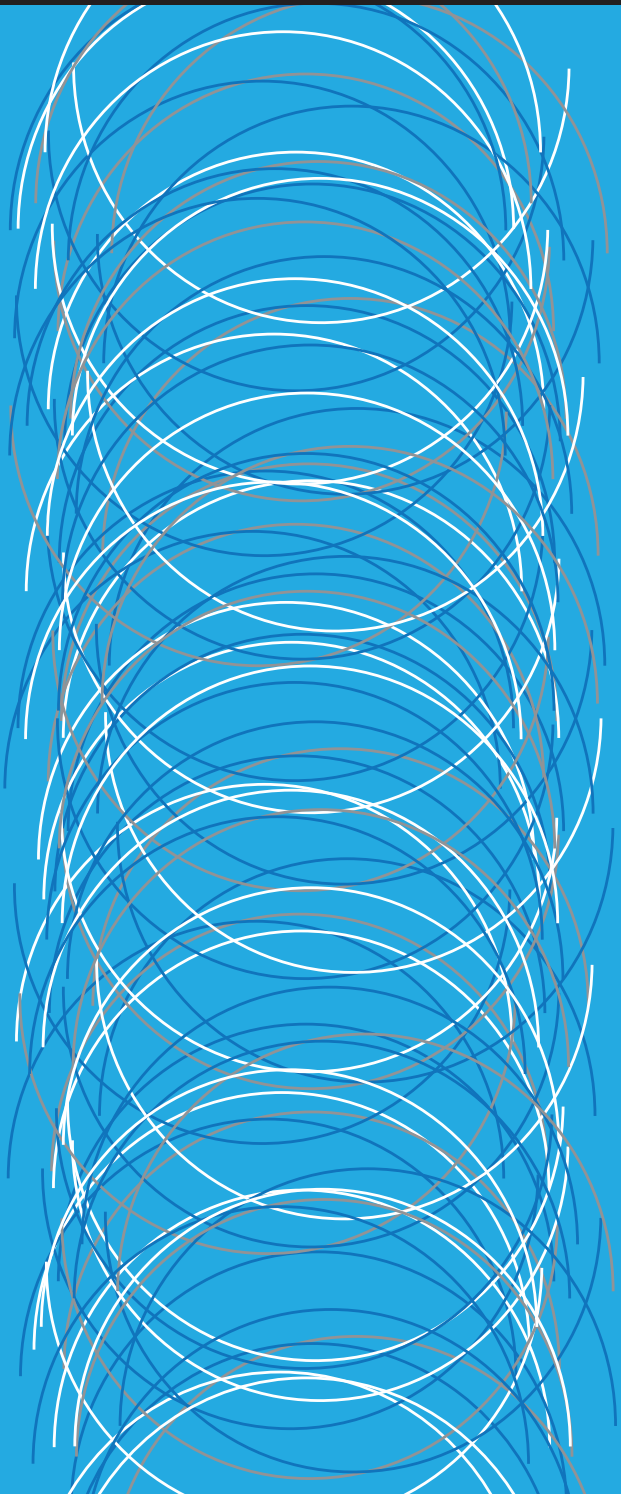


Australian Medical Council Limited

Accreditation Report:
Postgraduate Medical Council of Victoria

AMC



Prevocational Standards Accreditation Committee
November 2023

ABN 97 131 796 980
ISBN 978-1-923118-08-9
Digital edition February 2024

Copyright for this publication rests with the:

Australian Medical Council
Limited PO Box 4810
KINGSTON ACT 2604
AUSTRALIA

Contents

Acknowledgement of Country	1
Executive summary	1
Introduction	8
1 Governance of the Postgraduate Medical Council of Victoria	11
1.1 Postgraduate Medical Council of Victoria	11
1.2 Priority to accreditation of intern training positions	13
1.3 Business stability	15
1.4 Financial arrangements	16
1.5 Selection of the governing body	16
1.6 Stakeholder input to governance	18
2 Independence	20
2.1 Independence of accreditation decision making	20
2.2 Managing conflicts of interest	22
3 Operational management	24
3.1 Resources to achieve accreditation objectives	24
3.2 Monitoring and improving accreditation processes	25
3.3 Management of records and information	26
4 Processes for accreditation of intern training programs	28
4.1 Documentation on the accreditation requirements and procedures	29
4.2 Selection, appointment, training and performance review of accreditation visitors	29
4.3 Managing conflicts of interest in the work of accreditation visitors and committees	31
4.4 The accreditation process	32
4.5 Fostering continuous quality improvement in intern training posts	34
4.6 The accreditation cycle and regular monitoring of intern programs	35
4.7 Mechanisms for dealing with concerns for patient safety	37
4.8 Mechanisms for identifying and managing concerns for junior doctor wellbeing	42
4.9 Considering the effect of changes to posts, programs and institutions on accreditation status	43
4.10 Application of documented decision-making processes	44
4.11 Communicating accreditation decisions	48
4.12 Complaints, review and appeals processes	49
5 Stakeholder collaboration	53
5.1 Engagement with stakeholders	53
5.2 Communications strategy	54
5.3 Collaboration with other accreditation organisations	55
5.4 Working within accreditation frameworks	56
Appendix One Membership of the 2023 AMC Team	57
Appendix Two Groups met by the 2023 AMC Team	58

Acknowledgement of Country

The Australian Medical Council (AMC) acknowledges the Aboriginal and/or Torres Strait Islander peoples as the original Australians, and the Māori people as the original peoples of Aotearoa New Zealand.

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

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

Executive summary

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

In July 2023, an AMC team completed an assessment of the intern training accreditation authority's work. The AMC conducted this assessment following the steps in the document *Procedures for Assessment and Accreditation of Intern Training Accreditation Authorities by the Australian Medical Council, 2019*. The AMC team assessed the intern training accreditation activities of the Authority against the requirements of the document, *Intern training – Domains for assessing accreditation authorities, 2020*.

The accreditation assessment coincided with the unplanned departure of the Clinical Lead/Chair of the Accreditation Committee who was also scheduled to be the lead PMCV representative on the assessments observed by the AMC team. Additionally, PMCV had introduced a number of process changes and the recommendations within this report are intended to support the Authority in its review of the impact of those changes.

- i. Accreditation for a period of five years subject to satisfactory monitoring submissions. In the year the accreditation ends, the intern training accreditation authority will submit an accreditation report for extension of accreditation. Subject to a satisfactory report, the AMC may grant a further period of accreditation, up to a maximum of three years, before a new accreditation assessment.
- ii. Accreditation for five years subject to certain conditions being addressed within a specified period and to satisfactory monitoring submissions. In the year the accreditation ends, the intern training accreditation authority will submit an accreditation report for extension of accreditation. Subject to a satisfactory report, the AMC may grant a further period of accreditation, up to a maximum of three years, before a new accreditation review.
- iii. Accreditation for shorter periods of time. If significant deficiencies are identified or there is insufficient information to determine that the intern training accreditation authority satisfies the domains for assessing accreditation authorities, the AMC may grant accreditation with conditions and for a period of less than five years. At the conclusion of this period, or sooner if the intern training accreditation authority requests, the AMC will conduct a follow-up review.

AMC Directors at their 8 February 2024 meeting resolved:

- (i) That the Postgraduate Medical Council of Victoria (PMCV) substantially meets the domains for assessing accreditation authorities; and
- (ii) That the Postgraduate Medical Council of Victoria (PMCV) be accredited as an intern training accreditation authority for five years, to 31 March 2029, subject to satisfactory annual monitoring submissions to the AMC.

In 2028, before this period of accreditation ends, the AMC will seek an accreditation extension submission from PMCV. The report should address the requirements of the *Domains for assessing and accrediting prevocational training accreditation authorities* and outline PMCV's development plans for the next three years. The AMC will consider this report and, if it decides PMCV is continuing to satisfy requirements, the AMC Directors may extend the accreditation by a maximum of three years (to March 2032), taking accreditation to the full period which the AMC will grant between assessments, eight years.

Key findings

The key findings of the 2023 AMC assessment against the requirements of *Intern training – Domains for assessing accreditation authorities* are set out below.

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

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

Domain with commendations and recommendations for improvement	Findings and conditions
Domain 1 – Governance	Met
<p><i>Commendations</i></p> <p>A The excellent proactive and collaborative leadership on preparation for implementing the new framework in Victoria. (1.2)</p> <p>B Appointment of high-quality professional staff who display a clear commitment to the provision of quality medical education. (1.3)</p> <p><i>Recommendations for improvement</i></p> <p>AA Clarify the relationship between PMCV and Safer Care Victoria, including the communication, degree of information sharing and distinguishing levels of responsibility for the identification and management of patient safety and junior doctor wellbeing concerns. (1.2, also applies to 4.7)</p> <p>BB Develop a framework to measure and articulate the effectiveness and impact of the accreditation program that is reported through the Committee and Board. (1.2)</p> <p>CC Establish a succession management plan for the position of Chair, Accreditation Committee, to support continued stability</p>	<p><i>Conditions to satisfy accreditation domains</i></p> <p>Nil</p>

<p>in the event of unforeseen circumstances. (1.5)</p> <p>DD Continue efforts to engage a health consumer and community member on the PMCV Board. (1.6)</p> <p>EE Review approaches to stakeholder input, and particularly consider mechanisms to encourage further contributions from rural and regional junior doctors. (1.6)</p>	
Domain 2 – Independence	<p>Substantially met</p> <p>2.1 <i>Independence of accreditation decision making</i> is substantially met</p> <p>2.2 <i>Managing conflicts of interest</i> is substantially met</p>
<p><i>Commendations</i></p> <p>C Involvement of consumer or community members on assessment teams supports the formation of recommendations free of undue bias and subsequent independent decision making, and on the Accreditation Committee. (2.1)</p> <p><i>Recommendations for improvement</i></p> <p>FF Within the guidelines, set the expectation that when groups are forming recommendations or making decisions about accreditation, members who have a declared conflict of interest with the health service being reviewed, leave the meeting for that item so as to demonstrate a clear commitment to mitigating perceived or actual bias in accreditation processes. (Attribute 2.2 and 4.3)</p> <p>GG Develop and implement processes for the routine monitoring and evaluation of the effectiveness of processes for the identification and management of conflict of interests and report findings to the Accreditation Committee and Board to provide assurance of effectiveness and remedy as appropriate. (2.2)</p>	<p><i>Conditions to satisfy accreditation domains</i></p> <p>In the 2024 monitoring submission:</p> <ol style="list-style-type: none"> 1 Demonstrate congruence between documentation and practices in regard to accreditation decision making so that these actual and perceived independence is clearly demonstrated. (2.1) 2 Review the policy and procedures for managing conflicts of interest and document guidelines for managing relevant actual and potential conflicts of interest across the accreditation functions by 2024. (2.1, applies to 4.3 as well) 3 Demonstrate the consistent application of processes to manage conflict of interest by 2025. (2.2, applies to 4.3 as well)
Domain 3 – Operational management	Met
<p><i>Commendations</i></p> <p>D Efforts to secure additional funding to support projected activities, and particularly in the context of the</p>	<p><i>Conditions to satisfy accreditation domains</i></p> <p>Nil</p>

<p>implementation of the National Framework for Prevocational Medical Training. (3.1)</p> <p>E The commitment to preserving the accreditation function through the reallocation of resources in a period of staffing instability at both the PMCV staff and Accreditation Committee level. (3.1)</p> <p><i>Recommendations for improvement</i></p> <p>HH Develop an exit interview to support recognition of areas of organisational improvement to address staff turnover challenges. (3.1)</p> <p>II Review the Medical Advisor position to ensure responsibilities support sufficient engagement with PMCV function, notably with regard to accreditation. (3.1)</p> <p>JJ Consider succession planning strategies for PMCV staff and Accreditation Committee membership to support continuity of the accreditation function and ensure corporate knowledge is maintained in periods of instability. (3.1)</p> <p>KK Enhance the risk register with the inclusion and monitoring of organisational risks to the delivery of the accreditation functions. (3.2)</p> <p>LL Increase the emphasis on evaluation of accreditation processes. (3.2)</p> <p>MM Develop and implement a policy defining the process for managing physical and digital records. (3.3)</p> <p>NN Provide an update on the transition from Sympose to SharePoint. (3.3)</p>	
<p>Domain 4 – Accreditation processes</p>	<p>Substantially met</p> <p>4.3 <i>Managing conflicts of interest in the work of accreditation visitors and committees</i> is substantially met</p> <p>4.6 <i>The accreditation cycle and regular monitoring of intern programs</i> is substantially met</p> <p>4.10 <i>Application of documented decision making processes</i> is substantially met</p> <p>4.11 <i>Communicating accreditation decisions</i> is substantially met</p>

<i>Commendations</i>	<i>Conditions to satisfy accreditation domains</i>
<p>F Comprehensive and engaging approach to training survey team members and involvement of Team Leads in annual workshops. (4.2)</p> <p>G Involvement of consumer or community members on survey teams. (4.2)</p>	<p>To be addressed in 2024:</p>
<i>Recommendations for improvement</i>	
<p>OO Implement a website audit process to maintain the currency of accreditation documentation available to stakeholders. (4.1)</p>	<p>4 Demonstrate alignment of documentation and practice relating to monitoring of conditions:</p> <ul style="list-style-type: none"> • assess performance of the Conditions Monitoring Process against the intended objectives and resources available • update the process, as required • ensure that (updated) documented processes and timelines are followed. (4.6)
<p>PP Consider engaging stakeholder feedback on the usefulness and ease of navigation of the website to support further improvement. (4.1)</p>	<p>5 Update the documentation decision-making processes so that the documentation:</p>
<p>QQ Implement strategies to expand the composition of the surveyor pool to increase the diversity, expertise and skill of surveyors, including consideration of regional and rural experience. (4.2)</p>	<ul style="list-style-type: none"> • covers all decisions • clearly articulates which individuals or groups make decisions in which circumstances
<p>RR Document the process for surveyor selection and team composition requirements, congruent to practice, to increase the transparency of surveyor selection and appointment. (4.2)</p>	<ul style="list-style-type: none"> • clarifies the role of PMCV staff in decision making related to accreditation processes that they are involved in • ensures that the decision-making processes manage the potential for undue influence across decisions. (4.10)
<p>SS Clarify what is expected of individual surveyors and what will be provided by PMCV during a survey and engage with survey team members to identify what further resources/support would help them to feel more confident and effective in their surveyor role. (4.2)</p>	<p>6 Demonstrate that timely and accurate information about accreditation status and outcomes is being communicated through the website and to health service stakeholders by 2024. (4.11)</p>
<p>TT Develop a formal process for survey team member performance review to support the continued development and engagement of individuals of the surveyor pool. (4.2)</p>	<p><i>Conditions 2 and 3 are relevant</i></p>
<p>UU Implement a schedule for the regular review of the Conflict of Interest Policy to ensure it is consistent with accreditation practices and to support compliance to documented process in the work of survey teams and committees. (4.3)</p>	
<p>VV Ensure training facilities undergoing accreditation have the opportunity to review and provide feedback on survey team membership to support the</p>	

<p>identification of conflict of interest and the integrity of the process. (4.3)</p> <p>WW Ensure training facilities have the opportunity to review the draft survey report prior to accreditation decisions being made by the Accreditation Committee, align with the documented process. (4.4)</p> <p>XX Ensure the involvement of survey team members as documented in the report development process, including opportunities for review of draft and final copies of the report. (4.4)</p> <p>YY Work with health service stakeholders and junior doctors to explore concerns about the timeframes for sharing information on patient safety concerns identified by or reported to PMCV. (4.7)</p> <p>Recommendation AA applies here.</p> <p>ZZ Review the arrangements and support for JMO Victoria as a mechanism for junior doctors to raise concerns regarding wellbeing. (4.8)</p> <p>AAA In the planned evaluation of the cluster approach, consider whether the overall volume of committee review of changes could be reduced through streamlining notification processes and focusing review where there is greater risk. (4.9)</p> <p>BBB Review the composition of the Appeals Committee and the role of PMCV staff in the process to be cognisant of potential conflict of interest and impacts to independence of decision making. (4.12)</p> <p>CCC Ensure all individuals involved in decision making have an understanding of the documented processes congruent to their role to support the independence of decisions and the review process. (4.12)</p>	
Domain 5 – Stakeholder collaboration	Met
<p><i>Commendations</i></p> <p>H The clear investment in engagement with stakeholders and representation within the PMCV governance structure. (5.1)</p> <p>I PMCV’s leadership and collaboration with intern accreditation agencies, particularly</p>	<p><i>Conditions to satisfy accreditation domains</i></p> <p>Nil</p>

<p>in relation to the new National Prevocational Framework. (5.3)</p> <p><i>Recommendations for improvement</i></p> <p>DDD Consider mechanisms to formally monitor, evaluate and strengthen JMO Victoria as a mechanism for the JMO voice and increase the engagement of junior doctors with PMCV's accreditation processes. (5.1)</p> <p>EEE Update and resolve website and portal issues relating that are affecting stakeholders' engagement with the key information sets on both. (5.2)</p> <p>FFF Establish a clear feedback mechanism for stakeholders to share concerns and suggestions in relation to communications, website and portal. (5.2)</p> <p>GGG Creation of a stakeholder communications strategy on PMCV's roles, function and procedures, including processes to facilitate meaningful dialogue regarding proposed changes/implementation. (5.2)</p>	
--	--

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.

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

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

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

A summary of the key documents in the national intern training framework is provided below and the documents are available on the [AMC website](#).

Framework document	Summary
Intern training – Domains for assessing accreditation authorities 2020	Outlines the criteria the AMC uses to assess intern accreditation authorities. Minor changes were made to this document in 2020.
Procedures for Assessment and Accreditation of Intern Training Accreditation Authorities by the AMC 2019	Describes the procedures for assessment of intern training accreditation authorities by the AMC.
Intern training – National standards for programs	Outlines requirements for processes, systems and resources that contribute to good-quality intern training. Intern accreditation authorities' standards should map to these minimum requirements.
Intern training – National guidelines for terms	Outlines the experience that interns should obtain during terms. It builds on the Medical Board of Australia's registration standard.
Intern training – Assessing and certifying completion	Contains the national standards relating to assessment, good assessment practice principles, and outlines remediation processes that would satisfy the national requirements.

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

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

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

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

AMC assessment of the Postgraduate Medical Council of Victoria

The Postgraduate Medical Council of Victoria (PMCV) was established in 1999. PMCV conducts intern training accreditation on behalf of the Medical Board of Australia and the Victorian Department of Health.

Postgraduate Medical Council of Victoria were granted initial accreditation in December 2013. In 2015, an AMC team completed an assessment of the Postgraduate Medical Council of Victoria's intern training accreditation work. On advice from the Prevocational Standards Accreditation Committee, AMC Directors, at their November 2015 meeting, agreed that they were reasonably satisfied the PMCV met the domains for assessing accreditation authorities and granted accreditation to PMCV as the intern training accreditation authority for the maximum period of five years, to 31 March 2020. In February 2018, AMC Directors adjusted the accreditation date to 31 March 2021.

In 2020, PMCV was due to submit a comprehensive report for extension of accreditation. In light of the impact of COVID-19, and the decision to request streamlined progress reports from all accreditation authorities during 2020, in September 2020, the AMC extended the accreditation of PMCV until 31 March 2022.

Based on a satisfactory comprehensive report in 2021, AMC Directors extended accreditation for two years to 31 March 2024.

This report details the 2023 assessment of Postgraduate Medical Council of Victoria (PMCV) against the requirements of *Intern training – Domains for assessing accreditation authorities* and the findings of that assessment.

The key steps in the assessment process were as follows:

- The AMC contacted PMCV regarding the commencement of the assessment process in October 2022, after which there were regular discussions between AMC and PMCV staff to plan the assessment.

- PMCV developed an accreditation submission, addressing the domains in the Intern training – Domains for assessing accreditation authorities and responding to guidelines provided by the AMC.
- The AMC appointed an expert team to complete the assessment, after PMCV had an opportunity to comment on the proposed membership. The membership of the team is shown in Appendix 1.
- The AMC invited stakeholder bodies to comment on PMCV's accreditation submission. To assist this process, PMCV placed its submission on its website.
- The team met on 26 May 2023 to consider PMCV's submission and to plan the review.
- A subset of the AMC team observed PMCV's survey visit to the Royal Melbourne and Royal Women's Hospitals in Melbourne and virtually on 5 and 6 June 2023.
- A subset of the AMC team observed PMCV's survey visit to the Mildura Base Public Hospital virtually on 13 and 14 June 2023.
- The team observed PMCV's Accreditation Committee meeting on 17 July 2023.
- The team met with PMCV executive and staff, PMCV members and selected stakeholders from 18 to 19 July 2023.
- The AMC invited PMCV to comment on the factual accuracy of the draft report and on any recommendations, conclusions, or judgements in the draft report.
- The report and the comments of PMCV were considered through the AMC's committee processes.

Appreciation

The AMC thanks the Postgraduate Medical Council of Victoria (PMCV) for the support and assistance of its staff and committee members, and its stakeholders who contributed to this assessment.

It acknowledges the additional work of PMCV staff to develop the documentation, and plan the review. The AMC also acknowledges with thanks the collegial and open discussion by individuals and groups who met the AMC team between July and August 2023.

The groups met by the 2023 AMC team are listed at Appendix 2.

1 Governance of the Postgraduate Medical Council of Victoria

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

Attributes

- 1.1 The intern training accreditation authority is, or operates within, a legally constituted body subject to a set of external standards/rules related to governance, operation and financial management.
- 1.2 The intern training accreditation authority's governance and management structures give appropriate priority to accrediting intern training programs including the impact of these programs on patient safety. This should also include the way these programs address the wellbeing of junior doctors.
- 1.3 The intern training accreditation authority is able to demonstrate business stability, including financial viability.
- 1.4 The intern training accreditation authority's accounts meet relevant Australian accounting and financial reporting standards.
- 1.5 There is a transparent process for selection of the governing body.
- 1.6 The intern training accreditation authority's governance arrangements provide input from stakeholders, including health services, intern supervisors, and interns.

1.1 Postgraduate Medical Council of Victoria

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

The Postgraduate Medical Council of Victoria (PMCV) has been registered as an Incorporated Association by the Department of Justice, Victoria Consumer Affairs since 1999, in accordance with the *Associations Incorporation Reform Act 2012*.

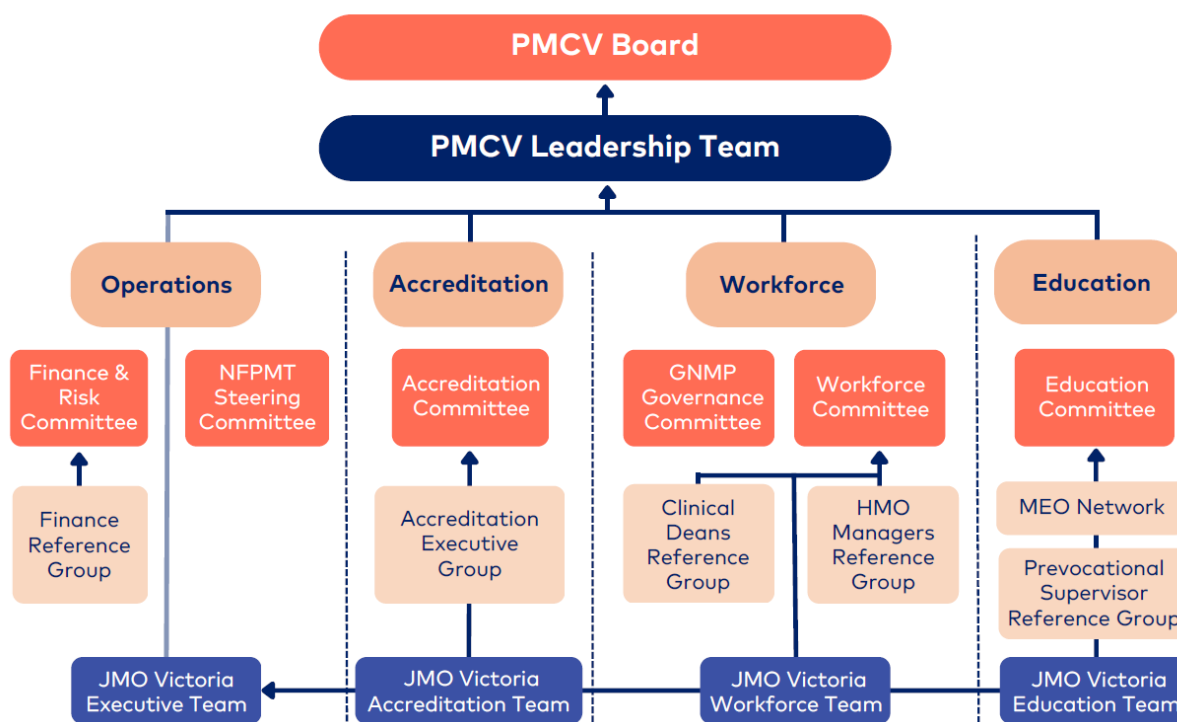
PMCV operates under the *Statement of Purposes and Rules of the Postgraduate Medical Council of Victoria*, which details the purpose of PMCV to:

Contribute to the development of a high-quality medical workforce that meets the needs of the Victorian health system. PMCV supports the education, training, welfare and career development of doctors who have recently graduated or commenced work in Victoria and works with the professional entry and specialist vocational training bodies and relevant national bodies to promote integration of medical education and training.

Governance

A Board-initiated review of governance in July 2012 resulted in the establishment of the current governance structure, as illustrated below:

2023 PMCV Governance Structure



PMCV is governed by an 11-member Board, which is composed of elected and nominated members who represent a range of medical stakeholder groups. The Board controls and manages the business and affairs of the Council. Seven committees report to the Board:

- Finance and Risk Committee
- Nomination Committee
- Accreditation Committee
- Education Committee
- Medical Workforce Committee
- Graduate Nurse and Midwifery Program Committee
- National Framework for Prevocational Medical Training (NFPMT) Steering Committee.

PMCV further supports meetings of the Victorian Clinical Deans Group (annually); Prevocational Supervision and Medical Education Officer Networks (quarterly); and the Junior Medical Officer (JMO) Victoria Forum.

In 2022, the PMCV governance structure was reviewed again and refined as a result of the review of PMCV deliverables by the Victorian Department of Health. As a result, each of the five governance committees have a Board representative as either the Chair or a member of the Committee.

Operational management

The Accreditation Committee holds responsibility for the development, monitoring and evaluation of accreditation standards and processes for the provision of prevocational medical education and training, and for promotion of prevocational doctor wellbeing and safe, quality

patient care. The PMCV Board delegated authority for accreditation decision making to the Accreditation Committee.

The *Accreditation Committee Terms of Reference* outlines the following functions of the Committee:

- receive and assess applications for accreditation of prevocational medical training programs and intern posts and for review of postgraduate year 2 (PGY2) posts in Victoria
- prepare an annual work plan with timelines for activities and reporting requirements
- undertake an annual review of the composition and capability of the Accreditation Committee and Surveyor group to ensure sustainability
- undertake annual evaluation of the accreditation program, including survey team member performance and stakeholder feedback, and prepare a report
- maintain a risk register of concerns and escalate any high risks to the PMCV Board
- consider national and state reforms that are relevant to prevocational medical training and implement as appropriate.

In 2023, PMCV conducted a review of the *Accreditation Committee Terms of Reference*, resulting in the introduction of a cluster management system. This involved the forming of four geographical-based clusters of all health services requiring accreditation (North-East, South-East, North-West and South-West) so as to equitably distribute the duties of the Accreditation Committee. A cluster lead is allocated to provide leadership, and cluster members are expected to be involved in the review and approval of out-of-session items, participate as surveyors, and provide input into mid-cycle reviews and the Conditions Monitoring Program (CMP). The implementation of the cluster structure resulted in the temporary suspension of the Accreditation Executive Group.

There is an executive group of the Accreditation Committee, which was formed to cover issues that may arise during the December to February period when there are no Accreditation Committee meetings. This is a delegated process and the decisions made over this time are provided to the Committee for endorsement at the next available opportunity. The Accreditation Executive Group consists of the Chair, Accreditation Committee; Deputy Chair, Accreditation Committee; PMCV Chief Executive Officer (CEO) or delegate; and additional nominated member(s) of the Accreditation Committee.

Team findings

PMCV was found to be a legally constituted body, subject to a set of standards related to governance, operational and financial management for an Incorporated Association. The Board and each subcommittee are subject to a set of rules and terms of reference.

At the time of the assessment there were some key person dependencies due to experienced and committed individuals filling roles across accreditation delivery and governance arising from unplanned absences of other members shortly before the assessment. The Authority is aware of the inherent risk in this and during the assessment presented plans to restructure key roles, including the Clinical Lead – Accreditation role.

1.2 Priority to accreditation of intern training positions

The intern training accreditation authority's governance and management structures give appropriate priority to accrediting intern training programs including the impact of these programs on patient safety. This should also include the way these programs address the wellbeing of junior doctors.

PMCV has a broad scope of responsibility in prevocational education and training in Victoria. The Authority's remit encompasses education and training; overseeing workforce, administering the intern allocation and placement match services; and accreditation. The *PMCV Strategic Plan 2021–2024* outlines three core pillars: accreditation, education and medical workforce. The strategic objectives are guided by the domains of:

- compliance
- coordination
- engagement
- innovation
- operational.

The priority attributed to the accreditation of intern training programs is evident through the PMCV governance structure. As noted under attribute 1.1, the PMCV Board delegated responsibility for the accreditation function to the Accreditation Committee.

The *PMCV Accreditation Committee Terms of Reference* describes the committee's role to promote excellence in clinical training, appropriate education and learning experiences and effective supervision quality, and safety in patient care and appropriate support for junior doctors.

The Committee makes decisions regarding accreditation of intern and PGY2 training programs and posts in Victoria and the establishment of survey teams. In addition, the Committee makes recommendations to the Board on other matters, including review of accreditation standards, processes and guidelines to ensure ongoing relevance, effectiveness and alignment to the national standards. The Accreditation Committee provide a report to each meeting of the PMCV Board, who engage in decision making regarding accreditation matters for new accreditation policies, procedures or initiatives, and matters that may affect the reputation of PMCV.

PMCV has a set of principles underpinning the accreditation process, which demonstrate priority for accreditation functions, patient safety and junior doctor wellbeing. The principles include:

- promote the safety and wellbeing of junior doctors and safe, high-quality patient care
- ensure all intern posts are accredited and all PGY2 posts are reviewed. Accredited intern training programs will enable interns to progress to general medical registration.
- promote an appropriate balance between service and training elements and foster quality education, training and support for junior doctors
- undertake global assessments of the intern and/or PGY2 training program provided by a training provider and review at a training provider site and unit level
- sustain a regular accreditation cycle with specified reporting between visits for continuous quality improvement in educational programs, supervision and service delivery
- utilise documented procedures and assess standards consistently. Decision making is based on documented evidence.
- review the accreditation standards and process on a regular basis.

As noted under attributes 4.7 and 4.8, PMCV additionally has standards directly related to patient safety and junior doctor wellbeing; and *Procedures to Address a Concern (regarding patient care or junior doctor wellbeing)*, the purpose of which are to ensure PMCV's governance and management structures give appropriate priority to the impact of junior doctor training programs on patient safety and junior doctor wellbeing.

Team findings

The team considered that PMCV's governance and management structures give appropriate priority to accrediting intern training programs. Priority is further reflected in PMCV's strategic planning and operational functioning, with accreditation being one of the three core pillars of the Authority.

There were clear examples of PMCV's responsiveness to junior doctors' wellbeing concerns, and issues related to junior doctors' wellbeing were evident through the governance papers and risk register that the team reviewed.

While there was a clear consensus from stakeholders about the prioritisation of the accreditation function, there was some feedback that a review of the effectiveness of the accreditation function did not appear to have had a significant impact; for example, resourcing remained relatively the

same while workload increased. Some key stakeholders also did not appear to have a clear view of the impact of the accreditation function and processes. There is an opportunity to develop an overview of how to assure the Board that the accreditation service is effecting the desired change, aligned with the Strategic Plan. Consideration and development of appropriate metrics to measure the impact and reporting at a governance level would strengthen the approach and support a common understanding across stakeholders involved in the governance.

Communication between the newly established Safer Care Victoria and PMCV is a potential strength. However, as Safer Care Victoria matures, it will be important to clearly define how communications occur, including the extent of information sharing and the role of each organisation with respect to the identification and management of patient safety and junior doctor wellbeing issues.

The team noted the development of the National Framework for Prevocational Medical Training (NFPMT) Steering Committee to provide leadership, expert guidance and to support coordination of the implementation of the NFPMT in Victoria, which was viewed by stakeholders as very positive, collaborative and effective.

1.3 Business stability

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

PMCV has been registered as an Incorporated Association since 1999, during which PMCV has maintained business and financial stability, and fostered a working relationship with the Victorian Department of Health.

Annual funding by the Victorian Department of Health constitutes the primary source of PMCV's funding for core activities, including PGY2 accreditation. PMCV acquired additional funding from the Department to enable interns to complete internships, and to offer part-time internships for junior doctors who have had interruptions to their training.

Funding is also received from the Australian Health Practitioner Regulation Agency (Ahpra) and the Medical Board of Australia for intern-related accreditation functions. Recognising the significant increase in the number of intern positions reviewed and accredited by PMCV, additional funding was allocated by the Medical Board of Australia for the 2022/23 Financial Year.

Of PMCV's financial position, 25 per cent of the overall budget is allocated to accreditation activities, with this being equally distributed between intern and PGY2 accreditation.

PMCV is in the process of developing a *Program for Prevocational Supervision*, which will be implemented in September 2023.

Team findings

PMCV appeared to be financially stable and viable from the evidence provided in the submission and through discussion with stakeholders. The team were assured of the financial support for PMCV to continue its accreditation activities, and noted that the Authority was recognised for the contribution it makes to prevocational medical training.

The team noted PMCV's advocacy and ability to secure the resources needed to deliver the accreditation function effectively. An independent review of PMCV's financial arrangements, commissioned by the Department of Health, supported negotiations for increased and more recurrent funding, which has contributed to enhanced financial viability.

1.4 Financial arrangements

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

As a Tier 3 organisation under the *Associations Incorporation Reform Act 2012*, PMCV is required to appoint an independent, registered auditor. The Board approves the appointment of the independent external auditor at its Annual General Meeting.

PMCV reported that accounts are to be prepared in accordance with statutory requirements.

Team findings

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

1.5 Selection of the governing body

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

The PMCV Board is the governing body of the Authority. The process for selection of the Board is outlined in the *Statement of Purposes and Rules of the Postgraduate Medical Council of Victoria*.

The Board consists of four nominated members: a nominee from each Victorian medical school, including the University of Melbourne, Monash University, and Deakin University; and a nominee of the Minister for Health. Seven Board member positions are elected to represent the following categories:

- medical graduate who has less than three years' experience as a medical practitioner
- consultant physician
- consultant surgeon
- emergency physician
- general practitioner
- medical manager
- medical educator.

The Minister for Health and Victorian medical schools nominate a person through written notice to the Secretary. Nominated members hold office until the earlier of:

- written notification by the nominating body to the Council that the nominated member of the Board has been withdrawn by the nominating body
- removal of that Board member
- the office of that Board member becomes vacant.

The Board may adopt a selection process for elected members which includes a nomination of candidates for election. Nominations must be made in writing, signed by two registered medical practitioners, and accompanied by the written consent of the candidate; be accompanied by such evidence as the Board requires that the candidate meets the criteria for appointment; and delivered to the Secretary of the Council in accordance with the Board's selection procedures. Elected members hold office until the earlier of:

- the Annual General Meeting in the third year after that member's appointment
- removal of that Board member
- the office of that Board member becomes vacant.

An elected member may be eligible for re-election at the end of their three-year term, provided that the individual still meets the relevant position criteria. Elected members must not hold office for more than nine consecutive years, with exception for the medical graduate appointee who may only hold office for a maximum of three years.

Officers of the Council include a Chairperson, Vice-Chairperson and a Treasurer, with Board members filling these positions. Each officer is selected by the Board by majority vote.

Up to three Board members may be co-opted. A co-opted member can hold office for three years from the date the co-option takes effect and is eligible for further co-option as a member of the Board. A co-opted member has all rights, obligations and powers of a Board member, including attendance and voting at meetings.

Accreditation Committee

The *Accreditation Committee Terms of Reference* details the selection process for membership, which involves the following:

- The vacancy is advertised via the PMCV newsletter, website and other appropriate groups (including Colleges, Director of Medical Services Groups, Hospital Medical Officer [HMO] Managers and JMO Forum).
- When more than one nomination is received, the Accreditation Committee secretariat may provide a recommendation to the Committee.
- Where there is one nominee, this will be endorsed by the Accreditation Committee.
- Nominations of persons to membership of the Accreditation Committee must be endorsed by the PMCV Board.

The Chair of the Accreditation Committee must:

- be a medical practitioner
- have been on the PMCV Accreditation Committee for a minimum of 24 months (current or previous) and be a current or past surveyor and undertake surveyor training within 12 months
- have participated in at least three AMC or PMCV accreditation teams
- have relevant health service experience with prevocational medical staff and organisational development in a leadership role
- have an understanding or the ability to rapidly acquire: the Victorian health system, including rural health services; working knowledge of the governance and operational management of PMCV in its capacity as the intern and PGY2 training accreditation authority in Victoria; a sound knowledge of national accreditation standards, PMCV accreditation processes and key risks; and an understanding of complaint resolution and management of issues.

Existing members of the Committee are eligible to be nominated for the Chair position, with expressions of interest sought externally when there are no nominees within the Committee. Interested persons lodge an expression of interest with the CEO which will be considered by the PMCV Board, who determine the appointment. Upon ratification by the Board, the CEO notifies all applicants, and the outcomes of the appointment process will be advised by email to all members of the Committee and to the Victorian Board of the Medical Board of Australia. A Chair will be appointed for a three-year term, with the option to renew for an additional three years. The Chair is subject to the annual performance process implemented by the PMCV Board.

Committee members hold office for three-year terms, up to a maximum of six consecutive years. Office bearers to the Committee include the CEO, Accreditation Manager and Accreditation Support Officer, who are members for the duration of their PMCV appointment.

Team findings

The processes for selection of the governing body are transparent, being clearly documented in the *Statement of Purposes and Rules of the Postgraduate Medical Council of Victoria*, and for committees through their relevant terms of reference. The process results in a representative-based membership model, supporting the engagement of a diverse range of stakeholders.

The team noted that PMCV has experienced challenges in appointing a consumer member to the Board; however, efforts for seeking nominations continue in order to support rich and robust consideration of the PMCV strategic priorities, which the team encourages.

In light of unforeseen circumstances, PMCV temporarily re-appointed the previous Chair of the Accreditation Committee, who brought continuity and strong corporate knowledge to the role in a period of change while PMCV arranged an expression of interest process to appoint a new Chair. It was heard from various stakeholders of the concern of the increasing commitments and work required of members of this Committee, and the team encourage PMCV to develop a formal succession management plan for the position of Chair to support stability in the event of any future sudden changes.

1.6 Stakeholder input to governance

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

The PMCV governance arrangements support input from a broad range of stakeholder groups at both the Board and subcommittees level.

As noted under attribute 1.5, the Board comprises 11 members, reflecting a range of stakeholder groups, including medical schools, the Department of Health, a general practitioner, health service and specialty group staff, and a JMO.

The composition of the Accreditation Committee, per the *Accreditation Committee Terms of Reference*, allows for the inclusion and engagement of independent and expert stakeholder groups, with the aim to include representatives from a diverse range of clinical placement settings. The Committee must comprise a minimum of 10 members, with membership categories including:

- junior medical staff, with at least one nominee from JMO Victoria
- medical education representatives, including Directors of Training, Medical Education Officers and Term Supervisors
- medical workforce representatives, including one each from metropolitan and rural health services
- metropolitan health service representatives
- rural health service representatives
- a Medical Board of Australia nominee
- university representatives
- health consumer or community representatives
- College representatives (RACP, ACEM, RACS).

The PMCV submission indicates that broad representation of metropolitan, regional and rural health services, in addition to clinical, educational and administrative representatives, are considered when assessing nominations for membership.

Team findings

PMCV governance arrangements support the input of a broad range of stakeholders, reflecting all areas of the Victorian health system. The team found there to be broad representation on the Board and Accreditation Committee, including JMOs, medical schools, Colleges, health service staff, and consumer, Department of Health and Medical Board of Australia representatives.

The team was pleased to see the inclusion of two health consumer/community representatives on the Accreditation Committee, and as noted under attribute 1.5, encourages PMCV to continue efforts to appoint to this position on the Board.

Engagement of JMOs within the governance of PMCV is further supported through multiple positions available on committees, and the inclusion of JMO Victoria in PMCV's governance chart. JMO Victoria provide reports to PMCV committees, covering issues related to operations,

accreditation, workforce and education for prevocational doctors. While the composition of the JMO Victoria Committee is designed to support the engagement of one PGY1 and/or one PGY2 prevocational trainee from each Victorian health service, and from each of the rural and regional hospitals, the team did not see clear evidence of the effectiveness of these roles and JMO representatives on the Accreditation Committee in facilitating stakeholder input. The team see opportunity for PMCV to strengthen the stakeholder voice for JMO groups, notably for rural and regional hospitals.

It was noted that due to the high volume of committee work, stakeholders who are engaged in this part of the governance structure reported that they struggled to provide high-quality input across the whole program and would prefer more targeted engagement. This is addressed further under attribute 4.9.

2 Independence

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

Attributes

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

2.1 Independence of accreditation decision making

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

PMCV operates under contractual arrangements with the Victorian Department of Health and the Medical Board of Australia. Contracts with each entity are unique; however, both stipulate the performance requirements and context of deliverables for PMCV and associated funding arrangements. PMCV contracts explicitly and implicitly require PMCV to deliver intern training accreditation services in an independent manner, and provide for appropriate separation and autonomy to negate the actual or perceived risk of influence which may be associated with such arrangements.

PMCV retains independence of decision making by having documented processes and structures and a multiple 'arms' approach to governance. The *PMCV Statement of Purposes and Rules* and *Accreditation Committee Terms of Reference* detail unique responsibilities of the PMCV Board and Accreditation Committee. The Committee holds remit over decisions about the accreditation of intern and PGY2 programs in Victoria, and review of accreditation standards, processes and guidelines.

The Committee advises the PMCV Board of accreditation findings and decisions through regular PMCV management reports. Exceptions to the Committee's delegated decision-making authority include:

- matters that require approval of the PMCV Board; for example, new accreditation policies, procedures or initiatives
- matters that may affect the reputation of PMCV, such as a health service seeking review of an accreditation decision, or the Accreditation Committee recommending the withdrawal of accreditation of an intern training program.

There is provision for a review or appeal of the Accreditation Committee's decision, as defined in the *Appeals of Accreditation Decisions Policy*, discussed under attribute 4.12.

Key accreditation processes are documented across a range of PMCV documents to form a system of evidence-informed, standards-based accreditation which is undertaken using a peer-review model. These include:

- *Conflict of Interest Policy*
- *Accreditation Survey Visit – Guide for Surveyors*
- *Accreditation Survey Team Member Position Description*
- *Appeals of Accreditation Decisions*.

The documentation further describes processes to support the reliable and robust execution of accreditation processes in an independent manner, and to mitigate the risk of undue influence. These include, but are not limited to:

- delineation of roles and responsibilities of the PMCV Board and Accreditation Committee regarding accreditation decisions
- documented composition of governance bodies to ensure broad independent and expert stakeholder representation and engagement to include diverse opinions and perspectives
- inclusion of community/consumer representatives on survey teams and within governance
- documented processes for the identification and management of conflicts of interest
- an *Appeals of Accreditation Decisions Policy*, providing opportunity for the review of accreditation decisions
- survey team member position descriptions detailing roles and responsibilities, including their relationship to the Accreditation Committee
- accreditation processes that support holistic and complete information being considered prior to decision making, including seeking facility feedback on a proposed survey team, opportunities for review or appeal of decisions, and purposeful diversity of survey teams
- maintenance of a large and diverse survey pool to support a range of skill, knowledge and experience
- a clustered approach to the management of Accreditation Committee work to support the greater understanding of the unique context of each facility.

PMCV has a *Conflict of Interest Policy*, discussed under attribute 2.2, which documents the processes for identifying and managing conflicts of interest at all levels of PMCV. Conflict of interest is a standing agenda item at each meeting of the Accreditation Committee.

Team findings

The team considered PMCV's contracts with Ahpra and the Victorian Department of Health have provision for PMCV to conduct their accreditation work in a manner that supports independence of accreditation decisions. The contracts and subsequent relationships were found to be effective, appropriately enabling both parties to discharge their respective functions while mitigating undue influence.

PMCV documentation, including the organisational structure, rules, terms of reference, and accreditation policy and procedures, supports independent decision making. However, there were instances of inconsistent implementation of the policies and procedures.

The range of stakeholder views reflected through the governance structures mitigate the potential for undue influence in decision making and the team did not observe direct evidence of undue influence. However, there were risks related to the implementation of the processes that were exacerbated by dependencies on key staff and members. The Accreditation Committee has the clearly documented responsibility to make decisions about accreditation of programs, although there were some differences in the implementation approach that were evidenced in the submission and observed in practice. There were also some differences of views among stakeholders about which decisions are made by who/which group. There was a lack of clarity regarding the point at which an accreditation decision is made, including by whom, and the instance at which a decision is considered final. For example, stakeholders reported different views about whether decisions about the accreditation status of programs were able to be made by the Executive Group, by the 'regional clusters' within the Committee or only by the Committee as a whole (on recommendation of a cluster). The team notes that the use of clusters is a very new process, implemented in February 2023.

The Authority self-identified that the implementation of the Conditions Monitoring Program (CMP) process, which results in decisions about whether to close (or not) conditions, has been challenging with staff turnover. A PMCV Taskforce, comprised of the CEO, Clinical Lead or nominated representative, with or without the Accreditation Manager, has been developed to

work collaboratively with health services to close conditions on accreditation. Health services' progress against conditions is tabled at each Accreditation Committee meeting until all conditions are closed, and ongoing accreditation is approved.

There would be benefit in a decision flowchart that sets out simply for all involved who makes accreditation decisions, particularly when different processes are implemented depending on the context (e.g. identification of patient safety issues, non-compliance found during accreditation assessments, review and appeals, and those considered to be of risk to PMCV).

Recent staffing challenges have required individuals to accept the responsibilities normally discharged by multiple roles. The team acknowledges the challenges of this situation, but found that this gave rise to occasions where individuals were or were potentially involved in accreditation decision making at multiple levels.

The risk that apprehended bias and influence pose to PMCV and the adequacy of controls in managing this were, at the time of assessment, not being actively managed or monitored. The team considers this area to be a significant vulnerability for PMCV. A comprehensive review of the risks, controls, their implementation and effectiveness will support PMCV in managing this, as will the development and implementation of reliable assurance mechanisms to support ongoing monitoring.

2.2 Managing conflicts of interest

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

PMCV has a Board-approved *Conflict of Interest Policy*. The policy is applicable to all members involved in PMCV functions, and establishes guidelines to enable the disclosure of a conflict of interest and provide a method to manage apparent or actual conflicts.

The policy details the requirement for all members to avoid and disclose conflicts of interest, involving:

- performing duties for PMCV impartially
- avoiding a conflict of interest in the performance of duties for PMCV
- disclosing any conflict of interest or potential conflicts of interest to PMCV as soon as an individual becomes aware of it
- not soliciting or accepting from any person any remuneration or benefit for the discharge of duties, to gain directly or indirectly a financial advantage; gifts, hospitality or concessional travel other than as permitted by PMCV.

The *Conflict of Interest Policy* is consistently referenced across PMCV documents, including the *PMCV Confidentiality and Conflict of Interest Declaration*, which requires committee members, employees and surveyors to enter into a deed to protect the confidential information of PMCV prior to participation in accreditation activities.

Responsibility for managing conflicts of interest is assigned to the relevant committee for determination of actions required in response to an identified conflict. This includes what action should be taken as a consequence, including whether the representative should cease to act or not take part in any particular activity. The policy further outlines the process for managing consequences of a breach of conflict of interest.

There is a standing agenda item at Board and Committee meetings for identification and declaration of conflicts of interest, with declared conflicts to be recorded in the meeting minutes.

Team findings

The AMC assessment team found clear documentation in relation to conflicts of interest with frequent and consistent reference to the overarching organisational policy, rather than separate policies for each committee or function, which is consistent with good practice.

With regard to the governing body, which is the PMCV Board, conflict of interest is a standing item on the agenda and members gave examples of managing conflicts of interest. However, the policy gives the Board (and other committees) broad powers and discretion with regards to how each specific instance of actual or perceived conflict is managed. The policy could be strengthened by including guidelines on the strategies for managing common actual or perceived conflicts of interest, and clearly identifying who is responsible for their management, to ensure consistent adherence to the policy.

The team found evidence of inconsistent application of the policy in the accreditation function. While it was apparent that PMCV members were aware of the policy and requirement to self-declare actual or potential conflicts, there was less reported understanding of who is responsible for managing an identified conflict of interest. The latter, in relation to surveyor teams, is addressed in Domain 4.

The team considers that both the documented procedures for managing conflicts of interest and their implementation could be strengthened by a review of the policy and associated procedures of key committees and surveyor teams. The inclusion of examples of common and not so common actual or perceived conflicts and their management will support greater understanding by key members, complete reporting and consistent and appropriate management, while enhanced committee procedures will support effective implementation.

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

3.1 Resources to achieve accreditation objectives

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

As noted under attribute 1.4, financial resources for PMCV accreditation activities are funded by the Medical Board of Australia and the Victorian Department of Health for intern and PGY2 accreditation, respectively. PMCV receives further funding through an annual Service Level Agreement with the Department of Health to support the broader scope of PMCV activities.

The Accreditation Manager prepares the annual work plan, which is reviewed by the CEO, Chair and Accreditation Committee at its first meeting every year. The work plan is designed to align with the strategic objectives of PMCV, in addition to the Service Level Agreement with the Department of Health and contractual reporting requirements of the Medical Board of Australia.

PMCV develops an annual budget, taking into account survey travel costs, Chair fees, Team Leader fees and support, staff salaries and administrative overhead costs. The PMCV Board Finance and Risk Committee review the budget annually, which is subsequently endorsed by the PMCV Board in May each year.

The accreditation staffing profile consists of three personnel. A recent review and refinement of the profile of the clinical members of the team resulted in the distribution of the allocated 0.4 FTE clinical resources to 0.2 FTE for both the Clinical Lead – Accreditation and Clinical Lead – Education and Workforce.

The accreditation staffing profile consists of:

- Clinical Lead – Accreditation, 0.2 FTE
- Manager – Accreditation, 1.0 FTE
- Accreditation Support Officer, 0.8 FTE.

Management of the accreditation function falls under the responsibility of the Clinical Lead – Accreditation, a position which was introduced in February 2022. The Clinical Lead and Manager – Accreditation report to the CEO.

PMCV employed a NFPMT Project Manager in August 2022 to lead the implementation of the Framework in Victoria.

All PMCV staff undergo annual performance reviews and are provided with career development opportunities.

To support the workload, PMCV has a pool of 94 active surveyors, including 13 team leaders. A biannual surveyor training workshop is held to facilitate the credentialling of new surveyors.

The Authority reported a steadily increased workload as a result of the growth of new intern posts and training programs, notably in rural and regional areas; the introduction of the CMP; and the impact of the COVID-19 pandemic on the Victorian public health system.

Team findings

The team found PMCV to be sufficiently resourced and supported to manage financial resources to achieve its objectives in the accreditation of intern training programs. It was noted that PMCV received an increased funding allocation from the Department of Health to support the growing workload of accreditation and future projected activities.

The team identified and heard recognition of challenges related to staff retention and training, with a high level of staff turnover and recent loss of longstanding and experienced staff. Due to the 12-month service level agreement, duration of staff contracts were generally one year, which appears to be inconsistent with the needs of the Authority, and may link to the retention issues. Revision of the recruitment process and contracts may contribute to the ongoing preservation of corporate knowledge to support the continuity of the accreditation function and relationships with facilities.

It was heard the human resource challenges have contributed to reduced evaluation activities, which is explored further under attribute 3.2 and Domain 4.

The team considered the restructure to the Medical Advisor Role was appropriate, supporting increased FTE and a broader remit, encompassing each PMCV stream. Once recruited to, it is important that there is ongoing review and monitoring of the position and responsibilities to ensure sufficient and ongoing engagement with PMCV functions, notably the accreditation stream.

It was heard that the increased workload was difficult for members of governance, particularly the Accreditation Committee, which is reflected in the challenges experienced by PMCV to achieve consistent member engagement and filling vacant positions.

The team encouraged the PMCV strategy to document and store accreditation policies and procedures to preserve processes, corporate knowledge and understanding of systems.

PMCV discussed the development of a handover process for staff moving to different roles or joining the team, and strengthening the orientation and training plan. It was noted that PMCV are not currently conducting exit interviews, which the team considered may be beneficial for identifying issues with may facilitate organisational change in the future.

3.2 Monitoring and improving accreditation processes

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

PMCV has mechanisms for the monitoring and improvement of intern training accreditation processes and for identifying and managing risk. Mechanisms include:

- evaluation of the accreditation process through surveying health services and surveyors
- annual symposiums
- surveyor workshops
- a risk register.

Furthermore, PMCV has a cycle for document review, including:

- accreditation policy and guideline reviews every three years
- Accreditation Committee terms of reference reviewed annually.

The Accreditation team developed and launched new application forms for new or changed posts on the PMCV website, which was a mechanism to streamline the process and reduce ineligible or missing information.

PMCV has further created a checklist for the Accreditation Support Officer to review applications for completeness prior to submission to the relevant Committee cluster for review and approval. Information previously had been passed to the Committee without any quality control, resulting in insufficient or missing information which could delay the approval process.

PMCV detailed recognition of reduced Accreditation Committee engagement as a result of the substantial workload, resulting in the restructure to a geographical cluster approach for managing work. The decision to introduce this approach resulted from a member survey completed in November 2022 and was designed to create a more representative approach to manage accreditation approvals of health services statewide. Plans are in place to evaluate the cluster arrangement at the end of 2023 to determine its effectiveness.

Risk identification and management

Per the *Accreditation Committee Terms of Reference*, a risk register of concerns is maintained, with high risks escalated to the PMCV Board for management. Critical risks are escalated to the Board Chair via the CEO, who may convene an extraordinary meeting with Accreditation Committee and Board members. Escalation only occurs if there is the potential for withdrawal of accreditation of a post(s). In such instances, a site visit is a possible action, including confidential interviews with JMOs and senior management of the hospital.

The Finance and Risk Committee monitor the *PMCV Risk Register*, with the Board reviewing the document at least once annually, in concern with the Department of Health Service Level Agreement quarterly report. In the report, PMCV identify current risks and mitigation strategies.

It was noted that the establishment of Safer Care Victoria may lead to the shared responsibility of significant patient safety and JMO wellbeing concerns.

Team findings

PMCV has several mechanisms for monitoring and improving the intern accreditation process and for identifying and managing risk, including a risk register which is primarily monitored by the PMCV Board's Finance and Risk Committee.

There is also a quarterly report to the Department of Health on risk assessment and mitigation strategies.

A review of the risk register and quarterly reports indicates a focus on risks within the health services (there were clear risk assessments related to patient safety and junior doctor wellbeing); lack of ongoing engagement of JMOs in the accreditation process; COVID-19 waves impacting accreditation visits; and delay in achieving implementation of the NFPMT by January 2024. The risk register did not appear to include risk related to succession planning, governance, independence, performance review, or a lack of regular evaluation of programs and processes, which were considered important areas to monitor with regard to workload, vacancies and the implementation of new processes. This gives rise to concern for the ability of PMCV to actively identify and manage risk to the organisation, and particularly the accreditation function.

PMCV self-identified opportunities to strengthen evaluation activities; for example, through the planned review of the CMP, to ascertain whether the process is sustainable, and the consideration of mechanisms for monitoring internal accreditation processes is encouraged.

3.3 Management of records and information

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

PMCV has procedures for ensuring the confidentiality of all accreditation documentation.

Accreditation documentation is held on a secure portal, Sympose, which was introduced for all PMCV governance committees. The portal is used for Accreditation Committee agendas and

documentation; Accreditation Executive agendas and documentation; survey visits; mid-cycle reviews; out-of-session approvals; and survey appeals.

PMCV further use a Microsoft SharePoint folder to store accreditation information and records, with all documents stored electronically having limited access rights.

Processes for secure management and destruction of accreditation information include:

- survey team members are required to return or destroy paper copies of documentation and permanently delete electronic documents
- secure destruction of documents by the Authority per the *Medical Record Act*.

The Accreditation team manages three tracking documents:

- *PMCV Statewide Monitoring of Health Services*, providing a summary of the current activity with each service and the risk levels. This document is monitored by the Accreditation Committee under the direction of the Clinical Lead – Accreditation and the CEO.
- *PMCV Accreditation Plan and Tracker*, listing current year visits and timelines for accreditation processes.
- *PMCV Application Tracker*, which includes:
 - data on the intern training program (facility, rotation descriptions, posts, parent health service)
 - accreditation details of each post, including type of term (core/non-core), status (full or provisional) and any conditions
 - assessment type
 - approval dates of the Accreditation Committee, PMCV Board and Medical Board of Australia
 - post details (supervisor of intern training, term supervisor, structure, staffing, location)
 - accreditation process details, including history, reporting due dates and accreditation expiry.

As noted under attribute 2.2, all individuals who engage in the work of PMCV are bound to keep its information confidential. A committee member or employee who has entered into an employment agreement with PMCV undertakes a deed to protect the confidential information of the Authority. Similarly, survey team members are required to sign a *Confidentiality and Conflict of Interest* form, agreeing with terms to keep information confidential; not disclose information directly or indirectly without prior written authorisation from the PMCV Accreditation Committee Chair; and take reasonable steps to ensure any unauthorised person does not have the opportunity to inspect or access the confidential information.

Team findings

The team noted the recent cyber assessment undertaken by PMCV as a means to audit their IT systems and data security, which received support from the Department of Health. The audit identified risks with respect to the handling of documentation and prominent use of Sympose, which is coming to end of life. The team noted that two external IT providers are working to address the identified data security risks, and to align them with services and processes utilised by the Department of Health, which is encouraged by the AMC team in addition to the process of transitioning governance and accreditation activity to SharePoint.

The team found that PMCV do not currently have a policy relating to the management of physical or digital records, and recommends the development of such a document to clearly define and support a robust process.

PMCV has clear information and processes for ensuring confidentiality across all PMCV activities. Stakeholders appeared to have an appropriate understanding of their obligations around confidentiality.

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

4.1 Documentation on the accreditation requirements and procedures

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

Accreditation requirements and procedures are publicly available on the PMCV website. The website has a dedicated accreditation section, which provides an overview of accreditation processes, policies and guidelines, information on the Accreditation Committee, and a list of currently accredited facilities and posts.

The website provides the following details, guidelines and forms:

- *Application form – Accreditation of New Intern Post*
- *Accreditation Submission including Standards*
- *Guidelines for Accreditation of Intern Terms.*

PMCV has information regarding accreditation directed towards prevocational doctors on the website, demystifying the accreditation process and explaining the elements of an accreditation survey.

There are comprehensive resources and information on the NFPMT, to assist health services and stakeholders to prepare for implementation in 2024.

Team findings

The team found PMCV to have a comprehensive website, making publicly available accreditation information and procedures for stakeholders. While this presents a structure for providing documentation regarding accreditation requirements, the team found and heard from stakeholders that several documents are unavailable, out of date or are difficult to find.

PMCV are encouraged to continue development on the website, focusing on improving navigation for stakeholder engagement and ensuring that the documentation available is up to date.

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

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

The *Accreditation Survey Team Member Position Description* outlines the criteria used for the appointment of accreditation surveyors, in addition to the responsibilities of team members.

PMCV survey teams typically comprise four people, sourced from the following groups:

- medical administration
- Director of Clinical Training, prevocational supervisor, term supervisor
- Medical Education Officer
- junior doctors
- senior medical staff and general practitioners with experience in junior doctor supervision
- a member who has expertise in the type of facility being assessed.

Surveyors may be nominated by a health service, general practice or other professional body involved in prevocational medical training; by invite from PMCV; or through self-nomination, with support from their health service and endorsement by PMCV. Each surveyor category (with the exception of junior doctors) will generally have a minimum of two years' experience in their professional role. Nomination as a surveyor should be supported by their facility's Director of Medical Services, or equivalent.

Each team has a nominated team leader and is supported by the PMCV Accreditation Manager.

The team leader may be nominated by the Chair, Accreditation Committee, PMCV secretariat staff and/or current team leaders, on the basis that they have actively participated in survey visits and had positive performance feedback. Team leaders usually have a minimum of five years' experience in their professional role and two years' experience as a PMCV surveyor. Where individuals are considered to have sufficient professional experience to be a team leader but have limited prior PMCV experience, they will be supported by an experienced team leader for one to two survey visits.

Selection and appointment

The *PMCV Accreditation Guide* notes that the Chair, Accreditation Committee and team leader determine the composition and membership of survey teams for the visit, following expressions of interest from surveyors to participate.

PMCV described the selection and appointment process for survey team members:

- The Accreditation Manager seeks expressions of interest from team leaders for each visit once the accreditation survey dates are confirmed for the year.
- Once team leaders are confirmed, members of the surveyor pool will receive a form asking them to nominate themselves against an appropriate category according to the team requirements for the visit (medical education, senior medical staff, JMO, consumer representative).

Training

All surveyors are required to attend an initial training workshop, with PMCV holding two workshops annually. Surveyors must participate in a minimum of two survey visits over a two-year period, which can include involvement in preparing for a survey visit to their own facility. Surveyors who do not attend two visits in the required period may be required to re-attend training to maintain competency.

The surveyor training workshop involves presentations from PMCV staff, videos and interactive group exercises. Attendees learn about the role of PMCV and the aim of accreditation before learning about accreditation survey team membership requirements, including understanding confidentiality, survey visits and surveyor commitments. A simulated survey visit is also presented to attendees, utilising videos to train surveyors on the conduct of accreditation visits, discussing questioning techniques, and using group exercises to simulate core components of an accreditation, such as team debriefs, assigning a health service against the standards, developing recommendations and reporting back to a health service.

Surveyors must additionally update themselves annually on changes to standards, policies and guidelines.

Team leaders are required to attend an annual half-day workshop to discuss proposed changes to the accreditation process and undertake professional development.

Performance review

Survey team members may receive feedback on their performance via PMCV seeking feedback from the facility which has undergone accreditation, or through team leaders informally assessing survey team member performance.

Any concerns regarding the performance of any team member should be immediately raised with the Chair, Accreditation Committee and/or the Accreditation Manager.

The PMCV submission states that at the conclusion of the annual visit schedule, the Chair, Accreditation Committee will ask team leaders for an indication of the performance of team members, including whether individuals should continue as surveyors, be encouraged to become team leaders, or be counselled about their performance.

Team findings

The *Accreditation Survey Team Member Position Description* is a comprehensive document that clearly defines the roles and responsibilities of survey team members. The team noted well-documented processes and information for the training of new surveyors, in addition to efforts to continually increase the surveyor pool through the hosting of two surveyor workshops annually. Surveyor training is comprehensive and robust, incorporating plenary sessions and interactive simulated exercises.

The team identified opportunities for PMCV to document how the surveyor selection process works in practice and to make updates to the *Accreditation Survey Team Member Position Description* to increase the transparency of selection/appointment and consistency of documented processes to ensure that the composition of survey teams is reflective of actual practice.

The team's observation of PMCV survey teams demonstrated variable involvement of team members in the visit activity and a seeming lack of defined structure of each individual team member's role in relation to gathering information. Additionally, the review of the facility against the standards, in order for the team to make a finding and recommendation to the Accreditation Committee, was observed to be largely undertaken by the team leader and PMCV secretariat, with variable contribution from other team members.

Survey team members called for increased support for individual members to undertake the intended role of surveyor. A review of administrative processes and clarity of the role of PMCV staff during accreditation assessments is encouraged.

There was variable feedback from stakeholders regarding team composition which emphasised the importance of survey team members representing different backgrounds, skills and contexts to support understanding of variances, particularly between regional and metropolitan settings. The team encourages efforts to increase the diversity of survey teams to ensure a range of experience, expertise and skills are represented, notably for regional health service accreditation to ensure the credibility of outcomes of the assessment process.

PMCV has no formal mechanism for performance review of survey team members and the team considers it important that PMCV develop a process to facilitate review of surveyors to support the continued development and engagement of members of the surveyor pool.

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

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

As described under attribute 2.2, PMCV has developed a *Conflict of Interest Policy* which details the processes for identifying and managing conflicts of interest in the work of accreditation survey teams and committees. The *PMCV Accreditation Guide* further documents information about conflicts of interest in the work of survey teams and working committees.

Additionally, the *Accreditation Survey Team Member Position Description* provides information for survey team members defining conflicts of interest and providing examples of conflict, including:

- current or previous employment (< 3 years) at the parent or rotation health service to be surveyed (excluding immediate previous hospital experience for junior doctors)
- professional or financial involvement in the facility
- current application for employment at the facility.

Survey team members, committee members and PMCV employees are required to sign a *Confidentiality and Conflict of Interest Agreement* prior to or at the commencement of their engagement in an accreditation activity. The PMCV submission states that the Accreditation

Manager and survey team leader review expressions of interest received for participation in accreditation surveys to eliminate surveyors with potential conflicts of interest.

The *Conflict of Interest Policy* outlines that where an actual or potential conflict of interest arises, a representative must immediately report the conflict to the Committee or Board and seek direction as to what, if any, future involvement should be in the matter. It is at the remit of the Accreditation Committee or PMCV Board to determine courses of action to manage conflict, including whether a representative should cease to act or not take part in any particular accreditation activity.

Per the *Accreditation Committee Terms of Reference*, any Accreditation Committee member who has direct or indirect material personal interest in any matter brought to the Committee must disclose this and not be present during discussion, nor vote on the matter. There is a standing agenda item at each Committee meeting for identification and disclosure of conflicts of interest, with reported conflicts recorded in the minutes of the meeting.

PMCV's accreditation process also allows for a facility preparing to undergo an accreditation assessment to provide comment in relation to the proposed assessor team, as individuals or collectively, and identify any actual or perceived conflicts of interest.

Team findings

As noted under attribute 2.2, there is an overarching *Conflicts of Interest Policy* which is consistently referred to.

PMCV has embedded mechanisms within the survey process and the Accreditation Committee process that require declaration and management of actual or perceived conflicts. Individuals engaged in the accreditation work of PMCV are required to sign a *Confidentiality and Conflict of Interest* form, identifying actual or potential conflicts and agreeing to appropriate management as decided by the Accreditation Committee or Board. However, these were not adhered to in the surveys and Committee meetings the team observed.

There was evidence in assessment that potential conflicting interests held by survey team members (recent employment) were not identified and an example of where conflict of interest forms being requested from team members at the conclusion of a survey visit. During observation of the Accreditation Committee meeting, the team observed instances of members engaging in discussion, decision items and assessments where an actual or perceived conflict seemed to be present based on the documented examples of conflicts.

During discussion with stakeholders, it was evident that individuals engaged in the work of PMCV were aware of the importance of identifying and managing conflicts of interest, but stakeholders reported different understandings of the contents of the policy and how it was applied by PMCV. This appeared to the team to contribute to the inconsistent management of conflicts in the course of Accreditation Committee meetings and by survey teams and reinforced the importance having detailed guidelines for to ensure their appropriate management.

4.4 The accreditation process

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

The PMCV accreditation process includes self-evaluation, an assessment against the standards, site visits, and a report assessing the program against the standards. The *PMCV Accreditation Standards* are compliant with the approved national standards for intern training.

The *PMCV Accreditation Guide* documents the accreditation process. It describes how assessment occurs from a program perspective and assesses each intern and PGY2 post with regard to clinical supervision, clinical content/workload and educational value.

The accreditation process involves three main stages: pre-survey visit (preparation); survey visit; and report and accreditation decision.

Pre-survey visit (preparation)

The pre-survey visit phase involves the administrative activities to plan the visit, including arranging survey visit dates and determining survey team membership via the processes noted under attribute 4.2.

Training providers are required to complete an accreditation submission, which includes a self-assessment where providers are asked to rate themselves against each standard and provide evidence to demonstrate their compliance. PMCV additionally collects feedback from junior doctors with regard to the terms they have completed.

Survey team members are expected to participate in a pre-visit meeting two to three weeks prior to the survey to discuss the submission and prepare for the visit. Team members identify points to be clarified at the visit and further information to be requested of the training provider. The meeting is supported by the *Surveyor Assessment Template* which is documented to be continually updated during the process to reflect the team's evolving views. The team additionally review previous conditions and recommendations, review survey results and delegate survey team member responsibilities for the visit.

Survey visit

A survey visit to assess a new training provider or reaccredit a currently accredited program occurs at least every four years.

The survey visit involves examination of documentary evidence provided by the training provider, analysis of junior doctor feedback, and a schedule of meetings with key staff and junior doctors. The survey process additionally involves a tour of the training facilities.

Report and accreditation decision

Following the visit, the survey team prepares a survey report within one month of the visit. The report findings are shared with the training provider for review of factual errors. The survey report includes recommendations for the duration of accreditation, conditions for compliance and recommendations for improvement, as appropriate.

The Accreditation Committee reviews the accreditation report for approval, following which the full report is sent to the training provider to seek response to the recommendations in the report.

After the PMCV Accreditation Committee has made its final decision regarding accreditation duration, it reports the decisions to the PMCV Board. The Medical Board of Australia is also informed and a summary of the accreditation outcomes are published on the PMCV website.

PMCV has *Guidelines for Accreditation of Intern Terms* which were developed to define the principles of the intern year, and include key considerations for intern training and criteria to be met for accreditation to assist training facilities and survey teams to assess terms against the standards. The criteria are mapped to the *Intern training – intern outcomes statements* and *Intern training – guidelines for terms*.

Team findings

The team confirmed that the PMCV accreditation process involves a self-evaluation, assessment against the accreditation standards, site visits and a report assessing the program against the standards.

While the accreditation process is clearly documented in the *PMCV Accreditation Guide*, the team held concern with the consistency of implementation of the documented accreditation processes. The team noted that self-assessment documentation by training providers was frequently incomplete, with it being unclear how this was managed by the survey team and PMCV staff.

The observed survey visits did not demonstrate consistent engagement of the entire survey team during interviews and team deliberation and assessment against the standards. It was also evident that the development and finalisation of the accreditation report primarily involved the team leader and PMCV staff. The team considered the observed processes to present risks to the accreditation process, including opening the assessment up to bias with a report which does not adequately reflect team consensus.

The team heard a recent departure from documented processes, with training providers no longer having the opportunity to review a draft report for factual errors, and they do not receive a copy of the report until it has been confirmed by the Accreditation Committee.

The team recognised recent challenges and PMCV staff changeover, which was considered to have impacts on the observed accreditation surveys and departure from documented practices. The observed processes saw significant engagement of PMCV staff during accreditation visits, which raised concerns for the independence of the accreditation decision-making process and risk of bias through limiting the engagement of the full survey team that was appointed to make an independent, peer-reviewed and experience-based assessment of a training provider. This is explored further under attribute 4.10.

4.5 Fostering continuous quality improvement in intern training posts

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

Quality improvement is described to be a core focus for PMCV through the accreditation process. PMCV prioritise a collegial approach to accreditation, including maintaining strong stakeholder relationships.

Survey teams place a focus on quality improvement during accreditation visits, which is incorporated into accreditation reports through commendations for strengths and areas of excellence, and recommendations for improvement.

PMCV has developed a robust surveyor training program that includes an evaluation element to support the ongoing quality improvement to the process to ensure suitable recruitment and training of new and experienced surveyors.

The introduction of the Condition Monitoring Program (CMP) was implemented as a process to facilitate the continuing quality improvement of programs through supporting the ongoing monitoring of facilities against the accreditation standards. The process was endorsed by the PMCV Board to address conditions that remained outstanding for a full accreditation cycle.

The *PMCV Condition Monitoring Program Guide for Health Service* details the CMP process to be instigated in response to concerns regarding training, supervision and welfare of junior doctors and patient safety that are identified during an accreditation survey visit (through the application of a condition), during accreditation work conducted by the Committee, or ad hoc concerns reported directly to PMCV by junior doctors, health service staff or other credible sources.

The CMP process is described to be a formalised process of collaboration with health services to address conditions and recommendations, as well as ad hoc concerns raised by prevocational doctors or health services. It aims to ensure concerns are dealt with in a transparent manner, with due process and ongoing JMO involvement.

A CMP Taskforce, comprising the PMCV CEO and Clinical Lead – Accreditation, with or without the Accreditation Manager, works collaboratively with a health service to close conditions in a defined timeframe to ensure ongoing accreditation, typically within the first 12 months of the CMP process. The process provides a forum for the taskforce to liaise with the health service on a

regular basis, usually quarterly. Conditions must be met, or demonstration of satisfactory progress towards this status, to ensure ongoing accreditation of the training program and posts.

The taskforce meet with the health service team to formulate an action plan to address the conditions. They also meet with a focus group of prevocational doctors relevant to the condition(s) prior to meeting with health service representatives.

The CMP process involves:

- an initial meeting to establish a CMP action plan. PMCV provide the draft action plan to the health service prior to the meeting.
- ongoing progress monitored over a 3–12-month period with progress meetings as required. Health services provide updates to PMCV at the meetings, including requested documents and evidence provided one week prior to the meeting to allow for review.
- monthly Accreditation Committee meetings including tabled health service progress reports against the CMP action plans until all conditions are closed and ongoing accreditation is approved. CMP progress is tabulated and updated in the State-Wide Monitoring Program, which lists all accredited health services and is reviewed at each meeting.

Additional measures implemented by PMCV to facilitate continuing quality improvement include:

- health site and surveyor surveys following accreditation visits to gauge satisfaction with the process and identify any areas for improvement
- a JMO Victoria initiative introduced in 2021 with established health service representation roles to promote a conduit between PMCV, JMOs and medical administration
- the innovation of the *Swing Tag* project to assist in effective junior doctor engagement with the accreditation process, demystifying accreditation and raising awareness of its function
- creation of an application workflow cycle which advises health services of the likely turnaround time from submission to approval. This is advertised on the website, with health services made aware that applications are due on the first Monday of the month.

Team findings

PMCV has a robust approach to supporting quality improvement with its processes and engagement with stakeholders. The team found evidence of several instances of initiatives to promote continuing quality improvement in training programs, including strategies to reduce uncertainty about accreditation and subsequently increase the engagement of JMOs in visits and monitoring activities.

The CMP was considered to be a good initiative, supporting continued improvement and compliance with the standards for health services. While the intent of the CMP is positive, the team identified some areas for consideration and improvement, as detailed under attribute 4.6.

4.6 The accreditation cycle and regular monitoring of intern programs

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

The PMCV accreditation process is cyclical, involving a four-year accreditation cycle that is supported by a mid-cycle review at year two, and aligns with national guidelines and standards.

The monitoring process supports the raising and identification of issues with regard to individual posts, following which the Accreditation Committee may implement a monitoring process requiring regular updates from the training provider until the Committee is satisfied the issue is solved.

Mid-cycle reviews focus on progress against conditions and recommendations, and changes to programs or posts since the previous visit, and involve junior doctor feedback. Self-evaluation is not included in the mid-cycle reporting. PMCV shares a mid-cycle review template with the provider four months in advance of the due date.

Providers are expected to monitor their program and posts to ensure continued compliance with the accreditation requirements between survey visits, in accordance with the accreditation standards, including review of posts with regard to the following criteria:

- complexity and volume of a unit workload
- intern and PGY2 doctor workloads
- the experience intern and PGY2 doctors can expect to gain
- how the intern and PGY2 doctors will be supervised and by whom.

Training program monitoring is expected to include continuous collection of evidence, including collated trainee surveys during the cycle, and review of annual intern allocation plans against the list of accredited intern posts to ensure compliance with training requirements.

PMCV further has an accreditation standard which requires communication of concerns, issues or changes to the program or posts to PMCV to support continuing compliance.

Progress reports

All new training posts are provisionally accredited for 12 months, with extension of accreditation dependent on:

1. Completion of the self-assessment form by the training provider.
2. Satisfactory feedback from junior medical staff through the PMCV survey.

Conditions Monitoring Program

The implementation of the CMP has also facilitated regular monitoring and assessment of intern training programs with identified concerns and conditions. The program commences within a month of the final report being provided to a health service and is designed to support closer monitoring of and collaboration with health services, as discussed under attribute 4.5. The CMP has also supported the raising of ad hoc concerns by prevocational doctors and health services. A *State-wide Monitoring* document was developed in conjunction with the CMP, which allows for clear tracking of training programs, their level of risk and progress against action plans as instigated by the CMP process.

The CMP drives continuous progression towards quality improvement and the closing of conditions on accreditation, with frequent meetings to discuss progress required within a defined timeline to ensure ongoing accreditation status.

Team findings

PMCV has a documented cyclical four-year accreditation cycle with mid-cycle monitoring. The team's review of documentation and observation of the accreditation process found the Authority's processes to be in alignment with the national standards.

The team noted the CMP and supporting action plan template, which is designed to support the consistent monitoring of health services who have a condition (or conditions) on accreditation, and involves regular meetings with providers and collaboration to address this. However, the team heard feedback from stakeholders that the CMP was not reliably meeting performance timelines, in addition to recognition from staff that the CMP is not sustainable with the current PMCV resourcing. As the commencement of CMP action plans continue to progress, it will be important for PMCV to evaluate the process and develop a more comprehensive guide for health services to provide greater structure and transparency of the process and monitoring requirements. Further, clarification of the responsibilities and accountabilities of PMCV and health

services with relation to the CMP and continued compliance with the standards would support greater understanding and adherence to processes.

4.7 Mechanisms for dealing with concerns for patient safety

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

The *PMCV Accreditation Standards* include a criterion which explicitly relates to patient safety and how it is assessed during survey visits. If a concern for patient safety is raised or identified during a survey visit, it is noted in the accreditation report with a finding of unmet and an associated condition for continued accreditation is implemented.

PMCV has an expectation for training providers to address any conditions on accreditation, and to be actioned through the initiation of the CMP process.

Concerns related to patient safety can be raised by JMOs directly to PMCV through the 'contact us' form on the PMCV website. If a concern is raised via this process, PMCV investigates the concerns by arranging a JMO focus group to determine the depth of the problem and initiating a concerns action plan with the medical administration of the facility. This process runs in parallel to the CMP, and PMCV may undertake a site visit to explore further and confirm details, dependent on the nature of the concern.

The PMCV submission reported instances of the process resulting in the withdrawal of accreditation of a post which was endorsed by the PMCV Board.

PMCV has *Procedures to Address a Concern (regarding patient care or junior doctor wellbeing)* which present a consistent, organisational approach in responding to concerns regarding training, supervision and welfare of junior doctors and patient safety identified during an accreditation survey visit, accreditation work conducted by the Accreditation Committee, and by direct report by junior doctors, health service staff, or other credible sources.

The key outcome of the procedure is to ensure concerns raised during visits and directly to the PMCV secretariat are managed transparently, with due process, and to ensure ongoing improvement in junior doctor training. All concerns are monitored by the Accreditation Committee.

The procedure details that concerns that arise during survey visits are discussed with the health service, either directly with the Director of Medical Services or in the debrief. Concerns reported to PMCV by an identified individual are investigated by seeking further information from the facility and additional feedback from junior doctors. PMCV attains the individual's consent to investigate further and maintain the confidentiality of any identities.

Anonymously reported issues involve the Accreditation Manager gaining as much information as possible from the complainant and seeking further information from the facility prior to action being taken. If an investigation does not ensue, it can still be noted and referred to in future accreditation reviews (survey visits and mid-cycle reviews).

All investigated concerns are required to be undertaken with discretion and respect for junior doctors and health services, with parties to be kept informed of progress and outcomes.

Assessment of a concern

PMCV gathers as much information regarding a concern for patient safety as possible and apply an assessment and risk classification, dependent on the impact of the concern on patient safety and junior doctor wellbeing. The classification is determined according to several considerations:

1. Junior doctors have the time, support and supervision to provide good-quality and safe care to patients.
2. Clinical learning and clinical supervision training requirements are met.

3. Junior doctors should be informed of the pathways and procedures for clinical handover and to escalate deteriorating patients, including who to contact.
4. Junior doctors should be supported to raise concerns and feel comfortable to do so.
5. Junior doctors should have access to professional and personal support which is confidential.
6. Junior doctors whose performance is impaired or below expected level are adequately managed, supervised and supported.
7. The facility must have formal documentation in regard to these considerations.

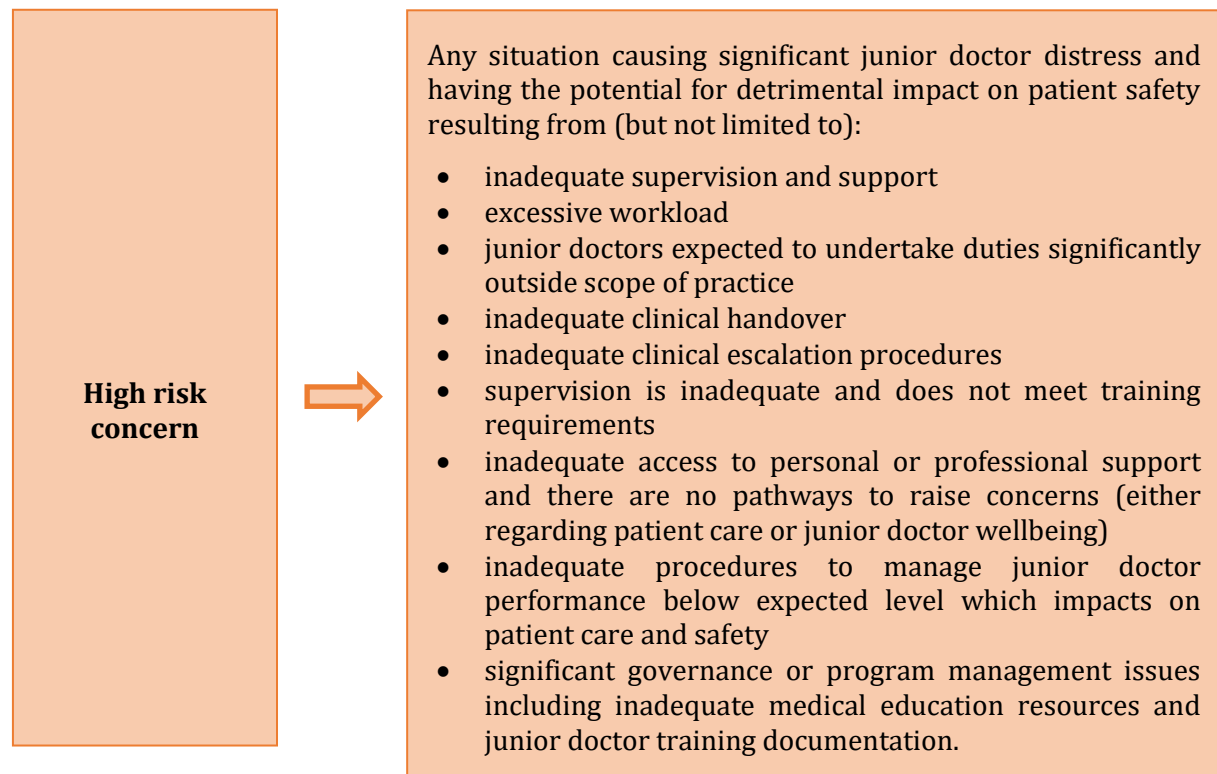
Evidence and risk assessment of concern

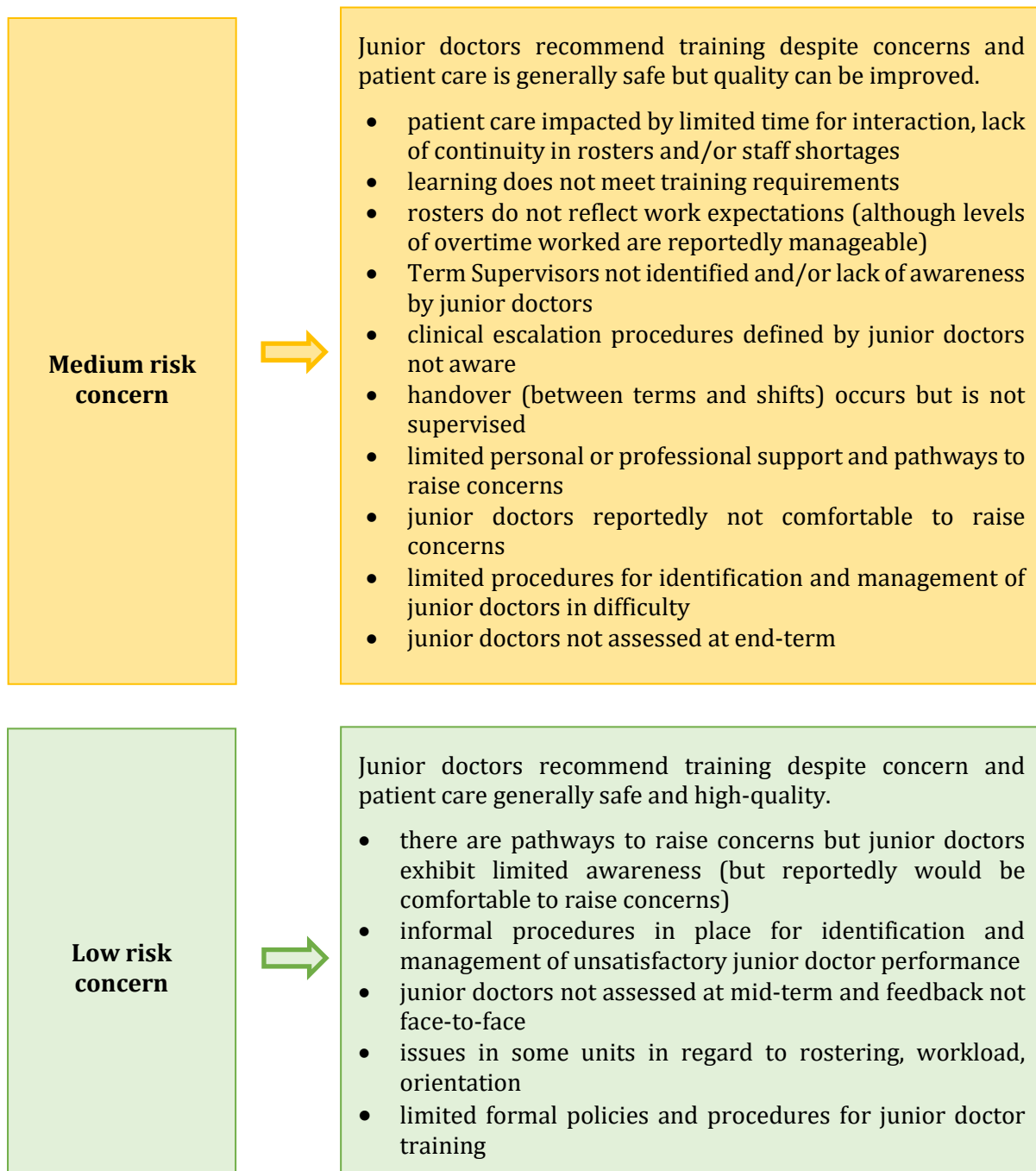
Relevant evidence sought when a concern for patient safety is identified include:

- unit-specific input
- feedback from junior doctors, supervisors, healthcare staff and the facility
- feedback from the facility management including relevant policies and guidelines.

In order to substantiate a concern, evidence must be gathered from more than one source.

Concerns are assessed and can be classified as high, medium or low risk. An investigation of concern may be discontinued if there is insufficient evidence from various sources, dependent on the risk of the concern.





PMCV responses to a concern depend on the risk classification. There are tools to ensure concerns are addressed, including conditions and recommendations by survey teams and the PMCV Accreditation Committee, and ongoing monitoring (including junior doctor surveys) using defined timelines.

Investigating a concern arising outside an accreditation review

Concerns raised outside the accreditation review undergo the following process:

1. Consideration by the Chair, Accreditation Committee, and PMCV CEO, who decide the course of action depending on the risk assessment of the concern.
2. Further investigation of the concern involves escalation to the Director of Medical Services of the facility and the individual who raised the concern will be kept informed.
3. Relevant documentation will be requested from the facility, and feedback sought from junior doctors. Tele- or videoconferences may be conducted with relevant staff and an extraordinary site visit may be conducted, as necessary.

4. Information gathered on the concern will be reviewed by the Accreditation Committee (or a subset as necessary to avoid conflict of interest). A decision will be made whether to implement a monitoring schedule, keep the information for a future accreditation review or whether the concern has been resolved.

Investigating a concern arising during a survey visit

The process for concerns raised and investigated during a survey visit includes:

1. Survey team collecting and collating information on the concern, including a risk assessment.
2. Survey team leader providing a report on the concern during the debrief meeting at the survey visit (or directly to the Director of Medical Services).
3. Survey team will consider whether the concern is serious enough to escalate immediately to the Chair, Accreditation Committee.
4. Survey team will agree a duration of accreditation recommendations.
5. Survey team will provide explicit commentary in the report in regard to the concern, including evidence collated and process of escalation. This needs to be balanced with the need for confidentiality and if the concern will be published or referred to in the report.
6. The concern will be monitored by the Accreditation Committee following completion of the survey visit process.

Outcomes, monitoring and closure

Facilities are formally notified of timelines to address a concern for patient safety and advised of potential outcomes if the concern is not addressed. Potential accreditation outcomes include:

- continued accreditation for full period (until end of current cycle, up to four years)
- continued accreditation for full period (until end of current cycle, up to four years) with a condition which must be implemented by the beginning of the next term
- continued accreditation for 12 months with a condition which must be implemented by the beginning of the next term and further review to be conducted in six months to determine if accreditation will be extended
- withdrawal of accreditation.

The outcomes and timelines are designed to ensure no junior doctor is disadvantaged and the individual who directly raised the concern is advised of the outcome by PMCV. Concerns raised during a survey visit will involve outcomes to be advised to the health service with a request that all relevant staff involved in accreditation, including junior doctors, are informed.

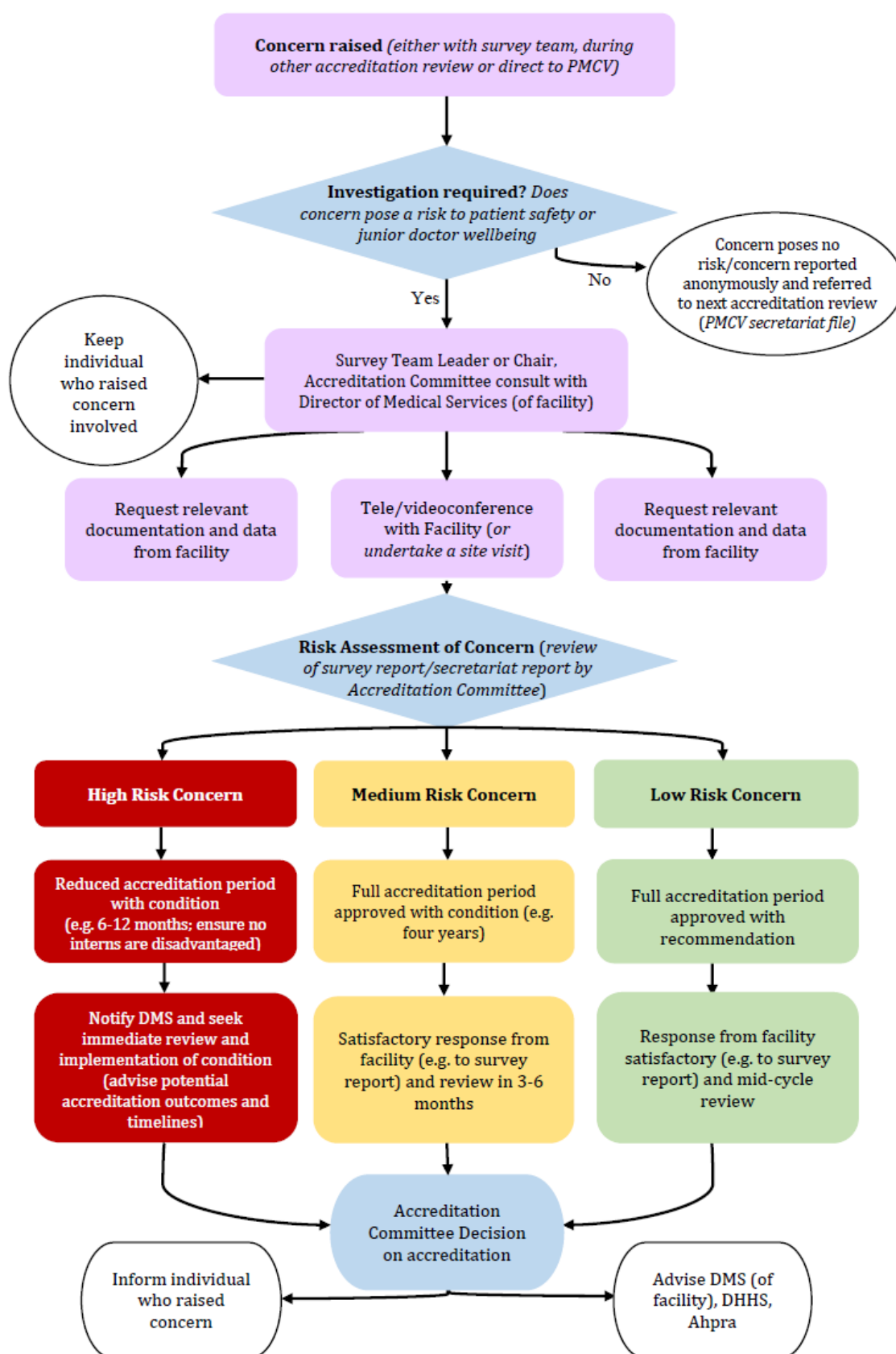
The Accreditation Committee monitors resolution of the concern and will close the concern once resolved or take necessary steps if not addressed. Concerns which may have ramifications for safe patient care or are likely to result in withdrawal of accreditation may be reported to the Victorian Department of Health in consultation with the health service.

Escalating a concern

Serious concerns, or where a health service has not appropriately or satisfactorily addressed a concern, and which may result in withdrawal of accreditation of a program or post will be escalated to the PMCV Board. The Board review the concern and may instruct the CEO and Chair, Accreditation Committee to implement an action plan with the health service to monitor and address the concern.

The monitoring process can involve weekly meetings or in-person visits for a period of time determined by the CEO, Chair, Accreditation Committee and PMCV Board. Once the action plan has been satisfactorily completed, monitoring will return to business as usual under the auspices of the Accreditation Committee, which could include the creation of a working group or survey team to continue monitoring as required.

PMCV Response to Concern Flowchart



PMCV provided an example of a patient safety concern which was brought to the attention of the Authority by a JMO Victoria representative, AMA Victoria and the hospital EDMS in 2021. The process for managing the concern involved the Chair, Accreditation Committee, PMCV CEO and Accreditation Manager meeting with interns and the parent health service resulting in an agreement for interns not to rotate to the term until suitable supervision arrangements were implemented. The PMCV Board Chair was notified of the concern and subsequent actions.

Team findings

PMCV has mechanisms for identifying and managing concerns regarding patient safety, including accreditation standards and *Procedures to Address a Concern (regarding patient care or junior doctor wellbeing)*.

The team found limited evidence of PMCV identifying patient safety concerns through its monitoring and survey processes. However, the team noted there was evidence that concerns are identified by facilities and PMCV is notified of the issue.

Some health service stakeholders reported delays in hearing about concerns identified by PMCV (or reported to PMCV by junior doctors) and there appear to be opportunities for more rapid resolution of issues.

The intersection of patient safety issues identified by and reported to PMCV and issues raised with Safer Care Victoria warrants further exploration and clarification to determine the roles, communication and responsibility of each individual body in the process. A shared policy (or PMCV policy referencing both organisations) on reporting, escalation and management of patient safety issues would support stakeholders to understand the responsibilities of each organisation and who to contact in particular situations.

4.8 Mechanisms for identifying and managing concerns for junior doctor wellbeing

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

The *PMCV Accreditation Standards* include a criterion related to JMO wellbeing, which is assessed during survey visits. Any concerns raised in relation to JMO wellbeing are assessed in the accreditation report as unmet, with a condition for continued accreditation applied. Training providers are expected to address any conditions within 12 months through the collaborative approach with PMCV as facilitated by the CMP.

As detailed under attribute 4.7, the *Procedures to Address a Concern (regarding patient care or junior doctor wellbeing)* are also used for the management of concerns relating to junior doctor wellbeing, presenting a consistent, organisational approach to responding to concerns regarding training, supervision and welfare of junior doctors. Aligned with concerns relating to patient safety, this process can be used during and outside of the formal accreditation visit.

Prior to each survey visit, PMCV conducts a JMO questionnaire which includes questions and topics related to supervision, workload, learning and education, escalation, wellbeing and support, and performance assessment and feedback. Survey outcomes are shared with PMCV surveyors to provide an indication of the JMO experience and identify the extent to which the department and health site promotes a good workplace culture that is conducive to JMO wellbeing and training, or where there may be concerns to explore during a survey visit.

Team findings

PMCV has a clear criterion that directly references junior doctor wellbeing. There are mechanisms in place for escalation of concerns to PMCV, with detailed *Procedures to Address a Concern (regarding patient care or junior doctor wellbeing)*.

The team heard instances of PMCV managing concerns which had been raised relating to junior doctor wellbeing. However, not all stakeholders (particularly junior doctors) were aware of the processes.

JMO Victoria is an important mechanism for junior doctors to raise concerns with peer support. There was evidence that this mechanism has worked well previously and that concerns have been raised through JMO Victoria. However, recently there have been challenges in maintaining continuity in the Chair and membership and the team heard that junior doctors commonly do not know who their local service representative is. PMCV may need to consider additional support for JMO Victoria and its members or consider additional mechanisms to supplement it.

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

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

The *PMCV Accreditation Guide* details the expectation of training providers to report matters to PMCV which may affect the accreditation status of prevocational medical training posts, including changes to posts or other relevant issues. If PMCV has reason to believe changes are planned, occurring, or have occurred to a program or post which may impact accreditation status, PMCV will seek further information from the provider.

For new terms and posts, the PMCV Accreditation Committee should be notified of a change early in the process to allow it to be assessed against the accreditation standards, ensuring approval prior to junior doctors commencing work in the post. Changes are reviewed by the PMCV Accreditation Committee on a case-by-case basis and training providers are encouraged to discuss proposed changes with the Accreditation Manager in the first instance. Consideration of changes to posts and programs involves the application of the national guidelines to determine if the change will affect accreditation status.

Circumstances which would prompt a review of the training program may include:

- a training provider no longer being able to meet core intern training requirements
- absence of senior training provider staff with a significant role in prevocational medical training for an extended period with no replacement
- significant redesign or restructure of the training provider that impacts on junior doctors (e.g. a significant change to clinical services provided or a ward closure causing changes to caseloads)
- change to overall accreditation status of training provider
- resource changes that significantly reduce administrative support, training providers or education programs that are available
- proposal to change a junior doctor term, including external rotations, or a change to the number of junior doctors in a rotation.

Circumstances which would prompt a review of individual posts may include:

- absence of a term supervisor for an extended period
- rostering changes that significantly alter access to a supervisor or exposure to learning opportunities
- changes in structure of supervision that will impact on the supervision of junior doctors significantly and for an extended period
- changes to unit medical staffing, resulting in junior doctors undertaking higher/alternative clinical duties than as described in the accredited rotation term description for an extended period
- significant changes to patient case mix or clinical activity that impact on junior doctor patient load, and clinical learning, for an extended period.

PMCV has developed forms, which are available on the PMCV website, specifically for change requests and new post applications. Once a form with supporting documents has been submitted, the Accreditation team review for completion and allocate the change form to the relevant Accreditation Committee cluster for appraisal of the change. If further information is required, this is requested by the PMCV Accreditation team prior to review by the cluster. The cluster lead will determine if the change can be endorsed, and the process has oversight and input from the Accreditation Executives (Chair and Deputy Chair), as required. This process is noted to usually be completed within a four-week period.

Clusters hold responsibility for out-of-session workloads, including managing reviews of:

- new intern and PGY2 post applications
- change requests for intern and PGY2 posts.

Accreditation outcomes for changes to existing prevocational training programs and posts are the same as those for the reaccreditation of a program or post, detailed under attribute 4.10.

Team findings

The team found that PMCV has clear guidelines regarding the reporting of changes that may have an impact on accreditation status, including an assessment against the standards. The introduction of an online form for reporting new posts or changes to PMCV was seen to streamline processes for both the secretariat and health services.

PMCV is working with health services to improve communications on the change process, noting that, while there is general compliance, there have been a few instances where health services have not communicated changes in a timely manner or not understood that the changes need to be reported.

It was noted that the introduction of the Accreditation Committee clusters was the result of efforts to distribute the workload of the Committee more equitably. It is important to ensure that the cluster approach is sustainable and reliable, with workloads for each cluster being manageable – particularly considering the volume of out-of-session applications and change requests – to ensure the adequate review of whether the changes impact a health service's accreditation status. PMCV reported an intention to evaluate this process at the end of the year. Recognising that the extent and frequency of change may be elevated due to the new National Framework requirements, there may be an opportunity to review which changes can be simply noted and which changes require review, particularly for health services with a strong history of providing good education and supportive training environments.

Noting the new process for reviewing changes, stakeholders reported some uncertainty about where decision making related to changes rests and there were some inconsistencies in the documentation. This is addressed below.

4.10 Application of documented decision-making processes

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

As noted under attributes 1.1 and 2.1, the Accreditation Committee, per the terms of reference, have the delegated authority from the PMCV Board to make accreditation decisions, with several

exceptions relating to matters requiring Board approval or potential risks to the reputation of PMCV.

Accreditation decisions are typically made at an Accreditation Committee meeting. Exceptions to this include:

- routine applications for new training posts or changes to posts which may be assessed through the out-of-session applications process
- where PMCV is made aware of an urgent or extraordinary accreditation issue and action is required between meetings of the Committee, the Chair of the Committee, or PMCV CEO, who may provide an immediate response which must then be reviewed and endorsed at the next Committee meeting
- for the period of December to February, during which there are no scheduled Committee meetings, issues that arise and need to be progressed may be determined by an executive group of the Committee, the Summer Executive. This is a delegated process and decisions made during this period are provided at the next available meeting of the Committee for endorsement.

The *PMCV Duration of Accreditation Guideline* describes the process for accreditation decision making and reporting. The guideline was designed with the purpose of:

- assisting survey teams and the PMCV Accreditation Committee in recommending duration of accreditation following assessment of new training programs or posts, reaccreditation and major changes
- providing guidance to facilities on the accreditation application, assessment and monitoring processes
- advising on the process followed for the communication of accreditation outcomes.

Duration of accreditation is determined for the overall prevocational medical training program provided by a parent facility or rotation site, in addition to individual prevocational medical training posts, as necessary.

Reaccreditation of training programs and posts

Accreditation outcomes available for reaccreditation of training programs and posts include:

- accreditation for a period of four years, subject to satisfactory progress reports, as required
- accreditation for a period of four years, subject to certain conditions being met within a defined timeframe and to satisfactory progress reports, as required
- accreditation for a period of 12 months with an extension up to a further three years, subject to certain conditions being met
- potential withdrawal of accreditation for individual posts or for a facility training program in situations where significant issues have been identified that the facility has been unable to address or acknowledges cannot be rectified to satisfactorily meet the accreditation standards. Prior to withdrawal, PMCV will consider all possible options for addressing deficiencies and will ensure that such a decision does not disadvantage prevocational medical trainees.

The *CMP Guide for Health Services* details that if there are no conditions of accreditation, the health service is granted four years accreditation with a mid-cycle review. If one or more conditions are applied by the survey team in the survey report, the health service will be provisionally accredited for 12 months until the condition(s) is closed, thereafter reverting to the balance of the four years' accreditation.

A decision to withdraw accreditation will only be made by the PMCV Board following recommendation from the Accreditation Committee. The *Accreditation Committee Terms of Reference* details that in the event of the Committee recommending a withdrawal of accreditation, the matter is brought to the attention of the PMCV Board Chair by the Chair, Accreditation Committee, either through an out of session process or at a PMCV Board meeting. The Board must

be aware of the situation and supportive of the decision. In rare instances, the Board may request that the Accreditation Committee reconsider the recommendation.

In instances of withdrawal of accreditation, PMCV notify the facility in writing of the decision, its reasons and the procedures available for review of the decision.

New training programs and posts

Accreditation options for new training programs and posts include:

- accreditation for a period of 12 months (provisional) with a further extension of up to three years subject to a satisfactory progress report during the commencement year
- accreditation may be refused if PMCV considers that the facility cannot meet the accreditation standards in the delivery of its prevocational medical training program or post. In such instances, PMCV notify the facility in writing of the decision, the reasons and the procedures available for review of the decision.

Process for decision making

A survey team uses a four-point rating scale when reviewing a facility against the accreditation standards:

- **met with merit:** in addition to the achievement of the requirements of the standard, there is a higher level of achievement evident (for example, best practice programs).
- **met:** there is sufficient evidence that the requirements of the standard have been achieved. Systems and processes to support junior doctor education and training are fully integrated and uniform.
- **substantially met:** systems and processes are in place to support junior doctor education and training, but these are not fully integrated and/or not universal. The requirements of the standard have been mostly achieved. The facility will likely be required to implement a recommendation for quality improvement relevant to the standard.
- **not met:** systems and processes to support junior doctor education and training are not evident. The requirements of the standard have not been achieved. The facility will be required to undertake some follow-up activity which will be assessed within 12 months health service. This will be accompanied by a condition or recommendation relevant to the standard.

Following a survey visit, a survey report including recommendations on the duration of accreditation, and any conditions and recommendations for improvement, is sent to the facility for response.

All applications for accreditation are reviewed by the Accreditation Committee. Once the Committee has made a decision regarding duration of accreditation, it seeks endorsement of its recommendations from the PMCV Board and approval by the Victorian Board of the Medical Board of Australia.

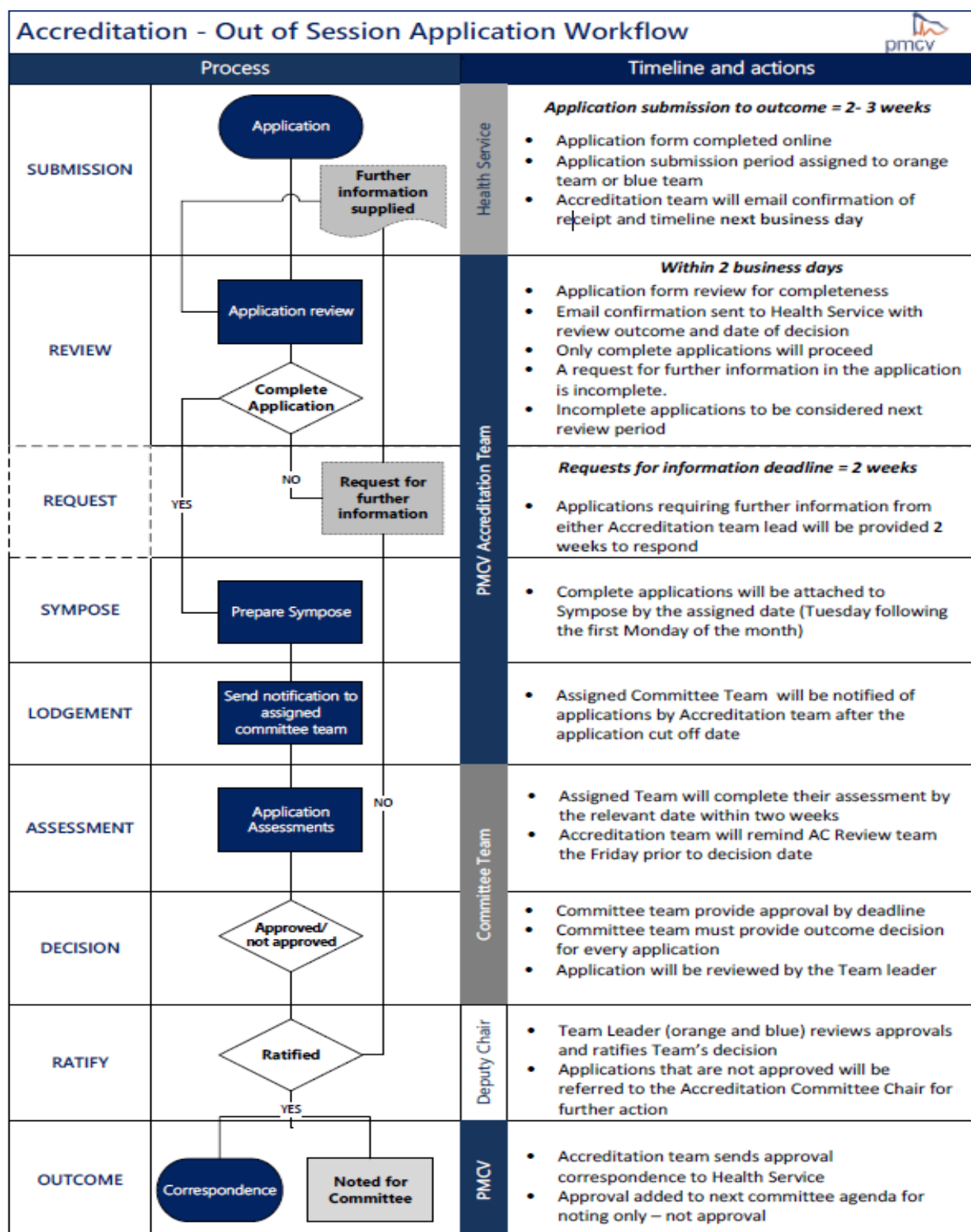
For accreditation of new programs, posts or changes, PMCV advise the facility of the accreditation outcomes by letter.

During the accreditation period awarded to the facility, PMCV will monitor the training programs and posts through regular progress reports.

Out-of-session decisions

The PMCV submission and *Accreditation Committee Terms of Reference* describe that all applications for accreditation are reviewed by the Accreditation Committee through an out-of-session workflow, which is managed through the geographical clusters. Out-of-session applications are reviewed by the committee members of the allocated clusters to which the health service belongs. A quorum, which must include one junior doctor representative, is required to progress a cluster decision out of session. This must then be endorsed at the next Committee meeting. The terms of reference state that the Accreditation Executive also has the power to approve out-of-session applications.

The process for the out-of-session application decision-making process is detailed in the following figure:



Team findings

The team noted the documented decision-making process; however, upon observation and discussion with PMCV stakeholders, it became apparent that there are some differences between the documented process and common practice. For example:

- the survey report is compiled by the team leader following a survey without any further consultation with other team members, though the documentation (*PMCV Accreditation Guide*; *PMCV Accreditation Survey Team Member Position Description*) suggests the report is prepared by the team, with opportunities for team members to review and provide comments on the draft report to assist the team leader in finalising the report
- the health service does not in practice have an opportunity to review the report before it is tabled at the Accreditation Committee meeting, although the process outlined in the *PMCV Accreditation Guide*, *Duration of Accreditation Guideline* and *PMCV Accreditation survey visit – guide for surveyors* suggest they should (and this would secure procedural fairness in the process).

The team considered deviation from the documented procedures poses risk. The lack of opportunities for team members to input into the survey report and no health service review of the report until it has been endorsed presents a risk that the decision-making process is not founded on accurate information supported by the team and therefore increases the potential for complaints and appeals on accreditation decisions.

The team observed the assessments during a challenging time for PMCV with the Clinical Lead needing to stand down very shortly before a scheduled assessment. The reliance on PMCV staff in the assessment was therefore understandably very high. However, the team heard that, in general, there is very heavy reliance on PMCV staff in developing recommendations. PMCV staff leadership also have roles in decision making as members of the Accreditation Committee and so this creates overlap in roles, which increases risk of bias in decision making because the other Committee members may feel constrained in challenging the evidence base for the report, particularly without very strong management of conflicts of interest.

The team considered it important that the role of PMCV staff in accreditation processes and decision making be reviewed and clarified in the documentation to ensure transparent decision making that is free from undue influence at different levels in the governance framework.

The team also heard mixed views and some uncertainty about where decision making actually sits within the accreditation processes.

4.11 Communicating accreditation decisions

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

The *PMCV Duration of Accreditation Guidelines* outline the process of communicating the outcomes of accreditation.

The parent health service or training program is notified of the outcome of accreditation decisions. PMCV further advises relevant rotational sites should there be any major accreditation issues or intention to withdraw accreditation of training at the parent health service. All such correspondence is copied to the surveyed health service.

Accreditation status is communicated more broadly to stakeholders through the PMCV website. The website details:

- facilities and programs granted accreditation
- all posts accredited for intern training, including the parent health service associated with each program and post, location of the post, department in which the term is located, type of term, date of accreditation decision and date of accreditation expiry
- a summary of the outcomes of the accreditation survey visit.

The Victorian Board of the Medical Board of Australia is informed of all PMCV accreditation outcomes for intern training programs and posts. There are contractual reporting requirements between PMCV and the Medical Board of Australia, including two reports per year setting out the

accreditation programs and positions accredited in the preceding six months, and any other activities undertaken in relation to intern training program accreditation (e.g. surveyor training, review of accreditation documents).

Team findings

PMCV has robust policies around the communication of accreditation status of programs to employers, interns and other stakeholders including regulatory authorities.

The team noted that the PMCV website included the date and team leader of the last survey undertaken for each health service, when the next accreditation survey visit is due, approved intern and PGY2 posts, and, for some providers, the executive summary of the survey report.

In discussion with stakeholders, the team heard that operationally, the posting and communication of information regarding accreditation status via the PMCV website was frequently delayed or included errors, resulting in stakeholder uncertainty about their accreditation status. Additionally, the team heard instances of delays in the finalisation of accreditation reports, with it not being clear at which point the report was final, which can impact the ability of health services to plan for each clinical year. Stakeholders reported having to seek clarification about adherence to correct procedures and request outcomes of accreditation activities.

Recognising the impact of staff turnover on PMCV's delivery, it is nevertheless important that health service stakeholders understand where they are within the accreditation processes, their outcomes and accreditation status to enable action to be taken when needed. PMCV must work with health service stakeholders to address their concerns and review the process of communicating accreditation decisions and outcomes to ensure information is clear and accurate, and identify and manage barriers to timely dissemination of communication.

4.12 Complaints, review and appeals processes

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

PMCV has an *Appeals of Accreditation Decisions Policy* which provides a framework based on the principles of natural justice and procedural fairness to define the grounds for appeals or complaints of an accreditation decision, and the process for its review and resolution in a fair and timely manner.

The policy details several opportunities to provide feedback to and receive feedback from a health service prior to the approved survey report and accreditation decision to ensure fair, accurate and transparent assessment and decision making, including:

- the survey team leader provides a debrief to the health service at the conclusion of the visit which highlights achievements and immediate concerns, notably with regard to patient safety and junior doctor wellbeing
- the health service receiving the draft survey report with opportunity to review for factual errors
- the final accreditation report, detailing accreditation status and duration, conditions and quality improvement recommendations, is sent to the health service. The health service is invited to formally respond to each condition and recommendation and provide feedback on the accreditation process.

A health service may appeal any decision to which the policy relates, including:

- length of accreditation
- status of accreditation; for example, for a core or non-core intern post
- non-accreditation of a new post or withdrawal of accreditation from a program or post
- specific conditions associated with a program and/or posts

- improvement recommendations.

The grounds for appeal include, but are not limited to:

- relevant and significant information which was made available to the survey team was not considered in the accreditation decision(s), or irrelevant information was considered in the survey team accreditation decision
- that the accreditation decision was not one which a rational decision maker could have made in good faith
- PMCV approved regulation, policy or procedure that relates to the making of a decision was not adhered to
- actual or perceived bias and/or material conflict of interest
- information provided by the survey team was not duly considered in the conditions and/or recommendations of the Accreditation Committee
- lack of procedural fairness
- the accreditation decision was made for an improper purpose.

Disputing an accreditation decision

A health service must go through a reconsideration and internal review process before lodging a formal appeal. The PMCV CEO may permit an appellant to commence the process at the internal review of appeal stage where they are satisfied that there are exceptional circumstances.

Reconsideration

If a health service contests an accreditation decision, the Accreditation Committee determines the significance of the contested decision and whether it has bearing on the accreditation status. If found to be significant, the health service will be advised that failure to comply with the decision will impact accreditation status and/or length of accreditation. The health service may accept the decision or seek a review, progressing with the appeal process.

Internal review

If an appellant continues to dispute a reconsideration decision, it must notify the PMCV CEO that it wishes to commence an internal review, submitting a *Review Notification* within four weeks of the reconsideration outcome. The notification must be in writing, include a description of the aspect of the reconsideration decision that is disputed and the grounds on which it is disputed, and include any relevant evidence to support the dispute.

A review panel is established, comprising the PMCV CEO and at least two PMCV Board members. The survey team leader will also be notified and invited to consider the appellant's review notification and additional evidence. The team leader is also asked to provide written comment to the review panel prior to their meeting.

The panel will consider all evidence and may:

- affirm the original decision
- vary the decision
- set the decision aside and refer it back to the original decision maker
- set the decision aside and make a new decision or appoint a new decision maker.

The decision will be forwarded to the PMCV Accreditation Committee, and a formal response is provided to the appellant within four weeks of review. If the matter is not resolved, the appellant may request a formal appeal before an Appeals Committee within 14 days of notification of the decision.

Appeal

The appellant retains accreditation length and status granted at its last completed accreditation during a formal appeal process.

Appeals must be lodged with the PMCV CEO through an *Appeal Notification* within 14 days of the review outcome. An appeal notification must, in writing, identify the accreditation decision for which an appeal is sought, specify the grounds for appeal, and provide supporting documentation and evidence. Additional written information may be provided within 30 days of the appeal notification to support the appeal.

An Appeals Committee is appointed, comprising:

- two experienced prevocational survey team leaders who were not on the original survey and who are not current Accreditation Committee members. One should have conducted survey visits with PMCV and one interstate.
- a nominee of the appellant
- a nominee of the Victorian Board of the Medical Board of Australia
- a nominee of the Victorian Department of Health.

A Chair is appointed from the Appeals Committee, and PMCV secretariat staff provide support to the Committee but are not members. Members of the Committee must not have been party to the decision to which the appeal relates.

The appellant is notified of the composition of the Appeals Committee, with seven days to lodge any objections to the membership.

The PMCV CEO organises the date, time and location of the Appeals Committee meeting within three months of the appeal notification. The appellant must provide the PMCV CEO with written submissions and copies of any relevant documents, within the context of the original review notification or appeal notification, at least four weeks prior to the meeting. No new grounds for appeal can be introduced.

The survey team leader is notified of the appeal and provides written comments to the Chair, Accreditation Committee and appellant prior to the meeting. The Chair, Accreditation Committee also provides the Appeals Committee with submissions and relevant documentation, including the survey report, surveyor responses and Committee minutes.

The Appeals Committee is to act according to the rules of procedural fairness, but is not bound by the rules of evidence and may inform itself on any matter and in such a manner as it sees fit. The Committee further will conduct its affairs with as little formality as possible and in accordance with the policy procedures but will have full power to regulate its conduct and operation.

An appellant has a right to appear before the Committee and orally advocate the merits of the appeal as represented through written submissions. Minutes of the hearings of the Committee, along with reviewed documentation, are to be recorded and filed with the relevant PMCV accreditation documentation.

An appellant may be accompanied by a support person or legal representative who is not permitted to act as an advocate unless receiving prior consent.

Appeal outcomes are based on a majority vote of the Committee, where an option to abstain is accepted. The Chair exercises the casting vote in instances of a tied vote. The Appeals Committee may make one of the following decisions:

- uphold the original accreditation decision of the Accreditation Committee
- reject the original decision and refer the matter back to the Accreditation Committee or a newly comprised survey team to make a new decision
- reject the original accreditation decision and make an alternative decision.

Decisions of the Appeals Committee are made in writing and communicated to the Accreditation Committee within 28 days, taking effect from the date the decision is provided to the Accreditation Committee, PMCV Board and appellant.

Appeals Committee decisions are final and binding, and PMCV may notify the Victorian Board of the Medical Board of Australia of the outcome.

If the Appeals Committee rejects the original decision and makes an alternative one, the alternative decision requires a second survey visit, and the Appeals Committee may recommend to the PMCV Board that a new survey team be appointed. Outcomes of the second survey visit and subsequent accreditation decisions are final.

Appeal costs

An appellant must pay \$1000 to PMCV when an appeal is lodged to cover administrative and other costs of the Appeals Committee.

Team findings

The team considered the documented appeals process to support a rigorous, fair and responsive approach to the management of complaints and appeals. The team heard that use of the appeal process is uncommon, but it was successfully implemented in 2022 and involved diligent deliberation and independent support to come to a ratified outcome.

The team heard from stakeholders and noted that the *Appeals of Accreditation Decisions Policy* is not available to access on the PMCV website because of an incorrect link. It is important that PMCV ensure the document is publicly accessible to support transparency, and so that health services can review the policy and follow the required processes, as necessary.

Following review of the documentation and discussion, the team found that removing the process of inviting a health service to review a draft accreditation report for factual errors reduces opportunities to address potential concerns with the accreditation report before it is finalised, and was seen to impact the rigour and fairness of the system. This presents risk to the fairness of the entire accreditation process and potentially increases the need to engage the review and appeal process.

As a result of staff turnover, the team held concern for the engagement of key individuals at several stages of the accreditation and decision-making process, including at survey visits, contributing to Accreditation Committee decisions, and facilitating the review and appeals process, which holds implications for potential bias, reduced fairness, or an unwillingness to engage in the review and appeal process.

In discussion with stakeholders, the team further heard inconsistent information regarding where review and appeal decisions actually sit in practice, including who makes them, and with regard to who appoints the Appeals Committee, when required.

5 Stakeholder collaboration

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

Attributes

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

5.1 Engagement with stakeholders

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

PMCV has processes for engaging with stakeholders, including junior doctors, health services, the Department of Health, medical schools, and the Medical Board of Australia.

Through its service level agreement, PMCV is required to provide quarterly reports to the Department of Health; however, more regular and informal interactions occur throughout the year as required in relation to a range of PMCV activities.

As noted under attributes 1.5 and 1.6, the governance structure supports the engagement of representative stakeholder groups from a range of backgrounds. PMCV also hosts and supports the meetings of JMO Victoria, the Victorian Clinical Deans Group, Prevocational Supervisor and Medical Education Officer Networks, and HMO Managers Reference Group.

PMCV further collaborates with JMO Victoria to develop and deliver innovative programs, while also receiving feedback from junior doctors on services and programs.

Community representatives have increased representation in PMCV work, notably on accreditation survey teams and on the Accreditation Committee, since 2022.

Efforts have been made to appoint a community representative to the PMCV Board; however, this continues to be a work in progress. The ministerial representative position on the PMCV Board has been filled after a longstanding vacancy, which facilitates links to Safer Care Victoria, a committee which will present as another mechanism to raise patient safety concerns, and allow the recognition of areas of concern which may directly or indirectly impact JMO wellbeing.

PMCV hosts an annual symposium, which provides further opportunities for stakeholders to engage with the work of PMCV.

Team findings

PMCV has multiple defined processes for engaging integral stakeholders involved in the education, training, supervision and wellbeing of junior doctors. The effectiveness of these

avenues in formulating meaningful partnerships is clear with some stakeholders, such as the Victorian Department of Health and the Medical Board of Australia. Notable examples include the creation of the PMCV Prevocational Supervisor Network, the active engagement and retention of consumers on survey teams, and the integration of key stakeholders within the governance structure including medical school deans, prevocational trainees, a ministerial representative and proposed consumer on the Board.

JMO Victoria was consistently viewed by stakeholders as an important conduit to channel the JMO voice, disseminate key accreditation information and engage JMOs in the accreditation process as both surveyors and participants. However, the level of prevocational doctors' engagement with JMO Victoria appeared low, and to have reduced over recent years.

The team heard that the effectiveness of JMO Victoria is partially dependent on the executive team and that the recent staff turnover challenges experienced by PMCV may be a factor in the reduced engagement. The team encourages PMCV to evaluate the effectiveness and reach of JMO Victoria to work with prevocational doctors to increase their voice and involvement in accreditation processes.

5.2 Communications strategy

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

PMCV launched a newly refurbished website in January 2022, following extensive review and refresh onto a new platform which supports the PMCV team members' ability to maintain content.

The Accreditation pillar of the website includes information on facilities accredited by PMCV and accredited post data. At the time of submission, PMCV reported this page to be under review following discussion with JMO Victoria regarding the digestibility of the health services information.

The PMCV Marketing team further implements an array of strategies as part of PMCV's communication and engagement strategy, including consistent communications with stakeholders through social media (Facebook, LinkedIn and X [formerly Twitter]). PMCV has seen monthly organic growth on these platforms.

An *Engagement Dashboard* allows the Authority to measure and track stakeholder engagement over time, collecting information from the website, email software and social media profiles. A scoring system allows PMCV to see how and where stakeholders are engaging, and is reported to allow for increased visibility of gaps in engagement which can be addressed.

Team findings

PMCV has an established website that was relaunched in January 2022, which provides information about PMCV, accreditation functions and procedures. There is a dedicated marketing team and engagement dashboard which supports the collation of statistics to measure stakeholder engagement with the site.

Through discussion with stakeholders, the team heard various challenges with the functionality of the website, including the recency of information available and feedback mechanisms, which stakeholders have previously raised with PMCV but do not appear to have been addressed. This is undermining stakeholder confidence in an otherwise sophisticated website and should be addressed.

Given stakeholders' feedback addressed earlier in the report about some lack of clarity regarding PMCV's role and how decisions are made, there is also an opportunity to enhance the information on the website.

PMCV symposiums and communication and engagement regarding the NFPMT, including the establishment of a Steering Committee, was highly regarded by stakeholders. Stakeholder feedback recognised the significant PMCV investment in communications. There were some examples of missed opportunities to enhance the communication strategy resulting from feedback from stakeholders about a desire for more collaborative, interactive engagements not reaching the relevant PMCV staff in a timely manner. PMCV could consider centralised mechanisms and monitoring to support stakeholder feedback being visible to staff who need it and to track action.

PMCV's proposed commitment to meet with each health service individually in advance of the implementation of the NFPMT, in addition to quarterly workshops, a statewide survey, and regular Director of Medical Services and Medical Education Officer fora demonstrates commitment and an acknowledgement of the unique challenges faced by each health service, notably in rural and regional areas. The team noted the significant additional workload that this would pose in the context of already stretched capacity in PMCV clinical and staff leadership, and recommends an open, honest and achievable plan for implementing this initiative.

5.3 Collaboration with other accreditation organisations

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

PMCV holds representation on numerous national committees and groups which facilitate the sharing of information and collaboration with other accreditation authorities. Such groups include:

- Confederation of Postgraduate Medical Education Councils (CPMEC)
- Prevocational Medical Accreditation Network (PMAN)
- National Medical Intern Data Management Working Group
- National E-portfolio Project Board
- Medical Training Survey Consultative Forum
- AMC National Framework for Prevocational Medical Training Review Working Party
- Program for Prevocational Supervision Working Party.

PMCV holds an agreement with the New South Wales Health Education and Training Institute (HETI) to streamline Albury Wodonga Health accreditation. The agreement involves PMCV taking responsibility for the accreditation process, with regular reporting to HETI and joint visits every four years.

PMCV has fostered stronger cross-jurisdictional relationships with accreditation authorities through their lead in the development of the Program for Prevocational Supervisors in the lead-up to the NFPMT implementation. PMCV is also in the process of considering how to facilitate greater connection with other accreditation authorities in other jurisdictions outside of the current formal meetings coordinated by CPMEC. The Authority has indicated considerations for approaching jurisdictions to join the PMCV Accreditation Committee and/or survey visits in the future.

Team findings

PMCV has consistently demonstrated a strong commitment to meaningfully collaborate with other relevant accreditation organisations. This includes multiple active engagements and contributions to committees including CPMEC, AMC, Program for Prevocational Supervision Working Party, NFPMT, PMAN, National Medical Intern Data Management Working Group, National E-Portfolio Project Board and the Medical Training Survey Consultative Forum.

PMCV has continued the agreement with HETI in assuming the responsibility of accrediting Albury Wodonga Health and adheres to the Cross-Border Prevocational Placement Accreditation policy for accreditation of interstate posts between New South Wales and South Australia.

It is also notable that PMCV has assumed a leadership role in preparation for implementation of the NFPMT, including leading the NFPMT Steering Committee and leading the development of national resources for supervisor training.

5.4 Working within accreditation frameworks

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

PMCV works within the national structures of quality assurance and accreditation. PMCV is actively engaged in preparation for the implementation of the NFPMT, which has included adopting the revised accreditation standards and reviewing its policies and processes to align with the requirements from 2024.

As a member of the National Intern Data Management Working Group, PMCV has participated in national initiatives relating to professional development of supervisors and made submissions relating to intern allocation and consultations.

Team findings

PMCV has demonstrated awareness and application of overarching national (Quality Framework for Accreditation Function) and international (WHO/WFME Guidelines for Accreditation of Basic Medical Education) quality assurance and accreditation mechanisms.

Appendix One Membership of the 2023 AMC Team

Dr Hwee Sin Chong (Chair), MBChB FRACMA MHM MIPH GAICD. Executive Director, Queensland Rural Medical Services, Darling Downs Hospital and Health Service.

Dr Greg Sweetman, MBBS DipRACGO DA(UK) FRACGP FACEM MClined DDU MHSM. Chair, Postgraduate Medical Council of Western Australia; Medical Advisory, Clinical Excellence Unit, Office of the Chief Medical Officer.

Dr Luke Streitberg, MBBS MFM FRACGP FRCPA(CFM). Director of Prevocational Medical Education and Training; General Practice Advisory; Senior Staff Specialist, Clinical Forensic Medicine, Canberra Health Services.

Dr Helena Qian, BMed DipLang CHIA. Obstetrics and Gynaecology Senior Resident Medical Officer, Royal Hospital for Women.

Ms Faith White, BN MCCN MHSc(Ed) GradCertPolAnalysis. Manager, Prevocational Medical Accreditation Queensland.

Ms Tahlia Christofersen, Accreditation Officer, Prevocational Accreditation, Australian Medical Council.

Ms Madeleine Novak, Acting Project Manager, National Framework for Prevocational Medical Training, Australian Medical Council.

Appendix Two Groups met by the 2023 AMC Team

Location	Meeting
Melbourne, Victoria, and teleconference – Webex	
<i>Monday 5 – Tuesday 6 June 2023 – Dr Greg Sweetman, Dr Luke Streitberg, Ms Faith White, Ms Tahlia Christofersen (AMC staff), Ms Madeleine Novak (AMC staff)</i>	
Observation of PMCV accreditation visit to the Royal Melbourne and Royal Women's Hospitals	Various meetings
Teleconference – MS Teams	
<i>Monday 13 – Tuesday 14 June 2023 – Dr Hwee Sin Chong, Dr Greg Sweetman, Dr Helena Qian, Ms Faith White, Ms Tahlia Christofersen (AMC staff), Ms Madeleine Novak (AMC staff)</i>	
Observation of PMCV accreditation visit to Mildura Base Public Hospital	Various Meetings
Melbourne, Victoria and Teleconference – MS Teams	
<i>Monday 17 July 2023 – Dr Hwee Sin Chong, Dr Greg Sweetman, Dr Luke Streitberg, Dr Helena Qian, Ms Faith White, Ms Tahlia Christofersen (AMC staff), Ms Madeleine Novak (AMC staff)</i>	
Observation of PMCV Accreditation Committee meeting	Chair Members
Melbourne, Victoria, and Teleconference – MS Teams	
<i>Tuesday 18 July 2023 – Dr Hwee Sin Chong, Dr Greg Sweetman, Dr Luke Streitberg, Dr Helena Qian, Ms Faith White, Ms Tahlia Christofersen (AMC staff), Ms Madeleine Novak (AMC staff)</i>	
PMCV Leadership Team	CEO Operations Director Operations Manager
PMCV Board	ACEM representative Ex-Officio member, former Chair JMO representative Medical Education representative Ministerial Representative
Victorian Medical Schools	Dean of Medicine, Deakin University University of Melbourne Medical School
Victorian Board of the Medical Board of Australia	Chair, MBA Nominee on the Accreditation Committee State Manager, Ahpra

Location	Meeting
Directors of Medical Services/Chief Medical Officers	Alfred Health Austin Health Bairnsdale Regional Health Service Barwon Health East Grampians Health Echuca Regional Health Grampians Health Latrobe Regional Hospital Mildura Base Public Hospital Monash Health Royal Melbourne Hospital Western Health
Directors of Clinical Training	Barwon Health Grampians Health Mildura Base Public Hospital Latrobe Regional Hospital Royal Melbourne Hospital St Vincents Hospital Melbourne
Accreditation Committee	Deputy Chair and JMO representative Medical Education Officer representative Metro representative Rural representative Rural Management representative University representative VRGP nominee
Accreditation Assessors/Surveyors	Community surveyor and Accreditation Committee representative Junior Medical Officer surveyors Medical Education surveyors Medical Education Officer surveyor Medical Manager surveyor and Team Leader SMS surveyor and Team Leader
<i>Wednesday 19 July 2023 – Dr Hwee Sin Chong, Dr Greg Sweetman, Dr Luke Streitberg, Dr Helena Qian, Ms Faith White, Ms Tahlia Christofersen (AMC staff), Ms Madeleine Novak (AMC staff)</i>	
PMCV Board Executive	Board Chair Deputy Board Chair and A/Accreditation Committee Chair Board Treasurer

Location	Meeting
Medical Education Officers	Albury Wodonga Health Alfred Health Austin Health Ballarat Health Services Bendigo Health East Gippsland Healthcare Group Eastern Health Echuca Regional Health Goulburn Valley Health Mercy Health Monash Health Northern Health Northeast Health Wangaratta Royal Children's Hospital South West Healthcare St Vincents Hospital Melbourne Swan Hill District Health The Royal Melbourne Hospital West Gippsland Healthcare Group Western Health
Victorian Department of Health	Chief Medical Officer A/Director, Health Workforce Policy Manager, Health Workforce Policy Senior Policy Advisor
Chief Executive Officer	Chief Executive Officer, PMCV
PMCV National Framework for Prevocational Medical Training Leads	Statewide Project Manager, NFPMT Project Lead, Prevocational Supervision CEO Operations Director.
PMCV Staff	Operations Manager Accreditation Manager Education Coordinator Prevocational Workforce Coordinator Interim Medical Advisor
Debrief with PMCV Leadership	CEO, PMCV Operations Director Board Chair Deputy Board Chair

Teleconference – MS Teams	
<i>Thursday 24 August 2023 – Dr Hwee Sin Chong, Dr Greg Sweetman, Dr Luke Streitberg, Ms Faith White, Ms Tahlia Christofersen (AMC staff), Ms Madeleine Novak (AMC staff)</i>	
Junior Medical Officers	Albury Wodonga Health East Grampians Health

