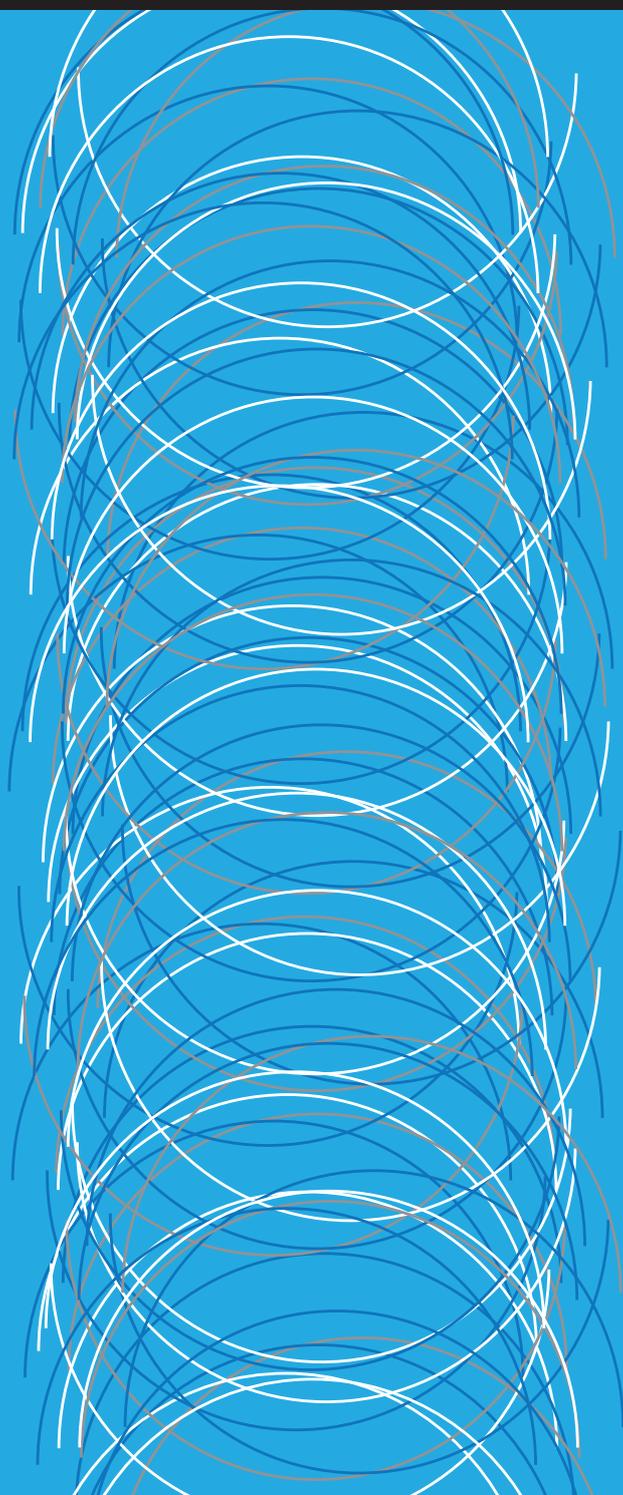


Australian Medical Council Limited

Accreditation Report:
Postgraduate Medical Education
Council of Tasmania

AMC



Prevocational Standards Accreditation Committee
October 2013

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Executive summary

This report records the findings of the Australian Medical Council (AMC) assessment of the Postgraduate Medical Education Council of Tasmania, the intern training accreditation authority for Tasmania.

This assessment was conducted as part of the AMC pilot of a process for reviewing intern training accreditation authorities against a quality framework for accreditation, *Intern training – Domains for assessing accreditation authorities*.

The AMC has a set of policies on the conduct of its accreditation processes. These describe how the AMC manages confidentiality, conflicts of interest, complaints and appeals, and the key steps in any accreditation process, such as appointment of a team to complete the assessment, the activities by the team, and the interactions between the team and the organisation being reviewed. The AMC has applied these policies in the pilot reviews.

In 2013, an AMC team completed the assessment of the Postgraduate Medical Education Council of Tasmania's intern training accreditation work. The Team reported to the AMC Prevocational Standards Accreditation Committee in October 2013. The Committee considered the draft report and made recommendations on accreditation to AMC Directors within options recommended to the Directors.

Decision on accreditation

The October 2013 meeting of the AMC Directors resolved:

- (i) That the Postgraduate Medical Education Council of Tasmania be accredited as an intern training accreditation authority for the maximum possible period of five years, to 31 December 2018, subject to satisfactory annual progress reports to the AMC.
- (ii) That this accreditation is subject to the conditions set out below:
 - (a) By 1 April 2014, evidence that PMCT has addressed the conditions from the accreditation report relating to the following domains and attributes:
 - 2.2 Begin meetings of PMCT committees with a formal request for members to declare interests.
 - 3.2 In the PMCT risk matrix, include an assessment of the risks related to refusal or withdrawal of accreditation of a facility.
 - (b) By the 2014 progress report to the AMC, evidence that PMCT has addressed the conditions from the accreditation report relating to the following domains and attributes:
 - 2.2 As the conflict of interest policies are new, report on their implementation.
 - 3.2 As a number of accreditation policies are new, evaluate their implementation through wide stakeholder consultation.
 - 4.2 As the policy on selection of assessors is new, report on the implementation of this policy.
 - 4.3 Finalise discussions and policy on the use of interstate survey team members as a way of addressing the possible conflicts of interest that arise in a small jurisdiction.

- 5.1 Develop mechanisms to engage health consumer/community representation in committees and in consultation about standards and accreditation processes.
- 5.4 Finalise the review of the Accreditation Standards and Accreditation Survey Tool to ensure alignment with the standards which form the national framework for intern training accreditation.

The accreditation relates to the Postgraduate Medical Education Council of Tasmania's work as the intern training accreditation authority for Tasmania. Changes to that scope of work may fall within the definition of a major change, and may require a new accreditation assessment.

In 2018, before this period of accreditation ends, the AMC will seek a comprehensive report from the Postgraduate Medical Education Council of Tasmania. The report should address the requirements of *Intern training – Domains for assessing accreditation authorities* and outline PMCT's development plans for the next three to four 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 December 2021), taking accreditation to the full period which the AMC will grant between assessments, 8 years.

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

Overview of findings

The key findings of the 2013 AMC review against the requirements of *Intern training – Domains for assessing accreditation authorities* are set out below.

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

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

| Domain with commendations and quality improvement recommendations | Findings and conditions |
|--|---|
| Domain 1 – Governance | Met |
| <p><i>Commendations</i></p> <ul style="list-style-type: none"> The strength of the relationship with the Department of Health and Human Services and particularly the support by the Chief Medical Officer. (1.3) <p><i>Quality improvement recommendations</i></p> <ul style="list-style-type: none"> Make information about PMCT's role more readily available, for example by providing the Constitution and the membership on the website, to promote interest in opportunities for membership. (1.5) Formally recognise the Junior Medical Officer Forum on the PMCT organisational chart. (1.6) | |
| Domain 2 – Independence | Met 2.2 Substantially met |
| <p><i>Commendations</i></p> <ul style="list-style-type: none"> The decision-making processes are clear and independent. (2.1) | <p><i>Conditions</i></p> <ul style="list-style-type: none"> As the conflict of interest policies are new, report on their implementation. (2.2) Begin meetings of PMCT committees with a formal request for members to declare interests. (2.2) |

| Domain with commendations and quality improvement recommendations | Findings and conditions |
|--|---|
| Domain 3 - Operational management | Met 3.2 Substantially met |
| <p><i>Commendations</i></p> <ul style="list-style-type: none"> • The professional leadership of PMCT and its accreditation functions. (3.1) • PMCT’s employment of Medical Education Advisors and Directors of Clinical Training in accredited facilities in Tasmania allows for independent advocacy within the hospitals for high quality medical education and training and establishes an education community within PMCT.(3.1) • The way in which PMCT has undertaken its self-assessment for the pilot review, taking the opportunity to review policies and to formalise practices as policies and procedures. (3.2) <p><i>Quality improvement recommendations</i></p> <ul style="list-style-type: none"> • Introduce mechanisms that enable accreditation processes to continue in the event of key personnel being unavailable (3.1). • Review practices for PMCT staff management of intern records in the health services and develop a consistent approach to management. (3.3) | <p><i>Conditions</i></p> <ul style="list-style-type: none"> • As a number of accreditation policies are new, evaluate their implementation through wide stakeholder consultation. (3.2) • In the PMCT risk matrix, include an assessment of the risks related to refusal or withdrawal of accreditation of a facility. (3.2) • |
| Domain 4 - Accreditation processes | Met 4.2 Substantially met 4.3 Substantially met |
| <p><i>Commendations</i></p> <ul style="list-style-type: none"> • PMCT’s comprehensive accreditation procedures. <p><i>Quality improvement recommendations</i></p> <ul style="list-style-type: none"> • Review the wording of the rating and the definitions of the level of achievement expected for each standard in the new accreditation rating form, with stakeholder input. (4.5) • Consider changing the accreditation cycle to a visit to one site per year rather than all | <p><i>Conditions</i></p> <ul style="list-style-type: none"> • As the policy on selection of assessors is new, report on the implementation of this policy. (4.2) • Finalise discussions and policy on the use of interstate survey team members as a way of addressing the possible conflicts of interest that arise in a small jurisdiction. (4.3) |

| Domain with commendations and quality improvement recommendations | Findings and conditions |
|--|--|
| <p>three facilities in one year. (4.6)</p> <ul style="list-style-type: none"> Extend the complaints process to address the conduct of accreditation process. (4.10) | |
| Domain 5 – Stakeholder collaboration | <p>Met</p> <p>5.1 Substantially met</p> <p>5.4 Substantially met</p> |
| <p><i>Commendations</i></p> <ul style="list-style-type: none"> The communications strategy, which aims to increase awareness and inform key stakeholders and to provide the opportunity for evaluation to inform, maintain and improve the accreditation process. (5.2) PMCT’s decision to participate in this pilot as a way of publicising its important role. (5.2) <p><i>Quality improvement recommendations</i></p> <ul style="list-style-type: none"> Publicise the role of PMCT and the importance of this role more broadly. (5.1) Continue to increase stakeholder awareness and opportunity for engagement in and feedback on PMCT processes. (5.2) PMCT has undertaken some benchmarking, and the AMC encourages a more systematic approach. (5.4) Include in the communications strategy regular communication about the implications of the National Registration Standard. (5.4) | <p><i>Conditions</i></p> <ul style="list-style-type: none"> Develop mechanisms to engage health consumer/community representation in committees and in consultation about standards and accreditation processes. (5.1) Finalise the review of the Accreditation Standards and Accreditation Survey Tool to ensure alignment with the standards which form the national framework for intern training accreditation (5.4) |

Introduction

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.

In 2009, the Medical Board of Australia asked the AMC for advice on the standards that should apply for intern training under the National Law, and how the AMC might apply a national framework for intern training accreditation to the current state-based processes.

The AMC has been working with stakeholder bodies to develop this advice for the Medical Board.

Elements of this framework will take effect from 2014. The Medical Board of Australia will apply a new registration standard for granting general registration to Australian and New Zealand medical graduates on completion of internship, which was approved by the Australian Health Workforce Ministerial Council in November 2012. National guidelines and forms will be available for the assessment and certification of interns as having met the requirements for granting general registration in the national system.

The AMC has also developed a set of global outcomes statements for the intern year, which provide structured definitions of the expected outcomes of medical education. They do not constitute a curriculum per se, rather they represent a statement of broad and significant outcomes that interns should achieve by the conclusion of the internship. They are vertically integrated with the medical school graduate outcomes statements. In the nationally available forms for term supervisor assessments, assessment will align to global outcome statements. With assistance of health services and postgraduate medical councils, the AMC plans to pilot the use of the forms in 2014.

An important feature of the national framework is periodic review by the AMC of the authorities that accredit intern training programs, known collectively as the postgraduate medical councils¹. These reviews will focus on intern training accreditation and will not address other functions performed by postgraduate medical councils. Intern training accreditation authorities will continue to accredit posts and programs in health facilities after assessing the quality of the education and training provided to junior doctors. The AMC will assess their 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.

Pilot reviews of intern training accreditation authorities

Since the AMC review of the postgraduate medical councils is a new development, the AMC is testing the proposed model before deciding on its implementation. With funding by the Medical Board of Australia and the assistance of the postgraduate medical councils, the AMC is reviewing

¹ Note: Intern training accreditation functions are currently performed by state-based postgraduate medical councils. The AMC has used the generic term “intern training accreditation authorities” rather than postgraduate medical councils. This does not imply that postgraduate medical councils will not continue to perform these roles.

the accreditation process and standards of two postgraduate medical councils against the domains of the draft quality framework for reviewing intern training accreditation authorities.

The AMC has a set of policies on the conduct of its accreditation processes. These describe how the AMC manages confidentiality, conflicts of interest, complaints and appeals, and the key steps in any accreditation process, such as appointment of a team to complete the assessment, the activities by the team, and the interactions between the team and the organisation being reviewed. The AMC has applied these policies in the pilot reviews.

In this project, the AMC has also developed National Standards for Intern Training and Guidelines on the experience that interns should obtain during the internship to meet the registration standard. These documents help to define the requirements for intern training. The AMC will consider how they are applied when it assesses the work of intern training accreditation authorities.

AMC review of the Postgraduate Medical Education Council of Tasmania

This report details the process used to assess the Postgraduate Medical Education Council of Tasmania (PMCT) against the requirements of *Intern training – Domains for assessing accreditation authorities* and the findings of that review.

This pilot review was conducted using the following process:

- AMC staff met senior staff and office bearers of PMCT in June 2013, after which there was regular discussions between AMC and PMCT staff to plan the review.
- PMCT developed a review submission, addressing the domains in the draft Quality Framework and responding to guidelines provided by the AMC. A copy of the AMC guidelines is at Appendix 1.
- The AMC appointed an expert team to complete the review, after PMCT had an opportunity to comment on the proposed membership. The membership of the team is shown in Appendix 2. With permission of PMCT, Dr Elizabeth O’Leary, Manager, Canberra Region Medical Education Council Project joined the Team as an observer in preparation for the establishment of an independent Council in the Australian Capital Territory.
- The AMC invited stakeholder bodies to comment on PMCT’s response to the domains of the quality framework. To assist this process, PMCT placed its review submission on its website.
- The Team met on 23 August 2013 to consider PMCT’s submission and to plan the review.
- The Team met PMCT staff, Advisory Council members, committees and selected stakeholders on 28 August 2013.
- The Team provided feedback to PMCT staff and office bearers at the end of the visit and subsequently prepared this report.
- 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 agreeing to be part of the pilot process and contributing to the evaluation of the proposed process.

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 in August 2013.

The groups met by the 2013 AMC Team are listed at Appendix Three.

1 Governance of Postgraduate Medical Education Council of Tasmania

Domain requirement: The intern training accreditation authority effectively governs itself and demonstrates competence and professionalism in the performance of its accreditation role.

Attributes

- 1.1 The intern training accreditation authority is a legally constituted body and registered as a business entity.
- 1.2 The intern training accreditation authority's governance and management structures give appropriate priority to the accreditation of intern training programs relative to other activities.
- 1.3 The intern training accreditation authority is able to demonstrate business stability, including financial viability.
- 1.4 The intern training accreditation authority's accounts meet relevant Australian accounting and financial reporting standards.
- 1.5 There is a transparent process for selection of the governing body.
- 1.6 The intern training accreditation authority's governance arrangements provide for input from stakeholders including input from the health services, intern supervisors, and junior doctors.

1.1 Constitution of the Postgraduate Medical Education Council of Tasmania

The Postgraduate Medical Education Council of Tasmania (PMCT) is an Incorporated Association registered in October 1998 under the Tasmanian Associations Incorporation Act 1964.

The Constitution sets out the governance, reporting lines and objectives of the Council. The objects of the Council are the promotion and supervision of postgraduate education and training of medical staff in Tasmania with the objective of continual improvement in medical knowledge and improvement in medical care for all Tasmanians.

The organisation was initially set up to provide postgraduate education for general practitioners based in and around Hobart. In the late 1990's it became responsible for the oversight of prevocational medical training in Tasmania, with funding provided by the Tasmanian Department of Health and Human Services.

Following an external review of the structure and function of the Institute in 2007, the Constitution was revised, the strategic and operational functions were brought into closer alignment, and the name was changed to the Postgraduate Medical Education Council of Tasmania.

The Constitution establishes a governance model based on a Council, Board of Directors, Committee and three Subcommittees: the Accreditation, Education and International Medical Graduate Subcommittees.

The business of the Council is managed by or under the direction of the Board of Directors. The Committee of the Council is the operational body of the Council and assists the Board in establishing the strategic direction of the Council.

The Constitution enables the PMCT Board of Directors to appoint staff. Two positions appointed under the Constitution are the Chair of the Committee of the Postgraduate Medical Education Council of Tasmania and the Executive Officer.

In addition to staff in the PMCT Hobart office, PMCT employs Medical Education Advisors and Directors of Clinical Training in each of the three main public hospitals in Tasmania, who are

responsible for ensuring that the JMOs receive appropriate orientation to the workplace, regular dedicated teaching sessions, clinical supervision, and structured assessment and performance feedback.

The Team was satisfied that PMCT has sufficient legal status.

The Team received mixed feedback on the efficiency of the current governance structure, particularly the overlap between the Committee and the Board, but it understood the Committee largely was an operational group, and given the small size of the membership, members were able to meet regularly, both formally as the committee and informally.

1.2 Priority to accreditation of intern training positions

The PMCT undertakes three main functions:

Accreditation: of intern training programs in Tasmanian health services against standards set by the Medical Board of Australia. In 2012 PMCT commenced accrediting PGY2/3 terms.

Education: through the Medical Education Advisors and Directors of Clinical Training who develop, coordinate and evaluate the delivery of teaching to prevocational doctors in Tasmanian health services.

International Medical Graduate Support: through an AMC Clinical Exam Preparation course for international medical graduates and hospital-based orientation, education, and exam preparation activities.

All three functions are reflected in the PMCT governance structure, through its three sub-committees. The Chair of the Accreditation Subcommittee is a member of the Committee of the Council and through this contributes to setting the strategic direction. The work of the Education Subcommittee supports that of the Accreditation Subcommittee, as it advises on appropriate educational standards for hospitals to ensure appropriate infrastructure and support of junior doctors.

While the Team's discussions with the Department and decision makers within PMCT indicated the importance to the Department of PMCT's international medical graduate support role, and the possibility of other expanded related functions for PMCT such as advising the Department through a junior workforce working party, there was clear understanding of the centrality of the accreditation role and the expertise and knowledge PMCT is able to offer because of this role.

The importance of the intern training accreditation role is also demonstrated in PMCT's key performance indicators, set as part of its contract/service agreement with the Department of Health and Human Services.

The Team considered there was strong evidence of PMCT and its Board giving priority to intern training accreditation, including the Board's involvement in the plans for participation in this pilot review of PMCT's intern training accreditation role.

1.3 Business stability

There has been an intern training accreditation authority in Tasmania since 1998. The Team considered this evidence of stability. The Council has maintained both business and financial stability through successive governments and contracts.

PMCT considers the current financial position to be sound with no threats to solvency.

PMCT is largely funded by the Department of Health and Human Services, with some income being generated by the International Medical Graduate Bridging Courses. The Department

provides funding for staff salaries, office rental, equipment purchase and maintenance, IT and HR support, and staff development activities.

The contracts between PMCT and the Department are negotiated by the Chair of the Committee and the Executive Officer.

The Team noted the heavy dependence on Department of Health and Human Services funding. The Team was impressed with the quality of the relationship with the Department and particularly the support by the Chief Medical Officer.

PMCT also receives a small grant from the Medical Board of Australia for intern training services, which does not cover the cost of intern training accreditation.

The organisation has a number of very experienced staff, who bring extensive experience to the management of the PMCT and the intern training accreditation processes. This is both a strength and a challenge in a small organisation as these staff have considerable corporate knowledge, and are now approaching long service leave. The organisation recognises it will need to manage this situation which is an issue of interest to a number of stakeholders.

1.4 Financial arrangements

The financial statements are audited annually by a Department of Justice approved auditor.

The statements are prepared in accordance to the Australian Accounting Standards and the independence requirements of APES 110 Code of Ethics for Professional Accountants. Matters identified as a result of the auditing process are referred to the PMCT Committee for consideration and action as necessary.

1.5 Selection of the governing body

The process for the selection of the PMCT governing body is outlined in the Constitution. The Chair of Council is elected from among the voting members of the Board of Directors, at the Annual General Meeting of Council. The Chair of Council also chairs the Board of Directors.

Members are nominated to Council by stakeholders such as the Secretary of the Department of Health and Human Services, the Tasmanian Medical Board of the Medical Board of Australia, the Dean of the Faculty of Health Sciences, a junior medical officer, nominees of the clinical staff and the chief executives of the three hospitals with interns, the Australian Medical Association, and specialist medical colleges. The PMCT Board of Directors considers the nominations for approval.

Under the Constitution, specific members of the Council are the members of the Board, including the members nominated by the Department of Human and Health Services; the Tasmanian Board of the Medical Board of Australia, the University of Tasmania, the junior medical officer, the clinician members from the Royal Hobart Hospital, the Launceston General Hospital and the Northwest General Hospital, and, as non-voting members, the Chair of the Committee and the Executive Officer.

While these processes are transparent, the Team noted there were difficulties in recruiting nominees to some Council membership categories. The Team suggests that by making information about its role more readily available, for example by providing the Constitution and the membership on the website, this may help potential nominees to be aware of the opportunities for membership.

1.6 Stakeholder input to governance

The PMCT Constitution provides for input to governance arrangements from relevant stakeholder groups.

Membership of the PMCT Council is drawn from representatives of the Department of Health and Human Services, the Tasmanian Board of the Medical Board of Australia, other phases of medical education and training, via the University of Tasmania, and the specialist medical colleges, and clinicians, and junior medical officers. The Board comprises members drawn from the Council.

Membership of the Committee consists of the Chair of PMCT, the Executive Officer of PMCT and the Chairs of the Accreditation, Education and IMG Subcommittees.

The Accreditation Subcommittee comprises the PMCT Chair or Deputy Chair, PMCT Executive Officer, and one representative from each of the following: Directors of Clinical Training, Medical Education Advisors, Tasmanian Board of the Medical Board of Australia, Junior Medical Officer, General Practice and clinicians from each of the three Tasmanian health facilities. Additional Subcommittee members may be co-opted as necessary.

The Junior Medical Officer Forum is not formally recognised on the PMCT organisational chart and the Team recommends that it be included.

2 Independence

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

Attributes

- 2.1 Decision making about accreditation of programs is independent and there is no evidence that any area of the community, including government, health services and professional associations has undue influence.
- 2.2 There are clear procedures for identifying and managing conflicts of interest.

2.1 Independence of accreditation decision making

PMCT is an independent association. It exists separately to the Department of Health and Human Services, its principal funder. PMCT's governance structure of committees and decision making processes provide levels of independence from the Department.

PMCT has a three-level process for the development and review of accreditation reports. The Accreditation Subcommittee receives reports and recommendations from site visits, conducted by survey teams, and decides upon the accreditation status of the various sites and terms. These decisions are then reviewed by the PMCT Committee and ratified by the PMCT Board, prior to being forwarded to the Tasmanian Board of the Medical Board of Australia for endorsement. In addition, PMCT invites the health service to comment on the factual accuracy of the draft report before a final accreditation decision is made.

The Team reviewed a sample accreditation report. The report provides a clear assessment of the facility against the accreditation standards, using a templated rating form, which provides a firm basis for the Accreditation Subcommittee and PMCT to review the report and make an appropriate accreditation decision.

PMCT did not appear to be limited in its capacity to make difficult accreditation decisions, such as withdrawal of or limitation on accreditation.

The Team noted the inevitable tensions in the Directors of Clinical Training in two of the accredited health services being involved in the accreditation of the institution in which they reside, while also staff of the PMCT. The Team explored these relationships during the visit and was satisfied that these tensions are recognised and managed.

2.2 Managing conflicts of interest

PMCT acknowledged that, in a small state, conflicts of interest are to be expected and are not always avoidable. Despite this possibility, stakeholders met by the AMC Team considered PMCT to manage the interests professionally.

The Team recommends that committee meetings begin with a formal request for declarations of conflicts to ensure these are formally considered and the decision on how to deal with them is recorded in committee records.

PMCT has developed a Conflict of Interest Policy which outlines the process to assist survey team members, Accreditation Subcommittee members and health services in identifying potential conflicts of interest that may arise in the conduct of accreditations. There does not appear to be a separate policy on the management of interests in the work of the Board of Directors and the Council.

3 Operational management

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

3.1 Resource to achieve accreditation objectives

As noted above, the Committee is the operational management group of PMCT. The overall responsibility for the management of human and financial resources lies with the Chair of the Committee. Responsibility is then delegated to appropriate members of staff (e.g. day to day financial operations are dealt with by the Executive Officer).

In addition to the staff in the PMCT Hobart office, PMCT employs Medical Education Advisors in the three main public hospitals in Tasmania and employs the Directors of Clinical Training in two of these facilities. These officers are responsible for ensuring that the Junior Medical Officers receive appropriate orientation to the workplace, regular dedicated teaching sessions, clinical supervision, and structured assessment and performance feedback. It also provides part-time administrative support in the facilities.

PMCT sees this structure as a strength because it enables the Directors of Clinical Training and the Medical Education Advisors to advocate within the hospital for high quality medical education and training without being constrained as employees. It also establishes a community of Directors of Clinical Training and the Medical Education Advisors within PMCT, where otherwise, they may be isolated.

The Team heard strong praise from stakeholders for the professional leadership of the organisation and the accreditation functions by the Chair of the Committee and the Chair of the Accreditation Subcommittee.

The PMCT is a small organisation with limited staff, and inevitably there are risks that objectives may not be met if key personnel are unavailable or overloaded. The Team explored these issues with PMCT, and understood that any difficulties are addressed openly. The AMC encourages PMCT to introduce mechanisms that make it possible for accreditation processes to continue if key personnel are unavailable, particularly since a number are approaching long service leave.

The Team considered there to be sufficient administrative support for the intern accreditation function.

3.2 Monitoring and improving processes

The Accreditation Subcommittee has a role in monitoring accreditation processes and improving them. It reviews the Accreditation Survey Tool annually.

In preparation for its assessment against the domains of the quality framework in this pilot, PMCT has developed several new policies relating to the conduct of the accreditation process.

The Evaluation and Feedback Policy is one of these new policies. PMCT has mechanisms to evaluate the accreditation process after each accreditation visit by seeking feedback from the health service staff, the survey team members and the survey team leader.

The Team commends the way in which PMCT has undertaken its self-assessment for the pilot review, taking the opportunity to review policies and to formalise practices as policies and procedures. Many of these new statements were developed over a short period of time and only promulgated in June 2013. As part of the commitment to monitoring and improving the accreditation process, the Team encourages PMCT to review the implementation of these policies with wide stakeholder consultation.

PMCT's Risk Management Policy and Risk Management Plan includes an impressive risk matrix which, among other things, identifies, assesses and describes the management of risks relating to intern training accreditation processes in Tasmania. The Team noted that the refusal to accredit a hospital is not identified as a risk to PMCT. While this may be a rare occurrence, the Team considered such an outcome would carry risks to reputation, as well as to the monitoring process and the accreditation process of PMCT. Health services indicated they regarded such a possibility as a shared responsibility and risk. The AMC recommends this risk be considered and incorporated into the risk management policies.

3.3 Management of records and information

PMCT requires survey team members and Accreditation Subcommittee members to sign a confidentiality agreement, confirming they will not disclose or discuss confidential information.

The PMCT Confidentiality and Data Management Policy (June 2013) indicates that information obtained during an accreditation visit (from team members and the health service) is confidential. It outlines processes and timeframes for storage and destruction of information. PMCT indicates that it adheres to the National Privacy Principles in ensuring that information about people and process is handled responsibly.

The Team explored the processes for managing intern records at the PMCT office in Hobart and by PMCT staff located in the three health services. While these processes were satisfactory, a PMCT wide policy does not appear to be in force. The AMC recommends a review of local practices and development of a consistent approach to storage of records outside the PMCT central office.

4 Processes for accreditation of intern training programs

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 the selection, appointment, training and performance review of survey team members. Its policies provide for the use of competent persons who are qualified by their skills, knowledge and experience to assess intern training programs against the accreditation standards.
- 4.3 There are procedures for identifying, managing and recording conflicts of interest in the 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.
- 4.5 The accreditation process facilitates continuing quality improvement in the delivery of intern training.
- 4.6 There is a cyclical accreditation process, in line with national guidelines and standards, which provides for regular monitoring and assessment of intern programs to ensure continuing compliance with standards.
- 4.7 The intern training accreditation authority applies national guidelines in determining if changes to posts, programs and institutions will affect the accreditation status. It has clear guidelines on how the institution reports on these changes and how these changes are assessed.
- 4.8 The intern training accreditation authority follows documented processes for decision-making and reporting that enable decisions to be made free from undue influence by any interested party.
- 4.9 The intern training accreditation authority communicates the accreditation status of programs to employers, prospective interns and other stakeholders. It communicates accreditation outcomes to the relevant health services facility and other stakeholders.
- 4.10 There are published complaints, review and appeals processes which are rigorous, fair and responsive.

4.1 Documentation on the accreditation requirements and procedures

PMCT accreditation documents are available on the PMCT website www.pmct.org.au. The documents include PMCT Accreditation Guidelines, PMCT Accreditation Policies, the Accreditation Survey Tool and a list of accredited health services and intern terms.

The Team commends PMCT for the comprehensiveness of this information.

The Team noted that PMCT had updated the Accreditation Standards for the most recent round of accreditations, with a focus on aligning with national developments. PMCT acknowledged that the review process had been completed in a tight timeframe with limited opportunity for external input, but indicated that the next period of review would enable more time and

consultation. The AMC recommends wider stakeholder consultation as the standards are further developed.

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

The PMCT Policy on the Accreditation Survey Team outlines the selection, appointment, training and performance review of members of the survey team, including the survey team leader.

The policy describes the possible membership and size of the team. Team members are drawn from medical education stakeholder groups, and must include at least one Junior Medical Officer and one Director of Clinical Training. At least one member of the team is a member of the Accreditation Subcommittee. There is a defined position description for team members and a code of conduct.

The policy indicates that survey team members must participate in a survey team training workshop and observe at least one full survey visit prior to their first survey. Training workshops are run by the Chair of the Accreditation Subcommittee or a member of the Accreditation Subcommittee who is an experienced survey team leader. In practice, the Team understood that some new surveys received mentoring rather than formal training. The Team noted that the policy was relatively new and PMCT is asked to provide an update on the implementation of this policy.

PMCT evaluates the performance of survey team members through feedback from health services and from the survey team leader, and participation in survey team training.

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

The Team noted the potential for real and perceived conflicts of interest given the size of the eligible and possible local survey team members, and the limited number of accredited health services from which surveys can be drawn.

Surveyors and health service representatives all indicated that such issues arise in a number of activities in Tasmania, and participants are used to acknowledging the possibility of conflicts of interest and address them as necessary. The small pool was also seen as an advantage, because it meant that potential team members were aware of concerns within the service being visited and as a result health services undergoing accreditation acknowledged concerns and challenges openly.

PMCT's Conflict of Interest Policy (June 2013) does include provision for the appointment of one or more survey team members from interstate should PMCT determine that this is necessary to avoid any conflict of interest. The Team was pleased to see that the use of interstate surveys was again under consideration, as one way of addressing the possible conflicts of interest that arise in a small jurisdiction.

The Conflict of Interest Policy includes a Conflict of Interest Declaration and Record Form to prompt potential members to identify potential conflicts and to allow PMCT to record and manage them.

A potential challenge arises in Tasmania because the Medical Education Advisers and, in two of the three accredited facilities, the Directors of Clinical Training, are employed by PMCT. In these roles they would contribute to the collation of the documentation for accreditation of the facility in which they are located, although they are employed by the accrediting authority. While all acknowledged this creates a theoretical conflict, the selection of the teams and the management of the visit program takes account of this possible conflict. In addition, PMCT stressed that the preparation of the facility's self-assessment documentation is the responsibility of the hospital not the Medical Education Adviser and/or the Director of Clinical Training.

The Team was satisfied that the issues concerning conflict of interest are acknowledged and addressed.

4.4 The accreditation process

PMCT's document outlines an accreditation process that includes self-evaluation by the health service against the accreditation standards, site visits for full accreditation surveys (with the option of site visits for provisional accreditation or change in circumstance reviews), and the provision of a comprehensive report assessing the intern training program against the standards.

While AMC Team members were not able to observe any of PMCT's accreditation activities, the Team's discussion with stakeholders, and especially health services, confirmed this process is followed.

The sample accreditation report viewed by the team showed the post and facility are assessed against the standards.

PMCT's submission to the AMC included two sample rating forms used in accreditation assessments. The new form includes a three-point rating scale: needs development, sound and well developed. The Team found the rating scale and the definitions of the level of achievement expected for each standard sometimes overlapped, and considered that the wording of the form would benefit from further review, with stakeholder input.

4.5 Fostering continuous quality improvement in intern training posts

The objects of the Council demonstrate the commitment to the promotion and supervision of postgraduate education and training of medical staff in Tasmania with the objective of continual improvement in medical knowledge and improvement in medical care for all Tasmanians. These objects are supported by the purpose statement for the Accreditation Sub-committee, which 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 to ensure the highest standards of patient safety and medical care."

The Team discussed the accreditation process with representatives from accredited health services and was assured that the self-assessment process, together with the collegial discussion of opportunities for improvement is seen to perform a quality improvement function.

The Team was interested to understand how accreditation assessments take account of improvement over time and foster innovation in education and training.

4.6 The accreditation cycle and regular monitoring of intern programs

At present, the PMCT undertakes three-yearly structured survey visits to the three health services that have interns. Visits outside this period are scheduled on an 'as required' basis and are generally the result of accreditation of new terms, specific issues, concerns raised or part of an appeals process.

PMCT conducts all three of the facility site visits in one year, which makes for a heavy load of visits in that year. During the AMC Team's visit, the possibility of changing this cycle, with potentially a visit to one site per year, was explored. The advantage of this change would be to even out the accreditation work of the PMCT staff and the work of the Accreditation Subcommittee. PMCT is asked to report to the AMC on any changes to this cycle.

In an accreditation, PMCT sets a level and duration of accreditation for the overall health service intern training program as well as individual intern terms as necessary. Individual intern terms cannot be recommended for accreditation unless the overall health service intern training

program meets the requirements of accreditation. PMCT may make one of the following accreditation decisions:

- Full accreditation – three years;
- Provisional accreditation – twelve months;
- Preliminary accreditation - Twelve months accreditation is awarded to a health service training program that has not previously been assessed for interns, and is assessed as meeting all PMCT Accreditation Standards; and
- Accreditation not awarded or withdrawn.

PMCT Accreditation Standards, and the guidelines, survey tool and policies that support the accreditation process are aligned with the Confederation of Postgraduate Medical Education Council's National Prevocational Medical Framework.

Between formal visits, accredited facilities provide updates, and the Chair of the Accreditation Subcommittee monitors that facilities address recommendations by PMCT. Directors of Clinical Training and Medical Education Advisors, as PMCT staff, also report on developments in the facility directly to PMCT.

PMCT also plans to gather feedback from junior doctors to assist it to monitor developments between formal visits.

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

PMCT has a Notification of Change in Circumstance Policy which provides guidelines about the changes that may impact on the accreditation status of either a health service, an intern training program or individual intern terms. Further, the policy provides information on how these changes are reported and assessed.

These notifications are reviewed by the Chair of the Accreditation Subcommittee who consults the facility on the scope of the change and its likely impact, and possible responses to any effect on the intern training program. After this consultation, the Accreditation Subcommittee is able to take a number of actions including further monitoring, removal of the intern, an urgent survey visit or withdrawal of the accreditation.

The Team considered the current policy and process to be clear.

4.8 Application of documented decision making processes

PMCT's accreditation decision making processes are well documented. Accreditation decisions are made through a number of levels in the governance structures in an effort to reduce undue influence.

4.9 Communicating accreditation decisions

PMCT sends accreditation reports and notification of outcomes to the Chief Executive Officer of the facility. These reports are made available to the Director of Clinical Training and Medical Education Advisors and supervisors. While reports are not made formally available to the Junior Medical Officers, the outcomes are made known through education meetings.

The Team considered there was evidence of appropriate communication about decisions.

4.10 Complaints, review and appeals processes

PMCT has an Appeals - Accreditation Status of Health Services Policy (June 2013) that provides for an appeal against a decision made by a PMCT accreditation survey team and endorsed by the

PMCT Accreditation Subcommittee, prior to the submission of the final report to the Tasmanian Board of the Medical Board of Australia. Any facility, individual or department/health service may appeal against the accreditation status awarded by PMCT.

The process provides for a mediation process, which may be escalated to a formal appeal. The possible outcomes of the formal appeal are either to uphold the previous decision or to reject the Committee's findings where reasonable doubt is established as to the accreditation status awarded, in which case a re-survey of the health service, focussing on the specific areas of appeal is recommended.

The Team considered the policy to be clearly stated.

The AMC recommends that there should also be a process to raise concerns about the conduct of the accreditation as well as the accreditation outcome. Health services are able to raise concerns about the performance of members of the survey team with the Chair of the Accreditation Subcommittee, or if not appropriate then with the Chair of PMCT.

5 Stakeholder consultation

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 There are processes for engaging with stakeholders, including health departments, health services, junior doctors, doctors who supervise and assess junior doctors, the national board, professional organisations, and consumers/community.
- 5.2 There is 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/accreditation.

5.1 Engagement with stakeholders

PMCT engages stakeholders through nominees on its committees and more directly.

The membership of the Council and its committees provides for representation from a broad range of stakeholders.

Both the Chair and Deputy Chair of the PMCT Committee have key roles in several Department of Health and Human Service committees and working parties, such as the Prevocational Workforce Working Group and the Expanding Intern Capacity Working Group. The Chair also acts as an official advisor to the Department in areas of medical workforce planning.

PMCT's engagement with the stakeholder bodies represented on PMCT committees is good, but committee members may not always be able to report on and represent PMCT's views to the group they represent as fully as PMCT may want. The Team encourages PMCT to engage directly as well as through committee members. The Team also encourages PMCT to publicise its role and the importance of this more broadly to engage other stakeholders.

The Team noted that PMCT was unsure of the value of consumer and community member engagement and how to manage such engagement. The AMC sees this engagement as an opportunity to educate about and promote the importance of PMCT work in ensuring high quality medical services, as well as an opportunity to be informed about health consumer and community views of the standards set. The AMC recommends PMCT develop a mechanism to engage health consumer/community representation in committee structures and in consultation about standards and accreditation processes.

PMCT has additional mechanisms to engage with Junior Medical Officers through the Junior Medical Officer Forum which meets four times a year. PMCT provides administrative support to the Forum as required and also has supported a videoconference of Junior Medical Officers at all three health services with interns. Junior doctors are represented on all relevant PMCT committees, and are members of accreditation survey teams.

5.2 Communications strategy

PMCT has a comprehensive communications policy and website documentation. Documentation about the PMCT accreditation process on the PMCT website is clear and complete.

The communications policy outlines a range of communication activities and methods to convey accreditation information and to invite feedback from stakeholders. The overall aim of the communications strategy is to increase awareness and inform key stakeholders and to provide the opportunity for evaluation to inform, maintain and improve the accreditation process.

While the communication policy is sound, the role of PMCT could be more visible to the profession, the community and government. The Team encourages PMCT to continue to increase stakeholder awareness and provide opportunity for feedback and engagement in PMCT processes.

The Team acknowledges that PMCT staff also have roles in the Tasmanian health services which mean that they are able to communicate directly and quickly with these major stakeholders.

During the AMC Team's visit, it was briefed on the creation of a general medical education committee at the Royal Hobart Hospital which appeared to be developing a strong forum for discussion of education and training issues, and for contributing stakeholder feedback on PMCT standards, educational initiatives, and accreditation outcomes. This development appeared to represent a new opportunity for PMCT to communicate and engage more broadly with the Hospital.

With the establishment of the National Registration and Accreditation Scheme and the establishment of the national Medical Board of Australia, considerable change is occurring in the areas in which PMCT operates, including intern training. The Team encourages PMCT to communicate actively on these changes, which will increase the understanding of its role and its connection to these important developments.

The Team commends PMCT's decision to participate in this pilot as a way of enhancing the communication about its role.

5.3 Collaboration with other accreditation organisations

PMCT staff have frequent, regular contact with other Postgraduate Medical Education Councils and relevant organisations.

PMCT has developed relationships with the other Postgraduate Medical Education Councils, and contributes to the Confederation of Postgraduate Medical Education Councils (CPMEC). It has, with permission, adapted some of the policies of other PMCs to its own use.

PMCT and has a particularly strong relationship with the Postgraduate Medical Council of Victoria. There is information sharing between PMCV and PMCT on accreditation activities and PMCT has based much of its accreditation material on that of PMCV.

The Chairs of committees attend national meetings and workshops and are involved in a number of national organisations and committees. The Chair of the PMCT Committee is the current Deputy Chair of CPMEC and an experienced AMC assessor of medical schools and specialist medical training programs.

5.4 Working within accreditation frameworks

PMCT adheres to PMAF accreditation standards and aligns its accreditation processes with the MBA intern registration and training standards.

The Team noted some evidence of benchmarking during interviews but would suggest a more a systematic approach.

The development of the national framework for intern training accreditation is a significant development, which entails the implementation of new national standards and guidelines as well as the Medical Board of Australia's new registration standard for 2014. For postgraduate medical councils, an important part of working within this new structure and framework will be

reviewing its own standards and requirements to align them with the new framework, as well as communicating about these developments to stakeholders affected by the changes.

PMCT is reviewing its standards and accreditation survey tool in consultation with the Postgraduate medical Council of Victoria, to ensure that they meet the Medical Board of Australia's Registration Standards which take effect in 2014. The AMC will wish to see the outcomes of this mapping process.

Appendix One A Guide to Preparing a Review Submission

This Guide sets out the information required of intern training accreditation authorities preparing for review by the Australian Medical Council (AMC).

The process for review

AMC staff will write to the intern training accreditation authority well in advance of the accreditation assessment requesting a submission and providing a draft timeline for the assessment. For this pilot, the timeline will be negotiated between the intern training accreditation authority and the AMC, and the adequacy of the timeline will be evaluated as part of the pilot.

The AMC, with advice from its Accreditation Committee², appoints an assessment team to complete the detailed assessment. The team will consider whether the intern training accreditation authority has demonstrated that it is meeting or will meet the five domains of the quality framework for accreditation *Intern training – Domains for assessing accreditation authorities*.

Format of this guide

The AMC has produced this guide for intern training accreditation authorities undergoing a full review by the AMC. The format of the guide reflects the domains of the quality framework for review of intern training accreditation authorities:

- 1. Governance** - The intern training accreditation authority effectively governs itself and demonstrates competence and professionalism in the performance of its accreditation role.
- 2. Independence** - The intern training accreditation authority carries out independently the accreditation of intern training programs.
- 3. Operational management** - The intern training accreditation authority effectively manages its resources to perform functions associated with accreditation of intern programs.
- 4. Processes for accreditation of intern programs** - 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.
- 5. Stakeholder collaboration** - The intern training accreditation authority works to build stakeholder support and collaborates with other intern training accreditation authorities, and medical education standards bodies.

To prepare the documentation required for an AMC review, the applicant should start with this guide then consider any other relevant external reports, including any previous reviews.

The guidance provided in the pages that follow is not intended as a check list. It is acknowledged that intern training accreditation authorities have different structures and procedures, depending on their size and range of functions. Overall, the intern training accreditation authority is asked to report against the *domain* rather than each individual *attribute*, recognising that authorities may not have separate policy/processes relating to each attribute.

From the submission, the AMC team will attempt to gain an overall picture of the intern training accreditation authority, its policies and procedures, and the structures relevant to its intern

² The AMC is presently considering the governance structure for management of this review process. In this document, the relevant AMC committee has been called the “Accreditation Committee”. The document will be updated when the structure is finalised.

training accreditation role. Of equal importance to this factual information is the reflection on and critical analysis of performance and plans against the quality framework domains and the intern training accreditation authority's own objectives. Under each domain, the applicant should identify relevant strengths and challenges, and the processes for addressing the challenges, with examples.

The submission should be a complete document providing summary responses to all the topics covered in this guide. The AMC has not specified a maximum word length for the submissions but the team will appreciate clear, direct and succinct statements. These will enable useful dialogue between the team and the intern training accreditation authority, as well as a collegial and constructive process.

Please append detailed documents, such as handbooks and policy documents. Please provide one complete hard copy of the appendices, and a soft copy (e.g. USB stick) of the appendices.

AMC procedures for these reviews

The AMC normally asks organisations undergoing review to provide their review submission a number of months before the AMC assessment (anywhere between two and five months depending on the type of review). The timeline for submission in this pilot will be negotiated with the participating intern training accreditation authorities.

The team conducting the assessment will meet to consider this submission. If necessary, the team will then provide guidance on areas where further information should be presented. The team will then meet representatives of the intern training accreditation authority to discuss the submission. If in doubt about the level of detail to be presented, please seek guidance from AMC staff in the first instance, who may seek advice from the team chair.

In these reviews, the AMC will follow the standard procedures which apply to the conduct of accreditation and recognition reviews. These cover matters such as: conflicts of interest, confidentiality, AMC conduct, appointment and work of the team, reviews and complaints.

These AMC procedures will be customised for these reviews and circulated to the pilot participants.

Provider details

Contact details

Name of intern training accreditation authority:

Address:

Chief Executive Officer:

Telephone number:

Email:

Officer to contact concerning the submission:

Telephone number:

Email:

Region/state/territory in which intern training accreditation activities are carried out:

1 Governance

Domain

The intern training accreditation authority effectively governs itself and demonstrates competence and professionalism in the performance of its accreditation role.

Attributes

- 1.1 The intern training accreditation authority is a legally constituted body and registered as a business entity.
- 1.2 The intern training accreditation authority's governance and management structures give appropriate priority to the accreditation of intern training programs relative to other activities.
- 1.3 The intern training accreditation authority is able to demonstrate business stability, including financial viability.
- 1.4 The intern training accreditation authority's accounts meet relevant Australian accounting and financial reporting standards.
- 1.5 There is a transparent process for selection of the governing body.
- 1.6 The intern training accreditation authority's governance arrangements provide for input from stakeholders including input from the health services, intern supervisors, and junior doctors.

The response to this domain should encompass the following:

- A short summary of the history of the intern training accreditation authority – when established, major milestones.
- The mission and/or purpose of the organisation and the range of roles it undertakes. Describe any reviews of the purpose in the last three years.
- The intern training accreditation authority's governance structures and functions, including, the membership of the governing committee, roles and responsibilities of senior officers, and if relevant the members of the authority.
- An outline of the structure and accountabilities for managing the intern training accreditation function. Please include a flow chart to illustrate reporting relationships.
- Practices to review the effectiveness of the organisation's governance, and competence and professionalism in the intern training accreditation role. Specifically outline any governance reviews in the last three years and the resulting changes.
- Information which shows the current level of stakeholder input into governance, for example a list or diagram indicating the committees/boards etc that include the stakeholders listed in attribute 1.6 and other stakeholders or any policies on stakeholder contribution to governance.
- Other relevant strengths and challenges in relation to the governance of the intern training accreditation authority, plans for development and the processes for addressing the challenges, with examples.

Suggested appendices for this section:

- *Constitution*
- *Most recent Annual Report, including financial statements*
- *A diagram or diagrams showing the intern training accreditation authority's governance structure*
- *If separate from the Constitution, the terms of reference of the governing body and committees associated with the intern training accreditation role*
- *Reports of any relevant reviews of the organisation*
- *Strategic plan or other document to demonstrate accreditation is a priority area*

2 Independence

Domain

The intern training accreditation authority carries out independently the accreditation of intern training programs.

Attributes

- 2.1 Decision making about accreditation of programs is independent and there is no evidence that any area of the community, including government, health services, professional associations has undue influence.
- 2.2 There are clear procedures for identifying and managing conflicts of interest.

See notes in the quality framework on this domain.

The response to this domain should encompass the following:

- Practices employed to support the independence of the accreditation function, such as:
 - Any agreements or regulations that help to define the intern training accreditation authority's independence.
 - Internal structures or processes that specifically contribute to independence of accreditation decision making, for example:
 - A hierarchy of committees providing for review/balanced decision making
 - Delegation or defined processes for staff decision making concerning accreditation
 - Relevant elements of the intern training accreditation authority's risk management plan
- As examples of processes, any situations in the last 12 months where the independence of decision making about accreditation of intern training programs or posts has been threatened, and the response.
- Procedures for managing conflicts of interest in the work in the committees and officers of the intern training accreditation authority.
- Other relevant strengths and challenges in relation to the governance of the intern training accreditation authority, plans for development and the processes for addressing the challenges, with examples (e.g. review of conflicts of interest policy).

Suggested appendices for this section:

- *Copies of formal agreements to act as the intern training accreditation authority*
- *Procedures for managing conflict of interest if separate from constitution, for example Terms of Reference of the Accreditation committees*

3 Operational management

Domain

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

Attributes

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

The response to this domain should encompass the following:

- Practices the intern training accreditation authority employs to ensure that its accreditation activities are supported by appropriate human and financial resources. Please address the direct resources of the intern training accreditation authority, the support available to it through health services (e.g. accreditation surveyor time) and collaboration with other bodies.
- How the intern training accreditation authority evaluates the adequacy of its resources. Give examples of changes made as a result of review in the last three years.
- Challenges and risks facing the intern training accreditation authority in resourcing its accreditation activities for the next three years.
- Processes for monitoring and continuous renewal of structures, functions and policies relating to intern training accreditation. Summarise important changes in the last three years that have resulted from these processes.
- The intern training accreditation authority's approach to risk management.
- Other relevant strengths and challenges in relation to operational management, plans for development and the processes for addressing the challenges, with examples.

Suggested appendices for this section:

- *Risk management plan/policy*
- *Policy for records management*
- *Policy on confidentiality*
- *Evaluation plan/strategy*

4 Process for accreditation of intern training programs

Domain

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

Attributes

- 4.1 The intern training accreditation authority ensures documentation on the accreditation requirements and procedures is publicly available.
- 4.2 The intern training accreditation authority has policies on the selection, appointment, training and performance review of survey team members. Its policies provide for the use of competent persons who are qualified by their skills, knowledge and experience to assess intern training programs against the accreditation standards.
- 4.3 There are procedures for identifying, managing and recording conflicts of interest in the 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.
- 4.5 The accreditation process facilitates continuing quality improvement in the delivery of intern training.
- 4.6 There is a cyclical accreditation process, in line with national guidelines and standards, which provides for regular monitoring and assessment of intern programs to ensure continuing compliance with standards.
- 4.7 The intern training accreditation authority applies national guidelines in determining if changes to posts, programs and institutions will affect the accreditation status. It has clear guidelines on how the institution reports on these changes and how these changes are assessed.
- 4.8 The intern training accreditation authority follows documented processes for decision-making and reporting that enable decisions to be made free from undue influence by any interested party.
- 4.9 The intern training accreditation authority communicates the accreditation status of programs to employers, prospective interns and other stakeholders. It communicates accreditation outcomes to the relevant health services facility and other stakeholders.
- 4.10 There are published complaints, review and appeals processes which are rigorous, fair and responsive.

The response to this domain should encompass the following:

- The standards and criteria for accreditation and the aims of its accreditation process. Describe any reviews of the standards and criteria in the last three years and highlight any changes made as a result.
- How the intern training accreditation authority will or has begun to map its requirements to the new national standards for intern training accreditation and the Medical Board standard,

Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training.

- How the intern training accreditation authority communicates about its accreditation requirements, processes and accreditation decisions.
- The intern training accreditation authority's *process* for accreditation of posts/programs for training. The response should cover:
 - what the accreditation authority accredits, e.g. positions, facilities, networks of facilities
 - types of accreditation surveys - g. new unit, modified unit, full survey etc
 - the key steps in the process
 - methods used to assess whether the intern training program is meeting the national standards, (e.g. surveys/questions, self-assessment by the intern training program, paper-based review, video/teleconference discussions, and site inspections), how decisions are made about methods and who manages particular approaches (e.g. intern training provider or intern training accreditation authority)
 - how the intern training accreditation authority seeks the contribution of interns and supervisors to the review of the suitability of institutions/programs/posts
 - the information the accreditation authority asks the health facility/intern training program to provide to demonstrate that interns are involved in high quality clinical care
 - the process for making accreditation decisions
 - how the accreditation authority ensures its processes are rigorous, fair and consistent
 - the cycle of accreditation and length of the periods of accreditation available.
- How the intern training accreditation authority select, appoints, trains and reviews the performance of its survey teams.
- How the accreditation authority accesses educational expertise for development, management and continuous improvement of its intern training accreditation activities.
- How the intern training accreditation authority informs and educates health facility staff about accreditation standards.
- How conflicts of interest in the work of survey teams and working committees is managed.
- How the intern training accreditation authority monitors accredited health services, programs or posts.
- The changes in a health service, program and/or post which would cause the accreditation status to be reviewed and the intern training provider's process for such reviews.
- The dispute resolution and appeals mechanisms available.
- Processes to address any system wide or common complaints or concerns raised through accreditation.
- Relevant strengths and challenges in relation to resolving problems and disputes with accredited health services/programs.
- Other relevant strengths and challenges in relation to the intern training accreditation process, plans for development and the processes for addressing the challenges, with examples.

Suggested appendices for this section:

- *A list of accredited health services, programs and / or posts*
- *The following information for the last three years:*
 - *the number of programs, sites, and/or posts reviewed by the intern training accreditation authority, and the accreditation decisions*
 - *the new posts/sites/or programs accredited for training*
 - *a summary of any investigations of programs/posts judged at risk of not meeting standards, including a short summary of process followed and outcomes (names of facility not required)*
 - *a summary of any other unplanned or unscheduled reviews, the reason for them and the outcomes (name of facility not required)*
- *A copy of the current accreditation procedures*
- *Some sample accreditation reports that illustrate the range of decisions your organisation makes*
- *Policies for managing conflicts of interest in survey teams (if different to the procedures for managing conflict of interest in the governing committees)*
- *Dispute resolution and appeals policy*
- *A list of appeals that have been heard within the last three years, the subject of the appeals (e.g. accreditation length, number of posts, etc) and the outcome (number upheld, number dismissed).*

5 Stakeholder collaboration

Domain

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

Attributes

- 5.1 There are processes for engaging with stakeholders, including health departments, health services, junior doctors, doctors who supervise and assess junior doctors, the national board, professional organisations, and consumers/community.
- 5.2 There is 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/accreditation.

The AMC considers the following to be key stakeholders: junior doctors; supervisors of intern training; local health department; other organisations providing intern training accreditation services and education providers for other phases of medical education.

The response to this domain should encompass the following:

- How the intern training accreditation authority communicates with and seeks the views of stakeholders about its purpose and roles.
- Relationships with the relevant health departments and opportunities to discuss expectations of and requirements for training. The response should include information on any formal agreements (if not covered elsewhere).
- Relationships with health services and opportunities to discuss expectations of and requirements for training. The response should include information on any formal agreements (if not covered elsewhere).
- Relationships with other stakeholders, including junior doctors, supervisors, the community and opportunities to discuss expectations of and requirements for training.
- Communication strategies or mechanisms. How is the effectiveness of the strategy reviewed? Give some specific examples.
- A summary of the existing and/or proposed collaborative links with other institutions and describe the nature of those links, for example membership of CPMEC, contribution/attendance at national or international meetings.
- Any national or international principles/frameworks endorsed or adopted by the intern training accreditation authority. Indicate how practices are reviewed against these standards. Any developing activities directed towards national and international cooperation with other organisations.

- How the intern training accreditation authority is informed about the requirements of previous and later stages of training. Summarise any changes to processes or requirements made as a result of such feedback.
- Other relevant strengths and challenges in relation to stakeholder collaboration, plans for development and the processes for addressing the challenges, with examples.

Suggested appendices for this section:

- *A link to authority's website*
- *A list of regular meetings with stakeholders and if relevant provide sample minutes of meetings as evidence of topics discussed*
- *Samples of communiques on topics related to the intern training accreditation role*
- *A list of any formal stakeholder consultation processes in the last 12 months on changes to intern training accreditation policies, or processes*
- *If a formal communications strategy exists, provide a copy.*

Appendix Two Membership of the 2013 AMC Team

Professor Andrew Wilson (Chair) BMedSc, MBBS (Hons), PhD, FRACP, FAFPHM
Director, Menzies Centre for Health Policy, University of Sydney

Dr James Churchill BMedSc(Hons), MBBS(Hons)
Medical intern, Austin Hospital. Previous President of the Australian Medical Students' Association

Professor Brendan Crotty MBBS, MD
Pro Vice Chancellor, Faculty of Health, Medicine, Nursing and Behavioural Sciences, Deakin University

Dr Linda MacPherson MBBS, MHA
Medical Advisor, Workforce Development and Innovation, New South Wales Health

Dr Elizabeth O'Leary MBBS, MPH, FRACMA (observer)
Manager, Canberra Region Medical Education Council Project

Ms Theanne Walters
Deputy Chief Executive Officer, Australian Medical Council

Ms Sarah Vaughan
Accreditation Policy Officer, Australian Medical Council

Appendix Three Groups met by the 2013 AMC Team

AMC Review of PMCT: 28 August 2013

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|---------|---|
| 8.30am | Chair, PMCT Chair, PMCT Accreditation Subcommittee |
| 9.30am | Chair, PMCT Accreditation Subcommittee Survey team member/leader Medical Education Advisor – Royal Hobart Hospital |
| 10am | <i>Morning Tea</i> |
| 10.15am | Medical Education Advisor (LGH) (teleconference) Medical Education Advisor (NWRH) (teleconference) |
| 10.45am | Chief Medical Officer of Department of Health and Human Services Member of PMCT Board and PMCT Council |
| 11.30am | Chair of PMCT Board and PMCT Council |
| 12.00 | <i>Lunch</i> |
| 1pm | Chair of JMO Forum and Intern at Royal Hobart Hospital JMO forum member and Registrar at Royal Hobart Hospital PMCT Accreditation survey team member Accreditation subcommittee member Additional JMOs will also attend this meeting |
| 1.45pm | Director of Clinical Training (North West Regional Hospital - NWRH) Survey Team Member Accreditation Subcommittee Member(teleconference) Director of Clinical Training (Launceston General Hospital - LGH) Survey Team Member Accreditation Subcommittee Member(teleconference) Director of Clinical Training (Royal Hobart Hospital – RHH) Accreditation Subcommittee member Survey team member/leader |
| 2.45pm | <i>Afternoon tea</i> |
| 3pm | Director of Medical Services – Royal Hobart Hospital (RHH) PMCT Board and PMCT Council member Deputy Director of Medical Services – (RHH) |

