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Domains for assessing and accrediting prevocational training accreditation authorities

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INTRODUCTION

Assessment and accreditation domains

Prevocational training accreditation authorities assess prevocational training programs against the *National standards and requirements for prevocational training (PGY1 and PGY2) programs and terms* and work with health services to improve the quality of prevocational training.

Unlike medical schools and specialist medical colleges, prevocational training accreditation authorities are not education providers. The Australian Medical Council (AMC) has set national standards for prevocational training authorities that reflect this difference: rather than accredit these authorities as education providers, the AMC applies criteria similar to those used to assess the AMC's own work as an accreditation authority under the *Health Practitioner Regulation National Law*.

In line with national and international principles of good accreditation of health profession education programs, accreditation processes should include quality improvement in addition to quality assurance, including the response of education programs to changing community needs and professional practice expectations[2].

A number of policy documents and frameworks were considered in developing this document, listed in Supporting documents at the end of this section.

2. Australian Health Practitioner Regulation Agency (Ahpra), *Quality framework for the accreditation function*, Ahpra website, 2018, accessed 22 April 2022. Jointly developed with the National Boards and the accreditation authorities.

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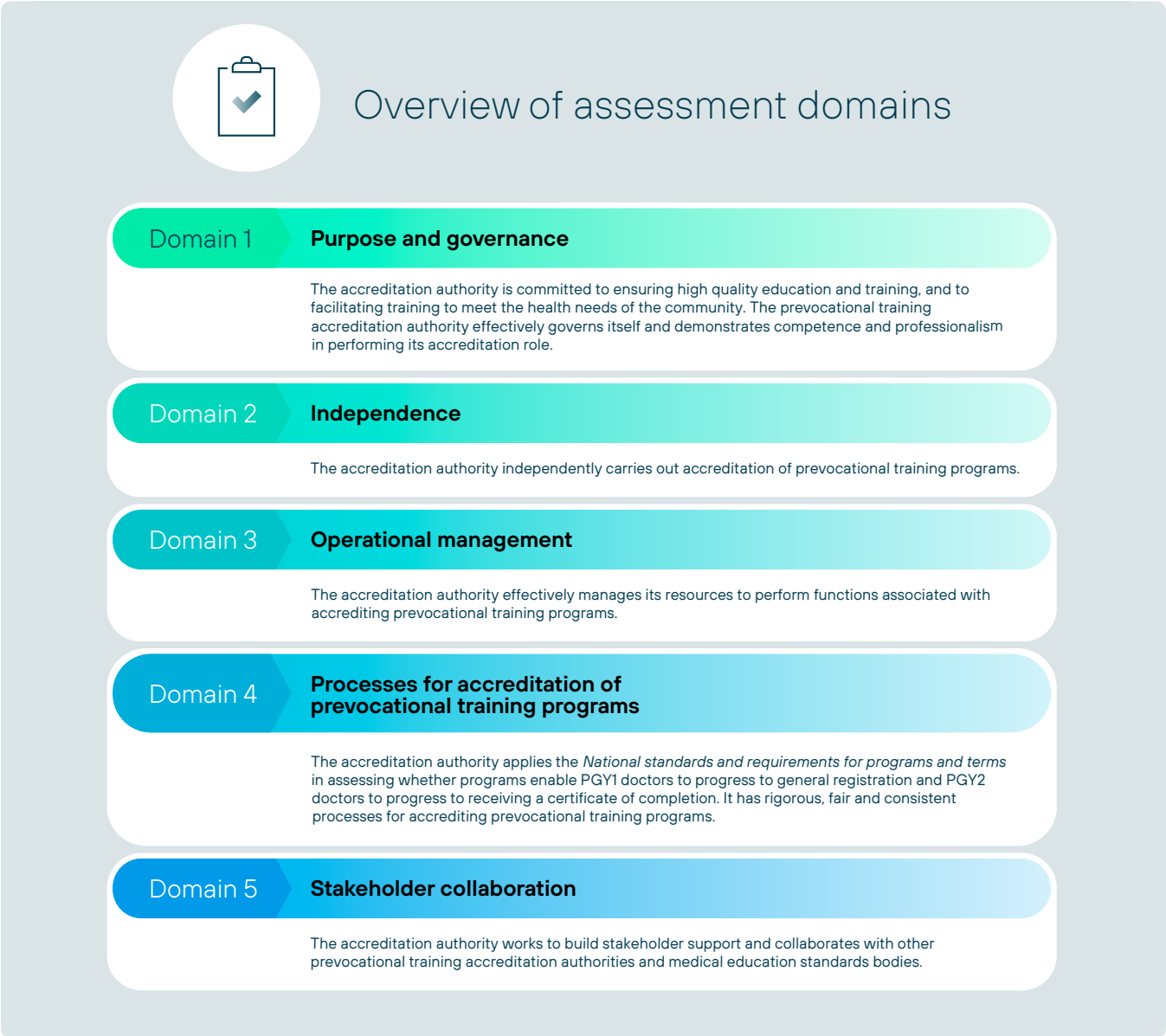
Assessment and accreditation domains

This document (Section 2 of *AMC domains and procedures for assessing and accrediting prevocational (PGY1 and PGY2) training accreditation authorities*) details the domains that prevocational training accreditation authorities must demonstrate and the attributes of each domain.

Accreditation assessment procedures are described in 'Procedures for assessing and accrediting prevocational training accreditation authorities' (Section 3 of *AMC domains and procedures*). A brief overview of the domains is given in Figure 3.

Figure 3 – Overview of Domains for assessing and accrediting prevocational training accreditation authorities



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Purpose and governance

DOMAIN 1

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D1 Purpose and governance

The accreditation authority is committed to ensuring high quality education and training, and to facilitating training to meet the health needs of the community. The prevocational training accreditation authority effectively governs itself and demonstrates competence and professionalism in performing its accreditation role.

Domain 1 attributes

1.1 The prevocational training accreditation authority is committed to ensuring high quality education and training, and to facilitating training to meet health needs of the community.

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

1.3 The prevocational training accreditation authority's governance and management structures give appropriate priority to accrediting prevocational training programs, including considering the impact of these programs on patient safety and the way programs address the wellbeing of prevocational doctors.

1.4 The prevocational training accreditation authority is able to provide assurance of the ongoing viability and sustainability of the organisation in delivering accreditation services.

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

1.6 There is a transparent process for selecting the prevocational training accreditation authority's governing body.

1.7 The prevocational training accreditation authority's governance arrangements provide input from stakeholders, including health services, prevocational supervisors and prevocational doctors.

NOTES

In addition to ensuring high quality education and training, those responsible for developing and regulating the medical workforce have a shared responsibility for facilitating education and training to meet the health needs of the community. This should include considering national strategic health or medical workforce priorities and reforms.

Everyone in healthcare shares responsibility for improving patient safety. Strong evidence links the wellbeing of prevocational doctors to patient safety. As the organisations responsible for assessing prevocational training programs and ensuring that they meet national standards, prevocational training accreditation authorities must make patient safety a central concern and ensure that training programs prioritise prevocational doctor wellbeing.

Effectively managing prevocational training accreditation functions requires prevocational training accreditation authorities to understand their accountability. They should monitor the impact of their policies and requirements on prevocational training and the health settings in which that training occurs. For example, the implications of requirements for patient safety, supervision, prevocational doctor wellbeing and safe workplace cultures (including cultural safety).

Ongoing viability and sustainability of the organisation in delivering its accreditation functions might be demonstrated in a range of ways and will vary depending on the context and structure of the authority. Evidence might include some but not all of the following:

- evidence of surety of ongoing funding
- formal dedicated structures to support governance of accreditation functions
- formal dedicated structures to support operational management of accreditation functions
- adequate resourcing, including staffing
- commitment from and engagement with funder/s
- evidence of strong lines of communication with and regular reporting to funder/s and key stakeholders
- formal agreements with funder/s where relevant
- historical evidence of organisational stability.

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Independence

DOMAIN 2

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D2 Independence

The accreditation authority independently carries out accreditation of prevocational training programs.

Domain 2 attributes

2.1 The prevocational training accreditation authority makes decisions about accrediting programs independently. There is no evidence of undue influence and the authority can demonstrate mechanisms for managing potential undue influence from any area of the community, including government, health services or professional associations.

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

NOTES

Independence of the accreditation function should be formally defined in writing. This could be in the accreditation authority's constitution or terms of reference, and/or in a formal agreement with the relevant funder/s. Funders might include the Medical Board of Australia, one or more health jurisdictions, or one or more health facilities.

Independence of the authority in accreditation decision-making might be demonstrated through a range of structures and processes, and will vary according to the structure and context of the accreditation authority. Evidence might include:

- governance-level structures and processes to ensure independence of decision-making, such as different levels of decision-making, wide stakeholder input, consideration of conflicts of interest, and assessment against standards
- operational-level structures and processes to ensure appropriate separation of the organisation's functions (for example, workforce and accreditation)
- evidence of applying mechanisms to ensure independence from potential sources of undue influence.

Conflict of interest is addressed in both Domain 2 (this domain) and Domain 4. In this domain it relates to broader organisational structures and processes. For example, conflict-of-interest processes should be applied in selecting and operating the higher-level governing committees.

2

Operational management

DOMAIN 3

D3 Operational management

The accreditation authority effectively manages its resources to perform functions associated with accrediting prevocational programs.

Domain 3 attributes

3.1 The prevocational training accreditation authority manages human and financial resources to achieve objectives relevant to accrediting prevocational training programs.

3.2 There are effective systems for monitoring and improving prevocational training accreditation processes and for identifying and managing risk.

3.3 The prevocational authority adopts a quality improvement approach to its accreditation standards and processes. This should include mechanisms to benchmark to overarching national and international structures of quality assurance and accreditation.

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

NOTES

The prevocational accreditation authority should be able to demonstrate capacity to draw on additional resources if required. For example, capacity to meet an increased accreditation load (such as may occur with an expansion of rotations or the accreditation of additional health services) and to direct funding and staffing to accreditation activities under those circumstances.

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Processes for accreditation of prevocational training programs

DOMAIN 4

D4 Processes for accreditation of prevocational training programs

The accreditation authority applies the *National standards and requirements for programs and terms* in assessing whether programs enable PGY1 doctors to progress to general registration and PGY2 doctors to progress to receiving a certificate of completion. It has rigorous, fair and consistent processes for accrediting prevocational programs.

Domain 4 attributes

4.1 The prevocational training accreditation authority ensures documentation on accreditation requirements and procedures is publicly available.

4.2 The prevocational training accreditation authority has policies on selecting, appointing, training and reviewing performance of survey team members. Its policies ensure survey teams with an appropriate mix of skills, knowledge and experience assess prevocational training programs against the *National standards and requirements for programs and terms*.

4.3 The prevocational 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 national standards for prevocational training. In this process the prevocational training accreditation authority uses the *National standards and requirements for programs and terms*.

4.5 The prevocational training accreditation process includes considering external sources of data where available. This includes mechanisms to manage data or information arising outside the regular cycle of accreditation that indicate standards may not be being met.

4.6 The accreditation process facilitates continuing quality improvement in delivering prevocational training.

4.7 The accreditation process is cyclical, in line with national guidelines and standards, and provides regular monitoring and assessment of prevocational programs to ensure continuing compliance with national standards.

4.8 The prevocational training accreditation authority has mechanisms for dealing with and/or reporting concerns about patient care and safety. These concerns might arise through accreditation assessment and monitoring, or through complaints or information from external sources.

4.9 The prevocational training accreditation authority has mechanisms for identifying and dealing with concerns about prevocational doctor wellbeing and/or environments that are unsuitable for prevocational doctors. These concerns might arise through accreditation assessment and monitoring, or through complaints or information from external sources.

4.10 The prevocational training accreditation authority applies the *National standards and requirements for programs and terms* in determining if changes to posts, programs and institutions will affect accreditation status. It has clear guidelines on how training program providers report on these changes, and how these changes are assessed.

4.11 The prevocational 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.

4.12 The prevocational training accreditation authority communicates the status of programs and accreditation outcomes to relevant stakeholders including regulatory authorities, health services and prevocational doctors. It publishes accreditation outcomes including duration, recommendations, conditions and commendations (where relevant).

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

D4 Processes for accreditation of prevocational training programs

NOTES

The purpose of AMC accreditation of prevocational training accreditation authorities is to recognise prevocational training programs that promote and protect the quality and safety of patient care, and that meet the needs of prevocational doctors, health services and the community as a whole. Maintaining patient safety and prevocational doctor wellbeing are both essential components of accreditation processes. This includes cultural safety for Aboriginal and Torres Strait Islander patients and doctors. Prevocational training accreditation authorities should have mechanisms to identify, and processes for dealing with, issues related to patient safety and prevocational doctor wellbeing. The Australian Commission on Safety and Quality in Healthcare provides standards and guides on patient safety culture.[3]

Issues relating to workplace and learning culture, patient safety and prevocational doctor wellbeing could be identified through accreditation mechanisms (including site visits, evidence submission, direct contact with prevocational doctors or regular monitoring processes) or through other sources such as complaints to the accreditation authority or information available in the public domain (such as the Medical Training Survey[4]).

In the revised National Framework's early implementation stages, the AMC will closely monitor how prevocational training accreditation authorities review accredited facilities' and programs' assessment of prevocational doctor performance, and how they determine that the national standards are met.

The *National standards and requirements for programs and terms* describes the requirements in delivering prevocational programs through its two components:

1. Section 2 – 'National standards for prevocational (PGY1 and PGY2) training programs and terms' are mandatory national accreditation standards at the **program** level. Using these standards is mandatory in the revised two-year National Framework. Prevocational training accreditation authorities may add additional local accreditation requirements or guidelines.

2. Section 3 – 'Requirements for prevocational (PGY1 and PGY2) training programs and terms' outlines the parameters that must be met within each year.

Prevocational training accreditation authorities must develop processes to review training programs against the *National standards and requirements for programs and terms*. This should include assessing programs longitudinally based on an in-depth review of a sufficiently wide sample of terms. These processes should identify any significant deficiencies or developments in the way the provider selects and monitors prevocational terms and their suitability for each year of training (PGY1 or PGY2). A prevocational training accreditation authority may accredit a program but disallow individual terms.

Over the accreditation cycle the prevocational training accreditation authority should use an appropriate mix of methods to assess whether a prevocational training program meets the national standards. These methods would normally include surveys, the training provider's self-assessment, paper-based reviews, video/teleconference discussions and site inspections. Site inspections and on-site discussions should be used to validate and assess information in areas representing the greatest risk to prevocational training quality and prevocational doctor wellbeing. The benefits of site inspections include

- validating information
- receiving confidential feedback
- observing behaviours
- discussing issues with supervisors, prevocational doctors and clinicians
- retaining institutional commitment.

These benefits should be weighed against time and cost burdens and any other relevant risks.

The prevocational training accreditation process includes considering external sources of data, where available. This might include the Medical Board of Australia's Medical Training Survey data and/or issues arising from Junior Medical Officer Forum meetings. The process should include mechanisms to manage data and information arising outside the regular cycle of accreditation that indicates standards may not be being met.

3. Australian Commission on Safety and Quality in Health Care, *National safety and quality health service standards*, 2nd ed., ACSQHC website, 2021, accessed 22 April 2022.
4. Australian Health Practitioner Regulation Agency (Ahpra), *Medical training survey*, Medical training survey website, 2021, accessed 22 April 2022.

D4 Processes for accreditation of prevocational training programs

NOTES (CONT.)

The AMC supports a nationally consistent reaccreditation cycle for prevocational training programs. If no major change occurs in a program and regular monitoring indicates that it continues to meet national standards, the full period of reaccreditation should be four years.

Refer to Standard 1.4 – Notes (in *National standards and requirements*: Section 2 – 'National standards') for information about changes in a health service, prevocational training program or term that would normally prompt a review.

Prevocational training accreditation authorities should publish clear guidelines on the types of changes to a term or clinical unit that should be reported and the mechanisms for reporting changes. The processes that determine how the authority may respond should be clear, such a conducting a mid-cycle a review. Examples of such changes include:

- absence of immediate clinical supervision for any period
- absence of a term supervisor for an extended period (such as one month) with no replacement
- absence of a senior management position with oversight of training – such as the director of medical services (DMS) or director of clinical services (DCS) – for an extended period (such as one month) with no replacement
- absence of a director of clinical training (DCT) or director of prevocational education and training (DPET) for an extended period (such as one month) with no replacement
- significant reduction in staff available to directly supervise, assess and support prevocational doctors, including after-hours
- changes to a clinical unit or department medical staffing resulting in prevocational doctors undertaking, for an extended period, higher-level or alternative clinical duties to those outlined in the term position description
- any change to term clinical activity that affects patient load or breadth of experience for an extended period, and could impact on capacity to meet the parameters for the year or on assessment of entrustable professional activities (EPAs)
- significant changes to rostered hours that diminish the role of the prevocational doctor and/or their clinical supervision (for example, introducing a predominantly after-hours roster).

Conflict of interest is addressed in both Domain 2 and Domain 4 (this domain). In this domain it relates to accreditation structures and processes. Evidence of avoiding and managing conflicts of interest might include:

- wide stakeholder input into accreditation committee membership
- processes for identifying, managing and recording conflicts of interest in accreditation committee activities
- considering conflict of interest in team member selection
- processes for identifying, managing and recording conflicts of interest in the accreditation work of survey teams.

The prevocational training accreditation authority should have processes in place that support training continuation for prevocational doctors affected by a decision not to accredit a program or term.

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Stakeholder collaboration

DOMAIN 5

D5 Stakeholder collaboration

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

Domain 5 attributes

3.1 The prevocational training accreditation authority has processes for engaging with stakeholders, including health departments, health services, prevocational doctors, doctors who supervise and assess prevocational doctors, the Medical Board of Australia, relevant medical schools and specialist colleges, professional organisations, health consumers and the broader community.

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

3.3 The prevocational training accreditation authority collaborates with other relevant accreditation organisations.

NOTES

Prevocational training is a partnership between the authorities that accredit programs and the health services, which employ prevocational doctors in supervised clinical training positions, appoint clinical supervisors and provide educational resources and facilities. This partnership is essential for ensuring the quality of the PGY1 and PGY2 years.

To facilitate training that meets the needs of prevocational doctors and the community, prevocational accreditation authorities should actively engage with other stakeholders, ensuring clear communication and access to accurate information about accreditation plans and status. This communication is particularly important during periods of change to the accreditation authority. Cooperation and transparency between prevocational accreditation authorities promotes best practice and is particularly important where they are jointly involved in approving prevocational training programs and monitoring their quality and safety.

Prevocational accreditation providers and accreditation authorities have a joint responsibility to take steps to engage and inform prevocational doctors about the importance of accreditation and engaging in the processes.

The community and health consumers, including Aboriginal and Torres Strait Islander groups, have a strong interest in the way healthcare is provided and the standards of education and training for health professions. There is scope for community input in setting standards, training delivery, and ongoing evaluation and periodic review. Engagement might include:

- representation on accreditation teams
- representation in governance structures such as committees
- engagement in reviews of accreditation standards or policy documents.

Prevocational training is an important part of the medical education continuum. Accreditation bodies should therefore communicate with relevant medical schools and specialist colleges to ensure training programs are well integrated. Interaction with medical schools might focus on work readiness, and interaction with specialist colleges on pathways into vocational training. Areas of policy overlap might include supervision and accreditation of posts. The level and type of interaction will vary depending on the size and structure of the authority, medical school and specialist college.

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Supporting documents

In developing this document the AMC considered the following information:

- World Federation for Medical Education (WFME), *WHO-WFME guidelines for accreditation of BME*, WFME website, 2005, accessed 22 April 2022. Joint publication with the World Health Organisation (WHO).
- Australian Health Practitioner Regulation Agency (Ahpra), *Quality framework for the accreditation function*, Ahpra website, 2018, accessed 22 April 2022. Jointly developed with the National Boards and the accreditation authorities.