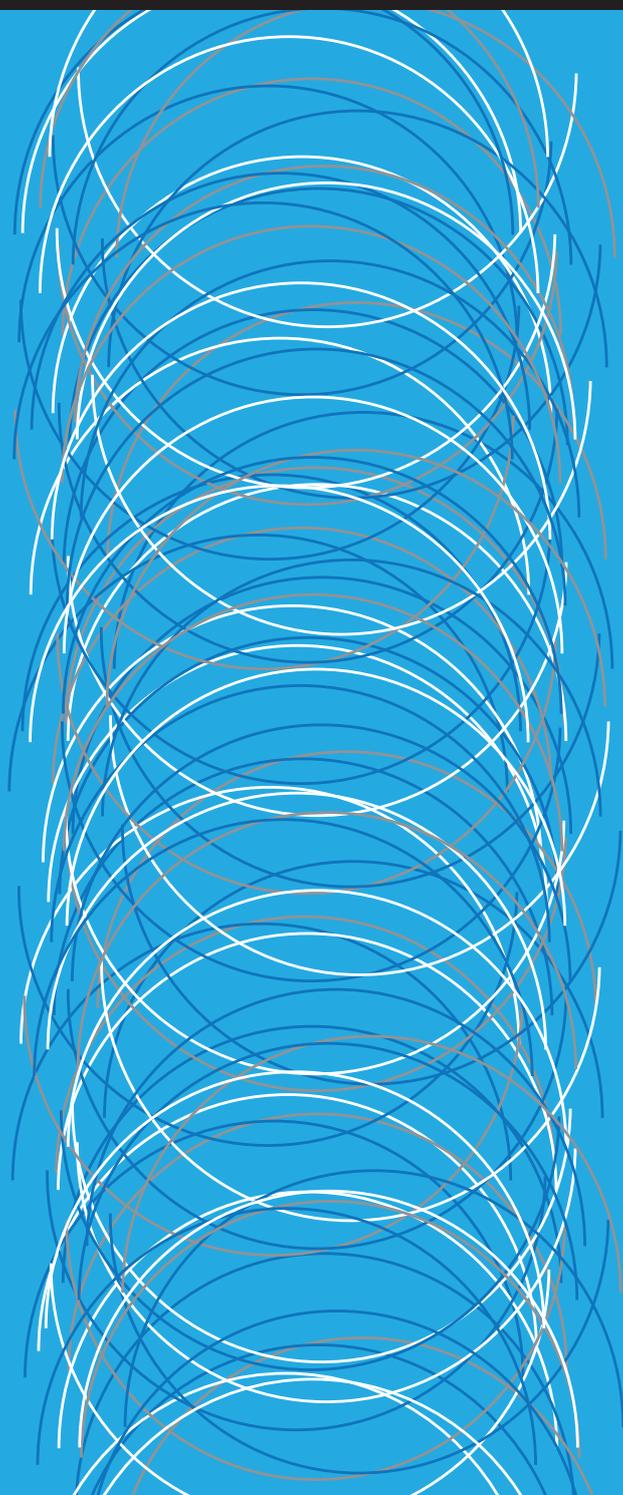


Australian Medical Council Limited

Accreditation Report:  
Postgraduate Medical Education  
Council of Tasmania

AMC



Prevocational Standards Accreditation Committee  
December 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 Australian Medical Council (AMC) assessment of the Postgraduate Medical Education Council of Tasmania (PMCT), the intern training accreditation authority for Tasmania.

In October 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 December 2021. The Committee considered the draft report and made recommendations on accreditation to AMC Directors on 3 February 2022.

### **Decision on accreditation**

The AMC's finding is that it is reasonably satisfied that the Postgraduate Medical Education Council of Tasmania **substantially meets** the domains for assessing intern training accreditation authorities.

At their meeting on 3 February 2022, AMC Directors resolved:

- (i) That the Postgraduate Medical Education Council of Tasmania be accredited as an intern training accreditation authority for five years, to 31 March 2027, subject to satisfactory annual progress reports to the AMC.
- (ii) That this accreditation is subject to the conditions set out below:

In the 2022 progress report:

- Clarify the Accreditation Committee's role in the confirmation of the accreditation report and with regard to making decisions or recommendations about the setting of accreditation provisos/recommendations and monitoring requirements and demonstrate that this is adhered to in Committee meetings. (Attributes 2.1 and 4.10)
- Provide evidence that conflicts of interest have been managed consistently, according to the published policy, particularly in relation to the Accreditation Committee. (Attributes 2.2 and 4.3)
- Increase the diversity of survey teams, with regard to both team member disciplines and backgrounds, to ensure adequate experience to assess the breadth of accredited terms within a health service. (Attribute 4.2)

The accreditation relates to the PMCT's work as the intern training accreditation authority for Tasmania.

In 2026, before this period of accreditation ends, the AMC will seek a comprehensive report from PMCT. The report should address the requirements of the *Intern Training – Domains for assessing accreditation authorities* and outline PMCT’s development plans for the next three years. The AMC will consider this report and, if it decides PMCT is continuing to satisfy requirements, the AMC Directors may extend the accreditation by a maximum of three years (to March 2030), 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 Postgraduate Medical Education Council of Tasmania substantially 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 not conditions.

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>Met</b>
<p><i>Commendations</i></p> <p>A The clear commitment, resourcing and care given to accrediting, monitoring and supporting prevocational training programs in Tasmania (Attribute 1.2)</p> <p>B The knowledge and substantial experience of staff and the positive team culture of continuous improvement (Attribute 1.3)</p> <p><i>Recommendations for improvement</i></p> <p>AA Streamline the governance arrangements, reducing the overlap of individuals holding multiple roles at different levels in the governance structure. (Attribute 1.1)</p> <p>BB Update governance documentation, including the Constitution and Terms of Reference for the Accreditation Committee to ensure that the descriptions of the bodies and their roles are accurate and consistent. (Attribute 1.1)</p> <p>CC Implement formal performance procedures for roles within the governance structure. (Attribute 1.1)</p>	<p><i>Conditions</i></p> <p>Nil</p>

<p>DD Increase the representation from Junior Medical Officers across different services in Tasmania within the different levels and groups in the governance structure. (Attributes 1.2 and 1.6)</p> <p>EE Clarify the selection processes for the clinical representatives on Council for stakeholders. (Attribute 1.5)</p>	
<p><b>Domain 2 - Independence</b></p>	<p><b>Substantially met</b></p> <p><i>2.1 Independence of accreditation decision making</i> is substantially met</p> <p><i>2.2 Managing conflicts of interest</i> is substantially met</p>
<p><i>Commendations</i></p> <p>C The appointment of an independent chair with a strong background in patient safety to the Accreditation Committee, which supports independent decision-making. (Attributes 1.2 and 2.1)</p> <p><i>Recommendations for improvement</i></p> <p>FF Expand the pool of assessors to include a broader range of backgrounds and perspectives to reinforce the independence of the accreditation process. (Attribute 2.1)</p>	<p><i>Conditions</i></p> <p>In the 2022 progress report:</p> <ol style="list-style-type: none"> <li>1 Clarify the Accreditation Committee's role in the confirmation of the accreditation report and with regard to making decisions or recommendations about the setting of accreditation provisos/recommendations and monitoring requirements and demonstrate that this is adhered to in Committee meetings. (Attributes 2.1 and 4.10)</li> <li>2 Provide evidence that conflicts of interest have been managed consistently, according to the published policy, particularly in relation to the Accreditation Committee. (Attributes 2.2 and 4.3)</li> </ol>
<p><b>Domain 3 - Operational management</b></p>	<p><b>Met</b></p>
<p><i>Commendations</i></p> <p>D There are effective systems for managing information sharing to maintain confidentiality. (Attribute 3.3)</p> <p><i>Recommendations for improvement</i></p> <p>GG Implement formal performance procedures for staff. (Attribute 3.1)</p>	<p><i>Conditions</i></p> <p><i>Nil</i></p>

<p><b>Domain 4 – Accreditation processes</b></p>	<p><b>Substantially met</b></p> <p><i>4.2 Selection, appointment, training and performance review of accreditation visitors is substantially met</i></p> <p><i>4.3 Managing conflicts of interest in the work of accreditation visitors and committees is substantially met</i></p> <p><i>4.10 Application of documented decision-making processes is substantially met</i></p>
<p><i>Commendations</i></p> <p>E PMCT staff provide excellent support to assessment teams, reinforcing appropriate reference to standards. (Attribute 4.4)</p> <p>F Good communication with health services and implementation of several positive new initiatives, including policies, workshops, guides, and on-the-ground strategies, to contribute to the continuous quality improvement of intern training. (Attribute 4.5)</p> <p><i>Recommendations for improvement</i></p> <p>HH Develop systematic cross-state/territory collaborations to support assessor development and increase the breadth of experience brought to health service accreditation assessments. (Attributes 4.2 and 5.3)</p> <p>II Adjust the survey interview process to enable systematic exploration of individual accredited terms and the implementation of the education program within them. (Attribute 4.4)</p> <p>JJ Review the use of recommendations and provisos/conditions in accreditation reports to strengthen the tracking of areas requiring improvement and areas where existing practice can be enhanced. (Attribute 4.5)</p> <p>KK Formally document the full range of processes used to ensure Directors of Clinical Training are properly supported in their management of concerns about patient safety and junior medical officer wellbeing. (Attributes 4.7 and 4.8)</p>	<p><i>Conditions</i></p> <p>In the 2022 progress report:</p> <p>3 Increase the diversity of survey teams, with regard to both team member disciplines and backgrounds, to ensure adequate experience to assess the breadth of accredited terms within a health service. (Attribute 4.2)</p> <p><i>Conditions 1 and 2 are relevant</i></p>

<b>Domain 5 – Stakeholder collaboration</b>	<b>Met</b>
<p><i>Commendations</i></p> <p>G Junior Medical Officers’ high levels of awareness of the role and responsibilities of PMCT. (Attribute 5.2)</p> <p>H PMCT’s support for staff to engage in national intern training networks and their contribution to the Review of the National Framework for Prevocational Medical Training. (Attribute 5.4)</p> <p>I The collaboration with the local medical school, which is supporting the transition to internship training in Tasmania. (Attribute 5.4)</p> <p><i>Recommendations for improvement</i></p> <p>LL Work with supervisors to develop formal engagement processes with the central PMCT team and supervisors across all Tasmanian health services. (Attribute 5.1)</p> <p>MM Work with junior doctors to develop formal engagement processes with the central PMCT team and junior doctors across all Tasmanian health services. (Attribute 5.1)</p> <p>NN Develop systematic cross-state/ territory collaborations to support assessor development and increase the breadth of experience brought to health service accreditation assessments. (Attributes 4.2 and 5.3)</p>	<p><i>Conditions</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.

From 2014, as part of the new national framework for medical internship, the AMC assesses and accredits the authorities that accredit intern training programs. This framework includes a national registration standard on granting general registration to Australian and New Zealand medical graduates on completion of internship, as well as national standards and guidelines on intern training. The framework was developed by the AMC, in conjunction with stakeholders, on behalf of the Medical Board of Australia.

The AMC process for accreditation of intern training accreditation authorities provides advice to the Medical Board of Australia to enable it to make a decision to approve authorities that accredit intern training terms, as required under the registration standard. 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 authority's processes and standards against a quality framework, *Intern training – Domains for assessing accreditation authorities*. This process provides a quality assurance and quality improvement mechanism for these intern training accreditation processes.

The AMC's Prevocational Standards Accreditation Committee oversees the AMC process of assessment and accreditation of intern training accreditation authorities, and reports to AMC Directors. The Committee includes members appointed after consultation with the Australian Health Ministers' Advisory Council, the Confederation of Postgraduate Medical Education Councils, and the Medical Board of Australia. The Committee also includes members experienced in AMC accreditation and examination processes, junior doctor and international medical graduate members, a member with background in and knowledge of health consumer issues, and a director of clinical training.

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

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

### **AMC assessment of the Postgraduate Medical Education Council of Tasmania**

The Postgraduate Medical Education Council of Tasmania (PMCT) is the intern training accreditation authority for Tasmania.

PMCT submitted its report to the AMC for initial accreditation in 2013. On advice from the Prevocational Standards Accreditation Committee, the October 2013 meeting of AMC Directors agreed that it was reasonably satisfied that PMCT met the domains for assessing accreditation authorities. AMC Directors granted initial accreditation to PMCT as the intern training accreditation authority for Tasmania for the maximum period of five years, to 31 December 2018. A satisfactory comprehensive report in 2018 saw accreditation extended for three years to 31 March 2022, with accreditation to continue until an AMC team completed an assessment of the intern training accreditation services in 2021.

This report details the 2021 assessment of PMCT 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 PMCT regarding the commencement of the assessment process in November 2020, after which there were regular discussions between AMC and PMCT staff to plan the assessment.
- PMCT 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 PMCT had an opportunity to comment on the proposed membership. The membership of the team is shown at Appendix One.
- The AMC invited stakeholder bodies to comment on PMCT's accreditation submission. To assist this process, PMCT placed its submission on its website.
- A subset of the AMC team observed PMCT's survey team interview and conducted an interview with the Director of Clinical Training (Interns) from Royal Hobart Hospital on 2 July.
- The team met on 8 July 2021 to consider PMCT's submission and to plan the review.
- The AMC team observed PMCT's survey visit to Royal Hobart Hospital in Hobart and via videoconference from 19-20 July.
- The team met PMCT staff, PMCT members, education and accreditation committees, and selected stakeholders on 21-22 July 2021.
- The team observed PMCT's Accreditation Committee meeting virtually on 11 October 2021.
- The AMC invited PMCT to comment on the factual accuracy of the draft report and on any recommendations, conclusions, or judgments in the draft report.
- The report and the comments of PMCT were considered through the AMC's committee processes.

### **Appreciation**

The AMC thanks PMCT 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 PMCT 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 July and October 2021.

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

## **1 Governance of the Postgraduate Medical Education Council of Tasmania**

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

### **Attributes**

- 1.1 The intern training accreditation authority is, or operates within, a legally constituted body subject to a set of external standards/rules related to governance, operation and financial management.
- 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 Postgraduate Medical Education Council of Tasmania**

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.

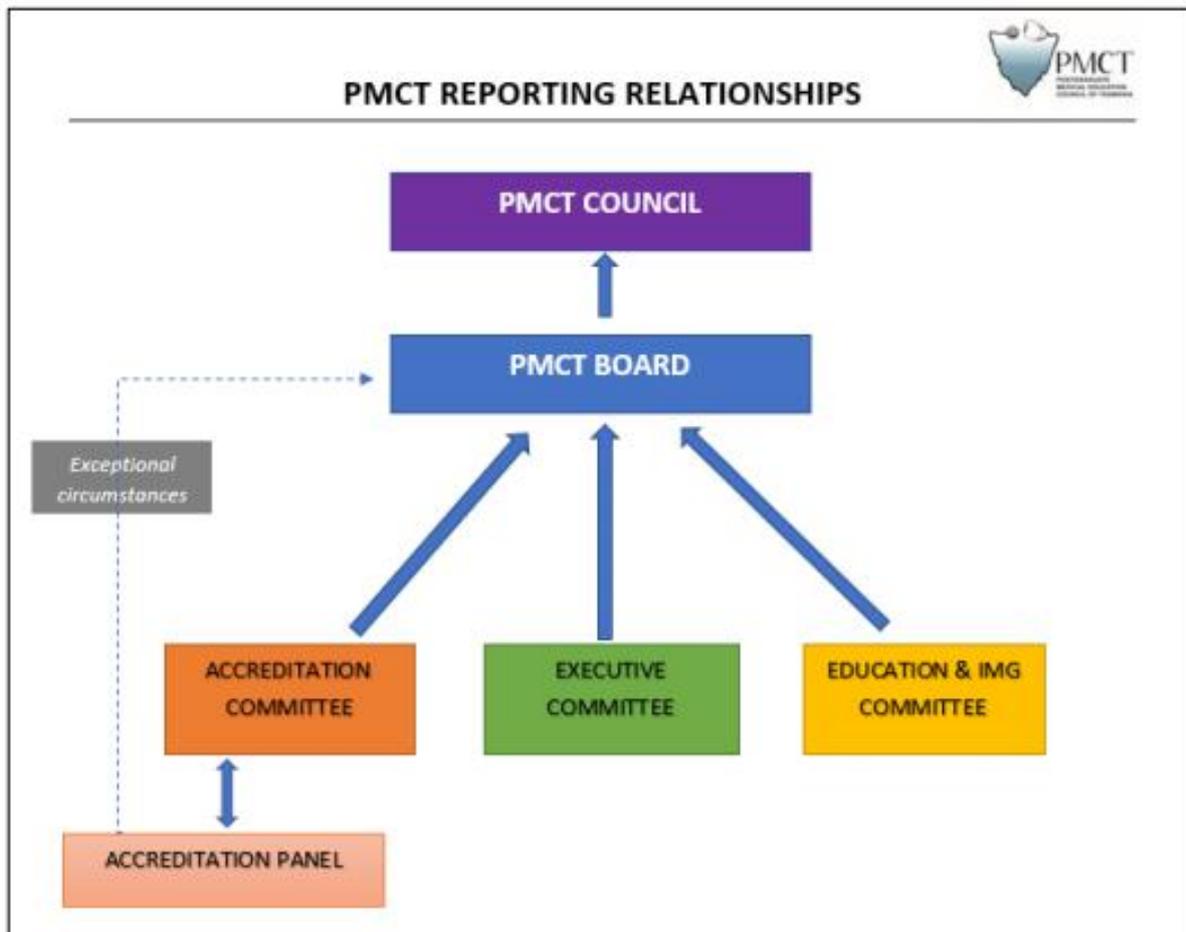
The Postgraduate Medical Education Council of Tasmania (PMCT) is an independent, not for profit organisation that has been registered as an Incorporated Association since October 1998 under the *Associations Incorporation Act 1964*.

PMCT is governed by a Constitution that sets out the governance, reporting lines and objectives of the organisation. As per the Constitution, the primary objective of PMCT is the provision and monitoring of high quality education, training and support to junior medical staff in Tasmania to enable them to deliver safe, effective and compassionate care to all Tasmanians.

## Governance

PMCT's current governance structure is illustrated below.

### The governance structure of PMCT



The Constitution establishes a governance model based on a Council, Board of Directors and three Committees: Management, Accreditation and Education & International Medical Graduate (IMG).

Three amendments have been made to the operation and structure of PMCT since 2018, including:

- the PMCT Management Committee was renamed the PMCT Executive Committee to better reflect the role it plays and its relationship to the Board
- the PMCT Risk Management Plan was reviewed and updated in January 2021, to ensure greater alignment with the PMCT Accreditation Risk Management Plan
- an external review of PMCT staff salary structures was undertaken, with recommendations presented to and accepted by the Board at the December 2019 PMCT Board Meeting.

## Management

The business of the PMCT is managed by, or under the direction of, the Board of Directors, that may exercise all powers of the Council except any power that the *Associations Incorporation Act 1964* or the Constitution requires the **Council** to exercise through a general meeting, including:

- the presentation of financial statements, containing:
  - the income and expenditure of PMCT during the previous financial year
  - the assets and liabilities of PMCT at the end of the previous financial year

- the mortgages, charges and securities affecting any of the property of the organisation at the end of the previous financial year.
- the election of the hospital representative to sit on the Board of Directors, every three years
- the election of the Chair of Council, with eligibility limited to those sitting on the Board of Directors with the exception of the Chair of the Executive Committee
- the presentation of the reports of the Chair of Council and the Auditor, which shall include a summary of the activities of PMCT for the preceding 12 months and a summary of the projected program for the following financial year
- advising of the office holders nominated for the following financial year
- the appointment of an Auditor.

The **Board of Directors** coordinates and oversees the activities of PMCT, and its role is to provide strategic guidance for the organisation and effective oversight of management. The *PMCT Board Charter* describes the Board as having responsibility for the leadership and strategic direction, governance, delegations, compliance and risk-monitoring, financial and operational performance and matters, and the culture of PMCT. The Board also has the decision-making power for the accreditation of intern training programs and terms. The Board reviews and approves the recommendations and proposed decisions for accreditation submitted by the Accreditation Committee, and is accountable for reporting the outcomes to the Tasmanian Board of the Medical Board of Australia and relevant health services.

The **Executive Committee** of the Board acts as the operational body of the PMCT, and conducts the business of the Board between meetings of the Board of Directors. The Executive Committee is responsible for the following functions:

- assisting the Board in establishing the strategic direction of the Council
- implementing the budget established by the Board of Directors
- receiving reports on behalf of the Council
- endorsing the membership and appointing the Chairs of the other committees of the Board.

The Chair of the Executive Committee holds responsibility for the day-to-day management and general development of PMCT, including administrative, financial, human resources, educational and legal business.

The purpose of the PMCT **Accreditation Committee** is to promote excellence in clinical training, appropriate educational and learning experiences, and effective supervision through accreditation of health services, and Intern and PGY2/3 terms. The Committee provides recommendations and proposes decisions for accreditation status to the PMCT Board for approval.

The **Accreditation Committee** reports directly to the PMCT Board and its terms of reference set out the Committee's roles and responsibilities in detail, which include:

- undertaking intern accreditation functions delegated from the Medical Board of Tasmania
- developing standards and criteria for intern accreditation in line with national accreditation standards and Medical Board requirements for intern registration, and awareness of national developments in the field
- periodically surveying hospitals to ensure existing intern terms comply with the accreditation standards
- reviewing new intern terms and making recommendations about their accreditation status
- developing guidelines and tools to support the accreditation process

- developing policies relating to accreditation processes, and managing and monitoring compliance with the policies
- communicating with stakeholders in relation to accreditation standards, policy and issues
- advising the PMCT Board on matters relevant to accreditation
- developing and undertaking accreditation functions for PGY2/3 terms
- annually reviewing all PMCT accreditation documents
- liaising with other State and Territory Postgraduate Medical Councils regarding accreditation.

In 2019, the Terms of Reference for the Accreditation Committee were updated to accommodate a restructure of the Committee to include two members of the PMCT Executive Committee, who also sit on a newly constituted PMCT Accreditation Panel.

The PMCT Accreditation Panel was formed to streamline decision making as required outside the quarterly Accreditation Committee meetings. The Panel is convened when an item/s is considered to be urgent and is to be reviewed at an out of session meeting, or when the Accreditation Committee Chair considers the item/s needs urgent review. The Panel is composed of a subset of five members of the Accreditation Committee.

At all levels of PMCT governance, (Council, Board and Committees), there is representation from diverse stakeholder groups. This representative model sees engagement from the University of Tasmania, hospital administrators, the Department of Health, colleges, supervisors, junior medical officers and consumers in the accreditation process and decision making of PMCT.

### ***Team findings***

PMCT is a legally constituted body, subject to a set of external standards and rules related to governance, operation and financial management for a not-for-profit organisation.

During the assessment visit, the AMC team sought clarification on the governance structure of PMCT and the efficiency of this arrangement for the purposes of PMCT. It was evident to the team that the PMCT Board is the managing body, with the PMCT Council acting in the traditional role of appointing members and overseeing financial reporting through the general meetings.

However, the team found that the PMCT governance structures and processes were generally understood although, there appeared to be uncertainty at the Accreditation Panel meeting about whether decision-making rested with the Committee or the Board. This is addressed under attribute 4.10.

Additionally, a number of individuals hold multiple roles at different levels, for example, the Chief Executive Officer and Deputy Chief Executive Officer are voting members of the Council, the Board and also the Accreditation and Executive Committees, which make recommendations to the Board. The chair of the Council and Board is also a member of the Accreditation Committee. The team therefore considered that there is scope for streamlining the governance arrangements and an external review may help to identify different options that could be considered that would maintain good governance.

The team noted that the 2021 Strategic Plan primarily focuses on priorities for spending reserves but that initial work on a broad strategy for PMCT functions had begun. There was an appetite amongst those involved in the governance structures with whom the team spoke for greater focus on strategy development and the team encourages PMCT to support this work. Strategic development initiatives may focus on greater engagement with junior medical officers across the health service regions and partnerships or evaluation work with external organisations.

The team also heard that there is limited formal performance feedback across the organisation.

There appear to be some legacy issues in the documentation, for example, the team noted the need to update the Constitution to clearly reflect the name change from Management to Executive Committee. The team also noted that the inclusion in the Accreditation Committee's terms of reference 'to reviewing new intern terms and making recommendations about their accreditation status' could be broadened to encompass the range of recommendations that the Committee makes to the Board on the accreditation status of new and existing terms.

## 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 PMCT has three main functions, and manages associated risks, including:

- **Accreditation:** ensuring that agreed standards of support and training are delivered by each Tasmanian health service providing intern training programs for PGY1 – PGY3
- **Education:** develop, coordinate and evaluate the delivery of dedicated teaching to junior medical practitioners in Tasmanian health services, through the Medical Education Advisors and Directors of Clinical Training employed by PMCT
- **International Medical Graduates (IMGs):** provision of support, education and training to IMGs working in Tasmanian public hospitals.

The functions are reflected in the PMCT governance structure, with priority to accrediting intern training programs reflected through the Accreditation and Education & IMG Committees of PMCT.

There is a standing agenda item at every PMCT Board and Council meeting for discussion/noting of an accreditation report by the Accreditation Committee Chair. This offers an opportunity for all members within the governance and management structures to develop a comprehensive understanding and awareness of accreditation activities and issues. The reports are also uploaded to the PMCT website to ensure the transparency of the process.

In 2021, the strategic plan was developed and is being implemented as an interim plan for the use of PMCT's reserve funds. The *PMCT Strategic Plan 2021* outlines a number of goals and tasks relating to the accreditation of intern training programs and junior doctor wellbeing, including:

- consideration of adopting new apps and software programs for management of PMCT processes and communication with junior medical officers and supervisors
- increase Medical Education Advisor, Director of Clinical Training, support Resident Medical Officer and administrative staff
- training PMCT and hospital staff in EPAs
- supervisor and registrar training
- consideration and engagement in consultation for planning and implementation of the National Framework for Prevocational Medical Training, including training PMCT and hospital staff in the outcomes of the Framework review and adopting programs to support EPAs and two-year internship.

The issue of junior doctor wellbeing is also addressed through a number of mechanisms and policies, including:

- the PMCT Accreditation Survey Tool on the Welfare and Support of Interns: which seeks response from both the health service and interns
- the Accreditation Survey Team undertaking interviews with interns and examining term review evaluations completed by interns

- the PMCT Accreditation Policy – Procedures to Address a Concern re patient safety/Junior Medical Officer welfare: the purpose of the policy is to ensure the governance and management structures of PMCT give appropriate priority to the impact of junior doctor training programs on patient safety and junior doctor wellbeing.

The PMCT model of employing Directors of Clinical Training and Medical Education Advisors within health services is intended to promote strong relationships between the accreditation authority and health services to support the prioritisation of intern training and enable the fast identification and resolution of concerns related to junior doctor wellbeing and patient safety.

The introduction of a standing Panel of the Accreditation Committee is another mechanism to ensure timely review of concerns, including about junior doctor wellbeing and patient safety when arising outside of the scheduled Committee meetings.

### ***Team findings***

The team found clearly expressed prioritisation for intern training accreditation within the structural approach and financial and operational management of PMCT. The funding and staffing allocated to the accreditation processes reflects the clear commitment given to accrediting, monitoring and supporting prevocational doctor training programs in Tasmania.

The PMCT is a cohesive group who works diligently to support and enhance junior doctor training in Tasmania. The team noted strong professional relationships across the different sectors, providing a great context in which PMCT can undertake its roles, which was recognised as a credit to all involved.

The main functions of PMCT were found to be clearly articulated in the governance structure. The team noted the wider responsibilities for support, education and training for international medical graduates working in Tasmanian hospitals is complementary. PMCT's accreditation and education functions clearly address the needs and wellbeing of junior doctors, in addition to patient safety. The structure was found to allow for support and collaboration of the medical education units for the benefit of improved opportunities for junior doctors, while enabling the Accreditation Committee to have the primary purpose of conducting accreditation work for PGY1-3 training programs.

PMCT has appropriate policies and documents to support accreditation processes. The team found policy documents to be structured and risk based, allowing assessment and management of risks including those impacting patient safety and junior doctor wellbeing.

The PMCT model of employing Directors of Clinical Training and Medical Education Advisors throughout most health services (Launceston General Hospital having a different model and employing these roles directly) was seen as having benefits in signalling the importance and commitment to intern training by both the PMCT and health service representatives the team spoke to. The team found considerable support for prevocational doctors at the health service level, with substantial priority placed upon wellbeing.

In discussion with the AMC team, Junior Medical Officers' reported feeling well supported by the PMCT model. The team identified an opportunity to further enhance the PMCT model - while there are Junior Medical Officers in governance, the team noted that the representatives are all from Royal Hobart Hospital backgrounds (noting this is the largest intern training provider). Engaging additional Junior Medical Officers from different services may enhance the ability to identify and respond to junior doctor wellbeing and patient safety issues that may arise across Tasmania's diverse health services.

The team noted PMCT's efforts to engage consumer members to support a wider perspective on patient safety in the governance processes.

### 1.3 Business stability

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

PMCT is largely funded by the Tasmanian Department of Health. The authority receives further funding for accredited intern positions from the Medical Board of Australia via the Australian Health Practitioner Regulation Agency (Ahpra). The business and financial stability of the PMCT has been maintained through successive governments and Department of Health contracts and careful financial management and monitoring of funds.

In July 2020, PMCT commenced a successfully negotiated three-year Grant Deed with the Department of Health.

The *PMCT Strategic Plan 2021* is being implemented as an interim plan for the use of PMCT's reserve funds. The plan aims to guide the objectives of the organisation's operations, and resource allocation, and includes:

- the purpose of the PMCT
- the strategy, which outlines:
  - PMCT's financial position in regard to reserve funds
  - key organisational risks
  - implementation and monitoring considerations
  - the goals and tasks aimed to be achieved.

The Grant Deed, in addition to reserve funds held by PMCT, contribute to ensuring the ongoing financial stability of the organisation for the foreseeable future. All staff contracts were renewed following the financial sourcing, promoting business stability.

Financial matters, including payroll, accounts payable and receivable, superannuation payments, financial summaries and audits, are managed independently through an external bookkeeper and an accountant to ensure objectivity and meeting of professional standards. The two most recent audits have been free of any auditor recommendations.

PMCT employs an experienced business and human resources professional as its Principal Officer to ensure appropriate management of business and employment practices, as well as the currency of HR matters.

PMCT has identified succession planning as a challenge and issue of concern for business stability. PMCT has several key staff members who each contribute a wealth of knowledge and expertise to the management and operations of PMCT.

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

PMCT is appropriately funded. Financial summaries indicate that PMCT has reserves, in addition to ongoing Department of Health and Ahpra funding, demonstrating clear financial viability.

The team considered the not-for-profit status of PMCT as a strength that allows the authority the freedom to prioritise initiatives to improve the prevocational training and accreditation processes.

The Principal Officer plays an important role in overseeing the Board's regular review of finances and delegations. The team found that these proactive actions have facilitated innovation and the funding of supportive educational and training opportunities for junior medical officers and international medical graduates within Tasmania.

The team was impressed by PMCT's positive team culture and staff longevity, with the extensive knowledge and experience of staff contributing to continuous improvement within the

organisation. As a corollary, PMCT's acute awareness of challenges to business stability was evident, with succession planning at the forefront of initiatives to support future stability and mitigate single-person risk within the organisation. PMCT has commenced training staff members in accreditation and organisation functions (including one current staff member who is being trained in the Accreditation Manager role), and has appointed an independent Chair to the PMCT Accreditation Committee.

#### **1.4 Financial arrangements**

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

As noted under attribute 1.1, PMCT's financial matters are managed independently by external financial specialists. The bookkeeper and accountant prepare PMCT's financial statements in accordance with the Australian Accounting Standards. The specialists are registered tax agents, and both are bound by the *Tax Agent Services Act 2009*, *Tax Agent Services Regulations 2009* and other relevant taxation law. Their work is audited for verification to ensure alignment with the Australian Accounting Standards and the *Australian Charities and Not-for-profits Commission Act 2012*, and that it is a true representation of PMCT's financial position.

The auditor is appointed by the Council at the Annual General Meeting and complies with the required Australian Accounting Standards. In keeping with good practice, the PMCT Council will appoint a new auditor following the 2020-2021 financial year audit.

PMCT provides annual information to the Australian Charities and Not-for-profits Commission (ACNC), which ensures compliance with reporting obligations and Australian Securities and Investments Commission (ASIC) standards. On the basis of this information, ACNC continues to renew PMCT's registration as a not-for-profit organisation.

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

The AMC team considers that PMCT meets the relevant Australian accounting and financial reporting standards.

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

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

The Board of Directors is the governing body of PMCT. The selection process for categories of membership is set out in the *PMCT Constitution*.

The Constitution outlines the process by which the PMCT Council, and subsequently the Board, is selected. Appointment to the Council is principally completed via a nomination process, with possible members nominated by relevant stakeholders of the PMCT. The Junior Medical Officer position is filled via an expression of interest process.

Under the Constitution, specific Council representatives become members of the Board by virtue of their position on the PMCT Council:

- The person nominated by the Department of Health
- The person nominated by the Tasmanian Board of the Medical Board of Australia
- The person nominated by the Executive Dean of the College of Health and Medicine, University of Tasmania
- The person representing Junior Medical Officers
- The clinical representative nominated by the staff association of the Royal Hobart Hospital
- The clinical representative nominated by the staff association of the Launceston General Hospital

- The clinical representative nominated by the staff association of the Northwest General Hospital
- The consumer representative appointed to Council.

The remaining members of the Board are:

- The hospital representative elected under clause 7b(ii)
- The Chair of the Management Committee\*
- The Deputy Chair of the Management Committee\*
- Up to three additional persons appointed in accordance with clause 3b.

*\* As noted previously, the committee name has been changed to Executive Committee but has not yet been updated in the Constitution.*

The Board of Directors vote on the appointment of an individual to the Council upon receipt of a nomination. The Chair of the PMCT Council acts ex officio as the Chair of the Board. This member is selected by the Council, with eligibility for the position limited to members of the Board of Directors, with the exception of the Chair and Deputy Chair of the Executive Committee.

The Board has the power to employ the Chair and Deputy Chair of the PMCT Executive Committee, who, by employment, earn membership to the Council and Board. They also elect the Principal Officer and Treasurer at a special meeting of the Board, with the Principal Officer being a standing observer on the Board with no voting rights.

### ***Team findings***

The PMCT Constitution outlines the process for selection of the governing body, resulting in a representative-based membership model. The team noted the membership of individuals across multiple governance bodies and found this to present a challenge for good governance and decision-making, as noted under Domain 1.1.

The team heard that there was some confusion among those involved in the governance bodies as to how the clinical representatives from health services were nominated.

## **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.

PMCT has a broad range of stakeholders who are engaged in the governance structure through active membership on the Council, Board and Committees.

The Constitution specifies the following membership for the PMCT Council:

- Department of Health representative
- Tasmanian Board of the Medical Board of Australia representative
- University of Tasmania, College of Health and Medicine representative
- a Junior Medical Officer
- a clinical representative from Royal Hobart Hospital
- a clinical representative from Launceston General Hospital
- a clinical representative from North West Regional Hospital
- Australian Medical Association representative
- Royal Australasian College of Surgeons representative

- Australasian College for Emergency Medicine representative
- Royal Australasian College of Physicians representative
- Royal Australian College of General Practitioners representative
- Executive Director of Medical Services of the Royal Hobart Hospital
- Executive Director of Medical Services of the Launceston General Hospital
- Executive Director of Medical Services of the North West Regional Hospital
- a consumer representative
- the Chair of the Executive Committee
- the Deputy Chair of the Executive Committee.

The representative membership of the Board is noted under attribute 1.5, which includes specific Council representatives becoming members of the Board by virtue of their position on the PMCT Council.

Each member of the Council and Board has equal voting rights and provides input to the governance of PMCT.

The published terms of reference of the PMCT Accreditation Committee specify the following membership:

- Chair of the Accreditation Committee
- Chair of PMCT Executive Committee, or delegate
- Directors of Clinical Training from Tasmanian Health Services (Southern Region, Northern Region and North West Region)
- Statewide Accreditation and Education Advisor
- Junior Medical Officer
- Hospital representatives from the Royal Hobart Hospital, Launceston General Hospital and the North West Regional Hospital
- Tasmanian Board of the Medical Board of Australia representative
- University of Tasmania, Tasmanian School of Medicine representative
- General Practice representative
- Consumer representative
- Manager Accreditation
- Additional Committee members may be co-opted as necessary.

The Accreditation Committee appoints an independent Chair, who is not an employee of PMCT and who must be knowledgeable about the role of accreditation within the Tasmanian hospital setting and of the national accreditation standards and accreditation processes, regulatory compliance and understanding of the PMCT's role in the accreditation of intern training programs.

### ***Team findings***

The PMCT governance structure and body memberships allow for a wide range of relevant stakeholder groups, including health consumer and medical school representatives, along with health services, intern supervisors, and interns to contribute to the development of accreditation policies and processes, and decision making. The team considered that these governance arrangements offer broad consultation with, and input from, key stakeholders of prevocational

medical education and accreditation in Tasmania. The team found that the representative membership model promotes direct lines of communication to stakeholders.

However as noted in 1.2, currently, Junior Medical Officer representatives across PMCT's governance bodies are from the Royal Hobart Hospital. While PMCT engages with Junior Medical Officers directly through its staff employed as Directors of Clinical Training and Medical Education Advisors, there is a lack of formal means by which Junior Medical Officers can provide feedback to, and raise issues directly with, the PMCT Board. The team considered there would be benefit in increasing the number of Junior Medical Officer positions across the governance bodies and establishing a state-wide Junior Medical Officers' Forum. Building a requirement for more diverse Junior Medical Officer representation into the governance structures may allow for a stronger junior medical officer perspective across the different Tasmanian health services.

Supervisors were largely positive regarding PMCT processes, though their formal engagement with governance committees and the accreditation processes were limited.

*Commendations*

- A The clear commitment, resourcing and care given to accrediting, monitoring and supporting prevocational training programs in Tasmania (Attribute 1.2)
- B The knowledge and substantial experience of staff and the positive team culture of continuous improvement (Attribute 1.3)

*Conditions to satisfy accreditation domains*

Nil

*Recommendations for improvement*

- AA Streamline the governance arrangements, reducing the overlap of individuals holding multiple roles at different levels in the governance structure. (Attribute 1.1)
- BB Update governance documentation, including the Constitution and Terms of Reference for the Accreditation Committee to ensure that the descriptions of the bodies and their roles are accurate and consistent. (Attribute 1.1)
- CC Implement formal performance procedures for roles within the governance structure. (Attribute 1.1)
- DD Increase the representation from Junior Medical Officers across different services in Tasmania within the different levels and groups in the governance structure. (Attributes 1.2 and 1.6)
- EE Clarify the selection processes for the clinical representatives on Council for stakeholders. (Attribute 1.5)

## 2 Independence

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

### Attributes

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

### 2.1 Independence of accreditation decision making

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

PMCT received funding from the Department of Health but has clear autonomy and independence for standard setting and decision making. As outlined in the *PMCT Board Charter*, decision-making power lies with the Board as a group.

The broad stakeholder representation on the PMCT Council, Board and Accreditation Committee, as outlined under attribute 1.6, is designed to balance decision making. There are processes, including the *PMCT Accreditation Guidelines*, and various accreditation policies in place to mitigate potential undue influence from the health services being assessed, and from professional associations or government.

The process for development and review of accreditation reports and decisions includes:

- the team leader has the primary responsibility for compiling the survey report, which must be accurate and containing the necessary information to allow for well-informed decisions to be made regarding accreditation positions
- the Accreditation Committee receives reports and recommendations prepared by the accreditation survey team
- training providers that are being accredited have the opportunity to provide an evaluation of the process, feedback on the accreditation team's performance and communication from the Accreditation Committee and correct any factual inaccuracies in the draft report
- the Accreditation Committee reviews and discusses the report and provides recommendations for accreditation status. PMCT, through the Accreditation Committee recommends the accreditation status to the PMCT Board
- the PMCT Board reviews and ratifies the recommendations, prior to being forwarded to the Tasmanian Board of the Medical Board of Australia and the relevant health services.

The Accreditation Committee has defined terms of reference that set out its purpose and function, reporting lines and the roles and responsibilities of members. The Accreditation Committee is responsible for undertaking the intern accreditation functions as delegated by the Medical Board of Tasmania, developing the standards for intern accreditation, surveying hospitals and reviewing new intern terms, making recommendations about accreditation status and compliance with the accreditation standards, and developing and endorsing the policies, guidelines, procedures and tools to support the accreditation process.

Assessments undertaken by survey teams are based on PMCT processes and standards that clearly map to the requirements of the National Framework for Medical Internship. There are defined conflict of interest processes for survey team members.

### ***Team findings***

The team had the opportunity to observe an accreditation survey visit and a meeting of an Accreditation Committee Panel, constituted to review the survey report. While PMCT assessment team members who met with the team indicated that they did not consider their role to be influenced by concerns/issues within health services for example, the AMC team noted that the membership of the assessment team was somewhat limited in its range of perspectives. For example, the team included members with similar backgrounds and specialties, as well as PMCT committee members and employees. PMCT is encouraged to expand its pool of assessors to include a broad range of backgrounds and perspectives to reinforce the independence of the accreditation process. To assist in expanding the pool, PMCT may wish to consider updating its team selection matrix.

The team considered the appointment of an independent chair to the Accreditation Committee with a background in patient safety to be a positive step to support the management of independence, risk and prioritisation of junior doctor wellbeing and patient safety. This appointment has established clear structures and protects the integrity of the accreditation process.

The team was concerned about the potential for undue influence as a result of the collaborative nature of, and lack of clarity in, the decision-making processes of the Accreditation Committee. In the meeting that the team observed, the process of sending the report to the health service to check for errors of fact resulted in the health service providing substantial additional information to address the recommendations of the report, suggesting that the purpose of this part of the process was not clear to the health service. The Panel also appeared unclear as to whether the further information provided by the health service could be used in its decision making. Following discussion, the Panel appropriately determined that given the evidence was not provided during, and as part of, the survey, it could not be taken into account at this stage of the process.

The Panel supported the survey team's recommendation of additional reporting requirements for the health service but resolved to check with the health service whether it would be agreeable to the more frequent reporting. The team considered that PMCT should review and clarify policies/processes relating to the fact checking of the report and the options for making recommendations or decisions by the Committee/Panel, to ensure that these processes do not allow for the possibility of undue influence by the health service. PMCT should also clarify the Accreditation Committee's role with regard to the accreditation report i.e. whether the Committee can change the content of the report, whether it is making a decision about the accreditation and/or monitoring requirements of the health service, or whether it is making a recommendation to the Board about the accreditation and monitoring of the health service.

## **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.

PMCT has developed procedures for identifying and managing conflicts of interest. In 2018, the PMCT Board approved and implemented the *PMCT Conflict of Interest policy* which is applicable to every group within PMCT, including the Council, the Board and Accreditation Committee. The policy outlines the authority's approach to addressing real, perceived or potential conflict of interest through:

- 1 **identification of the interest:** identification can occur from two potential sources

- a declaration by the individual with an interest
  - b identification of an interest by another party
- 2 **monitoring of interests:** requiring effective tracking of when interests arise, cease or change over time through a *Register of Interests* for each PMCT entity
  - 3 **management of conflict:** ranging from awareness of the conflict, through grades of exclusion to removal of the conflicted member of PMCT responsibilities, in the case of irretrievably and severe conflict.

The *Register of Interests* is maintained for all current interests and is made available to all committee members, and as a standing agenda item for the beginning of each meeting. Upon noting the register, members are requested to disclose any amendments to the register, namely in relation to any items due for discussion at that specific meeting.

The *PMCT Conflict of Interest policy* outlines that management of any real, perceived or potential conflict of interest identified must be managed prior to any further business being conducted. It is the responsibility of the Chair of each PMCT entity to determine how conflicts are managed, dependent on the magnitude and potential impact of the conflict. Documented management strategies include:

- 1 conflict identified and accepted: the individual may remain, speak and vote on relevant matters
- 2 conflict identified and managed:
  - a low grade – individual may remain and speak on relevant matters, but not vote
  - b medium grade – individual may remain, but not speak or vote on relevant matters
  - c high grade – individual must leave the room while relevant matters are discussed
- 3 conflict identified but unmanageable: the conflict is considered to present such a significant risk to PMCT that it is beyond the capacity of the entity to acceptably mitigate and the Chair of the entity will formally write to the Chair of the PMCT Board for discussion and decision by the Board on management of the matter.

PMCT has a separate *Accreditation Policy - Conflict of Interest in Accreditation Teams*, for accreditation survey team members described under attribute 4.3.

PMCT sought independent consultation to evaluate the mid-cycle review process including the format, data collection, communication and education. The review included one-on-one interviews with accreditation survey team members, and feedback was also sought from hospital staff. The 2020 Pinnington Report identified a number of issues and in particular with regard to conflict of interest, it recommended increasing the size and broadening the survey team which would contribute to maintaining a more independent lens through which to assess a health service.

### ***Team findings***

PMCT has well-documented policies and registers for the formal management of conflicts of interest, and the team recognises the work PMCT has undertaken to start to develop its management strategies. Some examples include the engagement of an independent Chair of the PMCT Accreditation Committee. This was as a result of recognition within the organisation of the influence of several key staff members. The former Chair of the Accreditation Committee (the Deputy Chair of the Executive Committee) recognised their own internal influence within PMCT due to holding multiple roles within the organisation, which may have potentially discouraged Committee members from disagreeing with the Chair's views. Subsequently, the Deputy Chair of the Executive Committee withdrew from this Accreditation Committee role.

The team found that while the PMCT Committee and Board minutes demonstrated acknowledgement of conflict of interest, there was limited evidence of the active management of conflict of interest or the recognition of the impact this can have on discussions and decisions made. In the various meeting minutes reviewed by the team, there was no record of members having absented themselves from a discussion due to a conflict of interest. This was also confirmed by the team in its discussions with Directors of Clinical Training noting that they do not leave Committee meetings when decisions are being made about their health service. While this was not the case in the Accreditation Panel meeting that the team observed (the number of members attending was small, in part due to those with a conflict having been excluded), the team remained concerned about the inconsistent management of conflict of interest. Such management is of particular importance in small jurisdictions where there is a significant crossover of roles both within the authority and externally. The risk of perceived conflict of interest requires consideration, and may involve removal of interested individuals from discussions to reduce the potential impact on the comfortability of other members to voice opinions and make appropriate accreditation decisions.

While an in-depth review of the Register is reported to be completed annually, the *Conflict of Interest policy, Declaration and Register* document notes the date of next review as September 2023.

*Commendations*

- C The appointment of an independent chair with a strong background in patient safety to the Accreditation Committee, which supports independent decision-making. (Attributes 1.2 and 2.1)

*Conditions to satisfy accreditation domains*

- 1 Clarify the Accreditation Committee's role in the confirmation of the accreditation report and with regard to making decisions or recommendations about the setting of accreditation provisos/recommendations and monitoring requirements and demonstrate that this is adhered to in Committee meetings. (Attributes 2.1 and 4.10)
- 2 Provide evidence that conflicts of interest have been managed consistently, according to the published policy, particularly in relation to the Accreditation Committee. (Attributes 2.2 and 4.3)

*Recommendations*

- FF Expand the pool of assessors to include a broader range of backgrounds and perspectives to reinforce the independence of the accreditation process. (Attribute 2.1)

### 3 Operational management

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

#### Attributes

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

#### 3.1 Resources to achieve accreditation objectives

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

The Executive Committee is the operational management group of PMCT. The Chair of the Committee is responsible for the management of human and financial resources, with appropriate delegation to other staff members as required. PMCT employs an experienced business and human resources professional as its Principal Officer, who regularly attends professional development courses to ensure appropriate management of employment matters and currency of HR and business management practices.

#### Internal human resources

The staffing profile sees PMCT employ (either directly or through secondment) the following roles:

- Chair of the PMCT Executive Committee
- Principal Officer
- Accreditation Manager
- Statewide Accreditation & Education Advisor (currently also Deputy Chair)
- three Directors of Clinical Training across two of the three main public hospitals in the state
- three Medical Education Advisors across the three main public hospitals
- Clinical Skills Education staff at Royal Hobart Hospital and North West Regional Hospital
- Medical Support RMO/Registrars at Royal Hobart Hospital and Launceston General Hospital
- Administration support staff in each hospital region.

The PMCT Executive Committee developed a formula to support a balanced and site-appropriate staff resourcing structure, emphasising the support required for junior medical officers across each region.

In 2019, an independent contractor conducted a review of PMCT staff salaries, and reported that PMCT salaries matched the position descriptions other than three staff whose salaries were accordingly adjusted. The review also recommended development and implementation of a remuneration framework to plot staff salaries upon employee commencement with PMCT, or to advance their employment within PMCT.

As a result of COVID-19, PMCT staff were required to work from home throughout 2020 and into 2021. The PMCT Executive Committee initiated regular video and teleconference communication with staff to support the safety and mental health of PMCT employees.

PMCT has two suites of policies and procedures related to operational management:

- **PMCT policies and procedures:** broad policies which cover staff, stakeholders and the overall organisation operations, including Code of Conduct, Confidentiality and operational items such as Conflict of Interest.
- **PMCT Accreditation policies:** policies which specifically relate to accreditation activities, including Appeals, Change in Circumstances, Conflict of Interest, Patient Safety and Junior Medical Officer Welfare, Supervision of Interns and survey visits, for example.

PMCT policies and procedures are due for review every four years, or as required, with all policies and procedures having been reviewed and updated throughout 2019 and 2020.

### **External human resources**

PMCT collaborates with health services, organisations and other associated bodies as required, specifically:

- site-specific Directors of Clinical Training, Medical Education Advisors, Clinical Educators and administration staff employed by PMCT encourages regular formal and informal contact with Tasmanian Health Service (THS) staff, notably the Executive Directors of Medical Services, Medical Staffing and Heads of Department. Such contact enables PMCT to continually monitor the health of the intern training programs and to identify gaps in resources required to ensure such programs meet accreditation requirements
- PMCT actively seeks representation from appropriate external parties for membership of accreditation survey teams, including interstate junior doctors, THS staff and individuals external to PMCT
- numerous senior PMCT staff are members of external organisations and associations, offering opportunities to share best practices and discuss issues and resolutions.

### **Financial resources**

As outlined under attribute 1.4, PMCT's financial resources are managed externally through an independent bookkeeper and accountant.

PMCT engages an independent auditor to conduct an audit of PMCT's finances annually. The Council has engaged one auditor for four consecutive years.

The Principal Officer and bookkeeper of PMCT have sought to streamline PMCT's financial management and have implemented the following methods since 2018:

- moving to online systems (MYOB)
- Australian Taxation Office managed one-touch payroll which includes forwarding of PAYG tax withheld commencing 2019-2020 financial year
- Department of Health Acquittal: The current Grant Deed with the Tasmanian Department of Health requires an annual acquittal of PMCT's finances be submitted. As a means of streamlining the reporting for the acquittal, transactions are categorised in MYOB to reflect Department of Health reporting requirements.

### **Team findings**

PMCT is well resourced and supported to manage human and financial resources to achieve its objectives in its accreditation of intern training programs. The small core team of PMCT staff is

widely regarded and has delivered continuous improvement of accreditation processes and support for trainee wellbeing.

From discussions with the Chairs of the PMCT Board and Executive Committee and other staff, it appeared that there is little formal performance management of PMCT staff. The team heard that the close relationships across the PMCT model inhibit formal performance reviews and structured management procedures. PMCT should consider strengthening formal staff performance processes through the provision of feedback to, and review of, all PMCT staff members, irrespective of personal relationships to promote open conversations about performance of the accreditation function and staff contributions to that.

### **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.

During 2020, PMCT undertook an internal review of policies and procedures to consider the structure and adequacy of resources to ensure it continues to meet the requirements for monitoring and improving the intern training program. As a result, PMCT adopted new processes, including the implementation of technology to assist with the ongoing delivery of training requirements, and the identification of new processes to ensure the continuous improvement of the intern training program. Due to the impact of the COVID-19 pandemic, PMCT noted the challenge in undertaking the required four full accreditation survey visits over three years. PMCT therefore developed and employed a 'hybrid' model of assessment, involving a small number of assessors attending the survey visit of the health service in person, with other team members participating virtually.

The Accreditation Committee has acknowledged the potential issues and risks relating to the recruitment of accreditation survey teams and securing individuals who have the appropriate training and relevant experience required to adequately assess Tasmanian Health Services. Strategies to address this concern include the Accreditation Committee actively working to train surveyors and to engage with the National Prevocational Medical Accreditation Network (PMAN) in their efforts to develop a database of junior doctors who are willing to participate in interstate surveys.

The PMCT Accreditation Committee undertakes an annual review of all documentation relating to survey visits and the accreditation processes, to identify any gaps requiring the development of new documentation. Since 2018, in consultation with relevant stakeholders, the following changes have occurred:

- review of all accreditation policy documents across 2019-2021, with approval by the PMCT Accreditation Committee and an update on the website
- development of a PMCT Guide providing health services with a list of requirements when applying for a new term or requesting a change to an existing term
- review of mid-cycle review documents with amendments made as required to ensure currency and relevance
- monthly rotation of the Accreditation Committee's four-year rolling workplan to ensure all tasks have been identified and planning for survey visits and accreditation processes are tracked, allowing the Committee to develop plans and maintain transparency of their work
- consistent updating of the accredited terms in the health services on the PMCT website.

The PMCT has a *Risk Management Plan* that was updated in 2021 to reflect the updates made in 2020 to the *PMCT Accreditation Committee Risk Management Plan*. In recognition of the need to improve the delivery, effectiveness and ongoing monitoring of intern training processes, an Accreditation Manager, Statewide Education and Accreditation Advisor and an independent Chair of the PMCT Accreditation Committee have been appointed since 2018.

The *Risk Management Plan* identifies 23 risks and associated risk management actions using a traffic light system. The risks cover the various responsibilities of PMCT, including accreditation processes, governance, operational management and stakeholder collaboration. The plan aims to ensure that PMCT is:

- governing itself properly and effectively managing its resources
- effectively and appropriately managing its internal systems
- upholding rigorous, fair, transparent and consistent processes for accrediting intern training programs
- demonstrating competence and professionalism in the performance of its accreditation and advice roles
- building and strengthening stakeholder support and collaboration with other key bodies
- limiting the impact of any unavoidable risk associated with its roles.

No risks have been rated as high.

The *Accreditation Risk Management Plan* outlines 25 risk areas with specific identification of the risk, a risk rating scale (1-2: extreme or very high; 3-4: high or significant; 5-6: medium or low; N: negligible) and risk management actions. The following six risks areas are rated as high:

- lack of adequate information being provided by the health service/survey team to the Accreditation Committee (requiring further information from bodies to support decision-making)
- management of appeal process (damage to relationships with external bodies and individuals; loss of health service credibility)
- ability to be agile and adaptable when issues outside the PMCT AC remit occur, including epidemics and severe weather issues (inability to meet specified timelines or accreditation expiry dates, and lack of survey teams to undertake visits)
- ability to be agile and adaptable in methods of accessing data and records
- relationships with key stakeholders, and
- effective communications strategy.

During PMCT's review of the risk management plans, it was identified that specific information was required regarding proxy members and succession planning. Consequently, a position description was developed for the Chair of the PMCT Accreditation Committee to clearly outline the requirements of the role; the Accreditation Manager works with Committee members in relation to absences and works to identify a proxy for the member if an absence is deemed an issue.

### ***Team findings***

The team found PMCT's risk identification and management process documentation to be comprehensive. The *Risk Management Plan* and *Accreditation Risk Management Plan* adopt either a 'traffic light' or risk rating scale for risk assessment, an approach that the team considered to be reasonable.

The team considered PMCT's model of employing Medical Education Advisors and Directors of Clinical Training beneficial for informal identification and management of risks regarding Junior Medical Officer wellbeing and supervision, although it does create an inherent conflict when PMCT accreditation processes are considering the roles of the Medical Education Advisor and Director of Clinical Training in delivering the intern programs.

The broad representation of stakeholders in governance also facilitates risk identification and management (noting the opportunity to enhance Junior Medical Officer input) though the team considered PMCT could use the risk management plan to more actively identify and monitor risk.

While observing a PMCT accreditation survey, the team found limited engagement and feedback from individual terms being accredited within the health service. The team considered that this may reduce PMCT's capacity to appropriately identify and assess risks within training programs it accredited, and result in making decisions in the absence of complete evidence. The AMC team also noted that the PMCT assessment team did not explore the formal education programs with junior doctors or supervisors. The AMC team considers that without feedback from all relevant stakeholders, risks to the quality of intern training program may not be appropriately identified. This is addressed under attribute 4.4.

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

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

PMCT uses a password protected mainframe drive to maintain confidentiality of data. This is only accessible by specific PMCT staff as determined by the Executive Committee.

The PMCT Accreditation Committee has a *Confidentiality and Data Management* policy, and all staff sign and adhere to broader PMCT policies relating to privacy, code of conduct, media and social media, and a Confidentiality Agreement for use of ICT services and information security.

As a result of the COVID-19 pandemic and requirements for staff to work from home, the PMCT Accreditation Committee implemented the requirement for staff to work with password protected hard drives and adopted the use of cloud-based password-protected and secure OneDrive and Dropbox for storage of documents.

PMCT recently reviewed the information storage and management systems across four sites in Tasmania and in accordance with the National Privacy Principles (NPP) Data Security Principle, all information and documents of PMCT (including hard copies) are kept in a secure storage area with appropriate computer and network systems in place to protect digital information and data from unauthorised access and modification. All financial and operational records are kept for seven years, including documents used for the accreditation of a health service. PMCT maintain a destruction file to monitor these documents. These actions comply with record-keeping requirements that are applicable to the PMCT as a not-for-profit organisation under the Australian Charities and Not-for-profits Commission.

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

PMCT has robust systems for the effective management of information and contemporaneous records, with secure platforms and detailed policies. The structures in place for the storage and record keeping are in accordance with requirements of not-for-profit organisations.

The processes adopted to enable remote working was considered appropriate for ensuring access, security, privacy and confidentiality.

The team considered the systems in place for sharing and managing information and contemporaneous records, including ensuring confidentiality, during the observation of the PMCT accreditation assessment were appropriate. PMCT staff sought approval from the relevant health service to share information with the AMC team, while the use of Dropbox software to store and share all relevant documentation during the assessment worked well.

No breaches of confidentiality were identified by the AMC team.

*Commendations*

D There are effective systems for managing information sharing to maintain confidentiality.

*Conditions to satisfy accreditation domains*

*Nil*

*Recommendations for improvement*

GG Implement formal performance procedures for staff. (Attribute 3.1)

## 4 Processes for accreditation of intern training programs

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

### Attributes

- 4.1 The intern training accreditation authority ensures documentation on the accreditation requirements and procedures is publicly available.
- 4.2 The intern training accreditation authority has policies on selecting, appointing, training and reviewing performance of survey team members. Its policies result in survey teams with an appropriate mix of skills, knowledge and experience to assess intern training programs against the accreditation standards.
- 4.3 The intern training accreditation authority has developed and follows procedures for identifying, managing and recording conflicts of interest in the accreditation work of survey teams and working committees.
- 4.4 The accreditation process includes self-evaluation, assessment against the standards, site visits where appropriate, and a report assessing the program against the standards. In the process, the intern training accreditation authority uses standards that comply with the approved national standards for intern training.
- 4.5 The accreditation process facilitates continuing quality improvement in delivering intern training.
- 4.6 The accreditation process is cyclical, in line with national guidelines and standards, and provides regular monitoring and assessment of intern programs to ensure continuing compliance with the approved *Intern training – National standards for programs*.
- 4.7 The intern training accreditation authority 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, procedures and policies are publicly available on PMCT's website. These documents are regularly updated and reviewed by PMCT staff to ensure the relevancy and currency of all documents. Documents available on the website include:

- the *Accreditation Survey Tool*
- the suite of PMCT accreditation policies which cover all aspects of the accreditation process
- *PMCT Accreditation Guidelines*.

The website also includes information on the current accreditation status and accredited terms of each intern training program in Tasmania, articulating site details and dates of accreditation and reassessment across intern, PGY2+, IMG and RMO terms.

A review of the website was undertaken in 2020 by a PMCT Working Party to update the website and simplify the navigation for stakeholders and consumers. The new website is expected to be implemented in late 2021 with changes including:

- a predominant focus on accreditation
- an overview of PMCT
- a host for PMCT's resources, for example for junior medical officers.

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

PMCT has a comprehensive website that provides publicly available and up-to-date versions of core accreditation documentation regarding requirements, procedures and outcomes. The team found the information regarding accreditation status and outcomes to be transparent and appropriate for intern training, PGY2+, IMG and RMO terms and training programs across Tasmania.

PMCT's plans for the website update to enhance the focus on accreditation and simplify navigation were considered appropriate.

#### **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 *PMCT Accreditation Policy – Accreditation Survey Team* outlines the selection, appointment, training and performance review of members of an accreditation survey team and team lead. The policy describes:

- survey team composition
- selection of survey team members
- survey team member training
- survey team leader appointment and responsibilities
- review of survey team
- termination of appointment.

### *Survey team composition and selection*

Each survey team comprises a minimum of three people who represent diverse stakeholder groups including clinicians, junior medical officers, directors of clinical training and medical administrators. A team must include at least one Junior Medical Officer, Director of Clinical Training, and where possible, an interstate survey team member.

Team members are required to have the relevant background and experience as outlined in the *Accreditation Survey Team Member Position Description*, including:

- demonstrated commitment to, and understanding of, PMCT role in the accreditation of intern training programs
- demonstrated understanding of quality improvement in healthcare
- recent experience in the healthcare industry as either a clinician, term supervisor of intern training, Director of Clinical Training, Medical Education Advisor or Medical Administrator.

The mid-cycle review process occurs within two years of a full accreditation survey visit with a minimum of two surveyors on the team. This review is typically paper-based, however video- and teleconference meetings may occur as required to gather additional information or to address significant areas of concern. The mid-cycle review team is reported to always include a Director of Clinical Training in addition to another trained surveyor, with secretariat support provided by PMCT.

### *Training*

New survey team members must complete accreditation training prior to each mid-cycle or full accreditation survey cycle team engagement. The *Accreditation Policy – Accreditation Survey Team* outlines that experienced surveyors must attend refresher training sessions every four years to maintain currency and surveyor status.

PMCT offers a range of training formats, including small group, one-on-one training, or workshops. Training workshops are facilitated by the Chair of the Accreditation Committee, or a member of the Accreditation Committee who has been a survey team leader for at least two accreditation visits. The workshop presents an interactive opportunity for potential and current surveyors to acquire an understanding of:

- the MBA registration standard for interns
- the role of PMCT and the PMCT Accreditation Committee
- the PMCT accreditation policies and processes
- prioritising the Accreditation Survey Tool
- survey visit conduct and reporting
- roles and responsibilities of survey team leaders and members.

In 2020, PMCT held a workshop facilitated by an external consultant, and co-facilitated by the Chair and Deputy Chair of the Executive Committee. Twenty-seven individuals attended the training from a range of backgrounds and regions across Tasmania. The workshop focused on accreditation training, however additionally provided attendees with updates on the Medical Training Survey and the AMC Review of the National Framework for Prevocational Medical Training.

### *Feedback and performance review*

The PMCT Accreditation Manager seeks feedback from the health service undergoing accreditation, and the accreditation survey team members, within one month of the mid-cycle review or full accreditation survey visit. Feedback is sought regarding the entire accreditation

process and on the performance and suitability of the survey team. The Chair of the Accreditation Committee is responsible for the management of any concerns raised via the feedback process, with issues escalated to the Chair of the PMCT Council, as appropriate.

PMCT sought independent consultation to evaluate the mid-cycle review process including the format, data collection, communication and education. The review included one-on-one interviews with accreditation survey team members, and feedback was also sought from hospital staff. The 2020 Pinnington Report identified a number of issues including:

- **communication:**
  - noting that there are different communication styles and preferences within a team, it was recommended that PMCT provide prescriptive explanations of the role and responsibilities of a survey team member, including awareness and understanding of the expected outcomes and clarity of focus areas.
- **conflict of interest:**
  - it was recommended that increasing the size and broadening the survey team could contribute to maintaining a more independent lens through which to assess a health service.

### ***Team findings***

PMCT has a comprehensive policy outlining the selection, training, appointment and performance review processes of PMCT assessment teams and surveyors, including the use of interstate members for management of conflict of interest.

Following observation of the PMCT accreditation survey, the team was concerned about the appropriateness of the selection and composition of the assessment team. While acknowledging the impact of the COVID-19 pandemic, the team did not find adequate diversity within the survey team both with regard to team member disciplines and backgrounds with a dominance of General Practice Experience and limited acute experience given the breadth of the accredited terms in the site. It noted that while the team size complied with PMCT requirements, given that some members also held positions within PMCT's Accreditation Committee or other governance bodies, its breadth was limited. The visit the team observed was conducted using the hybrid model with some team members participating face-to-face and some online. The team therefore considered that this model would have provided PMCT with the opportunity to increase the size of the team and to engage interstate surveyors online, which would support the management of conflict of interest and strengthen the independence of the assessment.

The team found evidence of appropriate training processes for surveyors, both new and experienced. The inclusion of an interstate member on the team, though not achieved in the instance observed, is a positive initiative with these members bringing additional perspectives and independence. PMCT should consider the development of cross-state/territory training and development opportunities for its assessors to support their development and increase the breadth of experience they bring to PMCT's assessments, along with greater use of cross-state/territory members in survey teams and governance structures.

### **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.

The *PMCT Conflict of Interest policy* applies to all bodies within the organisation, as noted under attribute 2.2. The policy outlines the approach for the identification and monitoring of interests and management of conflict. In acknowledgement of the unique potential for conflicts of interest to arise for survey teams, the *Accreditation Policy – Conflict of Interest in Accreditation Teams* was

developed in 2018. This policy outlines that individuals involved in accreditation activities should be confident that decisions are made in the best interest of PMCT and its objectives. PMCT identifies that transparent declaration and management of conflict is key to engendering trust and confidence in the accreditation process from junior doctors, jurisdictional and hospital authorities, regulators and the wider public.

The PMCT Accreditation Manager retains a Register of Interests, listing current and historically relevant interests identified by members of the accreditation assessor pool who may be drawn upon to be a team member for upcoming full accreditation survey visits or mid-cycle reviews. The Register is available to the survey team leader and the relevant hospital authority undergoing accreditation/review, and is included as part of the final accreditation report. Any real, perceived or potential conflict that arise during an assessment must be resolved prior to continuing the accreditation process. This involves the accreditation team leader consulting with the Chair of the Accreditation Committee to determine one of the following management strategies:

- *conflict identified and accepted*: the individual may participate and contribute to relevant elements of the accreditation process
- *conflict identified and managed*: where the potential for conflict may be limited to discrete elements of the accreditation process, it may be that the member may contribute to all other aspects of the accreditation process other than that element. Materials related to the conflict should not be distributed to that team member, and details of discussions that have occurred while the individual is out of the room should not be shared.
- *conflict identified but unmanageable* – the team leader has deemed the conflict presents such a significant risk to the integrity of the accreditation process that it cannot be appropriately mitigated. The team leader should meet with the Chair of the Accreditation Committee at the earliest opportunity for guidance on management of the matter.

The 2020 Pinnington Report identified the need for PMCT to consider increasing the size and broadening the diversity of the survey team to maintain independence and integrity, as well as reduce the risk of conflict of interest for PMCT accreditation survey teams and their members.

### ***Team findings***

The team noted the clearly documented policies and procedures for identifying and managing conflicts of interest in the work of assessment teams and Committees, including the use of a register of interests, and providing opportunities for health services to comment on assessment teams.

During its observation of an accreditation survey and an Accreditation Panel meeting, the team did not observe any bias or efforts by any members to influence the decision on intern or other posts. The team considered that decisions and recommendations made by the Committee were based on clear information and good open discussion. However, as noted under attribute 2.2, the team did not observe appropriate management of conflicts of interest in the documentation supplied and heard differing views on the approach.

## **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 PMCT accreditation cycle involves a full accreditation survey visit which occurs every four years, with a mid-cycle review within two years of a full accreditation survey visit for each health service. The mid-cycle review is typically paper-based, however video- and teleconference meetings may occur as required to gather additional information or to address significant areas of concern. A report is developed following a visit assessing the intern training program against

the standards. Specific issues or concerns raised within a health service or through the appeals process may result in a survey visit outside the four-year cycle, as required. PMCT's accreditation standards and processes, *the Accreditation Survey Tool*, uses the *Intern training – National standards for programs*, to ensure compliance with the approved national standards.

The *PMCT Accreditation Guidelines* and *Accreditation Survey Tool* outline all the accreditation activities, including the steps in the accreditation process. The Survey Tool comprises two parts:

- 1 **health service information and overview:** completed by the health service prior to the accreditation visit documenting the staffing, facilities and structures in place to support the intern training program.
- 2 **assessment against standards:** completed by both the health service (self-assessment prior to the visit) and the survey team (assessment during the visit). This is used to provide a framework for assessing compliance with the accreditation standards.

The health service is requested to complete an electronic accreditation survey, in addition to providing any relevant documentation in support of the accredited terms to be reviewed. The survey visit involves examination of:

- any conditions and recommendations arising from previous accreditation survey reviews that have not been met, or are in the process of being finalised
- changes to AMC standards for intern training programs that have come into effect since the previous visit
- significant changes in the health service/delivery of service/staffing of any accredited term which will directly impact the interns assigned to that term, since the previous visit
- changes to the intern training program or terms since the previous visit
- intern term descriptions
- intern term evaluations for the period since the last survey visit
- intern evaluations of the orientation and tutorial program.

The survey team's examination of the documentation is supported through interviews with key stakeholders of the relevant health service. A report is produced following each full accreditation survey visit by the survey team leader, in conjunction with team members. The Accreditation Manager finalises the draft report to the health service for comment before presentation of the final report to the Accreditation Committee. The final report and accreditation recommendations are referred by the Accreditation Committee to the Executive of the PMCT Board or the PMCT Board for decision making.

### ***Team findings***

The AMC team found direct congruence between the *Intern Training – National standards for programs* and PMCT's accreditation processes, with PMCT adopting standards that are an exact reflection of the national standards.

Site visits are considered an important component of the accreditation process within the new hybrid model.

The team found consistent application of the standards during observation of the PMCT team's discussions and its delivery of the preliminary findings, with the Accreditation Manager and PMCT staff providing excellent support and reinforcing appropriate reference to standards.

However, the team considered there is an opportunity to enhance some aspects of the implementation of the accreditation processes in the survey observed. Although the survey team was appropriately skilled, the process did not appear to address all the national standards in depth in relation to each term. As noted under attribute 3.2, the PMCT assessment team met with broad

groups of stakeholders according to their role but the PMCT team did not specifically explore the standards in relation to each of the individual terms within the survey process or undertake an assessment of the education/training program delivery in each term within those discussions with the broad groups. This appeared to be the case regardless of whether there was fulsome documentary evidence or little documentary evidence relating to the term. The accreditation report similarly did not address the quality or provision of the education program in depth.

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

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

Quality improvement in delivering intern training is facilitated through the PMCT Accreditation Committee by the following means:

- the review of de-identified term evaluations completed by interns at mid-cycle and full accreditation surveys in an effort to identify and address any concerns raised in collaboration with the relevant health service
- the review of term descriptions to ensure that they meet the desired training objectives and supervision requirements. The Committee works with the health services on any necessary improvements required for the service to meet the required standard
- the recommendation of a maximum of a 12-month period of accreditation for new terms to allow for evaluation of the term by interns prior to granting further accreditation
- provision of a guide for health services applying for new terms or changes to existing terms to clarify requirements and processes.

The PMCT Accreditation Committee also uses an external agency to seek feedback from health services and surveyors on its accreditation process which allows participants to comment on the process, issues and concerns in a neutral environment. An external, independent evaluation conducted in 2020 provided an objective and comprehensive analysis on PMCT accreditation processes, identifying areas of strength and suggestions for improvement.

PMCT has also identified opportunities for quality improvement in the delivery of intern training, by benchmarking against other postgraduate medical councils, namely the Postgraduate Medical Council of Victoria (PMCV). This process has offered the opportunity for sharing best practice, such as the *PMCT Accreditation Guidelines* which are based on PMCV's *Accreditation Guide for Health Services*, and the *Creating a respectful work environment: A guide for junior doctors*, parts of which have been adapted from a PMCV document with permission.

PMCT is also a member of the Confederation of Postgraduate Medical Education Councils (CPMEC), and has representation on the National Prevocational Medical Accreditation Network (PMAN).

PMCT staff work collaboratively with key individuals across the health services to assist and improve understanding of the National Accreditation Standards and how to meet them. PMCT holds workshops that provide opportunities for key stakeholders to engage with the authority about accreditation processes and discuss challenges in accreditation. In addition, PMCT staff regularly attend training and conferences in other states and territories.

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

PMCT communicates well with health services and has implemented positive new initiatives, including policies, workshops, guides and on-the-ground strategies (for example the initiative of registrars shadowing junior doctors), to contribute to the continuous quality improvement of intern training.

While the team noted PMCT's various continuous quality improvement activities, it found limited evidence of communication from PMCT regarding specific quality improvement

recommendations following the visit process, including implementation and ongoing monitoring. Much of the quality improvement-related communication was found to occur prior to, or during, a health service accreditation. Additionally, evidence of post-accreditation support to facilitate areas of quality improvement throughout the accreditation and survey visit process appeared limited. This is recognised as an area for development by PMCT and the mid-cycle review process aims to address this, however, in the accreditation report reviewed by the team, there were some recommendations but no specific actions/provisos/conditions required.

The team noted the benefit of including regular Director of Clinical Training reports at Accreditation Committee meetings for facilitating quality improvement and sharing ideas, however, such a strategy promotes a more informal approach to quality improvement. The team considered that the use of external individuals in survey teams and potentially also within the Accreditation Committee could present quality improvement opportunities through the promotion of different perspectives.

#### **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.

PMCT follows a cyclical accreditation process with survey visits conducted on a four-year cycle, with the process guided by the *Intern training – National standards for programs*. Following an AMC recommendation, PMCT moved from a three- to a four-year cycle which required the development and implementation of a mid-cycle accreditation review process that commenced in 2019. Survey visits outside this period are arranged on an ‘as required’ basis, in response to specific issues, concerns or appeals raised. PMCT’s *Accreditation Survey Tool* was implemented in 2017, directly adopting the AMC *Intern training – National Standards for programs*.

The *PMCT Accreditation Guidelines* outline the process for full accreditation survey visits, which involves 10 steps, including the visit itself. PMCT develops detailed and individualised timelines of the full accreditation survey process to ensure health services and survey teams are aware of the requirements. The first four steps of the process involve administrative tasks, including coordinating the survey visit in consultation with the relevant health service and team members, the health service completing the accreditation survey and providing supporting information and additional evidence as required and the team’s review and consideration of the documentation completed by the health service. The accreditation survey visit consists of 1.5 days of interviews with key stakeholders, including intern doctors, Directors of Clinical Training, Medical Education Advisors, term supervisors and senior executive staff, and a tour of the health service facilities. At the conclusion of the visit, the PMCT survey team delivers an overview to the health service team of the observations and general findings.

Following the accreditation survey visit, the PMCT survey team develops a report that is forwarded to the health service. The health service has the opportunity to correct factual errors. The PMCT team considers the health service’s amendments to produce the final report for the PMCT Accreditation Committee. The health service then has four weeks to appeal the recommendations of the Accreditation Committee before they are referred to the PMCT Board for approval. Once the decision on accreditation has been made, the final outcome and survey report are provided to the health service. The Tasmanian Board of the Medical Board of Australia is notified of the decision, and the PMCT website is updated to document the accreditation survey outcome.

If significant issues are identified during a full accreditation survey visit, the Accreditation Committee may require a report from the health service after six months.

The mid-cycle review specifically focuses on:

- 1 conditions and recommendations arising from the full accreditation survey visit that have not been met, or are in the process of being finalised
- 2 changes to AMC standards for intern training programs that have come into effect since the previous visit
- 3 significant changes in the health service/delivery of service/staffing in any accredited term which will directly impact the junior doctors assigned to that term, since the previous visit
- 4 changes to the:
  - a intern and IMG (PGY1 level) training program or terms since the previous visit; OR
  - b RMO and IMG (PGY2+ level) terms since the previous visit
- 5 summary of term evaluations for the period since the last survey visit by:
  - c interns and IMGs (PGY1 level), OR
  - d RMOs and IMGs (PGY2+ level).

Ongoing monitoring of intern training programs is undertaken with reference to the term evaluations completed by interns at the end of each term. These evaluations are completed online through a survey platform, and are collated by the PMCT Administrative staff in each region and de-identified to produce a summary report to allow the Director of Clinical Training and Medical Education Advisor of each relevant hospital to identify and follow up on concerns, as required. The summary reports are used by the relevant Director of Clinical Training and Medical Education Advisor to identify areas of concern based on intern feedback and to take action to address any concerns, as required. The Directors of Clinical Training are then responsible for:

- providing summary reports for individual departments to relevant health service staff, including Department Heads, Term Supervisors and the Director of Medical Services
- including information from the surveys in their reporting to the PMCT Accreditation Committee.

These individual reports by Directors of Clinical Training offer the opportunity for early identification of changes in the health service, including the delivery of services or staffing of accredited terms which may impact interns.

### ***Team findings***

PMCT follows a four-year cycle of accreditation processes which aligns with national guidelines.

While health services are not required to provide annual responses for monitoring, PMCT uses a mid-cycle monitoring process to identify, manage and ensure continued compliance of intern training providers with the standards.

PMCT's process of providing de-identified feedback from interns to the Directors of Clinical Training and Medical Education Advisors to address concerns further enhances compliance with the standards.

Additionally, PMCT is able to proactively monitor programs through its employment of Directors of Clinical Training and Medical Education Advisors within hospitals, which allows the early identification and response to changes within a health service that may affect compliance with the accreditation standards.

#### **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.

Opportunities for PMCT to identify concerns for patient care and safety may arise at several points throughout the accreditation cycle, including during a survey visit (through survey feedback or interviews), during the mid-cycle review, raised through term evaluations completed by interns and through direct reporting to PMCT by means of Directors of Clinical Training and/or Medical Education Advisors.

In 2018, PMCT implemented the *Accreditation Policy – Procedures to Address a Concern re patient safety/Junior Medical Officer welfare*, providing a consistent organisational approach to assessing the risk of, and addressing concerns about, patient or junior doctor safety identified during the accreditation work conducted by PMCT. The authority adapted the policy, with permission, from the Postgraduate Medical Council of Victoria.

The policy outlines the process for identification, assessment and management of concerns for patient safety, as follows:

- **identification of concern:** opportunities for PMCT to identify concerns for patient care and safety may arise at several points throughout the accreditation cycle, including:
  - during a survey visit (from survey feedback or interviews) or mid-cycle review, in which case extraordinary accreditation review processes may occur
  - raised through term evaluations completed by interns
  - direct reporting to PMCT by means of Directors of Clinical Training and Medical Education Advisors.

Direct reports of concerns made by an individual are investigated by PMCT by seeking further information from the health service and feedback from junior doctors. Individual consent is necessary for further investigation of the concern to occur, and the identity the informant is kept confidential by PMCT

Anonymously reported concerns are noted by PMCT for use in future accreditation reviews, including mid-cycle and full accreditation surveys. Such reports may not be explicitly investigated unless the concern is considered to be high risk.

- **assessment of concern:** PMCT will collect as much information as attainable relative to the concern raised. The assessment and subsequent risk classification applied to the concern is largely dependent on the impact of the concern on patient safety or junior doctor wellbeing according to several considerations:
  - 1 junior doctors have the time, support and supervision to provide good quality and safe care to patients.
  - 2 clinical learning and clinical supervision training requirements are met
  - 3 junior doctors should be informed of the pathways and procedures for clinical handover and to escalate deteriorating patients, including who to contact
  - 4 junior doctors should be supported to raise concerns (e.g. about patient or their own safety) and feel comfortable to do so
  - 5 junior doctors should have access to professional and personal support which is confidential
  - 6 junior doctors whose performance is impaired or below expected levels are adequately managed, supervised and supported
  - 7 the facility must have formal documentation in regards to the considerations.

Evidence is required from more than one source to substantiate a concern, with the possibility for an investigation to be discontinued should there be insufficient evidence from a range of sources. From the evidence collated, a risk assessment of concern is conducted:

- **high risk concern:** significant junior doctor distress regarding patient safety or their own wellbeing, including:
  - inadequate supervision and support
  - excessive workloads (greater than two hours of overtime daily)
  - inadequate clinical handover and/or inadequate clinical escalation procedures
  - learning does not meet training requirements
  - supervision does not meet training requirements (for example consent)
  - inadequate access to personal or professional support and no pathways to raise concern
  - inadequate procedures to manage substandard performance of junior doctors impacting on patient care and safety.
- **medium risk concern:** junior doctors recommend training despite concerns and patient care is generally safe but quality could be improved: for example:
  - patient care impacted by limited time for interaction, lack of continuity in rosters and/or staff shortages
  - rosters do not reflect work expectations
  - term supervisors not identified and/or lack of awareness by junior doctors
  - clinical escalation procedures defined but junior doctors are not aware
  - handover (between terms and shifts) occurs but is not supervised
  - limited (informal) personal or professional support and pathways to raise concerns
  - limited procedures for identification and management of substandard junior doctor performance
  - junior doctors not assessed at end-term.
- **low risk concerns:** junior doctors recommend training despite concern and patient care generally safe and high-quality, for example:
  - there are pathways to raise concerns but junior doctors exhibit limited awareness (however report comfort to raise concerns)
  - informal procedures in place for identification and management of substandard junior doctor performance (need to be formalised)
  - junior doctors not formally assessed at mid-term (although informal feedback does occur) and feedback that is not face-to-face
  - issues in some units in regard to rostering, workload, orientation (impact on patient care and junior doctor wellbeing is evident but reportedly not significant).
- **response to concern:** the course of action to address a concern is decided by the PMCT Accreditation Committee and is dependent on the risk assessment classification of the concern.
  - high risk concerns are reported to the Tasmanian Department of Health and may result in the following action:
    - reduced accreditation period with condition

- notification to the relevant Director of Medical Service of the facility and seek immediate review and implementation of condition
- medium risk concerns may result in the full accreditation period for the facility with condition on the basis of satisfactory response from the facility (for example a survey report) and follow-up review after three to six months
- low risk concerns may result in full accreditation status approved with recommendation, subject to satisfactory from the facility and mid-cycle review.

Investigation of concerns arising outside an accreditation review is considered by the Chair of the PMCT Accreditation Committee and the Executive Committee, who decide on a course of action dependent on the risk assessment of the concern. Concerns identified or arising during a survey visit also include a risk assessment, with the survey team leader reporting on the concern during the debrief meeting with executive staff of a hospital at the time of the visit. The survey team consider the extent of the seriousness of the concern, and whether immediate escalation to the Accreditation Committee Chair is required.

### ***Team findings***

The team found that PMCT has appropriate mechanisms for identifying and managing concerns related to patient safety through its accreditation work.

PMCT has a clear policy for dealing with concerns for patient care and safety. The processes are considered effective both within and outside the accreditation cycles and have wide support from key stakeholders.

The team was satisfied that PMCT effectively identifies and manages concerns related to patient safety that arise from time to time. However, the team noted the substantial reliance on PMCT staff employed within health services for identification and management of issues that may arise. The team noted that PMCT is working to improve the recording of issues and formalise these arrangements. The team commended this work and noted that it is important to formally document the full range of processes used to ensure Directors of Clinical Training are properly supported in their management of concerns about patient safety.

## **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 *Accreditation Policy – Procedures to Address a Concern re patient safety/Junior Medical Officer welfare* is also used for management of concerns relating to junior doctor wellbeing, employing the same escalation pathway and requirements noted under attribute 4.7. As with concerns regarding patient safety, this process can be used within and outside formal accreditation timelines for identification and management of concerns for junior doctor wellbeing and unsuitable environments.

Additionally, the *PMCT Accreditation Survey Tool* incorporates a section on the welfare and support of interns that, in collaboration with the *Procedures to Address a Concern re Patient Safety/Junior Medical Officer Welfare* policy, offers a mechanism for dealing with junior doctor welfare concerns through the accreditation assessment, monitoring and complaints processes.

The unique practice of PMCT employing Directors of Clinical Training and Medical Education Advisors within Tasmanian hospitals is intended to facilitate the quick identification of, and action on, issues that arise regarding junior doctor wellbeing or unsuitable training environments. PMCT staff may resolve the identified issues at the source without requirement to escalate to the Accreditation Committee or Board.

PMCT has developed resources for junior doctors, which emphasise wellbeing and provide resources to assist junior doctors in addressing issues and obtaining help, as necessary. These include:

- *Creating a Respectful Work Environment: A guide for Junior Doctors*
- *Need a Bit of Help: People are Here for You.*

In addition, PMCT delivers biannual workshops to clinical supervisors across the state, which focus on educating supervisors on enhancing learning, feedback and support for interns and junior medical officers.

### **Team findings**

PMCT has appropriate mechanisms for dealing with issues related to junior doctor wellbeing in its accreditation assessment and monitoring work, and the primary mechanism is via the employment of Directors of Clinical Training and Medical Education Advisors who are also PMCT staff, within health services.

The team considered that there is a clear focus and priority on prevocational doctors and their wellbeing, with an effective on-the-ground process. The team noted the efforts of PMCT staff to proactively identify and address areas of concern, and to support prevocational doctors. This was also evident in feedback from junior doctors who described being comfortable raising concerns with PMCT staff and reported satisfaction overall with PMCT's support processes.

The team commended the on-the-ground approach to addressing issues of junior doctor wellbeing. The close connections of PMCT staff allow for efficient work with health services, interns, and other key stakeholders to support training programs and to identify concerns regarding junior doctor wellbeing and swiftly escalate, as required.

The team did note however the limited use of formal structures or procedures for handling junior doctor wellbeing concerns, and considers that, similar to the work PMCT is doing to formalise processes for responding to patient safety concerns, it is important for PMCT to ensure that Directors of Clinical Training who are responding to concerns about junior medical officer wellbeing are supported by formal processes.

#### **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.

The *PMCT Accreditation Policy – Change of Circumstances* outlines the process for notification of changes that may impact the accreditation status of a health service or intern term. Health services are required to notify the Chair of the Accreditation Committee or the Accreditation Manager in the following circumstances:

- application for a variance to an accredited term, including:
  - application for a change in status of an intern term (for example from non-core to core)
  - proposal to change the number of interns in a term
- variance in human resources in an accredited term, including:
  - absence of a term supervisor for an extended period with no replacement
  - absence of any immediate clinical supervision expected for any period
  - significant reduction of clinical staffing available to directly supervise and support interns, including after hours

- significant changes to rostered hours that diminish the role of the intern in the unit and/or clinical supervision available
- changes to unit medical staffing resulting in interns undertaking higher/alternative clinical duties than as described in the accredited term position description for an extended period
- significant changes to term case mix or clinical activity that may impact on intern patient load for an extended period
- a significant reduction in the provision of the intern training program or the interns' ability to attend the formal teaching program
- change of name of accredited terms which have not been approved or appear on the PMCT website
- information as required by PMCT following on from accreditation recommendations.

The health service must provide the following documentation for a change of circumstances to be considered by PMCT:

- 1 a formal request (via email or in writing) outlining the change of circumstances
- 2 a term description clearly showing any changes and alterations
- 3 supporting information must be provided to the PMCT Accreditation Committee in order for the Manager of the Accreditation Committee to be able to review the request, with all pertinent information provided.

Following receipt of a health service's notification of change in circumstances, the following occurs:

- the Accreditation Manager discusses the proposed change with the notifying health service, seeking additional information as required and ascertaining:
  - the issue, its duration and its effects on the intern training program and/or intern term(s)
  - possible solutions, including liaising with the Director of Medical Services and Head of Department as required to facilitate a solution.
- all notifications received are reviewed by the Accreditation Committee, or the Executive, where urgent. The Chair of the Accreditation Committee can decide on the following course of action and outcomes, following consultation with the Committee or its Executive:
  - where a solution to the issue is identified, to request a follow-up report following implementation of the solution within a specified timeframe
  - where no immediate solution is identified, to continue to monitor the issue including seeking feedback from affected interns
  - to request the health service remove the intern(s) for a period to another accredited health service or term
  - to request an urgent accreditation survey of the health service intern training program to review accreditation status
  - to alter the accreditation status of the health service intern training program.

### ***Team findings***

PMCT has robust and clearly documented processes for considering changes to posts, programs and health services.

The team also found there are robust, informal processes for reporting changes to PMCT through the Directors of Clinical Training and Medical Education Advisors. The team considered the

regular update reports from Directors of Clinical Training to be a strength of the system that allows for immediate awareness of planned changes and opportunities for early action. This reporting has provided feedback to PMCT during the health service's planning phase and has resulted in immediate action and identification of areas of concern that would impact accreditation status, in line with the national standards.

PMCT provided a number of examples to the team of the early identification of proposed changes that would impact accreditation status and compliance with the standards, and the subsequent action to address potential issues. The team heard complimentary reports from stakeholders regarding the proactive nature of PMCT's involvement during the planning stage although this was not universal.

#### 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 PMCT Accreditation Committee evaluates all accreditation applications and resulting reports submitted by assessment teams, and is responsible for making recommendations on accreditation of intern training providers to the PMCT Board.

There are five levels of accreditation that can be approved for the intern training program and for individual terms, as outlined in the *PMCT Accreditation Policy – Level and Duration of Accreditation*. These include:

- 1 **full accreditation – four years:** the health service/term displays substantial compliance with the accreditation standards with no major issues identified. Accreditation may include some suggestions for improvements to the intern training program or term, however accreditation is not dependent upon their implementation.
- 2 **provisional accreditation – twelve months:** the health service whose intern training program has previously been accredited, but has been assessed as meeting with some, but not all AMC Accreditation Standards. This assessment can be made following a full accreditation visit or as a result of a change in circumstances. Health services awarded provisional accreditation must have clearly stated recommendations and reporting requirements. The outcome of a health service with provisional accreditation status undergoing review may be a full accreditation, accreditation withdrawn or the provisional accreditation may be continued with a further review.
- 3 **preliminary accreditation – initial period of twelve months:** awarded to a health service intern training program that has not previously been accredited. This is awarded to a new training program that has not previously been assessed for interns and is meeting all accreditation standards. The program is accredited with a review after twelve months.
- 4 **accreditation not awarded or withdrawn:** applicable if the health service intern training program was assessed as not having met sufficient accreditation standards. The decision to withdraw accreditation will only be made by the PMCT Board following recommendation from the Accreditation Committee. Such a decision should not disadvantage interns and, where possible, will take into consideration recruitment and rotation timelines. The process prior to withdrawal of accreditation involves a PMCT survey visit and subsequent recommendations completed, opportunities for the health service to respond and address recommendations, interaction with PMCT and other relevant stakeholders and is to occur within a defined period.
- 5 **suspension of accreditation (individual accredited term/s):** applies if a term was assessed as not being able to meet the accreditation criteria due to exceptional circumstances. Prior to suspension, the following process occurs:

- the PMCT Accreditation Committee requests information regarding the changes which have occurred
- an opportunity for the health service to respond and address concerns
- interaction with PMCT and other relevant stakeholders
- decision made by the Chair of the PMCT Accreditation Committee to send to quarterly Accreditation Committee meeting or consider an exceptional meeting to be established to consider the possible suspension.

Accreditation status of all terms is reviewed during the mid-cycle review and full accreditation survey visits, or as required for provisional and preliminary accredited terms.

If an urgent matter arises a smaller Panel, can be convened to review information. However a recommendation to suspend accreditation will only be made by the PMCT Accreditation Committee. The smaller panel includes:

- Chair Accreditation Committee
- Chair of PMCT Executive Committee or Delegate
- Statewide Accreditation & Education Advisor
- One Director of Clinical Training (who does not have a conflict of interest to the specific item/s)
- Manager Accreditation.

The structure of the Accreditation Committee and the Board (as the final decision-maker), with broad stakeholder management is a key structural mechanism to prevent undue bias and conflict of interest.

The Accreditation Committee includes:

- Chair Accreditation Committee
- Chair of PMCT Executive Committee or Delegate
- Statewide Accreditation & Education Advisor
- Manager Accreditation
- Directors of Clinical Training (THS-S, THS-N, THS-NW)
- Medical Education Advisor
- Junior Medical Officer
- Hospital Representatives (NW, LGH & RHH)
- General Practice Representative
- Tasmanian Board of the Medical Board of Australia (Rep)
- Consumer Representative
- University of Tasmania College of Health & Medicine Representative.

The Board includes:

- Chair of PMCT Council
- Chair PMCT Executive Committee
- Deputy Chair PMCT Executive Committee
- Tasmanian Board of the Medical Board of Australia (Rep)
- UTAS College of Health & Medicine Representative.

The Committee and Board members are subject to *Accreditation Policy – Conflict of Interest in PMCT Entities* and required to sign a Declaration of Interests form, which is intended to identify and manage perceived undue influence on decision-making within meetings. Conflict of interest is a standing agenda item at the PMCT Accreditation Committee meetings and PMCT Board meetings.

### ***Team findings***

The recommending Accreditation Committee and the decision-making Board includes a broad membership of relevant stakeholders, which allows for a range of perspectives to be included in decision-making and mitigates the potential for bias of a particular member or perspective.

The team noted that PMCT has clearly documented processes for accreditation decision making and reporting. The committee minutes, accreditation outcomes letters and mid-cycle review reports provided evidence that those processes have been applied in decision-making.

In the Accreditation Panel meeting observed by the team, it appeared that the Panel members considered that they were making a decision on accreditation rather than making a recommendation to the Board. The team noted that the Board Charter clearly states that the Board is the decision-making body but there is ambiguity in the wording of the Accreditation Committee's Terms of Reference about the scope of its considerations. The Panel also undertook to confirm the health service's agreement to additional monitoring before finalising the decision and the report, which did not appear to be consistent with the documented process.

#### **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.

Following each survey visit, PMCT provides an approved accreditation report to the relevant health service detailing the outcomes and accreditation status of the intern training program and individual terms. Relevant health services and/or appropriate and related external bodies are informed of any terms that have been approved, changed, suspended or removed after each Accreditation Committee meeting. The details of approved accredited terms are displayed publicly on the PMCT website, and are updated within one day of the meeting outcome.

PMCT informs the Tasmanian Board of the Medical Board of Australia in writing of the outcomes of accreditation surveys, including the accredited terms and any variations, with the Accreditation Committee additionally providing a report on a biannual basis.

A quarterly report from the PMCT Accreditation Committee Chair and biannual newsletter is available on the website for the benefit of external stakeholders, junior doctors, regulatory agencies and employers. Prevocational doctors are informed of the information available on the website during their orientation program.

### ***Team findings***

The team observed appropriate and timely feedback to the health service at the conclusion of the accreditation visit observed. The team heard feedback from various PMCT stakeholders that the Tasmanian Health Services and stakeholders are appropriately updated on the accreditation status and outcomes of programs and health service facilities.

PMCT has clear, structured processes for reporting accreditation decisions to the relevant health service, Tasmanian Board of the Medical Board of Australia and Ahpra. The PMCT website is regularly updated to support transparent and timely reporting of information to other stakeholders.

The team considered having Directors of Clinical Training and Medical Education Advisors on-the-ground in health services to be beneficial for internal communication to health service employees, interns, and other stakeholders.

During the assessment, the Tasmanian Board of the Medical Board of Australia gave very positive feedback regarding the transparency, timeliness and support for making informed decisions.

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

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

PMCT has two policies in place that address the process for appeals that are publicly available on the website:

- *Accreditation Policy – Appeals: Accreditation Status of Health Services*
- *Accreditation Policy – Appeals: Conduct of the Accreditation Body.*

These policies are designed to ensure a fair, timely, transparent and equitable appeals and review process.

The *Accreditation Policy – Appeals: Accreditation Status of Health Services* outlines the grounds for appeals or complaints and the process for review and resolution.

The Chair of the Accreditation Committee and Accreditation Manager are responsible for the management of the appeals process, which involves:

- *Mediation:* between representatives of the appellant and PMCT within three weeks of the appeal notification.

A Mediation Committee is formed including the Accreditation Committee Chair and two additional Accreditation Committee members who are independent from the matter under appeal. The Chair of the Mediation Committee is selected from the PMCT Board. The survey team leader of the appellant health service assessment is notified of the appeal and is invited to review the appeal and provide written comment to the Chair of the Accreditation Committee seven working days prior to the mediation.

Outcomes of mediation may include:

- upholding of the initial accreditation decision by mutual agreement
- modification of initial accreditation decision by mutual agreement
- lack of resolution
- finding errors in fact.

The resulting decision is forwarded to the PMCT Accreditation Committee and a formal response provided to the appellant within three weeks of the mediation. The appellant may request the convening of a formal Appeals Committee should the matter not be resolved through the mediation process and it is the appellant's responsibility to indicate the grounds for formal appeal.

- *Formal Appeal:* an appeal may be made against the awarded accreditation status following a survey visit within 14 days from receipt of written advice regarding the accreditation decision. An additional 28 days is allowed for the appellant to provide written documentation supporting the appeal and they may apply to the PMCT Chair to have the decision reviewed by an Appeals Committee. The appellant bears any costs relating to appeal members (for example, travel and accommodation).

Grounds for appeal include:

- relevant and significant information which was available to surveyors was not considered in the making of the recommendations
- the report of the survey team was inconsistent with the information put before the team
- that irrelevant information was considered in the survey team decision
- perceived bias of a surveyor or surveyors
- information provided by the survey team was not duly considered in the recommendations of the Accreditation Committee.

The appellant must lodge a written appeal that:

- identifies the accreditation decision
- specifies the ground(s) for the appeal
- provides supporting documentation and evidence as required.

Upon receipt of written appeal documentation, PMCT forwards the documentation to the survey team leader for written comment. A meeting is arranged within four weeks of the formal appeals request for the Appeals Committee to consider the appeal.

The Appeals Committee is an independent group of individuals who were not involved in the decision to which the appeal relates and have no conflict of interest. Membership of the Committee consists of:

- the Chair of the Accreditation Committee
- a nominee of the appellant
- a nominee of the Tasmanian Board of the Medical Board of Australia
- a Department of Health representative
- an independent member of the Accreditation Committee or surveyor who was not involved in the original survey team
- an independent arbitrator, such as an interstate accredited surveyor who is appointed by PMCT
- the PMCT Manager as Secretary to the Appeals Committee who has no involvement in deliberations.

The appellant is informed of the membership of the Appeals Committee within two weeks of the Committee sitting and has seven working days to lodge any objections with the Chair.

The Appeals Committee is responsible for the examination of relevant documentation, including the last survey of the health service, surveyor responses, relevant Committee minutes, appellant documentation and any other relevant documentation. Following review of the documentation, the Appeals Committee makes one of the below recommendations to PMCT:

- to uphold the previous decision of the Accreditation Committee
- where reasonable doubt is established, to reject the Committee's findings; and
- recommend a re-survey of the health service, which will focus on the specific areas of appeal with a new survey team and no subsequent appeal process available.

Outcomes of appeal is based on a majority vote, with the Chair having the casting vote should a tied outcome occur. During the course of appeal, the health service will retain the accreditation status granted to it at its last accreditation.

*Accreditation Policy – Appeals: Conduct of the Accreditation Body* outlines the process for appeal against the conduct of the accreditation body. The process is similar to that outlined above, however with an additional grounds for appeal: integrity or other inappropriate conduct of a member/s of the PMCT accreditation survey team, PMCT Accreditation Committee or other persons involved in the accreditation process.

The Appeals Committee can additionally make different recommendations to the Accreditation Committee for appeals against conduct, including:

- to uphold the previous decision of the Committee
- where reasonable doubt is established, to reject the Committee’s findings; and
- recommend a review of the accreditation process, with a focus on the areas of appeal. This may result in changes in the accreditation process; and/or
- recommend an investigation into the conduct of the person/s about which the complaint has been made. This may result in termination of the person as a survey team member/PMCT committee member.

Health services are informed of the appeals process, policies and timeframes upon initial correspondence informing that a site is to be surveyed.

To date, the PMCT appeals process remains untested, with the authority not having received any appeals against accreditation status nor conduct of the accredited body.

### ***Team findings***

The team found PMCT to have clear published processes for complaints, review and appeals, although it noted significant overlap between the procedures for the two policies and considered that there may be an opportunity to consolidate and streamline them.

As yet, neither of the PMCT appeals policies have been fully tested. Any issues or concerns that may arise within accredited providers was found to be handled informally, which the team found to be working effectively. The structure of PMCT allows for swift informal responsiveness. Stakeholders that the AMC team spoke to were aware of the procedure, however reported greater and effective use of informal pathways.

#### *Commendations*

- E PMCT staff provide excellent support to assessment teams, reinforcing appropriate reference to standards. (Attribute 4.4)
- F Good communication with health services and implementation of several positive new initiatives, including policies, workshops, guides, and on-the-ground strategies, to contribute to the continuous quality improvement of intern training. (Attribute 4.5)

#### *Conditions to satisfy accreditation domains*

- 1 Clarify the Accreditation Committee’s role in the confirmation of the accreditation report and with regard to making decisions or recommendations about the setting of accreditation provisos/recommendations and monitoring requirements and, demonstrate that this is adhered to in Committee meetings (Attributes 2.1 and 4.10) by 2022.
- 2 Provide evidence that conflicts of interest have been managed consistently, according to the published policy, particularly in relation to the Accreditation Committee (Attributes 2.2 and 4.3) by 2022.

- 3 Increase the diversity of survey teams, with regard to both team member disciplines and backgrounds, to ensure adequate experience to assess the breadth of accredited terms within a health service. (Attribute 4.2)

*Recommendations for improvement*

- HH Develop systematic cross-state/territory collaborations to support assessor development and increase the breadth of experience brought to health service accreditation assessments. (Attributes 4.2 and 5.3)
- II Adjust the survey interview process to enable systematic exploration of individual accredited terms and the implementation of the education program within them. (Attribute 4.4)
- JJ Review the use of recommendations and provisos/conditions in accreditation reports to strengthen the tracking of areas requiring improvement and areas where existing practice can be enhanced. (Attribute 4.5)
- KK Formally document the full range of processes used to ensure Directors of Clinical Training are properly supported in their management of concerns about patient safety and junior medical officer wellbeing. (Attributes 4.7 and 4.8)

## 5 Stakeholder collaboration

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

### Attributes

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

### 5.1 Engagement with stakeholders

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

PMCT has formal and informal processes for engagement with stakeholders, meeting the requirements of the Grant Deed with the Department of Health. The Grant Deed necessitates - communication with the University of Tasmania College of Health and Medicine, Tasmanian School of Medicine, and the specialist medical colleges, in addition to involvement in annual Tasmanian Medical Board, Health Professional Policy and Advisory Services Group and Medical Workforce Unit and the THS Workforce Planning Unit meetings.

At all levels of PMCT governance, (Council, Board and Committees), there is representation from diverse stakeholder groups. This representative model sees engagement from the University of Tasmania, hospital administrators, the Department of Health, colleges, supervisors, junior medical officers and consumers in the accreditation process and decision making of PMCT.

PMCT employs staff across each of the Tasmanian hospitals, including Directors of Clinical Training, Medical Education Advisors, clinical support staff and admin personnel, which allows for daily contact with junior doctors, supervisors, and Directors of Medical Services. On-the-ground engagement and regularly scheduled workshops promote discussion and awareness of issues relating to junior doctor training in Tasmania.

In 2020, PMCT hosted a workshop for existing and potential accreditation survey team members that prioritised accreditation training, while also providing updated information on the Medical Training Survey and the AMC Review of the National Framework for Prevocational Medical Training.

### *Team findings*

PMCT has clear structures in place for engaging with a broad range of stakeholders, both informally and formally. Feedback from stakeholder groups with whom the team met largely supported the effectiveness of PMCT's engagement and the ease with which they are able to access the organisation.

As noted under attribute 1.6, supervisors were largely positive regarding PMCT processes, though their formal engagement with governance committees and the accreditation processes were limited.

The team recognised that PMCT had made significant efforts to promote and recruit to a Junior Medical Officers' Forum, which worked briefly but did not prove to be sustainable. The team noted that junior doctor participation in surveys was low in some cases and this may have an impact on PMCT's ability to monitor accredited terms. The team encourages PMCT to continue to explore a forum or other mechanism to enable formal engagement processes with the central PMCT team and junior doctors across all of the Tasmanian health services.

## 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.

The PMCT Accreditation Committee has an *Accreditation Communications Policy* that contains the communication strategy to provide information to and gain input from stakeholders. Objectives of the strategy include:

- 1 inform the Tasmanian Health services of the accreditation process and reinforce the requirements of accreditation including any relevant changes
- 2 inform interns and other junior medical officers of the accreditation process and health service requirements to provide high quality education and training, in addition to supervision and support
- 3 inform stakeholders of the accreditation process and health service requirements
- 4 provide the opportunity for stakeholders to provide input and feedback about the accreditation process
- 5 carry out regular evaluation of the communications strategy
- 6 better inform, maintain and improve the accreditation process through collaboration with stakeholders, including other accreditation bodies and providers of medical educators
- 7 provide regular communication about the implications of the Medical Board of Australia's registration requirements and registration standards.

Strategies involve:

- dissemination of information and appropriate updates to stakeholders regarding the accreditation process
- continuing compliance with the Medical Board of Australia's intern registration requirements and standards
- eliciting information and feedback from stakeholders regarding the accreditation process and relevant documentation.

Formal structures for communication with stakeholders include email and written correspondence, the PMCT website, the periodic PMCT Accreditation newsletter, Committee meetings, minutes and annual reports, accreditation process presentations (via fora and information sessions on an ad hoc basis); survey team member training workshops and national accreditation and medical education related meetings/fora.

The PMCT website is used to provide information related to accreditation, the Accreditation Committee and Tasmanian events occurring with specific reference to the role PMCT plays in the health field. The recent review of the website has been identified as an opportunity for PMCT to

develop and implement a new communications strategy, which will target all key stakeholders and will prioritise:

- regular communication with all key internal and external stakeholders
- educating stakeholders on the role of the new website in delivering strategic and timely notifications of changes to accreditation status, programs, terms or policies
- positioning the website as the key location for the latest accreditation updates and information.

In addition to formal structures for communication, informal communication with prevocational doctors, Directors of Medical Services and term supervisors occurs on a daily basis through the PMCT staff employed within hospitals and through regular workshops with supervisors and registrars.

### ***Team findings***

The team found PMCT's *Accreditation Communications Policy* clearly conveys information about accreditation processes and outlines the input received from an appropriate range of stakeholders. PMCT has a clear website with relevant information about the authority's roles, functions and procedures, and the team noted that the planned website update is intended to improve the ability for stakeholders to find the information relevant to them.

PMCT has a strong relationship with the University of Tasmania, which is evidenced within governance structures, regular collaboration supporting transition to internship and feedback from the University during the assessment process.

The team considered PMCT has solid structures in place, with the employment of Directors of Clinical Training and Medical Education Advisors within Tasmanian Health Services efficiently enabling communication between the PMCT and various health services, in addition to Junior Medical Officers. The team was impressed by Junior Medical Officers' awareness of PMCT.

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

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

PMCT is a member of the Confederation of Postgraduate Medical Education Councils (CPMEC) through which it has regular contact with other postgraduate medical councils across Australia and describes a collaborative working relationship with these accreditation bodies. The authority uses interstate surveyors on its accreditation survey teams in an effort to reduce perceived conflicts of interest and as an opportunity to review processes.

PMCT staff members sit on national organisations and committees, including the Australasian Medical Education Officers Committee, the National Prevocational Medical Accreditation Network and the state-wide Clinical Executive Committee, allowing PMCT to access recent information relating to accreditation in Australia.

PMCT has supported staff to participate in the AMC's processes for accreditation of medical schools and other intern training accreditation authorities.

### ***Team findings***

PMCT collaborates with other relevant organisations including through engagement with CPMEC, at which it is recognised as an active contributor. Feedback from other intern accreditation authorities endorsed PMCT's active contribution to national prevocational training accreditation bodies, including through the CPMEC, through attendance at meetings of the CPMEC Board, CPMEC Principal Officer's meetings and Prevocational Medical Accreditation Network.

There is an excellent opportunity for greater collaboration with other intern training accreditation authorities to develop PMCT assessors and gain access to experienced assessors with a wider range of medical specialty and health service backgrounds.

#### 5.4 Working within accreditation frameworks

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

The PMCT Accreditation Committee documentation and processes are based on the *Intern training – Domains for assessing accreditation authorities*, *Intern training – National standards for programs*, the Medical Board of Australia Intern Registration Standard and the earlier Prevocational Medical Accreditation Framework. The *Accreditation Survey Tool* is based on the *Intern training – National standards for programs* and PMCT now also uses results from the Medical Training Survey, run by the Medical Board of Australia and Ahpra.

PMCT is a member of the Confederation of Postgraduate Medical Education Councils, with the Chair of the Executive Committee being a former Chair and Deputy Chair of the organisation.

PMCT has regularly responded to consultation for, and actively participates in, the AMC's Review of the National Framework for Prevocational Medical Training.

PMCT engages with the University of Tasmania, Tasmanian School of Medicine (UTAS TSoM) with University representatives being members of the Council, Board and Accreditation Committee. Some PMCT staff members also have conjoint positions at the clinical schools. There is active work with the University of Tasmania concerning transition to internship training, including:

- delivery of workshops for final year MBBS students
- promotion within UTAS TSoM materials of internship training in Tasmanian hospitals
- development and delivery of joint UTAS TSoM and PMCT training workshops for junior doctors.

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

The team found clear evidence of engagement and working within overarching national structures for quality assurance and accreditation in Australia, in particular the National Framework for Medical Internship.

PMCT staff are clearly supported to engage in the collaborative structures that support intern training accreditation in Australia, which has enabled PMCT to contribute to developing the National Framework during the period of review and have kept PMCT stakeholders informed of the direction of change.

There was evidence of strong collaboration with the local medical school supporting transition to internship training in Tasmania.

#### *Commendations*

- |   |  |
|---|--|
| G | Junior Medical Officers' high levels of awareness of the role and responsibilities of PMCT. (Attribute 5.2)  |
| H | PMCT's support for staff to engage in national intern training networks and their contribution to the Review of the National Framework for Prevocational Medical Training. (Attribute 5.4) |
| I | The collaboration with the local medical school, which is supporting the transition to internship training in Tasmania. (Attribute 5.4)  |

*Conditions to satisfy accreditation domains*

Nil

*Recommendations for improvement*

- LL Work with supervisors to develop formal engagement processes with the central PMCT team and supervisors across all Tasmanian health services. (Attribute 5.1)
- MM Work with junior doctors to develop formal engagement processes with the central PMCT team and junior doctors across all Tasmanian health services. (Attribute 5.1)
- NN Develop systematic cross-state/territory collaborations to support assessor development and increase the breadth of experience brought to health service accreditation assessments. (Attribute 4.2 and 5.3)

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

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**Associate Professor Katrina Anderson (Chair)**, BMed, MTh, FRACGP.

Chair, Canberra Region Medical Education Council; Director of GP Education, Academic Unit of General Practice, Australian National University; Member of the AMC Prevocational Standards Accreditation Committee; Member of the AMC National Framework for Medical Internship Working Party.

**Professor Kevin Forsyth**, MBChB, MD, PhD, FRACP, FRACPA.

Chair, South Australian Medical Education and Training (SA MET) Health Advisory Council; Professor and Head of Paediatrics and Child Health, Flinders University.

**Dr Georga Cooke**, BSc, MBBS(Hons II), MHM, GradCertClinEpi, FRACGP, GAICD.

Director of Clinical Training, Princess Alexandra Hospital; Deputy Chair, AMC Prevocational Standards Accreditation Committee; Member of the AMC National Framework for Medical Internship Working Party.

**Dr Alex Farrell**, BMed MD DipCom.

Intern, South Eastern Local Health District NSW, St George Hospital; Australian Medical Association NSW Doctor in Training Representative.

**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>Videoconference - Zoom</b>	
<i>Friday 2 July 2021 – Associate Professor Katrina Anderson, Dr Georga Cooke, Ms Tahlia Christofersen (AMC staff)</i>	
Observation of PMCT Royal Hobart Hospital accreditation: survey team interview	Director of Clinical Training, Royal Hobart Hospital
<b>Videoconference – Zoom</b>	
<i>Friday 2 July 2021 – Associate Professor Katrina Anderson, Dr Georga Cooke, Ms Kirsty White (AMC staff), Ms Tahlia Christofersen (AMC staff)</i>	
Discussion	Director of Clinical Training, Royal Hobart Hospital
<b>Hobart, TAS and Videoconference - Zoom</b>	
<i>19-20 July 2021 – Associate Professor Katrina Anderson, Professor Kevin Forsyth, Dr Georga Cooke, Dr Alex Farrell, Ms Kirsty White (AMC staff), Ms Tahlia Christofersen (AMC staff)</i>	
Observation PMCT accreditation visit to Royal Hobart Hospital	Various meetings
<b>Hobart, TAS and Videoconference - Zoom</b>	
<i>21 July 2021 – Associate Professor Katrina Anderson, Professor Kevin Forsyth, Dr Georga Cooke, Dr Alex Farrell, Ms Kirsty White (AMC staff), Ms Tahlia Christofersen (AMC staff)</i>	
PMCT Executive Committee & Accreditation Manager	Chair Deputy Chair Principal Officer Accreditation Manager
PMCT Council	Chair Consumer representative Treasurer and College of Emergency Medicine representative
Medical Education Advisors	Medical Education Advisor, Royal Hobart Hospital Medical Education Advisor, Launceston General Hospital Medical Education Advisor, North West Regional Hospital
Director of Clinical Training	Director of Clinical Training, Royal Hobart Hospital Director of Clinical Training, Launceston General Hospital Director of Clinical Training, North West Regional Hospital
Executive Director of Medical Services	Director, Launceston General Hospital Deputy, Launceston General Hospital Director, North West Regional Hospital

<b>Location</b>	<b>Meeting</b>
PMCT Accreditation Committee	Chair Accreditation Manager Chair, Executive Committee Deputy Chair, Executive Committee and Statewide Accreditation & Education Advisor Medical Education Advisor, Royal Hobart Hospital Consumer representative University of Tasmania representative Hospital representative, Royal Hobart Hospital
Tasmanian Department of Health	Chief Medical Officer, State Health
PMCT Executive Committee	Chair Deputy Chair
<i>22 July 2021 – Associate Professor Katrina Anderson, Professor Kevin Forsyth, Dr Georga Cooke, Dr Alex Farrell, Ms Kirsty White (AMC staff), Ms Tahlia Christofersen (AMC staff)</i>	
Executive Director of Medical Services	Director, Royal Hobart Hospital Deputy, Royal Hobart Hospital
Medical School	Head of Tasmanian School of Medicine, University of Tasmania Associate Professor, University of Tasmania
Junior Medical Officers	Royal Hobart Hospital Launceston General Hospital North West Regional Hospital
Term Supervisors	Launceston General Hospital Royal Hobart Hospital North West Regional Hospital
<b>Videoconference – Zoom</b>	
<i>23 July 2021 – Associate Professor Katrina Anderson, Professor Kevin Forsyth, Dr Georga Cooke, Dr Alex Farrell, Ms Kirsty White (AMC staff), Ms Tahlia Christofersen (AMC staff)</i>	
Debrief with PMCT Executive Committee	Chair Deputy Chair Principal Officer
<b>Videoconference - Zoom</b>	
<i>11 October 2021 – Associate Professor Katrina Anderson, Dr Georga Cooke, Ms Kirsty White (AMC staff), Ms Melinda Donevski (AMC staff), Ms Tahlia Christofersen (AMC staff)</i>	
Observation PMCT Accreditation Committee meeting	Chair Statewide Education and Accreditation Advisor Consumer Member Director of Clinical Training, North West Regional Hospital



