative membership model of the Accreditation Committee is clearly defined and both ensures that a diverse</p>	<p><i>Conditions to satisfy accreditation domains</i></p> <p>In the 2022 progress report:</p> <p>1 Develop and implement a selection process for the Chair of the Accreditation Committee that demonstrates independence from the potential, perceived, or real, undue influence from the Department. (Attribute 1.5)</p>

Domain with commendations and recommendations for improvement	Findings and conditions
<p>range of stakeholders, including consumers, participate in the governance and accreditation decision making, and promotes direct lines of communication to stakeholder fora (including Junior Medical Officers, Directors of Clinical Training and Medical Education Officers and health service executives). (Attributes 1.5 and 1.6)</p> <p><i>Recommendations for improvement</i></p> <p>AA Clarify for medical school stakeholders who the medical school representative on the Accreditation Committee is, and how this role interfaces with the state-wide Medical School Liaison Committee, which the Accreditation Committee member does not attend. (Attribute 1.6)</p>	
Domain 2 – Independence	Met
<p><i>Commendations</i></p> <p>E The inclusion of consumer members and chairs on assessment teams demonstrates the value of consumer perspectives in PMAQ’s work and in the accreditation assessment process. (Attribute 2.1)</p> <p>F Independent decision making by the Accreditation Committee, including evidence of applying the standards and processes in at least one situation that has challenging implications for the relevant health service. (Attribute 2.1)</p> <p>G The robust processes and policies in place to effectively identify and manage conflicts of interest. (Attribute 2.2)</p> <p><i>Recommendations for improvement</i></p> <p>BB Mitigate the structural risk to independent decision making as a result of the <i>Accreditation Review Procedure</i> which allows for a smaller committee selected by the Department without broad stakeholder representation, to set aside the Accreditation Committee’s decision and make a different accreditation decision that cannot be reviewed. (Attributes 2.1 and 4.12)</p>	<p><i>Conditions to satisfy accreditation domains</i></p> <p><i>Nil</i></p>

Domain with commendations and recommendations for improvement	Findings and conditions
<b>Domain 3 – Operational management</b>	<b>Met</b>
<p><i>Commendations</i></p> <p>H The regular review of the risk register by the Accreditation Committee and the open relationship between the Chair of the Accreditation Committee and the Acting Deputy Director-General that allows for discussion and mitigation of risks. (Attribute 3.2)</p> <p>I The work undertaken by PMAQ and the Accreditation Committee to streamline accreditation processes, in particular during 2020 in response to the impacts of COVID-19. (Attribute 3.2)</p> <p>J The robust systems for the effective management of information and contemporaneous records drawn from the Queensland Department of Health’s resources and existing enterprise solutions. Sound IT arrangements exist that enable exclusive access and appropriate data security, privacy and confidentiality. (Attribute 3.3)</p> <p><i>Recommendations for improvement</i></p> <p>CC Identify resources to allow PMAQ to appropriately respond to the imminent changes to the National Framework for Prevocational Medical Training. (Attribute 3.1)</p> <p>DD Include planning for, and implementation of, the imminent changes to the National Framework for Prevocational Medical Training in the Accreditation Committee’s work plan. (Attributes 3.1 and 4.4)</p>	<p><i>Conditions to satisfy accreditation domains</i></p> <p><i>Nil</i></p>



Domain with commendations and recommendations for improvement	Findings and conditions
<b>Domain 4 – Accreditation processes</b>	<b>Met</b>
<p><i>Commendations</i></p> <p>K The comprehensive and publicly available website, containing up-to-date versions of key core documentation relating to accreditation requirements, procedures and outcomes. The information relating to accreditation status and outcomes of accreditation processes is clear and transparent. (Attributes 4.1)</p> <p>L The clear and robust policies and procedures for identifying conflicts of interests in the work of assessment teams and committees, and the range of appropriate strategies for managing these. (Attribute 4.3)</p> <p>M The excellent support provided by PMAQ staff during accreditation assessments. Findings were referenced to the appropriate standard and the assessment team was conscientious in seeking all required evidence to make an informed judgement against each standard. (Attribute 4.4)</p> <p>N The comprehensive monitoring processes in place, in particular the <i>Notification of Concern Guideline</i>, which enable PMAQ to proactively identify areas of concern and systematically respond to issues in an appropriate manner, outside scheduled assessment timeframes. (Attributes 4.6 and 4.7)</p> <p>O PMAQ staff’s responsiveness during COVID-19. Staff provided proactive advice, appropriate flexibility and clarity to help health services manage changes to accredited terms, posts and programs, in response to the pandemic. (Attribute 4.9)</p> <p><i>Recommendations for improvement</i></p> <p>EE Develop a process for providing ongoing training and performance review and feedback to experienced assessors, as well as Assessors in Training. (Attribute 4.2)</p> <p>FF Develop a process for the ongoing recruitment and support of assessors from</p>	<p><i>Conditions to satisfy accreditation domains</i></p> <p><i>Nil</i></p>

Domain with commendations and recommendations for improvement	Findings and conditions
<b>Domain 4 – Accreditation processes</b>	<b>Met</b>
<p>consumer and community, and regional and rural health service backgrounds, particularly to ensure the credibility of the outcomes of the assessment process of regional and rural intern training providers. (Attributes 4.2 and 5.1)</p> <p>GG Create structured opportunities to share practice and learning from accreditation processes and innovation/excellence in intern training programs promoting learning across Queensland health services and intern training providers. (Attributes 4.5, 4.11 and 5.1)</p> <p>HH Involve a larger proportion of interns at accreditation site visits to enhance the identification of opportunities for continuing quality improvement and for the detection of matters directly pertinent to junior doctor wellbeing. (Attributes 4.8, 4.5 and 5.1)</p>	
<b>Domain 5 – Stakeholder collaboration</b>	<b>Met</b>
<p><i>Commendations</i></p> <p>P The clear structures and multiple mechanisms for engaging a wide range of stakeholders. (Attribute 5.1)</p> <p><i>Recommendations for improvement</i></p> <p>II Share accreditation findings with medical schools to both support the transition from medical school to intern training, and to respond to concerns about inappropriate training environments. (Attribute 5.1)</p> <p>JJ Collaborate with other intern training accreditation authorities to prepare for implementation of the changes to the National Framework for Prevocational Medical Training. (Attribute 5.3)</p>	<p><i>Conditions to satisfy accreditation domains</i></p> <p><i>Nil</i></p>

## 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 of Australia'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*. The assessment 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: <https://www.amc.org.au/accreditation-and-recognition/assessment-accreditation-prevocational-phase-medical-education/national-framework-for-prevocational-medical-training/>.

Framework document	Summary
Intern training – Domains for assessing accreditation authorities 2020	Outlines the criteria the AMC uses to assess intern accreditation authorities. Minor changes were made to this document in 2020.
Procedures for Assessment and Accreditation of Intern Training Accreditation Authorities by the AMC 2019	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.
Intern training – 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.

Framework document	Summary
Intern training – Term assessment form	A nationally available term assessment form designed to facilitate assessment against the intern outcome statements.
Intern training – Intern outcome statements	States the broad and significant outcomes that interns should achieve by the end of their programs.

The AMC's Prevocational Standards Accreditation Committee oversees the 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 accreditation 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 the Queensland Department of Health – Prevocational Medical Accreditation Queensland**

The Prevocational Medical Accreditation Queensland (PMAQ) was established as a unit of the Queensland Department of Health in 2018 and commenced delivery of services as the intern training accreditation authority for Queensland in 2019. PMAQ administers a system of accreditation to facilitate the education and training of prevocational doctors that enables the provision of safe, patient-centred care.

Queensland Department of Health – Prevocational Medical Accreditation Queensland submitted a report to the AMC for the initial accreditation in 2018. 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*. On advice from the Prevocational Standards Accreditation Committee, the December 2018 meeting of AMC Directors agreed that Queensland Department of Health – Prevocational Medical Accreditation Queensland substantially met the domains for assessing accreditation authorities. Directors granted initial accreditation to the Queensland Department of Health – Prevocational Medical Accreditation Queensland as the intern training accreditation authority for Queensland, subject to meeting the monitoring requirements of the AMC and satisfactory progress reports, with accreditation to continue until an AMC team completed an assessment of the intern training accreditation services in 2020.

Due to COVID-19, the AMC postponed the 2020 accreditation of Queensland Department of Health – Prevocational Medical Accreditation Queensland to 2021.

This report details the 2021 assessment of Queensland Department of Health – Prevocational Medical Accreditation Queensland (PMAQ) 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:

- The AMC contacted PMAQ regarding the commencement of the assessment process in November 2020, after which there were regular discussions between AMC and PMAQ staff to plan the assessment.
- PMAQ 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 PMAQ 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 PMAQ's accreditation submission. To assist this process, PMAQ placed its submission on its website.
- The team met on 9 April 2021 to consider PMAQ's submission and to plan the review.
- A subset of the AMC team observed PMAQ's survey visit to Royal Brisbane and Women's Hospital virtually from 20-21 April and in Redcliffe from 8-9 June 2021.
- The team met with Queensland Health executives and PMAQ staff, PMAQ members and selected stakeholders from 12-13 May and PMAQ Accreditation Committee members on 3 June 2021.
- The team provided feedback to PMAQ and Queensland Health staff on 18 June 2021 and subsequently prepared this report.
- The AMC invited PMAQ to comment on the factual accuracy of the draft report and on any recommendations, conclusions, or judgements in the draft report.
- The report and the comments of PMAQ were considered through the AMC's committee processes.

### **Appreciation**

The AMC thanks the Queensland Department of Health – Prevocational Medical Accreditation Queensland (PMAQ) 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 PMAQ and wider Queensland Health 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 between April and June 2021.

The groups met by the 2021 AMC team are listed at Appendix Two.

## **1 Governance of the Queensland Department of Health – Prevocational Medical Accreditation Queensland**

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

### **Attributes**

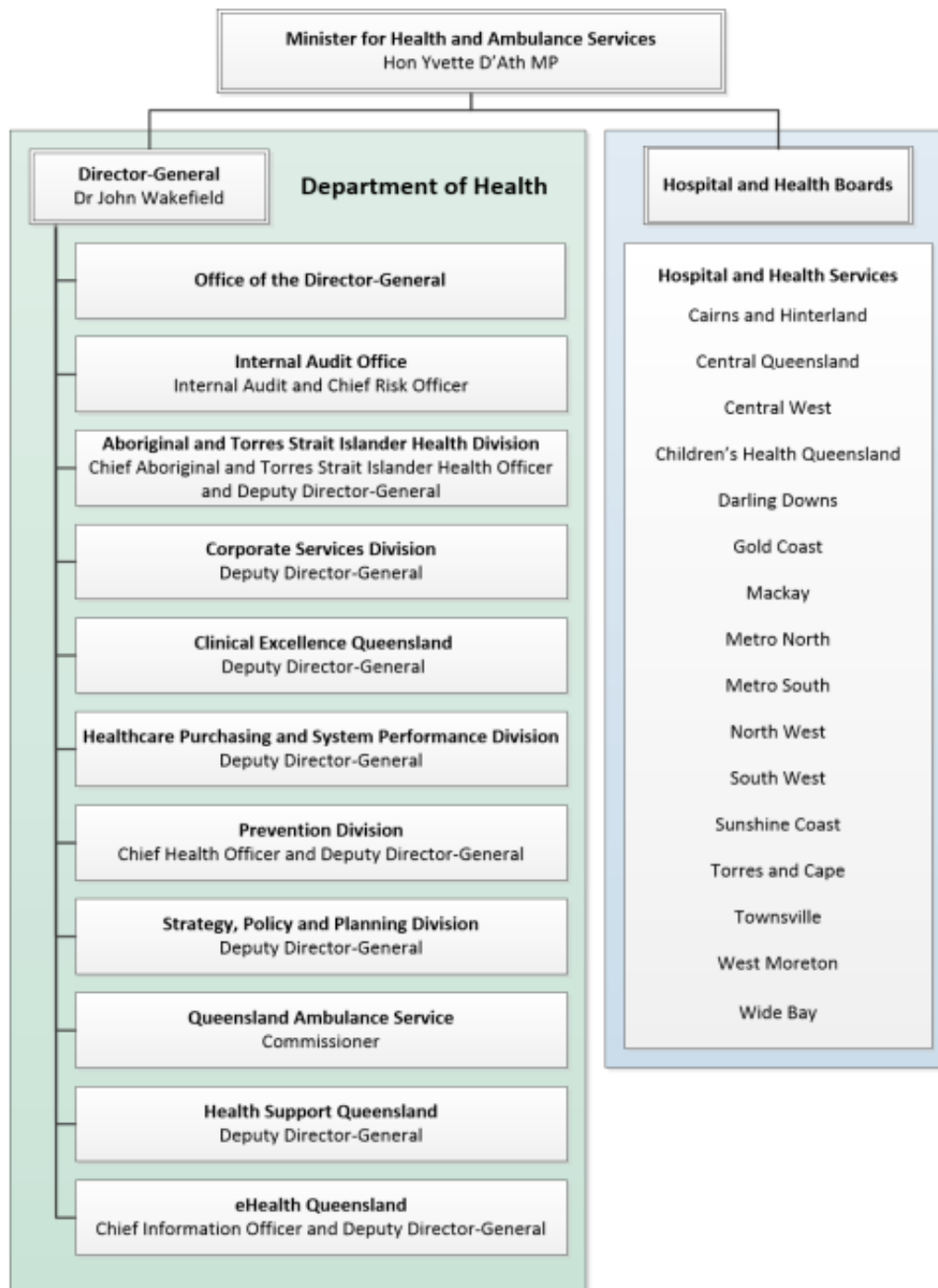
- 1.1 The intern training accreditation authority is, or operates within, a legally constituted body subject to a set of external standards/rules related to governance, operation and financial management.
- 1.2 The intern training accreditation authority's governance and management structures give appropriate priority to accrediting intern training programs including the impact of these programs on patient safety. This should also include the way these programs address the wellbeing of junior doctors.
- 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 Queensland Department of Health – Prevocational Medical Accreditation Queensland**

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.

The delivery of public sector and health services in Queensland is provided for by the *Hospital and Health Boards (HHB) Act 2011*. The Queensland Department of Health operates in a decentralised structure, with Hospital and Health Services (HHS) established as independent statutory authorities. The Department of Health is responsible for the overall management of the public health system. However, the HHS is a separate legal entity with statutory powers, functions and responsibilities. A Charter of Responsibilities clarifies the roles and responsibilities of the department and HHS, based on the relevant legislative provisions.

## Queensland Department of Health organisational chart<sup>1</sup>



The Prevocational Medical Accreditation Queensland (PMAQ) unit was established in the Queensland Department of Health in 2018, following the Department's decision to not renew a contract with an external accreditation organisation. PMAQ commenced delivery of services as an intern accreditation authority on 1 January 2019.

In recognition of the potential perceived or actual risk to independent decision-making arising from the accreditation authority being located within the Department of Health, which is also

<sup>1</sup> <https://www.health.qld.gov.au/system-governance/health-system/managing/org-structure> (accessed 15 June 2021)

responsible for overseeing health service delivery, there is a separation of the operational management (residing in the Department) and governance arrangements for PMAQ (residing in the Accreditation Committee).

*Management*

PMAQ operates under the Medical Advisory and Prevocational Accreditation Unit (MAPAU) within the Chief Medical Officer and Healthcare Regulation Branch (CMOHRB) of the Chief Health Officer and Deputy Director-General Prevention Division.

In relation to operational processes and budget, the Manager of PMAQ reports to the Director of MAPAU reporting through to the Executive Director, CMOHRB to the Acting Deputy Director-General (A/DDG), Prevention Division, who is accountable to the Director-General. The A/DDG has delegated responsibility, from the Director-General, for the functions of PMAQ and ensuring the accountabilities to both the AMC and the Medical Board of Australia through its contract with the Australian Health Practitioner Regulation Agency (Ahpra) are met.



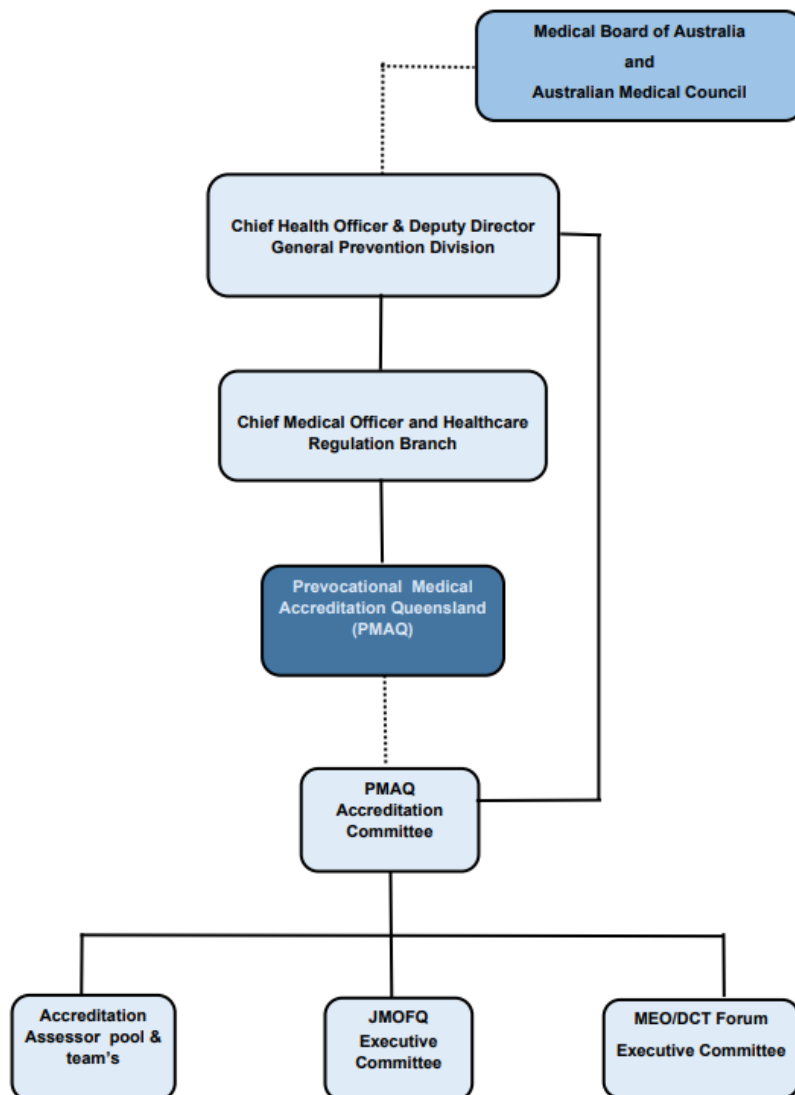
PMAQ uses public sector operational and financial resources, policies and procedures. Financial management of PMAQ is conducted through the Department’s standard reporting and budgetary management processes.



## Governance

PMAQ's current governance structure is illustrated below.

### The governance structure of PMAQ



In 2019, the Department sought independent advice regarding the appropriateness of PMAQ's governance structure. Specifically, the Department sought advice on PMAQ's services, structure, policies and procedures to ensure the integrity of PMAQ's accreditation decisions as an entity of the Department.

Subsequently, the following changes were implemented:

- dissolution of the PMAQ Governance Committee
- revision of the PMAQ Policy and Standard
- establishment of procedures for the independent management and assessment of appeals of accreditation decisions
- revision of the terms of reference of the PMAQ Accreditation Committee and related procedures.

The governance structure has now transitioned to a new Accreditation Committee with the following new inclusions in its terms of reference:

- realignment and definition of the Committee's role and responsibilities through assigning responsibility to the Committee for accreditation decisions
- transition to a representative membership model with many members representing their relevant stakeholder group
- stipulation of the composition of the Committee's membership with the addition of a medical school representative, a consumer representative, a representative external to the public health sector, and an independent Chair
- articulation of terms of engagement of members and circumstances that may give rise to termination
- formalising the relationship between the Committee and reference groups (Junior Medical Officer Forum Queensland and the Directors of Clinical Training/Medical Education Officer Forum)
- definition of the relationship between the Committee, the Chief Health Officer, the Deputy Director-General Prevention Division and the PMAQ Accreditation Committee.

The Accreditation Committee, not the PMAQ team or Department Branch (CMOHRB), is responsible for accreditation decision making. The terms of reference are published on PMAQ's website<sup>2</sup> and set out the Committee's responsibilities, which include:

- endorsement of accreditation teams and monitoring the composition of the assessor pool
- determining a four-year accreditation schedule and an annual accreditation work plan
- confirming PMAQ's accreditation policy, standards and processes, against the National Framework for Medical Internship
- confirming PMAQ's procedures, guidelines and tools developed to support accreditation activity
- making decisions about whether to accredit, accredit with conditions, or not accredit facilities as intern education and training facilities
- critically assessing and actively monitoring recommendations made by PMAQ assessment teams regarding the accreditation of intern education and training facilities
- review of national framework initiatives.

The Committee, through the Chair, provides summary reports directly to the Chief Health Officer and Deputy Director-General after each meeting.

The new procedure for independently managing the review of PMAQ decisions was also implemented. This process has yet to be tested as one request for a review has been received but not yet actioned due to the Health Service managing the implications of COVID-19. This is described in detail under attribute 4.12.

### ***Team findings***

The AMC team found PMAQ to be a clearly established unit within the Queensland Department of Health, subject to a set of external standards/rules related to governance, operation and financial management.

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<sup>2</sup> <https://pmaq.health.qld.gov.au/wp-content/uploads/2021/02/Accreditation-Committee-ToR-v2.1-1.pdf> (accessed 15 June 2021)

The team reviewed the departmental processes as applied to the operational management of PMAQ and the organisational arrangement of both the PMAQ function and the Accreditation Committee and found these to be clear. The structures supporting the separation of accreditation decision-making and operational management of accreditation functions are well understood by the health service representatives as well as PMAQ staff and department representatives.

## **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 including the impact of these programs on patient safety. This should also include the way these programs address the wellbeing of junior doctors.

The 2019 review resulted in further delineation of the accreditation governance and operational management structures. It explicitly recognised the importance of the intern training accreditation function and the need to make accreditation decisions which support the quality of prevocational training and junior doctor wellbeing, and which may be challenging for health service delivery.

The CMOHRB Operational plan includes the following key action:

*Deliver a system of review of prevocational education and training programs in Queensland to enable quality assurance and quality improvement.*

Along with the following measures:

*Maintain approval by the Medical Board of Australia as an intern accreditation authority.  
Deliver a system of accreditation for intern education and training in Queensland.*

*Contribute to and implement changes to the national intern training framework.*

*Deliver a service in accordance with the terms and conditions of the department's contract with AHPRA.*

### **Team findings**

The team found there to be clearly expressed and appropriate prioritisation for intern training accreditation, within the structural approach and core Branch documentation supporting the financial and operational management of the function. The accreditation function, along with separate medical workforce wellbeing programs is clearly included within the Operational Plan.

The team noted that the CMOHRB Strategic Plan refers to responsibilities for *co-ordinating* (rather than accrediting) intern training and does not refer to the impact on patient safety or initiatives to support junior doctor wellbeing.

## **1.3 Business stability**

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

Financial management of PMAQ is conducted through the Department's standard reporting and budgetary management processes.

The budget for the operational functions and the Accreditation Committee are clearly identified and allocated to the PMAQ unit. Budget funds are a mix of departmental allocation and a grant from the Australian Health Practitioner Regulation Agency (Ahpra) for the accreditation functions. Contributions by Ahpra are directly attributed to PMAQ's budget.

As with all unit-level budgets, PMAQ's budget is accessed and monitored via departmental processes.

The budget is set on a four-year cycle with annual review. Variations are managed following the presentation of appropriate business cases, which are reviewed at the Division level.

Since setting up the PMAQ unit, the Department has invested in additional capacity and has upgraded the level of some existing roles to recognise the responsibilities held (for example an A03 position was reclassified to A07 level).

### ***Team findings***

Although PMAQ has been operating for only a few years, the team noted that there are clear structures for operational management within the department, which provide for business stability and clear resourcing. The documentation reviewed by the team indicated that PMAQ has an independent budget, which covers all activities and guarantees ongoing funding. Discussions with PMAQ staff and the Director, MAPAU indicated that the current and projected spend for PMAQ's operational accreditation activities and the Accreditation Committee is within budget. The team also noted the four-year cycle of budget allocation, which provides a measure of assurance for future funding of the function.

The team noted the proactive approach to reviewing the resourcing of PMAQ and evidence of additional investment in staff.

#### **1.4 Financial arrangements**

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

PMAQ's financial management is conducted through the Department of Health's standard reporting and budgetary management processes. PMAQ staff work proactively with the divisional business management team to manage resourcing requirements at regular intervals across the annual budget cycle.

The Manager of Business Services, Prevention Division, Queensland Department of Health, certifies PMAQ's financial documents as accurate representations of the service's accounts.

### ***Team findings***

The AMC team considers that PMAQ meets the relevant accounting standards.

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

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

The governing body for PMAQ is the Accreditation Committee. The selection process for most categories of membership is set out in the terms of reference, which are published on PMAQ's website.

The Department of Health determines the appointment of the Chair through a formal selection process.

For the position of Deputy-Chair, the Committee nominates members from within the membership of the Committee to the Chief Health Officer and Deputy Director-General for decision.

The health service members on the Committee are required to have the support of the relevant Hospital and Health Service Chief Executive. Nominees are shortlisted by PMAQ staff and the Chair, and are then referred to the Chief Health Officer and Deputy Director-General for decision.

The consumer member is appointed following an expressions of interest process.

### ***Team findings***

The team found the processes for the selection of Committee members to be transparent and broadly articulated in the terms of reference. Membership is clearly defined, and comprises representatives from key stakeholder groups, such as health services, junior doctors and medical schools, which ensures representation from a diverse range of stakeholders.

The team noted the formal expression of interest process, in which applicants, where relevant, are nominated by their respective representative group or, formally express interest with nominations and/or are shortlisted by a sub-group of the Accreditation Committee. The sub-group presents recommendations to the Committee for consideration. The Committee selects the preferred candidate and makes a recommendation regarding the appointment to the Acting Deputy Director-General who considers the recommendation, and makes a decision on membership. This differs somewhat from the process outlined in the terms reference but is nonetheless transparent to those involved.

Accreditation Committee members, health service stakeholders, junior doctors and medical schools members that the AMC team spoke to reported that they considered the selection process for committee membership to be fair and transparent.

During the assessment, the AMC team became aware that the role of the Chair is due for renewal and it was not clear to either Committee members or stakeholders what selection process would be used. Some stakeholders expressed concerns that a solely Department-led selection process may undermine the currently positive perception of the Department's respect for the Committee's independence.

### **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.

Membership of PMAQ's Accreditation Committee was revised in late 2019 to introduce a representative membership model, in addition to adding consumer and medical school representatives. This model is intended to facilitate two-way communication between the Committee and key stakeholder groups.

The published terms of reference specify the following membership:

- 1 Chair, PMAQ Committee (Accreditation expert external to health industry)
- 2 Medical Workforce Manager
- 3 Assessor Representative
- 4 General Practitioner representative
- 5 Assessor Representative (regional)
- 6 Chair, Executive Director of Medical Services Forum
- 7 Chair, Director of Clinical Training/Medical Education Officer Forum Executive Committee
- 8 Deputy Chair, Director of Clinical Training/Medical Education Officer Forum Executive Committee
- 9 Chair, Junior Medical Officer Forum Queensland (JMOfQ) Executive Committee
- 10 Interstate representative
- 11 Private Hospital Representative
- 12 Consumer Representative (external to Queensland Health)
- 13 Medical School Representative.

The job description for the role of the Chair is also included within the published terms of reference and specifies that the chair will be ‘an accreditation expert external to the health industry’, which reinforces the independence of the committee.

### ***Team findings***

The updated Accreditation Committee membership ensures that a wide range of relevant stakeholder groups, including health consumers participate in the governance of accreditation policies and processes as well as the accreditation decision making.

In reviewing the minutes and observing the Committee, the AMC team noted active participation by members across all stakeholder groups and the value placed on junior doctor and consumer perspectives.

The representative membership model also promotes direct lines of communication to stakeholder fora including Junior Medical Officers, Directors of Clinical Training and Medical Education Officers and health service executives. The team heard from the stakeholder fora that the representative model works well, and was particularly helpful during the challenges of COVID-19 when changes to accreditation processes and requirements had the potential to create uncertainty and anxiety. There was also evidence of extensive engagement with these fora, supported by the representative model, in the continual improvement of accreditation processes during 2020.

Medical school stakeholders with whom the team met seemed unsure who the medical school representative on the Accreditation Committee is, and how this role interfaces with the state-wide Medical School Liaison Committee, which the Accreditation Committee member does not attend.

#### *Commendations*

- A The clear structures supporting the separation of accreditation decision making and operational management of accreditation functions which are well understood by the health service representatives as well as PMAQ staff and department representatives. (Attribute 1.1)
- B The clear structures for operational management within the department, which provide for business stability and clear resourcing. (Attribute 1.3)
- C The proactive approach to reviewing the resourcing of PMAQ and evidence of additional investment in staff. (Attribute 1.3)
- D The representative membership model of the Accreditation Committee is clearly defined and both ensures that a diverse range of stakeholders, including consumers, participate in the governance and accreditation decision making, and promotes direct lines of communication to stakeholder fora (including Junior Medical Officers, Directors of Clinical Training and Medical Education Officers and health service executives). (Attributes 1.5 and 1.6)

#### *Conditions to satisfy accreditation domains*

- 1 Develop and implement a selection process for the Chair of the Accreditation Committee that demonstrates independence from the potential, perceived, or real, undue influence from the Department. (Attributes 1.5)

*Recommendations for improvement*

- AA Clarify for medical school stakeholders who the medical school representative on the Accreditation Committee is, and how this role interfaces with the state-wide Medical School Liaison Committee, which the Accreditation Committee member does not attend. (Attribute 1.6)

## 2 Independence

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**Domain:** 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.

The separation of operational management (residing in the Department) and accreditation governance (residing in the Accreditation Committee) is designed to respond to the potential perceived or actual undue influence, given the Department's dual responsibility as health system administrator.

Responsibility for decisions about accrediting programs rests solely with the Accreditation Committee, as set out in the Committee's terms of reference. No decision-making authority resides in Department staff.

The Accreditation Committee comprises representatives from a wide range of stakeholder groups, a model that is designed to mitigate potential undue influence from any particular stakeholder group.

The terms of reference require the Committee to make decisions in accordance with the Department's Accreditation Policy, which requires 'evidence-based procedures and decision-making' and sets out its purpose which is to administer:

- a standardised approach to the accreditation of intern training programs in Queensland by PMAQ
- accreditation processes that are reliable, impartial, transparent and clearly communicated
- an accreditation system that enables continuous quality assurance and quality improvement principles to Queensland intern education and training programs
- a system that complies with the AMC *Intern training – Domains for assessing accreditation authorities*.

The Accreditation Committee is responsible for endorsing the accreditation policies, procedures and tools drafted by PMAQ staff, further reinforcing the independence of the decision making.

Assessments undertaken by assessment teams are based on PMAQ processes and standards that are clearly mapped to the requirements of the National Framework for Medical Internship.

The conflicts of interest processes for both assessment teams and the Committee are intended to ensure that the assessment and decision-making processes are free from undue influence from any stakeholder group.

Since 2019, the Department established a process to allow for independent review of decisions to occur. The Chief Health Officer, Department of Health is responsible for managing the review process.



According to the Accreditation Review Procedure, the Chief Health Officer will constitute an Accreditation Review Committee to reconsider the accreditation decision and will comprise:

- A Chair
- A minimum of three individuals with experience in the accreditation of medical training programs. At least one of whom will be from an organisation other than the Department of Health or a Queensland hospital and health service.

No member of the Review Committee can have had any previous involvement in the assessment for accreditation or the accreditation decision, and must not be an employee of the subject facility, or in the case of a facility that is part of a hospital and health service, an employee of that hospital and health service. The facility applying for the review will be given an opportunity to provide feedback on the nominated members of the Review Committee ahead of it being finalised.

An Accreditation Review Committee can make the following decisions:

- confirm the original accreditation decision
- set aside the original decision and make an alternative decision
- require PMAQ to conduct a new accreditation assessment.

### ***Team findings***

There is no evidence of undue influence from any areas or individual stakeholders. The AMC team was reassured that all levels in the Department are conscious of the potential for undue influence inherent in the current organisational model, and the governance review in 2019 evidences the Department's commitment to ensuring the structures protect independent decision making and avoid undue influence to the extent possible within this model.

PMAQ has robust policies in place. The new arrangements for the Accreditation Committee, arising from the 2019 review, have established clear structures and relationships that mitigate the potential for undue influence and protect the integrity of accreditation processes. The arrangements have been universally well received, with health service stakeholders, junior doctors and Department staff all expressing strong confidence in the independence of the chair and in the activities and decision making of the Committee.

Assessment teams are endorsed by the Accreditation Committee, having regard to the aim of ensuring a broad range of perspectives across medical specialty areas and health service types. The inclusion of consumer members (and chairs) on assessment teams reinforces the value of this perspective.

The AMC team explored with a range of stakeholders what would happen if a Director-General attempted to exert undue influence, for example, in the circumstance that a large hospital loses its accreditation. While stakeholders acknowledged this continuing potential risk, there was reported confidence in the Accreditation Committee's processes and significant weight was placed on the independence of the Accreditation Committee chair and the Accreditation Committee chair's relationship with the A/DDG. Accreditation Committee members, health service stakeholders and PMAQ staff reported that the A/DDG's respect for the independence of the Committee and the quality of the Committee's decision making was evident in his communications with health services and the Committee.

While PMAQ has only been operating for a few years, the team identified clear evidence from Accreditation Committee documentation of independent decision-making by the Committee in applying the standards and processes, in at least one situation that has had challenging implications for the relevant health service. This view was also supported by discussions with stakeholders.

While recognising that the review process has drawn on similar processes across other postgraduate medical councils, the AMC team did identify a risk of potential compromise within the governance structure, in relation to the *Accreditation Review Procedure*. The procedure, as drafted, gives rise to the potential for a smaller committee (the Accreditation Review Committee) selected by the Department to set aside the Accreditation Committee's decision and make a different accreditation decision that cannot be reviewed. While theoretical, this represents a structural risk to independent decision making and appears at odds with the sound governance arrangements that have been put in place as a result of the review. The Department may wish to consider removing the power of the Accreditation Review Committee to set aside the original decision of the Accreditation Committee and make an alternative decision.

It was noted this procedure has not been tested as, to date, only one accreditation decision has been scheduled for review, and this has not yet been dealt with due to COVID-19.

## **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.

The potential for conflicts of interest to undermine the accreditation decision-making process is identified on PMAQ's risk register and PMAQ has developed clear processes and policies for identifying and managing conflicts of interest.

The key document is the *Conflict of Interest Guideline* that is supported by the *Code of Conduct for the Queensland Public Service*. The Guideline is intended as a practical tool to apply across accreditation activities and it sets out clear definitions, examples and options for managing conflicts.

The Accreditation Committee's terms of reference requires members to disclose any interests which may give rise to a conflict of interest, whether actual, potential, apparent, or likely to arise in accordance with PMAQ's *Conflict of Interest Guideline*. It is the Chair's responsibility to ensure that conflicts of interest are managed in accordance with the Guideline.

The Assessor Role Statement defines conflict of interest as 'any situation where a team member or the member's partner, family member, employer or close family friend has a direct or indirect financial or other interest which influences or may appear to influence via positive or negative bias the proper consideration or decision making by the team on a matter or proposed matter.' It details examples of relevant conflicts of interest and requires that assessors disclose any actual, potential or perceived conflict of interest, which may affect decision making because of their work as an assessor for PMAQ. Declarations are made via the PMAQ Declaration of Conflict of Interest form.

The Accreditation Committee appoints assessors to assessment teams after having regard to declared conflicts of interest. Accredited providers (or prospective providers) are given an opportunity to identify any conflicts of interest with proposed individual assessors, or in relation to the overall composition of the team.

### ***Team findings***

PMAQ has robust processes and policies in place to effectively identify and manage conflicts of interest. The AMC team identified that PMAQ maintains a register and assesses conflicts of interest at each step of the process. Active review and management of conflicts of interest were observed by the AMC team at both the PMAQ accreditation assessments observed.

The AMC team also observed active conflict of interest management by the Accreditation Committee as members withdrew from the Committee's discussion during items related to Hospital and Health Service providers where they were employed. The Committee's minutes that were reviewed by the AMC team indicated that this was a well-established process.

*Commendations*

- E The inclusion of consumer members and chairs on assessment teams demonstrates the value of consumer perspectives in PMAQ's work and in the accreditation assessment process. (Attribute 2.1)
- F Independent decision making by the Accreditation Committee, including evidence of applying the standards and processes in at least one situation that has challenging implications for the relevant health service. (Attribute 2.1)
- G The robust processes and policies in place to effectively identify and manage conflicts of interest. (Attribute 2.2)

*Conditions to satisfy accreditation domains*

*Nil*

*Recommendations for improvement*

- BB Mitigate the structural risk to independent decision making as a result of the *Accreditation Review Procedure* which allows for a smaller committee selected by the Department without broad stakeholder representation, to set aside the Accreditation Committee's decision and make a different accreditation decision that cannot be reviewed. (Attributes 2.1 and 4.12)

### 3 Operational management

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**Domain:** 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.

PMAQ has a specific budget and staffing allocation, which is mapped to a key action on the Branch's operational plan with clear measures and targets related to the delivery of intern training accreditation processes that are based on the Department's contract with the Australian Health Practitioner Regulation Agency.

A specific cost centre was developed for PMAQ, with allocated funding, revenue and costs attributed to it. In 2020-21 funding was surplus to requirements, a result of the postponement of scheduled accreditation activities and visits, and a decline in activity related to the impact of COVID-19. The budget is itemised in detail, and is developed in accordance with Departmental practice, based on the established staffing profile and forecasted 'business as usual' workloads.

PMAQ's budget is monitored, with real-time reporting, by MAPAU and PMAQ, and is supported by the Branch Business Services team. The Business Services team oversees the overall financial position of the branch, with this demonstrated by the unspent, PMAQ surplus funding transferred elsewhere within MAPAU. Similar flexibility, as available, may be afforded to PMAQ to support unbudgeted increased workload and service demand.

Adjustments to PMAQ processes, accommodating and proposing the increased use of virtual accreditation activities is resulting in significant savings on the various accreditation activity expenses (including travel and accommodation). The budget is developed on past face to face processes, ensuring a safety net should revised processes not be accepted by providers and assessors.

The staffing profile has been revised and expanded (including an upgrade of some positions, reflecting their responsibility as benchmarked in the Department) although one position remains vacant. The staffing profile is:

- Manager 1.0 FTE
- Principal Policy Officer 1.0 FTE
- Principal Accreditation Officer 0.8 FTE
- Policy Officer 1.0 FTE
- Project Officer 1.0 FTE
- Assistant Project Officer 1.0 FTE.

PMAQ is supported by resources within the broader Branch and Department structure to meet finance, information systems and human resource needs. There is also the ability for other areas in MAPAU to help with administrative functions.

The assessor pool is managed by the Accreditation Committee with processes in place to evaluate the use of this resource. Over the last 18 months, there has been investment in the funding of consumer assessors and assessors from rural or smaller health services to increase the diversity of the assessor pool.

### ***Team findings***

The budget and financial management systems are part of Queensland Public Service processes and structures, and typical of intern accreditation providers established within a health department. While it was reported in discussions with the Director of MAPAU and Division Head, that there is some level of flexibility in resourcing to meet changes in demand, it was noted that major changes in resourcing are subject to normal budget processes and a business case must be made for each initiative.

In discussions within the Director and Division Head, the team explored the impact of COVID-19 on the budget and future modelling, as well as the ability of PMAQ to successfully negotiate additional funding if required, for example to support work preparing for the changes to the National Framework for Prevocational Training. While the team was reassured of the commitment to meet the operational needs of PMAQ and understood that the budget allocation was clearly sufficient to meet the Accreditation Committee's current work plan, it was concerned that there were no identified funding or resources for PMAQ to address the imminent changes to the National Framework for Prevocational Training. This is despite the inclusion of a measure related to implementing changes to the National Framework within the Division's operational plan.

The AMC team is aware that previous work has been done that would support the implementation of changes to the National Framework within Queensland, for example piloting processes to include accreditation of PGY2 posts. However, health service stakeholders reported only preliminary discussions about the implications of changes to assessment processes, supervisory support and the extension of the framework to PGY2 posts. The AMC team was concerned that, in relation to the National Framework Review, the Accreditation Committee has no specific scheduled activities relating to implementation planning, change management, engagement with health services and junior doctors, or review of accreditation processes within its workplan. This may put Queensland Health Services, prevocational trainees and supervisors at a disadvantage in implementing the changes, compared to other jurisdictions.

### **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.

The Accreditation Committee has developed a risk management plan and a risk register for PMAQ's accreditation activities. This is based on the Health Department's Risk Matrix but mapped to the *Intern training – Domains for assessing accreditation authorities*. There are 10 risks identified with ratings and mitigation actions. Two are rated 'High': independence of decisions (a risk of undue influence) and human and financial resources (specifically in relation to the unfilled positions). The A/DDG, Prevention Division is responsible for ensuring risks are mitigated.

The Accreditation Committee's risk register also includes entries related to the possibility that lack of prioritisation of intern training and accreditation activities (such as those due to workforce management and mitigation strategies used to address COVID-19) result in poor quality intern training and reduced ability for PMAQ to deliver accreditation functions. The mitigation strategies include the structural independence of the Accreditation Committee, with

advice as required from the Deputy Director-General through the Chair, standard departmental briefing processes, a standing invitation for the Director MAPAU to attend Accreditation Committee meetings and the acknowledgement of PMAQ accreditation services in the CMOHRB operational plan.

During 2020, accreditation assessments were paused to allow health services to respond to the COVID-19 pandemic. PMAQ revised its processes to ensure changes to intern training programs could be made quickly when needed. In 2021, PMAQ has employed a 'hybrid' model of assessment in which the team chair and a small number of assessors attend health services in person while the remaining assessors participate in the assessment virtually.

There are a number of monitoring and evaluation activities undertaken by the Accreditation Committee, including in relation to: the accreditation processes; the assessor pool; accreditation outcomes; and annual self-evaluation by the Committee of the conduct of its business.

Evaluations are informed by surveys of assessment teams and providers who have undergone assessment, carried out at the end of the accreditation process. External sources of information are also used, including the Medical Board of Australia Medical Training Survey. The findings from these processes and responses to improve accreditation processes are summarised in annual reports and the 'Year in Review' document.

### ***Team findings***

The risk register is well thought-out, adopting a 'traffic light' style of risk assessment. The team found this system to be reasonable and thorough. It is regularly reviewed by PMAQ staff, and discussed with the Accreditation Committee. There appears to be an open relationship between the Chair of the Accreditation Committee and the A/DDG that allows discussion and mitigation of risks, as required. The team notes that the resource risk has now been mitigated with the appointment of staff to all but one of the previously unfilled positions.

The AMC team noted a strong commitment from PMAQ staff to continuous improvement and extensive evidence of policy and process improvements including changes to evidence collection and assessment processes, revised accreditation processes for secondment sites and revised monitoring processes. Health service stakeholders, particularly those involved in the Medical Education Officers and Directors of Clinical Training Forum provided strong, positive feedback about work undertaken by PMAQ and the Accreditation Committee to streamline accreditation processes, such as the management of changes to accredited programs. Health service stakeholders also reported supportive timely advice from PMAQ staff on managing accredited programs in the context of challenges arising from COVID-19.

The AMC team noted that there is currently a disagreement with a health service about accreditation processes and decision making, which is testing the adequacy of these systems, and in part refers to the risk in relation to independence of decisions. Discussions with PMAQ staff indicated their awareness of the risk and deliberate mitigation, consistent with those identified in the risk register. Discussions with representatives from the health service indicated that while it has significant concerns about the accreditation process and decision making, the appropriate processes to seek clarification and raise objections to the process are being followed.

### **3.3 Management of records and information**

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

PMAQ's placement within the Department of Health allows for use of the departmental resources and existing enterprise solutions to ensure effective records management. PMAQ engaged eHealth Queensland for the development of a purpose-built cloud-based Azure database in 2019. This system is supported by the Department's enterprise-wide Microsoft licenses. Additionally,

the system is password protected and is accessible to PMAQ from any location. In September 2019, a privacy impact assessment was undertaken, followed by an Information Security Risk Assessment Report in 2020. This assessment and subsequent report contributed to the development of processes to manage identity and access to mitigate the risk of unauthorised access to organisational information and ICT assets. In February 2021, final user acceptance testing was completed.

The accreditation applications and assessment processes of PMAQ are managed through Microsoft SharePoint and Teams. Secure SharePoint sites have been developed for each provider for submission of applications and access to their site is continued throughout the accreditation process. A copy of the completed provider application is transferred to a separate Teams channel to ensure the maintained integrity of the application. All accreditation activity undertaken by PMAQ is managed through discrete Teams channels, with access limited to the accreditation assessment team and PMAQ staff. SharePoint and Teams are further used to manage meetings and papers with the Accreditation Committee. Access permissions to the sites are managed by PMAQ staff, with assigned 'owner' permissions in place. An audit process was developed to monitor and ensure appropriate access management and to support information security. This process has provided assurance of effective implementation of local management of access.

PMAQ's administrative information, including past and future accreditation activity details, are stored within the Queensland Health network. Access to this information has been limited to MAPAU staff. Information pertaining to the Accreditation Committee and site-specific accreditation information are exclusively available to PMAQ staff. Data security has been satisfactory, with no instances of data security breaches.

In line with Queensland Department of Health requirements, PMAQ staff adhere to departmental policies for the use of ICT services and information security. The *Code of Conduct for the Queensland Public Service* applies to Queensland Health staff, inclusive of PMAQ, requiring employee conduct that is in accordance with the appropriate access and use of information and data.

Additionally, the Code of Conduct reflects the principles of integrity and impartiality for the promotion of public good, commitment to the system of government, accountability and transparency. Every individual involved with PMAQ accreditation activities is required to complete a deed poll of confidentiality and privacy, and a conflict of interest declaration.

### ***Team findings***

PMAQ has robust systems for the effective management of information and contemporaneous records drawn from the Queensland Department of Health's resources and existing enterprise solutions. Examples were provided as evidence of the ICT strategies in place around this. PMAQ and the Queensland Department of Health are required to adhere to the Department's policies for the use of ICT Services and Information Security.

It was noted that sound IT arrangements exist that enable exclusive access and appropriate data security, privacy and confidentiality. Risks are identified and mitigated appropriately.

The team considered the systems in place for managing information and contemporaneous records, including ensuring confidentiality, during observations of two PMAQ accreditation assessments. The use of Microsoft Teams software to store and share all documentation relating to the assessments and to facilitate team updates and multi-assessor review of documentation during the assessment worked well. In both instances of accreditation assessments observed, focus was placed on confidentiality and the appropriate use of the Microsoft Teams portal by the survey team to ensure that all electronic documentation and communication related to the assessments are managed safely and confidentially. During the accreditation assessments, the team's reports were developed using video-conferencing and shared screen technology to ensure a transparent, consensus-based approach.

No breaches of confidentiality were identified by the AMC team.

*Commendations*

- H The regular review of the risk register by the Accreditation Committee and the open relationship between the Chair of the Accreditation Committee and the Acting Deputy Director-General that allows for discussion and mitigation of risks. (Attribute 3.2)
- I The work undertaken by PMAQ and the Accreditation Committee to streamline accreditation processes, in particular during 2020 in response to the impacts of COVID-19. (Attribute 3.2)
- J The robust systems for the effective management of information and contemporaneous records drawn from the Queensland Department of Health's resources and existing enterprise solutions. Sound IT arrangements exist that enable exclusive access and appropriate data security, privacy and confidentiality. (Attribute 3.3)

*Conditions to satisfy accreditation domains*

*Nil*

*Recommendations for improvement*

- CC Identify resources to allow PMAQ to appropriately respond to the imminent changes to the National Framework for Prevocational Medical Training. (Attribute 3.1)
- DD Include specific planning for, and implementation of, the imminent changes to the National Framework for Prevocational Medical Training in the Accreditation Committee's work plan. (Attributes 3.1 and 4.4)



## 4 Processes for accreditation of intern training programs

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**Domain:** 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 has mechanisms for dealing with concerns for patient care and safety identified in its accreditation work, including accreditation assessment, monitoring and complaints processes.
- 4.8 The intern training accreditation authority has mechanisms for identifying and dealing with concerns about junior doctor wellbeing or environments that are unsuitable for junior doctors in its accreditation work including accreditation assessment, monitoring and complaints processes.
- 4.9 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.
- 4.10 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.
- 4.11 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.
- 4.12 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 accreditation requirements and procedures of PMAQ are publicly available on the authority's website. Documentation available on the website includes:

- the *PMAQ Accreditation Policy*
- the *Intern Medical Accreditation Standard*
- *PMAQ Accreditation Standards*
- the *PMAQ Accreditation Committee Terms of Reference, the Junior Medical Officer Forum Queensland Executive Committee Terms of Reference, and the Directors of Clinical Training/Medical Education Officer's Forum – Queensland – Executive Committee Terms of Reference*
- *PMAQ's Conflict of Interest Guideline and Declaration*
- *Deed Poll of Confidentiality and Privacy*
- *Accreditation Review Procedure*
- *Notification of Concern Guideline and Change in Circumstance Guideline.*

The Intern Medical Accreditation Standard provides the basis for PMAQ's accreditation processes used to assess intern training programs. It sets out the principles, standards, processes and timelines applied to the different accreditation processes.

The website includes an *Accreditation Matrix*, containing information on the current accreditation status of every intern training program in Queensland, articulating site details, intern rotation locations, accredited terms and dates of accreditation, and reassessment. The matrix is regularly updated following Accreditation Committee meetings.

The AMC team noted that although the terms of reference are published, the members of the Accreditation Committee are not listed on the website. Doing so may enhance the transparency of the decision-making process and identify to stakeholders who their representatives are.

PMAQ has a monthly newsletter, which is available on the website and distributed via email, disseminating information on the decisions made by the Accreditation Committee, updates to PMAQ procedures and processes, progress on the National Framework Review, upcoming accreditation activities, and opportunities for engagement. Each month the newsletter focuses on a specific PMAQ accreditation standard, supporting the sharing of information of what the standard requires and how it can be met by providers.

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

PMAQ has a comprehensive and publicly available website, containing up-to-date versions of all of the core documentation relating to accreditation requirements, procedures and general outcomes. The team noted particularly, the transparency of information related to accreditation status and outcomes of accreditation processes.

The health service and medical school stakeholders the AMC team spoke to were aware of the monthly newsletter and found it a useful summary of activities.

## **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.

The management of the assessor pool is the responsibility of the Accreditation Committee. Its terms of reference stipulate an annual review (in March) of the composition and capacity of the list of assessors to ensure ongoing viability of accreditation processes.

The pool currently includes 164 assessors and is managed to ensure an appropriate mix of skills, knowledge and experience with assessors being sourced from a wide array of backgrounds (including medical administration, senior and junior clinicians, assessors from metropolitan and rural health services, as well as consumers).

Entry into this pool is achieved through invitation by PMAQ, self-nomination through expressions of interest or nomination by health services and other organisations that are involved in intern medical training.

Assessor roles are clearly defined in PMAQ's Accreditation Assessor Role Statement. Clinician assessors (excluding junior doctors) typically have a minimum of two years' experience in their professional role.

Assessors are required to attend a compulsory initial training workshop. Competency is maintained through regular involvement in accreditation activities, including:

- involvement in a minimum of two accreditation activities over a two-year period (or one per year). This may comprise of preparation for a survey visit of their own facility
- additional training sessions for assessors who have not participated in the two required accreditation activities.

Competency is further maintained through annual noting of changes to relevant standards, policies and guidelines. Prior to COVID-19, assessor update and training sessions were regularly held. These sessions recommenced towards the end of 2020, with four training sessions delivered, providing opportunities for updating and training both experienced and new assessors on PMAQ processes. The implementation of virtual training sessions has improved accessibility.

The Intern Medical Accreditation Standard outlines the requirement for PMAQ assessment teams to be diverse in terms of area of expertise and the context in which the members work (for example, regional, metropolitan and tertiary facilities, general practice). It states that all assessor teams are accepted by the provider and endorsed by the PMAQ Accreditation Committee prior to the commencement of an accreditation activity.

Those undergoing training to fulfil an assessor role are Assessors in Training. These individuals complete a training workshop, and while endorsed by the Committee, have yet to participate in an accreditation activity or site visit. Assessors in Training progress to the role of Assessor following engagement in a minimum of one accreditation activity and based on favourable performance feedback provided by the team lead.

Team member/assessor performance is reviewed following the conclusion of accreditation activities. The team lead is asked to provide feedback on the assessor's performance, identifying areas of improvement and concern. This feedback is further provided to the assessors and may be referred to the Committee for further action (or removal from the Assessor Pool). Feedback is also sought from the provider.

The annual review of the assessor pool by the Accreditation Committee includes appraising composition, training, preparedness and engagement. Such reviews provide for confirmation of

the adequacy of PMAQ's Assessor Pool, while additionally identify areas and opportunities for improvement for the subsequent year.

### ***Team findings***

PMAQ has clear policies and appropriate procedures in place concerning assessment team selection, training and performance review. The AMC team noted the substantial size of the assessor pool.

The process of selecting and appointing assessors to assessment teams appeared appropriate, taking into consideration provider feedback. However, the AMC team received variable feedback from stakeholders concerning team composition, and noted the importance of survey team members representing different backgrounds, skills and contexts to support understanding, sensitivity and perspectives of the variances which can be prominent across Queensland, particularly between regional and metropolitan settings. The AMC team noted concerted efforts by the Accreditation Committee to increase diversity in the assessor pool. These efforts should continue, recognising the importance of investing in assessors with diverse backgrounds, including experience in community, regional and rural health services and, consumers, in ensuring the credibility of the outcomes of the assessment process of regional and rural intern training providers.

The AMC team observed two PMAQ site visits and each assessor was thoroughly engaged and committed to their role on the PMAQ assessor team, applying appropriate priority to intern experiences, wellbeing and suitable assessment against the standards. A strength was the supportive role played by PMAQ staff, providing guidance and support to the team throughout the assessment processes and when applying the standards.

There was a clear commitment to developing the pool, evidenced by a number of assessors in training observing, engaging and being mentored throughout these visits. The in-situ mentoring of new assessors in training by qualified assessors provided great support and development.

Experienced PMAQ assessors appeared to be familiar with the standards and procedures for accreditation assessment activities. The AMC team observed that the teams had a thorough understanding and knowledge of facility submissions and were well-prepared in their approach to the visit, with appropriate interview and question structure, and prioritisation of areas of concern.

The team received diverse feedback regarding the retraining of assessors. A number of assessors reported receiving regular skills updates, and had been involved in training activities, however several assessors flagged that they had not received any retraining or skills updates since their commencement as assessors. Many assessors had additionally been grandfathered across from the previous accrediting body. It was highlighted that training would be beneficial to maintain understanding and awareness of changes to the accreditation and assessment process, in addition to providing guidance for processing a provider's evidence and progression through the assessment process.

It was noted that the substantial expansion of the assessor pool will challenge PMAQ to maintain retraining and upskilling of current and future assessors. It is important for retraining to be a robust process that engages all those who are endorsed as assessors. It was noted that performance review and feedback is largely directed towards Assessors in Training and is not routinely made available to experienced assessors. The team heard that experienced assessors would be interested in receiving formalised feedback on their performance within an assessor team.

### **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.

PMAQ has clearly articulated policies and processes for identifying, managing and recording conflicts of interest, through the PMAQ Conflict of Interest Guideline. Assessors and Committee members are informed of responsibilities relating to conflict of interest, confidentiality and objectivity prior to any engagement in accreditation activities. PMAQ requires all individuals working with the authority to disclose any actual, potential or perceived conflict of interest which may have an impact on an accreditation decision.

The *Declaration of Conflict of Interest* form is updated annually by all engaged in accreditation processes with PMAQ, and prior to commencing accreditation activities. Assessors are required to identify any new or emerging conflicts prior to engagement of an accreditation assessment process. Assessors must also complete a deed poll of confidentiality and privacy. The authority maintains a database of this information, which is used to inform decisions for proposed assessor team composition.

Conflicts of interests are required to be declared by Accreditation Committee members upon initial appointment and on an annual basis. Such interests are further identified and managed at the commencement of each meeting and on at each agenda item, through:

- a standing “declaration of interest” agenda item at the beginning of each Committee meeting
- removal of any conflicted members from accreditation discussion and decisions per agenda item.

Such conflicts are recorded in the minutes of Committee meetings, and a record of member’s declared interests are included as part of the Committee’s contact list.

The effectiveness of the management of conflicts of interest and any associated risk of bias is assessed through the following mechanisms:

- review of identified risks and the effectiveness of associated mitigation strategies
- annual self-assessment of the Accreditation Committee’s effectiveness
- assessor feedback following engagement in an accreditation assessment
- feedback from intern training providers at the conclusion of an assessment.

To date, 93% of providers perceived PMAQ assessments to have been undertaken in an impartial manner, with 99% of assessors supporting the impartiality and sufficient skill set of assessor teams. The Accreditation Committee’s most recent self-assessment recorded a consensus that conflicts were identified and managed effectively, free from bias or undue influence.

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

The AMC team considers PMAQ to have clear and robust policies and procedures for identifying and managing conflicts of interests in the work of assessment teams and Committees.

The AMC team questioned the identification and management of conflicts of interest, with the PMAQ survey team, assessors and Accreditation Committee members describing robust policies and adherence to these.

The clearly defined conflicts of interest processes were observed to be functioning appropriately in both survey visits and committee meetings. The AMC team members observing PMAQ accreditation activities did not witness any briefing on conflicts of interest. All individuals the AMC team observed engaging in PMAQ processes displayed a thorough understanding of policies and demonstrated strong adherence to them and the AMC team observed assessors identifying

potential conflicts of interest, both personal and professional, with strategies in place for management.

The team further saw the conflict of interest policies in practice during the Accreditation Committee meeting, witnessing rigid adherence to the policies and exclusion from engagement in discussions for those with identified and recorded conflicts of interest.

The AMC team did not observe any evidence of unconscious bias in survey visits or committee meetings. Stakeholders confirmed that they had not identified any occurrence of bias.

#### 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 PMAQ accreditation process involves self-evaluation, assessment against the standards and a report assessing the program against the national standards. PMAQ's accreditation system is underpinned by the *Intern training – National standards for programs*. PMAQ's processes are aligned to the national framework, with the PMAQ Accreditation Standards mirroring the *National Standards for Programs* and articulating the standards which intern training providers must meet for accreditation of an intern training program.

The Intern Medical Accreditation Standard forms the basis of all accreditation activities. It provides for:

- 1 **Self-assessment:** a provider submission of self-assessment against the standards and evidence requirements for scheduled re-accreditation, requests for new programs, additional terms to accredited programs and additional posts.
- 2 **Survey:** The survey team review the documentation and evidence submitted by the provider and analyse these against the standards. Site visits are included in the process, involving interviewing relevant site personnel, with the voice of interns or junior medical officers recognised as an integral part of the accreditation process. In 2020-21, the revision of site processes to involve a hybrid model of face to face and virtual interviews was implemented, to align with public health directives.
- 3 **Survey report:** the survey team produces a report outlining the intern training provider's compliance with the standards and forms recommendations for improving the quality of intern and prevocational training.
- 4 **Accreditation decision:** review and adjudication by the Accreditation Committee. This involves identifying the duration of accreditation for both the program and individual training terms or posts. A program can be granted a maximum of four years accreditation, with a minimum of one year where appropriate for sites which do not completely adhere to the standards and for new terms or facilities. It is also possible for a site or term to not be granted accreditation, or for accreditation status to be removed.
- 5 **Monitoring of accredited programs:** general and monitoring conditions imposed by the Accreditation Committee to be worked towards or met within a clearly specified time frame and requiring annual response to demonstrate ongoing compliance with the standards. Ongoing monitoring of compliance of accredited programs is conducted through:
  - Change in circumstances, conditions of accreditation, progress reports and Notification of Concern.
- 6 **Ongoing quality improvement:** development and provision of quality improvement recommendations to be annually monitored in the progress report.

Providers are required to self-evaluate in the preparation of their accreditation submission, reflecting on their performance and operation against the standards. Survey team members are required to assess the facility against each standard, awarding a rating (fully met, partially met or not met) against each standard derived from the providers' self-assessment, evidence and verification activities through the site visit.

A report is produced following each accreditation activity. PMAQ staff complete a draft of the report for refinement and approval from the survey team. The report contains a rating against each accreditation standard, strengths and areas of improvement for the intern training program, any conditions of accreditation and reporting timelines, recommendations for individual terms and posts, and the overall recommended assessment outcome, including recommended accreditation duration. The report is sent to the provider for comment before presentation to the Accreditation Committee for decision-making.

### ***Team findings***

The AMC team found there was clear congruence between the *Intern Training – National standards for programs*, and PMAQ accreditation processes with PMAQ templates being a direct reflection of the National Framework.

Site visits continue to be an important aspect of the accreditation process. The hybrid approach of assessors online and on the ground appeared effective in both survey visits that the AMC team observed.

During observations of PMAQ's accreditation activities, the AMC team heard consistent and appropriate reference to the National Framework and standards throughout survey team discussions. The PMAQ staff provided excellent support, ensuring findings were referenced to the appropriate standard. The assessment team held frequent debriefing sessions which engaged all members and the team was conscientious in seeking all required evidence to make an informed judgement against each standard.

The AMC team noted limited focus on the provider's self-assessment during the survey visit, however the providers' submissions demonstrated reflection on their programs and terms against the standards. Intern training providers contributed extensive documentation with their initial submission.

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

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

Continuing quality improvement is driven through the self-assessment process and by the use of quality improvement recommendations and the resulting accreditation reports. While conditions relate to compliance with the accreditation standards, quality improvement recommendations provide advice to a provider on how the overall quality of the intern training program may be improved. Quality improvement recommendations have no set dates, however they must be addressed by providers and are referred to throughout the monitoring process, through progress reports and any follow-up assessment activities.

Of the providers who underwent accreditation during 2019 and 2020, each of them agreed that the feedback provided by the assessment team in summation meetings was relevant, useful and assisted in improving understanding of the accreditation processes and purpose.

### ***Team findings***

Continuing quality improvement in the delivery of intern training is recognised as a clear priority for PMAQ. The implementation of new guidelines and documents in 2020 reflects the authority's

commitment to continuous improvement of training programs for intern and junior medical officers.

The accreditation process, including accreditation, survey and monitoring activities has a clear focus on quality improvement initiatives. During the observation of accreditation activities, the AMC team heard examples of the accreditation process leading to quality improvements in providers.

The AMC team observed that the quality improvement recommendations generated by assessment teams were driven by a strong focus on junior doctor wellbeing, the quality of the intern training experience as reported by junior doctors and patient safety. PMAQ assessment teams were observed offering suggestions and strategies to: enhance engagement of junior doctors in evaluations; take opportunities arising from the National Prevocational Framework Review; improve supervision; and enhance wellbeing and overall experiences. Assessment teams were found to raise relevant concerns, resulting in suitable information and recommendations being formed as a result.

The team noted the importance of interactions with interns and junior doctors during site visits in identifying opportunities for continuing quality improvement. However, relatively small numbers of interns were interviewed during the site visits observed and greater engagement with interns may enhance the identification of opportunities for continuing quality improvement. This is further discussed under attribute 4.8.

From stakeholder feedback and observation, the AMC team noted that there is substantial emphasis on assessing programs in accordance with the national standards and limited recognition of innovation or excellence in program design. PMAQ's shift away from issuing commendations was viewed by stakeholders to have a possible negative impact on quality improvement as it is difficult for providers to identify exemplars and others taking innovative approaches that could support continuing quality improvement of their own training programs. This is further discussed under attribute 4.11.

#### **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.

PMAQ has a clear, cyclical accreditation process, using the *Intern Training – National standards for programs* as a guide for this process. The authority follows a four-year accreditation cycle with annual monitoring processes.

PMAQ has two types of accreditation conditions which may be applied to intern training providers:

- **General conditions:** requiring additional activity from the provider to comply with a standard. Such conditions are applied to specific standards and may impact specific elements of, or the full intern training program
- **Monitoring conditions:** applied when a standard is rated as fully or partially met, however further information is necessary to monitor progress of the provider and program.

There are four key monitoring processes:

- Change in circumstances – articulating parameters for which prior approval is required for changes to accredited programs
- Conditions of accreditation – monitoring progress towards meeting conditions



- Progress reports – annual reports requiring providers to confirm and demonstrate their ongoing compliance with the standards, program performance and implementation of changes as a result of conditions or quality improvement recommendations
- Notification of concern – described below.

In 2020, a number of the monitoring processes were reviewed, resulting in changes. For example, PMAQ made changes to the *Change in Circumstance Guideline* to reduce the high volume of changes that had been raised with limited impact on the program.

Additionally, the Accreditation Committee developed a guide for the management of unmet conditions putting in place a systematic approach for providers that were not able to demonstrate satisfactory progress towards meeting conditions placed on their accreditation.

The *Notification of Concern Guideline* provides an opportunity for any party who is concerned that an accredited training provider may not be meeting the standards to raise their concern with PMAQ. The current guideline, was endorsed by the Accreditation Committee in October 2020. It describes a formalised and transparent approach to the management of concerns, particularly considering patient safety and intern wellbeing. This guideline encourages identification, management and monitoring of a range of issues identified during a scheduled assessment activity, outside formal assessment activities, through direct and indirect complaints, concerns or publicly available information. The authority ensures confidentiality in this process, concealing the identity of the individual who raises concerns through this mechanism. This guideline is discussed in further detail under attribute 4.7.

These monitoring processes can give rise to out of cycle site visits, assessment and subsequent recommendations and outcomes for the provider, which may include immediate removal of interns, review of posts and terms, and enhanced monitoring and reporting requirements.

### ***Team findings***

The AMC team found PMAQ to follow a four-year cycle of accreditation processes, in line with national guidelines. Reports at the conclusion of accreditation activities contain clear conditions, as required, with provider responses required and annual monitoring to ensure compliance of the programs against the standards.

PMAQ has comprehensive monitoring processes in place to identify, manage and ensure continued compliance of intern training providers against the standards. PMAQ has also developed proactive monitoring approaches through its *Notification of Concern Guideline*, which allows it to identify areas of concern and systematically respond to issues in an appropriate manner, outside scheduled assessment timeframes. The AMC team noted that this policy, though less than one year old, has already been applied to trigger an ad-hoc assessment of a concern raised.

### **4.7 Mechanisms for dealing with concerns for patient safety**

The intern training accreditation authority has mechanisms for dealing with concerns for patient care and safety identified in its accreditation work, including accreditation assessment, monitoring and complaints process.

The standards used by PMAQ, which are mapped to the National Framework include the identification of concerns for patient safety arising from the delivery of intern training. These standards underpin PMAQ's accreditation assessment and monitoring processes.

The *Notification of Concern Guideline* provides the opportunity to identify and handle concerns for patient care and safety through scheduled assessment activities, outside scheduled assessment activities, through the accreditation site visit process, and through indirect and direct complaints, concerns and publicly available information.

The *Notification of Concern Guideline* is managed by PMAQ as follows:

- **Initial assessment:** PMAQ acknowledges and registers the concern, clarifying issues and gaining as much information as possible, within the authority's scope. PMAQ then informs the Accreditation Committee and provides a written notification to the intern training provider.
- **Responding to the concern:** the Accreditation Committee decides a course of action to be taken, including:
  - no further action: providing reasons for such a decision. The details of the concern are recorded for future reference and may be drawn on at later accreditation assessments or if additional concerns are raised.
  - seeking additional information
  - immediate action: PMAQ decides the best course of action based on the existing accreditation assessment and quality assurance processes.

The provider will be informed that PMAQ has received a notification of concern and is required to respond. The Accreditation Committee will further review the information that is available regarding the notification of concern, in consideration of:

- impacts on intern safety, patient safety and the provision of patient care
- the severity and likelihood of the issue, inclusive of whether the concern has been previously raised
- the extent of the impact the issue has had or may have on intern training program delivery
- the relationship of the issue relevant to the PMAQ standards and provider compliance
- initial provider response to the concern, within an appropriate timeframe
- any immediate action required dependent on the provider's response.

Once an intern training provider has provided a response to the notification of concern, the Accreditation Committee will consider:

- the appropriateness of the response
- the provider's ongoing compliance with PMAQ standards
- the provider's ability to implement timely, sustainable and effective strategies to avoid negative consequences as a result of potential change
- evidence of the provider continuing to meet PMAQ standards, and response to any deviation from the standards
- ensure the issues raised are within PMAQ's remit under the authority delegated to PMAQ by the Medical Board of Australia
- evaluate the response to the concern.

Concerns which breach PMAQ's scope are re-directed to an appropriate agency for management. The *Notification of Concern Guideline* advises that concerns raised are expected to be acknowledged in five working days and finalised within 60 working days, recognising that more complex concerns may take a longer period of time to finalise.

The guideline also covers the identification of a concern related to patient safety during an accreditation assessment visit. The guideline sets the expectation that most concerns will be managed during the usual accreditation assessment process but stipulates that if a significant risk to patient safety or intern wellbeing is identified, the PMAQ accreditation assessment team is required to immediately:

- notify the Chief Executive responsible for the intern training program together with recommendations for the appropriate remedial actions to be taken and the timeframe for this
- notify the Chair, PMAQ Accreditation Committee that the concern has been raised.

At the time of submission, PMAQ had managed four notifications of concern.

### ***Team findings***

PMAQ has appropriate mechanisms for dealing with issues relating to patient safety in its accreditation work, through both accreditation assessments and monitoring activities. There are appropriate escalation pathways for such concerns both during and outside formal accreditation activities.

The *Notification of Concern guideline* sets out a clear comprehensive approach supporting proportionate action and the AMC team identified strong, and effective responses to issues raised under this guideline, particularly regarding patient safety.

PMAQ provided details of two of the four examples where it was notified of concerns, including the actions taken (including immediate and future monitoring/reporting requirements, for example immediate removal of interns, review of posts, enhancing monitoring requirements) and subsequent decisions made.

During observations of PMAQ site visits, the AMC team noted the appropriate escalation of issues which were found to compromise patient safety (for example intern consent responsibilities). Assessment teams appropriately prioritised and sought clarification of areas relating to patient safety, resulting in immediate escalation to provider executives, as well as conditions and recommendations in the report.

These processes appear to be effective and have been tested both within and outside the accreditation cycles. Engagement from stakeholders, including Medical Education Officers, Directors of Clinical Training and junior doctors indicated a high level of awareness of this guideline and the mechanisms for raising concerns to PMAQ.

## **4.8 Mechanisms for identifying and managing concerns for junior doctor wellbeing**

The intern training accreditation authority has mechanisms for identifying and dealing with concerns about junior doctor wellbeing or environments that are unsuitable for junior doctors in its accreditation work including accreditation assessment, monitoring and complaints processes.

The *Notification of Concern Guideline* also covers the management of concerns relating to junior doctor wellbeing with the same escalation pathway and requirements noted under domain 4.7, where 'significant risk to junior doctor wellbeing' is identified. As with concerns about patient safety, this guideline can be used within and outside the formal accreditation timelines for identification and management of concerns for junior doctor wellbeing and unsuitable environments. This mechanism applies equally to identification of concerns during the monitoring phase of the accreditation cycle as in the assessment phase of the accreditation cycle.

Concerns for junior doctor wellbeing may also be identified during scheduled accreditation assessments, through the providers' submission, evidence, the Junior Medical Officer Questionnaire, the Medical Training Survey and through site visits.

Further PMAQ has representatives from each of the 16 hospital and health services on the Junior Medical Officers Forum Queensland (JMOFQ). This forum provides an avenue for junior medical officers to discuss issues of relevance to junior doctor wellbeing. This forum acts as a reference group for the ongoing delivery and development of PMAQ's processes, policies and procedures which support patient safety and intern wellbeing.

### ***Team findings***

PMAQ has appropriate mechanisms for dealing with issues related to junior doctor wellbeing in its accreditation assessment and monitoring work.

As noted under attribute 4.5, the contact with interns during the survey visits appeared to be relatively limited given the total number of interns at these providers at both accreditation visits observed. The AMC team noted the public nature of the 'JMO lunch' for discussing matters of junior doctor wellbeing and specific areas of concern identified by the survey team. The AMC team observed some examples of vigorous engagement but was concerned that the limited numbers of interns participating may limit some ad hoc identification of issues which are not identified in the documentation nor raised in interviews with term supervisors. It is important for the authority to consider greater involvement of junior medical officers throughout the assessment visit process.

Despite this, during the site visits, the AMC team observed careful consideration of trainee wellbeing, with issues identified through documentation of intern feedback, and through discussion of the results of the Medical Training Survey, which were consistently raised by assessors during interviews with both senior and junior levels of the program's staff.

The AMC team observed immediate escalation of concerns for junior doctor wellbeing (culture and bullying issues, overtime) to key executive staff of the hospital, and questioned the escalation pathways in place for interns to raise areas of concern within the program. The team heard the PMAQ team emphasise the requirement for interns to work in an environment that supports their wellbeing, education and training, and in addressing major concerns, the PMAQ team suggested conditions requiring immediate action.

The AMC team was assured that assessors and PMAQ staff had the knowledge to recognise and escalate issues relating to junior doctor wellbeing.

The team noted that discussions with stakeholder groups identified that junior doctor wellbeing is taken seriously across the authority, with appropriate escalation pathways in place. It was evident that junior doctors, Medical Education Officers, Directors of Clinical Training, and assessors were well aware of the guidelines and escalation processes available to raise issues concerning junior doctor wellbeing with PMAQ.

Additionally, discussion with intern representatives of the JMOFQ identified that there are a number of projects being run through the Forum, which aim to identify, address and improve junior doctor wellbeing across Queensland.

#### **4.9 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.

##### ***Process for consideration of new terms, posts and programs***

PMAQ requires the completion of the *Intern Training Program Application Form* for the accreditation of a new program, term or post or a scheduled re-accreditation of a current program.

The addition of a new term requires the provider to complete an *Application for a new term*, which will describe the intern experiences in the term and how it fits within the overall training program, while meeting the requirements in accordance with the *AMC Intern training guidelines for terms*.

This request for consideration of new terms, posts and programs will be presented to the Accreditation Committee for consideration of inclusion into the accreditation schedule. Once approved the facility is required to submit a written application, including a self-assessment against PMAQ Standards (which are mapped to the National Framework) and accompanying evidence at least three months prior to implementation of the proposed change. Typically, an assessor team is convened to review the application. A site visit may occur; however, this is at the discretion of the assessor team, in conjunction with PMAQ.

The Accreditation Committee makes a decision based on the assessment team's report of the provider's self-assessment, evidence, and any verification of activities. In considering the application for a new term, post or program, the Accreditation Committee will decide whether the PMAQ Standards are fully met, partially met or not met. Conditions may be placed on the program where the standards are not fully met.

Programs may be accredited for a maximum of four years.

### ***Change in Circumstance Guideline***

The *Change in Circumstance Guideline* sets out the types of changes that are reportable and the actions that may have to be taken by PMAQ and the Accreditation Committee.

The guideline notes that changes in intern training programs can occur regularly, with PMAQ to be notified before planned changes, or in an appropriate timeframe through the *Change in Circumstance Form*.

Changes covered by the guideline include but are not limited to the following:

- absence of senior staff with significant roles in intern training for an extended period with no replacement
- plans for significant redesign or restructure of the health service that impacts on interns
- rostering changes that significantly alter access to supervision or exposure to educational opportunities
- resource changes that significantly reduce administrative support, facilities or educational programs available
- an increase in posts in an accredited term or the inclusion of a new term in an accredited program
- absence of a term supervisors for an extended period with no replacement
- absence of immediate clinical supervision for any period
- significant reduction in clinical staff available to directly supervise and support prevocational trainees, including after-hours
- changes to unit medical staffing resulting in interns undertaking, for an extended period, higher-level or alternative clinical duties than those given in the term position description
- significant changes to term case mix or clinical activity that impact on intern patient load for an extended period
- significant changes to rostered hours that diminish the role of the intern in the unit and/or their clinical supervision.

The guideline states that an accreditation team will normally be convened to examine the evidence. In certain circumstances, it may be deemed appropriate for the change to be assessed by PMAQ staff. An interview with training provider staff or a site visit may be required to assist in the evaluation of evidence against the standards. The requirement for these is at the discretion of the assessment team.

Following analysis of the available evidence against the relevant standard/s, the assessment team will develop a report of its findings and make a recommendation on the outcome to the Accreditation Committee. The possible outcomes are:

- the change is approved
- further information is required for the change to be adequately assessed
- the change is approved with condition (general or monitoring)
- the change is not approved.

### ***Team findings***

During observations, the AMC team noted consideration of requests for additional posts. Considerations were based on documented evidence and interview responses, with PMAQ assessors exploring the impact such an increase would have on the experiences of current interns in the unit. The AMC team observed the use of national guidelines for terms to consider the influence of a request for a new term on the overall compliance of the intern training program with the standards.

It was evident to the AMC team from a review of the Accreditation Committee's documentation and from discussions with stakeholders that PMAQ applies national guidelines in determining if changes to posts, programs and providers will affect the provider's accreditation status. PMAQ has a clear guideline on what constitutes a change and the process for reporting these. This guideline is supported by structured templates for reporting. The AMC team heard feedback from a range of health service stakeholders indicating their awareness of these procedures and threshold for reporting to the PMAQ.

The health service stakeholders that the AMC team spoke to gave strong praise to the PMAQ staff for their responsiveness during COVID-19, identifying that the staff provided proactive advice, appropriate flexibility and clarity to intern training providers to help them manage changes to accredited terms, posts and programs, in response to the pandemic.

#### **4.10 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.

The PMAQ Accreditation Committee develops, monitors and evaluates intern accreditation standards and processes, evaluates all accreditation applications and resulting reports submitted by assessment teams, and is responsible for making accreditation decisions regarding the accreditation of intern training providers in Queensland. The Intern Medical Accreditation Standard sets out the framework for decision making, specifying the possible outcomes of accreditation processes, defining the ratings (fully met, partially met, not met) and the two types of conditions that may be placed on accreditation (General Conditions and Monitoring Conditions as described under attribute 4.6). The Standard specifies the maximum period of accreditation that the Committee may decide, which is four years. It also provides guidance on the application of different periods, noting that a provider can be granted four years' accreditation with some conditions being imposed. Accreditation for a shorter period may be deemed appropriate where there is not full adherence to the standards.

The decision-making processes, including possible decision outcomes are set out in the various guidelines that describe PMAQ's accreditation processes. For example, the *Notification of Concern Guideline* sets out the range of potential decisions the Accreditation Committee may take (no further action, seek additional information or take immediate action). It also sets out the process for consideration required to arrive at a decision and specifies the actions the Accreditation Committee must take to notify the provider, once it has made a decision.

To support decision making in the instance that an assessment has been conducted, Committee members are given a copy of the assessment team's accreditation report, the provider's feedback and fact check information, in addition to having the assessment team lead present the team's findings.

Policies specifically designed to minimise undue influence include the PMAQ *Conflict of Interest Guideline*, the *Conflict of Interest Declaration* and the *Deed Poll of Confidentiality and Privacy*.

The *Conflict of Interest Guideline* while acknowledging that individuals may be involved in multiple levels of governance, outlines policies and procedures to ensure that they are only involved in decision making at a single level. As noted under attribute 4.3, there is a rigorous conflict of interest policy that is robustly applied by assessment teams and the Accreditation Committee.

The Accreditation Committee decision-making processes are clearly documented across the guidelines for each of PMAQ's accreditation processes. The AMC team observed a meeting of the Accreditation Committee and reviewed minutes of previous meetings, discussion documents on changes to the accreditation processes and the Committee's annual self-evaluation. It was evident that the Accreditation Committee applied the documented decision-making processes and the AMC team did not observe any evidence of undue influence in decision making, nor was this highlighted as an area of concern by stakeholders.

#### **4.11 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.

The key mechanism for the communication of accreditation status and outcomes is the PMAQ website, with the outcomes and accreditation status in the published table of Current Accreditation Status updated after each Accreditation Committee meeting. PMAQ also produces a monthly newsletter where information on the work of PMAQ and updates on accreditation decisions are included. These are distributed to the networks of interns, medical education organisers and Directors of Clinical Training and medical schools.

Feedback is provided to the key executive staff of the provider immediately following a site visit. Following each accreditation activity, feedback and a report with recommendations is prepared and provided to the provider for comment and fact checking, with the final report also sent to the provider. As noted under attributes 4.6, 4.7 and 4.8, there are mechanisms for notifying health service key executives when significant concerns translate into swift accreditation outcomes.

The Accreditation Committee reports outcomes directly to the A/DDG and Chief Medical Officer of Queensland Health, with formal reporting following each Committee meeting.

PMAQ has a contractual agreement for the reporting of accreditation decisions to the Medical Board of Australia through Ahpra.

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

The AMC team observed appropriate and timely feedback to health service providers at the conclusion of the two accreditation visits observed.

Processes for reporting accreditation decisions to the A/DDG and Chief Medical Officer and to Ahpra are clear and well established. The PMAQ website supports timely and transparent reporting for all stakeholders on the accreditation status of programs.

The monthly newsletter provides an additional mechanism to communicate to stakeholder groups, and the stakeholders that the AMC team spoke to were aware of the newsletter and found the summary helpful. However there was mixed feedback on the use of the newsletter and the

website as key communication mechanisms, with Medical Education Officers and Directors of Clinical Training (as noted under attribute 4.5) both calling for greater engagement from PMAQ on the learnings resulting from the accreditation processes, and greater identification of exemplars and innovative approaches to meeting the standards.

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

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

As noted under attribute 2.1, PMAQ's governance structure provides for independent review of accreditation decisions through the establishment of an Accreditation Review Committee, as required. The *Accreditation Review Procedure*, which is published on PMAQ's website outlines the requirements and processes for responding to calls for review of accreditation decisions made by the Accreditation Committee.

The Chief Health Officer within the Department of Health is responsible for the management of the review process and selecting the individuals to be involved on the Review Committee. A provider may lodge a request for review of a PMAQ accreditation decision within 30 business days of receipt of the outcome of the decision. Requests for review must:

- be in writing
- specify the grounds for the application. Without limitation, this may include:
  - that the decision is not the correct and preferable decision
  - the decision being unreasonable or contrary to the facts
  - material procedural errors
  - bias
- provide all relevant supporting documentation/evidence.

The Accreditation Review Committee includes a Chair and a minimum of three experienced, independent individuals. No member of the Review Committee can have had any previous involvement in the assessment for accreditation or the accreditation decision and must not be an employee of the provider in question, or in the case of a provider that is part of a Hospital and Health Service, an employee of that Hospital and Health Service. The provider is able to comment on the Committee membership.

The Review Committee acts in accordance with legislation, policy and procedures, considering all relevant documentation, including:

- the most recent accreditation report
- evidence provided by the facility as part of the original accreditation assessment process
- assessment team notes taken throughout the process
- relevant correspondence
- relevant Committee minutes
- the provider's request (submission) for review
- accreditation team lead submission
- Accreditation Committee submission
- any other relevant information, including that which has been provided since the accreditation decision.



The Committee can decide the following:

- confirm the original accreditation decision
- set aside the original decision and make an alternative decision
- require PMAQ to conduct a new accreditation assessment.

The outcome of the review will be decided on a majority vote basis. Decisions made by the Review Committee are communicated in writing to the Chair of the Accreditation Committee and Chief Executive of the provider within 10 business days. Outcomes will be publicly available on the PMAQ website and the decision is not subject to further review.

PMAQ has received one request for review of decision making. The response to this has been delayed in the context of COVID-19.

### ***Team findings***

The team found PMAQ to have clear published processes for managing reviews of accreditation decisions, although it noted that these have not yet been fully tested. The *Accreditation Review Procedure* is comprehensive and includes mechanisms to support decision making free of conflicts of interest, such as the stipulation that no member can have been part of the previous decision-making process, as well as the ability for the provider that has requested the review to comment on the Accreditation Review Committee membership. Health service stakeholders that the AMC team spoke to were aware of the procedure.

As noted under attribute 2.1, the team was concerned about the power of the Accreditation Review Committee to change an accreditation decision. The AMC team considered that this raises potential concerns about the independence of accreditation decision making in the context of PMAQ's management and governance structures.

#### *Commendations*

- K The comprehensive and publicly available website, containing up-to-date versions of key core documentation relating to accreditation requirements, procedures and outcomes. The information relating to accreditation status and outcomes of accreditation processes is clear and transparent. (Attribute 4.1)
- L The clear and robust policies and procedures for identifying conflicts of interests in the work of assessment teams and committees, and the range of appropriate strategies for managing these. (Attribute 4.3)
- M The excellent support provided by PMAQ staff during accreditation assessments. Findings were referenced to the appropriate standard and the assessment team was conscientious in seeking all required evidence to make an informed judgement against each standard. (Attribute 4.4)
- N The comprehensive monitoring processes in place, in particular the *Notification of Concern Guideline*, which enable PMAQ to proactively identify areas of concern and systematically respond to such issues in an appropriate manner, outside scheduled assessment timeframes. (Attribute 4.6 and 4.7)
- O PMAQ staff's responsiveness during COVID-19. Staff provided proactive advice, appropriate flexibility and clarity to help health services manage changes to accredited terms, posts and programs, in response to the pandemic. (Attribute 4.9)

#### *Conditions to satisfy accreditation domains*

*Nil*

*Recommendations for improvement*

- EE Develop a process for providing ongoing training and performance review and feedback to experienced assessors, as well as Assessor in Training. (Attribute 4.2)
- FF Develop a process for the ongoing recruitment and support of assessors from consumer and community, and regional and rural health service backgrounds, particularly to ensure the credibility of the outcomes of the assessment process of regional and rural intern training providers. (Attribute 4.2)
- GG Create structured opportunities to share practice and learning from accreditation processes and innovation/excellence in intern training programs promoting learning across Queensland health services and intern training providers. (Attributes 4.5, 4.11 and 5.1)
- HH Involve a larger proportion of interns at accreditation site visits to enhance the identification of opportunities for continuing quality improvement and for the detection of matters directly pertinent to junior doctor wellbeing. (Attributes 4.8, 4.5 and 5.1)

## 5 Stakeholder collaboration

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**Domain:** 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.

The new representative model for membership of the Accreditation Committee is the cornerstone of stakeholder engagement, with all major stakeholder groups represented on the Committee and participating in PMAQ's accreditation processes (as outlined under attribute 1.6).

For some of these groups, there are established fora that allow for stakeholder engagement through their Accreditation Committee members (i.e. EDMS, DCT/MEO, JMO). The terms of reference for these fora specify their role in stakeholder communication. These fora have been used to socialise process changes proposed in consultation papers.

The revised terms of reference for the Accreditation Committee have resulted in the appointment of the inaugural consumer representative member who, as a full member of the Committee, has participated in consultation, decision and assessment processes. The Committee has subsequently endorsed a position paper articulating a commitment to consumer involvement and feedback during accreditation assessments through engagement with local health consumer groups. PMAQ continues to work in collaboration with Health Consumers Queensland in the implementation of this, which is envisaged in mid-2021.

There is a medical school representative on the Accreditation Committee and the Director, MAPAU attends the Medical Schools Liaison Committee, which is a quarterly meeting that covers all Department of Health issues with the four Queensland-based medical schools.

The monthly PMAQ newsletter is also used as an engagement mechanism, with feedback on proposed procedural changes also being sought from stakeholder networks through this newsletter.

Targeted communication and consultation with stakeholders is additionally undertaken in the form of general information sessions for individual Hospital and Health Services, which commenced in February 2021. Areas covered in these sessions include overviews of changes to

processes, practical information about engaging with PMAQ systems and processes. The sessions also provide an opportunity for stakeholders to ask questions and discuss concerns.

### ***Team findings***

There are clear structures and multiple mechanisms for engaging a wide range of stakeholders. However, there was varying feedback both within and across stakeholder groups as to the effectiveness of the engagement.

The AMC team understood that full meetings of the individual fora (i.e. EDMS, DCT/MEO, JMOFQ) are relatively infrequent, and most of the groups have an executive committee that meets more frequently, which is where the bulk of stakeholder engagement appears to occur. The evidence is that this is reasonably effective with dedicated individuals on each fora supporting engagement. For the wider membership of these fora however, given the infrequency of meetings, engagement and visibility depends on an individual's interest in the issues. This seems to lead to differences in viewpoints about the effectiveness of the engagement. There was a concern expressed from regional stakeholders that some engagement appeared to reflect a metropolitan hospital focus.

As noted under attribute 4.11, Medical Education Officers and Directors of Clinical Training expressed a desire to have opportunities to share 'best practice' examples and more detailed reporting in relation to partially met conditions.

The appointment of a health consumer member of the Accreditation Committee and the commitment to work with Health Consumers Queensland to increase consumer engagement in accreditation processes are very positive initiatives. PMAQ is encouraged to maintain its focus on initiatives to strengthen consumer engagement, with appropriate resourcing.

The member representing medical schools on the Accreditation Committee is only a recent appointment, and was known only to her own school. Medical school stakeholders reported that although there was good engagement through the Medical Schools Liaison Committee on medical workforce issues, including training in regional and rural health services, there was little engagement relating to the PMAQ accreditation processes. Medical schools reported that there was a missed opportunity for deeper engagement on the outcomes of accreditation activities to support the transition from medical school to intern training, and to collaborate in responding to concerns about inappropriate training environments.

Discussions with the JMO Forum indicated positive and increasing engagement, supported by the appointment of JMOs to assessment teams, which gave greater insight into accreditation processes and strengthened relationships. As noted under attribute 4.8, the AMC team considers there is a further opportunity to identify and understand wellbeing issues through greater inclusion of interns and JMOs during PMAQ's site visits, including involvement in specific term interviews.

## **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.

PMAQ has a *Communications Strategy* to facilitate awareness, understanding and commitment to the accreditation process across Queensland. This strategy aims to ensure that the details of accreditation processes and opportunities for engagement are available and clearly communicated. The PMAQ website is the primary information source for stakeholders. The website contains relevant documents, policies, procedures and guidelines, available for public access.

### ***Team findings***

The AMC team found that PMAQ's *Communications Strategy* reflects an appropriate mix of stakeholders, and the primary intent around intern accreditation. It names most stakeholder groups, but has not yet incorporated recent innovations such as medical schools and consumers. Consumer participation is covered in a separate position paper.

As noted under attribute 4.1, the website contains comprehensive information on PMAQ's role, function and procedures. One stakeholder group noted that although the terms of reference of the Accreditation Committee are published, there is no information on the Committee's current membership or on PMAQ staff.

The AMC team found the website is easy to navigate.

As commented under attribute 5.1, there are stakeholders who would like more detailed communication on process outcomes and how to meet standards.

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

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

PMAQ reported established relationships with other intern training accreditation authorities, especially seeking advice to assist in modifications to accreditation processes in response to COVID-19. This has resulted in agreements to share data and learning. Two salient examples include:

- discussions with the Medical Council of New Zealand (MCNZ), and Health Education and Training Institute New South Wales on lessons learned and proposed approaches to a 'hybrid model' of site visits
- collaboration with the Postgraduate Medical Council of Victoria (PMCV), South Australian Medical Education and Training and the MCNZ in regard to accreditation responses to the impact of COVID-19 on intern training. Collaboration with the PMCV continues with information sharing between the authorities on the efficacy of responses.

### ***Team findings***

The AMC team found evidence of collaboration, which had increased in the context of COVID-19 and is focused on sharing strategies and learnings in responding to the implications of the pandemic on the health sector and intern training programs.

As changes to the National Framework are confirmed, it will be important for PMAQ to dedicate further time and resources to collaborate with other intern training accreditation authorities as all authorities prepare for implementation of the changes.

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

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

PMAQ is a member of the Confederation of Postgraduate Medical Education Councils and has participated in their fora. The Director MAPAU also participates in a number of wider fora, such as the Queensland Medical Schools Liaison Committee, the Medical Board of Australia groups for the Medical Training Survey, medical workforce advisory groups and the Queensland branch of the AMA Council of Doctors in Training.

PMAQ has actively participated in the AMC's review of the National Framework for Prevocational Training and responded to consultations on changes.

### ***Team findings***

PMAQ has provided evidence of engagement in overarching national structures for quality assurance and accreditation.

#### *Commendations*

- P The clear structures and multiple mechanisms for engaging a wide range of stakeholders. (Attribute 5.1)

#### *Conditions to satisfy accreditation domains*

*Nil*

#### *Recommendations for improvement*

- II Share accreditation findings with medical schools to both support the transition from medical school to intern training, and to respond to concerns about inappropriate training environments. (Attribute 5.1)
- JJ Collaborate with other intern training accreditation authorities to prepare for implementation of the changes to the National Framework for Prevocational Medical Training. (Attribute 5.3)

## **Appendix One Membership of the 2021 AMC Team**

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**Professor Jeffrey Hamdorf AM (Chair), MBBS, PhD, FRACS**

Director, Clinical Training and Evaluation Centre and Professor of Surgical Education, The University of Western Australia.

**Associate Professor Andrew Singer AM (Deputy Chair), MBBS, FACEM, FIFEM**

Principal Medical Advisor, Acute Care and Health Workforce Divisions, Australian Government Department of Health. Chair, Australian Medical Council Prevocational Standards Accreditation Committee.

**Dr Michelle McIntosh, MBBS, DCH, FRACGP, BAppScOT**

Medical Administration Registrar, Limestone Coast Local Health Network. Director of Clinical Training/Director of Workplace Based Assessment Program, Flinders University Rural Health South Australia/Limestone Coast Local Health Network.

**Dr Bhavi Ravindran, BMedSci (Hons), GAICD**

Senior Resident Medical Officer, Hunter New England Health. Member, AMA NSW Doctors' in Training Committee. Member, Australian Medical Council Prevocational Standards Accreditation Committee.

**Ms Kirsty White**

Director, Accreditation and Standards, Australian Medical Council.

**Ms Tahlia Christofersen**

Program Coordinator, Accreditation Operations, Australian Medical Council.

## Appendix Two Groups met by the 2021 AMC Team

Location	Meeting
<b>Teleconference - Zoom</b>	
<i>Tuesday 20 to Wednesday 21 April 2021 – Professor Jeffrey Hamdorf AM, Associate Professor Andrew Singer AM, Dr Michelle McIntosh, Ms Kirsty White (AMC staff), Ms Tahlia Christofersen (AMC staff)</i>	
Observation of PMAQ accreditation visit to Royal Brisbane and Women's Hospital	Various meetings
<b>Teleconference - Zoom</b>	
<i>Wednesday 19 May 2021 – Professor Jeffrey Hamdorf AM, Associate Professor Andrew Singer AM, Ms Kirsty White (AMC staff), Ms Tahlia Christofersen (AMC staff)</i>	
Discussion	Director, Medical Advisory and Prevocational Accreditation Unit (MAPAU) Manager, Prevocational Medical Accreditation Queensland (PMAQ)
<b>Teleconference – MS Teams</b>	
<i>Thursday 3 June 2021 – Professor Jeffrey Hamdorf AM, Associate Professor Andrew Singer AM, Dr Bhavi Ravindran, Ms Kirsty White (AMC staff), Ms Tahlia Christofersen (AMC staff)</i>	
Observation PMAQ Accreditation Committee meeting	Chair Members
<b>Redcliffe, QLD</b>	
<i>Tuesday 8 to Wednesday 9 June 2021 – Professor Jeffrey Hamdorf AM, Dr Michelle McIntosh, Ms Kirsty White (AMC staff), Ms Tahlia Christofersen (AMC staff)</i>	
Observation of PMAQ accreditation visit to Redcliffe Hospital	Various meetings
<b>Teleconference - Zoom</b>	
<i>Wednesday 12 May 2021 – Professor Jeffrey Hamdorf AM, Associate Professor Andrew Singer AM, Dr Michelle McIntosh, Dr Bhavi Ravindran, Ms Kirsty White (AMC staff), Ms Tahlia Christofersen (AMC staff)</i>	



<b>Location</b>	<b>Meeting</b>
Senior Executive staff of PMAQ	Executive Director, Chief Medical Officer and Healthcare Regulation Branch (CMOHRB) Director, Medical Advisory and Prevocational Accreditation Unit (MAPAU) Manager, Prevocational Medical Accreditation Queensland
Health Department staff	Acting Deputy Director-General and Chief Medical Officer, Prevention Division
DCT/MEO Forum executive	Former Chair, DCT/MEO Forum; former Principal Medical Education Officer, Sunshine Coast University Hospital Deputy Chair, DCT/MEO Forum; Director of Clinical Training, Caboolture Hospital Medical Education Officer, Gold Coast Hospital & Health Service
Executive Director of Medical Services	Executive Director of Medical Services, Princess Alexandra Hospital Executive Director of Medical Services, Cairns & Hinterland Hospital and Health Service Executive Director of Medical Services, South West Hospital and Health Service A/ Executive Director of Medical Services, Townsville Hospital and Health Service Director of Medical Services, Royal Brisbane and Women's Hospital Director of Medical Services, Townsville Hospital and Health Service Director of Medical Services, Redcliffe Hospital Director, CMORE, Royal Brisbane and Women's Hospital Medical Services Manager, Greenslopes Hospital
<i>Thursday 13 May 2021 – Professor Jeffrey Hamdorf AM, Associate Professor Andrew Singer AM, Dr Michelle McIntosh, Dr Bhavi Ravindran, Ms Kirsty White (AMC staff), Ms Tahlia Christofersen (AMC staff)</i>	
PMAQ manager and staff	Manager Principal Policy Officer Project Officer Policy Officer Principal Accreditation Officer

<b>Location</b>	<b>Meeting</b>
Accreditation Assessors	Junior Medical Officer, Queensland Rural Medical Service Senior Staff Specialist, Sunshine Coast Hospital and Health Service Staff Specialist, Townsville Hospital and Health Service Chair, Federal AMA Council of Doctors in Training, Townsville Hospital and Health Service Principal Medical Education Officer, Gold Coast University Hospital Medical Education Officer, Princess Alexandra Hospital Medical Education Officer, Sunshine Coast Hospital & Health Service Medical Education Officer, Sunshine Coast University Hospital Medical Education Officer, Children’s Health Queensland Hospital and Health Service Medical Education Officer, Toowoomba Hospital Director Academic Development, Central Queensland Hospital and Health Service General Physician, Sunshine Coast University Hospital
Medical Schools	Dean of Medicine, Bond University Deputy Executive Dean and Medical Dean, Faculty of Medicine, University of Queensland Dean of Medicine Head of School, Griffith University
Directors of Clinical Training	Directors of Clinical Training: Gold Coast Hospital & Health Service Princess Alexandra Hospital Hervey Bay Hospital Queensland Children’s Hospital Royal Brisbane and Women’s Hospital Cairns Hospital and Health Service Caboolture Hospital
Medical Education Officers	Medical Education Officers: Royal Brisbane and Women’s Hospital Royal Brisbane and Women’s Hospital Townsville Hospital and Health Service Rockhampton Hospital Princess Alexandra Hospital Children’s Hospital Queensland Sunshine Coast Hospital and Health Service Caboolture Hospital Toowoomba Hospital Hervey Bay Hospital Mackay Hospital

<b>Location</b>	<b>Meeting</b>
Junior Medical Officers Forum Queensland (JMOFQ) Executive Committee and Forum representatives	Chair, JMOFQ Executive Committee Deputy Chair, JMOFQ Executive Committee Past Chair, JMOFQ Executive Committee Junior Medical Officers: Queensland Rural Medical Service Toowoomba Hospital Sunshine Coast University Hospital
Term Supervisors	Term Supervisors: Hervey Bay Hospital Goondiwindi Hospital Gold Coast Hospital and Health Service Gold Coast Hospital & Health Service Princess Alexandra Hospital Warwick Hospital
<i>Friday 18 June 2021 – Professor Jeffrey Hamdorf AM, Associate Professor Andrew Singer AM, Dr Michelle McIntosh, Dr Bhavi Ravindran, Ms Kirsty White (AMC staff), Ms Tahlia Christofersen (AMC staff)</i>	
Delivery preliminary statement of findings	AMC Team Acting Deputy Director-General and Chief Medical Officer, Prevention Division Director, Medical Advisory and Prevocational Accreditation Unit (MAPAU) Chair, PMAQ Accreditation Committee Manager, PMAQ





