

# Accreditation Report: Canberra Region Medical Education Council

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Prevocational Standards Accreditation Committee

November 2024



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## Acknowledgement of Country

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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

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This report records the findings of the Australian Medical Council (AMC) assessment of the Canberra Region Medical Education Council (CRMEC), the prevocational training accreditation authority for Australian Capital Territory (ACT).

The CRMEC was granted initial accreditation by AMC Directors on 2013 as the prevocational training accreditation authority for ACT.

In August 2024, an AMC team completed an assessment of the prevocational training accreditation authority's work. The AMC conducted this assessment following the steps in the document *Procedures for assessing and accrediting prevocational training accreditation authorities*. The AMC team assessed the prevocational training accreditation activities of the authority against the requirements of the document, *Domains for assessing and accrediting prevocational training accreditation authorities*.

The team reported to the AMC Prevocational Standards Accreditation Committee in November 2024.

AMC Directors at their 12 December 2024 meeting resolved:

- i. that the Canberra Region Medical Education Council (CRMEC) *meets* the domains for assessing accreditation authorities;
- ii. that the Canberra Region Medical Education Council (CRMEC) be accredited as a prevocational training accreditation authority for five years to 31 March 2030, subject to satisfactory annual monitoring reports to the AMC.

In 2029, before this period of accreditation ends, the AMC will seek an accreditation extension submission from the CRMEC. The report should address the requirements of the *Domains for assessing and accrediting prevocational training accreditation authorities* and outline the CRMEC's development plans for the next three years. The AMC will consider this report and, if it decides CRMEC is continuing to satisfy requirements, the AMC Prevocational Standards Accreditation Committee may extend the accreditation by a maximum of three years (to March 2033), taking accreditation to the full period which the AMC will grant between assessments, eight years.

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

- i. **Accreditation for a period of five years subject to satisfactory monitoring submissions.** Accreditation may also be subject to certain conditions being addressed within a specified period and to satisfactory monitoring submissions. In the year the accreditation expires, the accreditation authority will submit an accreditation extension submission. Subject to a satisfactory submission, the AMC may grant a further period of accreditation, of no more than three years, before a new accreditation assessment.
- ii. **Accreditation for a shorter period.** If significant deficiencies are identified or there is insufficient information to determine that the accreditation authority satisfies the 'Domains for assessing and accrediting authorities', the AMC may grant accreditation with conditions and for a period of less than five years. At the end of this period, or sooner if the accreditation authority requests,

the AMC will conduct a follow-up review. Should the accreditation be extended to five years, in the year the accreditation ends the prevocational training accreditation authority will submit an accreditation extension submission. Subject to a satisfactory submission, the AMC may grant a further period of accreditation, of no more than three years, before a new accreditation assessment.

- iii. **Accreditation refused or revoked where the prevocational training accreditation authority has not satisfied the AMC that it can meet 'Domains for assessing and accrediting authorities'.** The AMC would take such action after considering in depth the impact on the healthcare system and on individuals of withdrawing accreditation, and of other avenues for correcting deficiencies. If the AMC withdraws accreditation, it will give written notice of the decision, its reasons and the procedures available for reviewing the decision within the AMC (see Part 3.3.12). An accreditation authority that has its accreditation refused or revoked may re-apply for accreditation. The organisation must first satisfy the AMC that it has the capacity to deliver prevocational training accreditation services that meet the 'Domains for assessing and accrediting authorities' (Section 2 of AMC domains and procedures).

### Overview of findings

The key findings of the 2024 AMC assessment against the requirements of Domains for assessing and accrediting prevocational training accreditation authorities are set out below.

The left column of the Table includes commendations and recommendations for improvement. Recommendations for improvement are suggestions for the authority to consider, and are not conditions on accreditation. The authority must advise the AMC on its response to the suggestions.

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

| Domain with commendations and recommendations for improvement   | Findings and conditions          |
|---|----------------------------------|
| <b>Domain 1 – Purpose and governance</b>  | <b>Met</b>                       |
| <u>Commendations</u><br><p>A The <i>Strategic Plan 2023-2027</i> that sets a clear focus and commitment to quality improvement, ensuring high quality prevocational training that meets the needs of the community, including cultural safety. (Attribute 1.1)</p> <p>B The clear prioritisation for the accreditation function and commitment to patient safety and prevocational doctor wellbeing that is evident across the strategic plan, terms of reference and policy documents. (Attribute 1.3)</p> <p>C The establishment of a core membership position on Council for an Aboriginal and/or Torres Strait Islander representative with</p> | <u>Conditions</u><br><p>Nil.</p> |

|   |                                      |
|---|--------------------------------------|
| <p>knowledge and expertise in Indigenous Health. (Attribute 1.7)</p> <p><u>Recommendations for improvement</u></p> <p>AA Increase the representation of senior medical officers, consultants and/or clinical supervisors from across different health services on the Accreditation Committee. (Attribute 1.7)</p> <p>BB Establish a dedicated position within governance for SNSWLHD health service representation to support greater engagement with the accreditation function (Attribute 1.7)</p>   |                                      |
| <b>Domain 2 – Independence</b>  | <b>Met</b>                           |
| <p><u>Commendations</u></p> <p>D The comprehensive policy for the identification and management of conflict of interest, and the broad stakeholder awareness of the importance of adherence to policy processes in governance work. (Attribute 2.2)</p>   | <p><u>Conditions</u></p> <p>Nil.</p> |
| <b>Domain 3 – Operational management</b>  | <b>Met</b>                           |
| <p><u>Commendations</u></p> <p>E The professional leadership and staffing of the accreditation authority and its functions. (Attribute 3.1)</p> <p>F The establishment of the ex-officio Medical Education Advisor role, which is valued by all ACT stakeholders as providing support and advice to prevocational training advisory that is separate to and avoids conflicts of interest with prevocational training accreditation processes. (Attribute 3.1)</p> <p>G The commitment to quality improvement of the accreditation process, including the full review of accreditation policies to support implementation of the National Framework for Prevocational Medical Training. (Attribute 3.2)</p> <p>H Collaboration with other prevocational training accreditation authorities, including sharing of practices, cross-jurisdictional collaboration and engagement to</p> | <p><u>Conditions</u></p> <p>Nil.</p> |

|  |                           |
|--|---------------------------|
| strengthen the accreditation function.<br>(Attribute 3.3)<br><u>Recommendations for improvement</u><br>Nil.  |                           |
| <b>Domain 4 – Processes for accreditation of prevocational training programs</b>   | <b>Met</b>                |
| <u>Commendations</u><br>I The clear commitment to, and support provided by the authority, to facilitate continuing quality improvement in prevocational training programs and medical education and supervisor training. (Attribute 4.6)<br>J The development of an <i>Accreditation Evidence and Auditing Guide</i> , which focuses on the quality improvement function of accreditation for health services. (Attribute 4.6)<br>K The formal and informal mechanisms for effective identification and management of patient safety and prevocational doctor wellbeing and training environment concerns, resulting in appropriate escalation, action and priority for ensuring the concern is addressed. (Attribute 4.9)<br>L The levels of decision making through the Accreditation Committee and Council and priority placed on ensuring separation of membership and management of conflict of interest across the governance structure to mitigate undue influence (Attribute 4.11)<br><u>Recommendations for improvement</u><br>CC Develop guidance on effective and respectful questioning in survey visits. This may form part of the surveyor training or be a guidance document for team members. (Attribute 4.2)<br>DD Formalise the process for survey team member performance review and provision of constructive feedback to support the continued development of individual surveyors.(Attribute 4.2)<br>EE Work with prevocational doctor representatives to build a shared understanding of how to support the | <u>Conditions</u><br>Nil. |



|  |                                     |
|--|-------------------------------------|
| <p>sharing of their perspectives while appropriately managing potential for undue bias and describe this within the <i>Conflict of Interest</i> policy (and/or other documentation as appropriate). (Attribute 4.3)</p> <p>FF Develop a mechanism to promote awareness of direct escalation pathways to the CRMEC for prevocational doctors who have concerns related to safety, wellbeing and unsuitable training environments. (Attribute 4.9)</p>   |                                     |
| <b>Domain 5 – Stakeholder collaboration</b>  | <b>Met</b>                          |
| <p><u>Commendations</u></p> <p>M The clear priority placed on stakeholder engagement across the medical education continuum, including consultation on strategic and accreditation matters, facilitating collaboration to promote innovation and improvements to prevocational medical education and training, (Attribute 5.1)</p> <p>N The communication plan and <i>Communicating with Junior Doctors</i> policy, which aims to increase awareness and inform key stakeholders and target areas of interest to facilitate the engagement of prevocational doctors. (Attribute 5.2)</p> <p><u>Recommendations for improvement</u></p> <p>Nil.</p> | <p><u>Conditions</u></p> <p>Nil</p> |

## Introduction

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### AMC and prevocational 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 prevocational 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 prevocational training defines the mix of rotations that prevocational must complete and also states that 'All terms must be accredited against approved accreditation standards for prevocational 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 prevocational training programs in each state and territory.

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

A summary of the key documents in the National Framework for Prevocational (PGY1 and PGY2) Medical Training is provided below and the documents are available on the [AMC website](#)

| Framework document  | Summary  |
|---|--|
| Domains for assessing and accrediting prevocational training accreditation authorities 2024       | Details the domains the prevocational training accreditation authority must demonstrate and the attributes of each domain.   |
| Procedures for assessing and accrediting prevocational training accreditation authorities 2024    | Outlines the procedures the AMC has adopted for assessment and accreditation of prevocational training accreditation authorities. Where possible these procedures are aligned with procedures for accreditation of medical schools and specialty colleges.   |
| National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms | Outlines requirements for processes, systems and resources that contribute to good quality prevocational (PGY1 and PGY2) training.<br><br>Requirements for prevocational (PGY1 and PGY2) training programs and terms outlines the experience that prevocational doctors should obtain during programs and terms. The requirements for PGY1 build on the Medical Board of Australia's Registration standard – Australian and New Zealand graduates. |

|   |   |
|---|---|
| <p>Training and assessment requirements for prevocational (PGY1 and PGY2) training programs</p> | <p><u>Section 2</u></p> <p><i>Prevocational outcomes statements</i> - state the broad and significant outcomes that prevocational (PGY1 and PGY2) doctors should achieve by the end of their programs.</p> <p><i>Entrustable professional activities (EPAs)</i> - describe the key work of PGY1 and PGY2 doctors. The EPAs prioritise clinical experience as a critical part of prevocational training. The assessment of EPAs will increase structured opportunities for observation, feedback and learning and inform global judgements at the end of terms/ years.</p> <p><i>Record of Learning</i> - supports the revised training and assessment process, includes an outline of and access to training and assessment material, records of achievement of training requirements (including the prevocational outcome statements) and of assessments.</p> <p><u>Section 3</u></p> <p><i>Assessment approach</i> – details requirements for assessing prevocational doctors (PGY1 and PGY2) participating in accredited training programs. Based on prevocational doctors achieving outcomes stated in the prevocational outcome statements.</p> <p><i>Improving performance</i> – outlines the supportive and constructive educational approach for prevocational doctors experiencing difficulties. Includes the process to address performance concerns, emphasises early identification and feedback and support.</p> <p><i>Certifying completion of PGY1 and PGY2 training</i> – states requirements to certify completion for prevocational doctors (PGY1 and PGY2) participating in accredited training programs. Completion requirements differ for PGY1 and PGY2.</p> <p><i>National assessment forms</i> – summarises the national assessment forms to support a consistent approach to assessment and the development process.</p> <p><i>Prevocational training term assessment form</i> – form to support assessment and the performance of prevocational doctors, and to support decisions for satisfactory completion of each year. Used during mid and end of term assessments.</p> <p><i>Prevocational training entrustable professional activity (EPA) assessment forms</i> - form used to assess an EPA of a prevocational doctor. The form includes an entrustability rating; the level of supervision required for the junior doctor to perform this work safely.</p> |
|---|---|

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

For each accreditation assessment, the Prevocational Standards Accreditation Committee appoints an expert team. The prevocational training accreditation authority's accreditation submission, which

addresses the *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 prevocational training accreditation authority and meets stakeholder representatives. The team may also observe some of the authority's usual prevocational 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 prevocational 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 CRMEC**

The Canberra Region Medical Education Council (CRMEC) is the prevocational training accreditation authority for the Australian Capital Territory (ACT).

In 2014, an AMC team completed the assessment of the CRMEC intern training accreditation work. On advice from the Prevocational Standards Accreditation Committee, AMC Directors, at their June 2015 meeting, agreed that they were reasonably satisfied that the CRMEC substantially met the Intern training: Domains for assessing accreditation authorities, and granted accreditation to the CRMEC as the intern training accreditation authority for the Australian Capital Territory for the three years to 31 March 2018.

A short-term extension of accreditation was granted to 31 March 2019 to enable the CRMEC's continued accreditation while an AMC decision on the comprehensive report was finalised.

Based on a satisfactory accreditation extension submission in 2018, AMC Directors extended accreditation for five years to 31 March 2024, with accreditation to continue until an AMC team completed an assessment of the prevocational training accreditation services in 2023.

In December 2022, AMC Directors agreed to extend the accreditation of the CRMEC as a prevocational training accreditation authority for 12 months to 31 March 2025, to enable the accreditation assessment to be completed in 2024 the context of the revised National Framework for Prevocational (PGY1 and PGY2) Training and against the updated domains.

This report details the 2024 assessment of CRMEC against the requirements of *domains for assessing and accrediting prevocational training accreditation authorities* and the findings of that assessment.

The key steps in the assessment process were as follows:

- The AMC contacted CRMEC regarding the commencement of the assessment process in 2023, after which there were regular discussions between AMC and CRMEC staff to plan the assessment.
- CRMEC developed an accreditation submission, addressing the Domains for assessing and accrediting prevocational training accreditation authorities and responding to guidelines provided by the AMC.
- The AMC appointed an expert team to complete the assessment, after CRMEC 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 CRMEC's accreditation submission.
- The team met on 25 June 2024 to consider CRMEC's submission and to plan the review.
- A subset of the AMC team observed CRMEC's survey visit to Goulburn Base Hospital virtually on 2 July 2024.

- The team met with CRMEC executive and staff, CRMEC members and selected stakeholders and Accreditation Committee members on 7 and 8 August 2024, and prevocational doctors on 24 September 2024.
- The team observed CRMEC's Accreditation Committee and Council meetings on 4 September and 18 September 2024.
- The AMC invited CRMEC 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 CRMEC were considered through the AMC's committee processes.

### **Appreciation**

The AMC thanks the CRMEC 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 CRMEC 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 September 2024.

The groups met by the 2024 AMC team are listed at Appendix 2.

## 1 Purpose and governance

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

### Attributes

- 1.1 The prevocational training accreditation authority is committed to ensuring high quality education and training, and to facilitating training to meet health needs of the community.
- 1.2 The prevocational training accreditation authority is, or operates within, a legally constituted body subject to a set of external standards or rules related to governance, operation and financial management.
- 1.3 The prevocational training accreditation authority's governance and management structures give appropriate priority to accrediting prevocational training programs, including considering the impact of these programs on patient safety and the way programs address the wellbeing of prevocational doctors.
- 1.4 The prevocational training accreditation authority is able to provide assurance of the ongoing viability and sustainability of the organisation in delivering accreditation services.
- 1.5 The prevocational training accreditation authority's accounts meet relevant Australian accounting and financial reporting standards.
- 1.6 There is a transparent process for selecting the prevocational training accreditation authority's governing body.
- 1.7 The prevocational training accreditation authority's governance arrangements provide input from stakeholders, including health services, prevocational supervisors and prevocational doctors.
- 1.1 Commitment to ensuring high quality education and training and meeting health needs of the community**

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

The *Canberra Region Medical Education Council (CRMEC; the Council; the authority) strategic plan 2023–2027* (the strategic plan) identifies the focus of the authority's commitment to ensuring high-quality education and training and to meet health needs of the community. The strategic plan outlines the CRMEC's mission statement as:

To contribute to high-quality healthcare delivery to the ACT community by facilitating a high-quality education and training experience for prevocational doctors in the ACT training region.

The plan identifies eight key priority areas for 2023–2027:

1. Maintain governance structures and business practice to support the CRMEC's organisational purpose and functions.
2. Maintain and build expertise in accreditation of prevocational medical training, including attaining consistency with the new National Standards, and building long-term capacity to undertake accreditation activities.
3. Respond to, and provide leadership and support throughout, the implementation of the new National Prevocational Training Framework.
4. Provide expert advice related to postgraduate medical education and training to the ACT Minister for Health and at the executive level in ACT and linked regional networks.

5. Monitor and advocate for welfare, safety and quality education for junior doctors in the ACT and the linked regional network, including those in non-accredited positions.
6. Maintain and promote collaboration with relevant national and jurisdictional organisations.
7. Identify and promote education and career resources for prevocational junior doctors.
8. Promote the CRMEC and its activities nationally and in the ACT training region.

In its advisory role, the CRMEC participates in education and workforce advisory groups focusing on medical education and training across various levels and specialties in the Australian Capital Territory and neighbouring regions. It provides advice at the executive level across the public health workforce and government and advises health services on their prevocational education and training programs and education needs in the region.

In its monitoring and advocacy role, the CRMEC monitors junior medical officer (JMO) doctor and patient safety. It maintains a mechanism for investigating complaints.

The CRMEC also identifies and promotes education initiatives, including facilitating cross-network working days for Directors of Prevocational Education and Training (DPETs), facilitating an Education Committee, delivering an education program for supervisors and educators, and identifying and communicating prevocational doctor education opportunities through the newsletter and medical education unit (MEU) networks.

The CRMEC accreditation process is undertaken with a culture of continuous evaluation and quality improvement of the education training program (ETP), in recognition of the role this plays in underpinning a safe and responsive training environment.

The CRMEC governance structures and accreditation processes support broad stakeholder input, aligning with the strategy to maintain and promote engagement with healthcare consumers in the Australian Capital Territory. Consumer representation is present across CRMEC governance and survey visits.

### **Team findings**

The CRMEC demonstrated clear commitment to ensuring high-quality medical education and training, including facilitating training to meet the needs of the community.

The strategic plan outlines a clear direction for the CRMEC with respect to education and training, with a focus placed on prevocational education and training, advocacy for JMO welfare, safety and quality education, the provision of leadership, and connection with key prevocational stakeholders across the region, including health consumers.

Consumer engagement in accreditation processes were evident across survey visits and governance meetings, supporting community input to prevocational training. The consumer representatives observed during the assessment were impressive in their understanding of the system and their focus on the impact of accreditation of prevocational training on patient experiences and outcomes. They were clearly respected and supported in their representative roles.

The team heard a shared dedication across CRMEC staff and governance members, the Minister for Health, health service staff, and stakeholders from across the broader medical education continuum and community to collaboration and improvement initiatives to support the provision of high-quality training for prevocational doctors in the Australian Capital Territory and broader region.

There was evidence across documentation and in discussion with CRMEC staff and stakeholders of the clear commitment to cultural safety and plans for developing and strengthening relationships with Aboriginal and/or Torres Strait Islander peoples and promoting equity in health and wellbeing outcomes embedded within the accreditation process and prevocational medical training in the region.

## 1.2 Canberra Region Medical Education Council

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

The CRMEC was established in September 2014 as a Ministerial Committee reporting to the ACT Minister for Health. The purpose of the authority is the accreditation of prevocational medical education training programs (PGY1 and PGY2) in the ACT and Southern NSW regions, and to act as a medical education advisory body to the Minister and public health system regarding the quality of education, training and welfare for JMOs within the Australian Capital Territory and regional network.

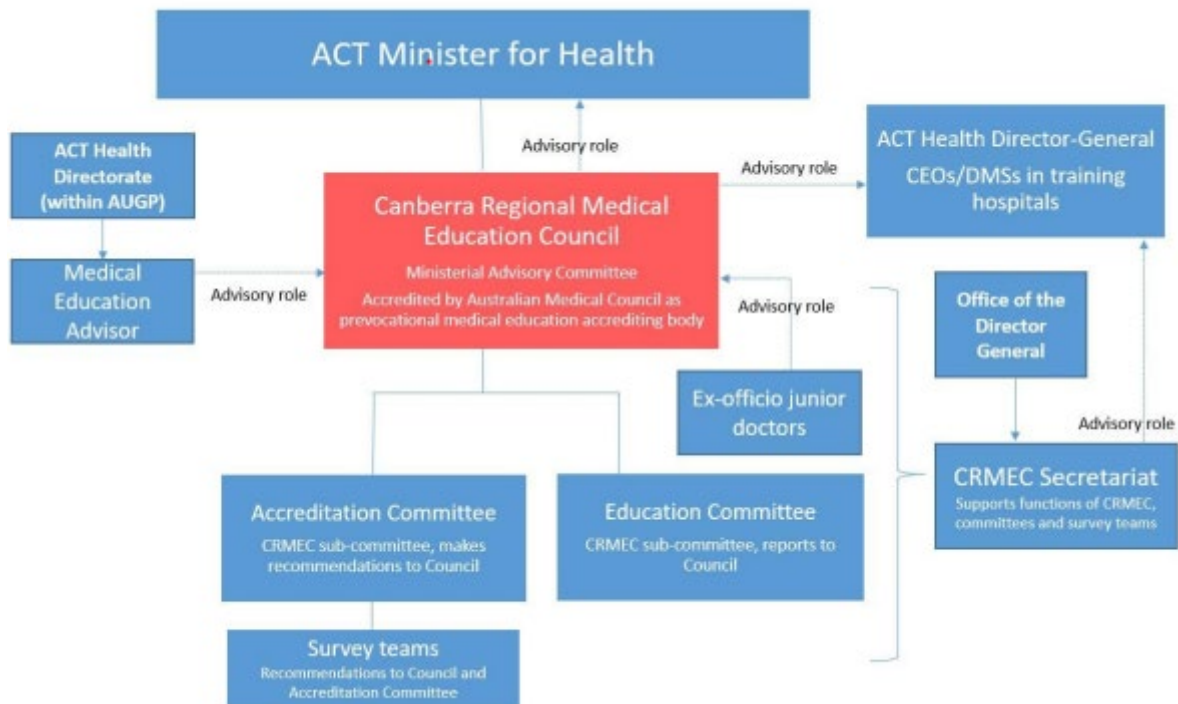
The *Terms of reference for CRMEC* outlines the functions of the Council to be:

- accreditation and monitoring of individual prevocational training terms and clinical units, facilities and networks that support them using the national prevocational training standards, with a focus on:
  - ensuring the prevocational education and training program delivered in the ACT and linked regional network meets the requirements published by the Australian Medical Council
  - ensuring individual prevocational training terms delivered in the region meet the requirements published by the Australian Medical Council
  - advising on the suitability of prevocational training terms in the ACT
  - notifying to the ACT Board of the Medical Board of Australia of the CRMEC's endorsement or otherwise in relation to accreditation of prevocational training
- advisory functions to the Minister for Health and Executives within ACT Health Directorate on matters relating to postgraduate medical education and training and the accreditation of prevocational medical training
- leadership in postgraduate medical education and training in the ACT and linked regional network
- identification and promotion of medical education and training for junior doctors and their educators, in conjunction with key stakeholders
- promotion and active encouragement of innovation in postgraduate medical training
- development of linkages and agreements with relevant stakeholders to:
  - provide a continuum of learning
  - foster sharing of expertise and information and minimise duplication of workload on health services that is associated with multiple accreditation processes
- establishment and promotion of partnerships with relevant national and jurisdictional organisations
- receipt of feedback from junior doctors regarding relevant safety and quality matters, and investigation of issues falling under the remit of the Council
- advocacy related to postgraduate education, training, safety and welfare issues.



## Governance

The Council is the central governing body of the CRMEC and the governance and reporting structure is illustrated below:



The Council has a direct line of reporting to the ACT Minister for Health, providing an annual written report and meeting to discuss issues and respond to areas of interest to the Minister.

The CRMEC secretariat has been situated in the ACT Health Directorate since 2017, which provides the financial, insurance, human and other management function resourcing for the secretariat. Through this positioning, the CRMEC reports annually to the ACT Health Director-General via its report to the Minister.

Council membership is audited against the *Governance principles: Appointments, boards and committees in the ACT* (2021) on a four-year cycle.

The Council is supported by two subcommittees, the Accreditation Committee and Education Committee.

## Operational management

The Council meets at least four times annually, with out-of-session meetings proposed by the Chair or secretariat as required.

The Accreditation Committee was established by the CRMEC to provide advice and recommendations to the Ministerial Council, in addition to overseeing the Council's accreditation responsibilities. The *Terms of reference for Accreditation Committee* outlines the committee's functions as:

- providing advice to the Ministerial Council on matters relating to accreditation of prevocational medical training
- undertaking accreditation processes and monitoring of prevocational PGY1 and PGY2 training terms, clinical units, health services and networks that support these training terms using the National Standards and national prevocational ETP requirements

- receiving and making decisions on applications and/or requests for the accreditation of new and/or changed prevocational PGY1 and PGY2 terms against the National Standards and national prevocational ETP requirements
- monitoring and reviewing the CRMEC's accreditation processes, ensuring relevance and effectiveness
- managing the recruitment and training of accreditation survey team members and leaders
- maintaining awareness of other prevocational medical accreditation authorities and education providers to promote a continuum of learning, and to foster sharing of expertise and information
- working collaboratively with other CRMEC committees
- ensuring that documentation accurately reflects Accreditation Committee decisions.

The Accreditation Committee holds the designated powers to review all accreditation survey reports and annual reports, make recommendations to the Council on accreditation status, and review all proviso reporting and minor requests for change of circumstances. Where the committee considers a report demonstrating that a proviso is fully or mostly met, they may make the final decision on provisional to full accreditation.

The Council is further supported by the Education Committee, which holds the functions of providing leadership in postgraduate medical education and training, advising the CRMEC on appropriate education and training activities for junior doctors within the ACT prevocational network, and development of resources for junior doctors and supervisors.

The secretariat's position within the ACT Health Directorate ensures that policies and procedures for governance and operational and financial management are consistent with the expectations of the ACT Government.

### **Team findings**

The CRMEC is a legally constituted Ministerial Management Council that has terms of reference and aligns with the principles and requirements of the ACT Government for governance. This includes an audit every four years against the *Governance principles: Appointments, boards and committees in the ACT* (2021). The CRMEC is subject to clear rules related to operational and financial management, by virtue of the secretariat positioning within the ACT Health Directorate.

The Council is supported by an Accreditation Committee and Education Committee, which also operate in accordance with their relevant terms of reference, with clearly defined functions and powers.

The CRMEC is a mature organisation and the structuring of governance was found to be clear and a strength to the accreditation function.

### **1.3 Priority to accreditation of prevocational training programs**

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

As outlined under Attribute 1.2, the CRMEC was established to act as a postgraduate medical council to perform accreditation functions of the ACT and linked regional network prevocational training programs and undertake the accreditation and monitoring of prevocational ETPs and individual training terms using the National Standards.

The CRMEC has a broad remit of providing expert advice relating to prevocational doctor education, training and welfare; and providing leadership and advice to key stakeholders within the ACT region. This also extends to advocacy related to postgraduate education, training, safety and welfare issues.

The CRMEC is structured to prioritise the accreditation function, engaging a tiered approach to governance to support consideration of accreditation decision making. The governing body and

decision maker, the Council, is supported by an independent Accreditation Committee that oversees the accreditation function and provides advice to the governing body. This includes accreditation of prevocational ETPs and terms, monitoring of accreditation status of health service, and progress against provisos, annual reporting and issues arising.

JMO and patient safety is identified as a core principle of the CRMEC accreditation process, with clear processes for management and escalation of concerns identified in CRMEC policy documents across the governance and management structures. The Responding to Concerns Policy highlights patient and JMO safety and welfare as a critical consideration when responding to issues or concerns raised with the authority.

The Accreditation Committee reviews annual reports for each health service; the Annual Reporting Policy indicates that patient and JMO safety and welfare are specific areas that could trigger the CRMEC to undertake an unscheduled compliance visit outside the usual accreditation cycle.

The CRMEC have a dedicated key priority area within the strategic plan linked to welfare and advocacy, including monitoring and advocating for welfare, safety and quality education for junior doctors in the region. Strategies to address this include monitoring safety issues that arise during accreditation processes, being responsive to complaints and concerns raised, monitoring issues related to the ETP and providing strategic advice, and identifying and facilitating opportunities for education support and delivery for junior doctors in non-accredited positions.

The governance bodies additionally include broad prevocational doctor and community/consumer membership, supporting a focus on safety and welfare.

### **Team findings**

The CRMEC governance and management structures clearly prioritise the accreditation of prevocational training and place emphasis on consideration of patient and JMO safety and wellbeing. This is evident across the strategic plan, terms of reference and accreditation policy documents.

The accreditation function places a clear focus on considering the impact of ETPs on patient safety and prevocational doctor wellbeing and this was reflected through stakeholder discussion. The team consistently heard that safety and welfare is the aim and focus of the accreditation process, with the CRMEC approach to management of these issues being identified as a strength.

The team observed clear examples of the CRMEC's responsiveness to junior doctor wellbeing concerns, as well as the authority's approach, which recognises that junior doctor wellbeing and safety and patient safety are closely linked. This included clear identification of concerns during a survey visit, which were further documented and discussed in an accreditation report and governance meetings, resulting in the withdrawal of accreditation for a term due to ongoing concerns for prevocational doctors and their patients.

### **1.4 Business viability and sustainability in delivering accreditation services**

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

The structuring of the CRMEC as a Ministerial Council is designed to provide stability and ongoing structure to the functioning and viability of the authority. Since establishment, Council appointments have been performed strategically to stagger change and ensure ongoing governance knowledge and expertise.

The positioning of the secretariat within the ACT Health Directorate allows for recruitment, remuneration, human resourcing, staff professional development and responsibilities to be defined within the ACT Government Public Service policies and procedures.

The ACT Government Shared Services Finance department allocates the CRMEC budget annually in consultation with the CRMEC Director, in considering business needs. The CRMEC reported consistent

operation within its budget allocation, with Executive and the Minister being aware of potential future budget increases.

The ACT Health Directorate provided a statement of assurance of the ongoing funding and resourcing for the CRMEC accreditation function, supporting continuous operation and improvement to CRMEC accreditation activities to ensure the function remains robust, adaptable and capable of meeting future challenges and opportunities.

The Directorate can facilitate backfilling or secondment of positions, with Director-level staffing, as required.

The CRMEC additionally receives further funding from the Medical Board of Australia via the Australian Health Practitioner Regulation Agency (Ahpra), per contractual agreements, for the accreditation of intern accreditation services.

### **Team findings**

The CRMEC establishment as a Ministerial Council and secretariat positioned within the ACT Health Directorate supports the clear operational management structures, ongoing business stability and financial viability of the authority.

Financial documentation demonstrated that the CRMEC consistently operates within budget. Assurance was provided by the ACT Health Directorate of the ongoing funding and support for the CRMEC to undertake the accreditation function and improvement activities to ensure the ongoing robustness of the accreditation processes.

Consideration of potential risks and staffing requirements is proactively factored into budget discussions to support ongoing sustainability.

### **1.5 Financial arrangements**

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

The CRMEC's administrative positioning within the ACT Health Directorate results in accounting and financial reporting that is prepared by the ACT Government Shared Services Finance department, in adherence to ACT Public Service standards and Australian Accounting Standards.

Financial reports are provided monthly by the Finance department and reported to the Council twice a year. The ACT Government's financial records undergo annual audits, reported to the Minister for Health, and evidence of compliance can be provided through an auditor's statement if needed.

### **Team findings**

In complying with the practices and requirements of the ACT Government, the CRMEC was considered to meet the relevant Australian accounting and financial reporting standards.

### **1.6 Selection of the governing body**

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

Council members are appointed by the ACT Minister for Health following an expression of interest process consistent with the principles outlined in the ACT Government *Governance principles: Appointments, boards and committees in the ACT* (2021).

The selection process involves:

- development of selection criteria
- consultation with the Minister for Health
- consultation with government offices (Office for Women, Office for Aboriginal and Torres Strait Islander Affairs, Office for Disability, Office for LGBTIQ+ Affairs and Office for Multicultural Affairs)

- transparent advertising, including on the ACT Government Diversity Register
- review of applications against the selection criteria by a selection panel appointed by the Minister for Health
- consultation with government offices on suitability of applicants
- consultation with the Chief Minister, Treasury and Economic Development Directorate, Remuneration Tribunal, on conditions of engagement
- preparation of advice on suitability of applicants for the Minister for Health
- Ministerial selection and Cabinet agreement to appointment.

The selection panel includes representation from individuals external to the CRMEC, government, health service and the Australian Capital Territory. The CRMEC Director holds responsibility for advising the Minister on composition of the panel, which frequently includes representatives who are peripheral to, or entirely independent from, the ACT prevocational education and training programs. Such membership may include the ACT Chief Medical Officer, Dean of the Australian National University (ANU) Medical School, representation from other prevocational training accreditation authorities, representatives from the Southern New South Wales Local Health District (SNSWLHD), independent consultants and junior doctors.

The Chair is appointed by the Minister for Health and the Deputy Chair is appointed by the Council.

Members are appointed for a term of up to four years, with reappointment eligibility consistent with the principles outlined in the *Governance principles: Appointments, boards and committees in the ACT* (2021).

### **Team findings**

The process for selection of members to the Council is transparent, following the principles outlined in the *Governance principles: Appointments, boards and committees in the ACT* (2021).

There are clear steps in the selection process, including development of a selection criteria, consultation with government departments, and the appointment of a selection panel to provide advice to the Minister for Health for approval and Cabinet agreement.

The Council terms of reference clearly outline the required areas of knowledge and expertise, resulting in a representative membership model reflective of key prevocational training stakeholders and the community. Term lengths and eligibility for reappointment are also included.

### **1.7 Stakeholder input to governance**

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

The governance membership structures of the CRMEC allow for input from a broad range of stakeholders.

The *Terms of reference for CRMEC* outlines that the Council will include 9–12 core members, including the Chair and Deputy Chair, covering the following areas of knowledge and expertise:

- consumer advocacy
- doctor-in-training advocacy
- medical administration and accreditation
- medical education, training and supervision
- the ACT health sector and community
- rural health sector
- Indigenous health

The Council will endeavour to maintain at least the following as core members:

- three doctors in training (intern to registrar level)

- consumer representative
- Indigenous representative.

The Council will also endeavour to include ex-officio members in the following categories:

- a Medical Education Advisor (MEA) with expertise in graduate and postgraduate medical education
- an intern (PGY1) from the ACT training region
- a resident medical officer (PGY2) from the ACT training region.

The ex-officio junior doctor positions ensure ongoing representation from the current prevocational doctor cohort.

The CRMEC reported that health services have an opportunity to provide input to the appointment of Council members through representation on the selection panels that provide advice to the Minister for Health.

#### *Accreditation Committee*

Membership of the Accreditation Committee is for a term of up to three years, with doctors in training appointed for up to two years to enable ongoing representation at the PGY1 and PGY2 levels.

Committee membership is reflective of ACT and linked regional training facilities that are delivering prevocational education and training programs, with membership including representatives from the following categories:

- at least one member of the Council, appointed by the Ministerial Council, to take the role of Accreditation Committee Chair
- senior clinical supervisors
- medical educators
- medical administrators
- administration officers
- registrar/senior registrar representatives
- JMOs at the PGY1 and PGY2 level
- maximum of one consumer representative.

#### *Education Committee*

The Education Committee has a maximum of 20 representatives, with the following membership structure:

- CRMEC nominees (up to two positions)
- junior doctor representatives (up to 10 positions)
- CRMEC MEA
- clinical term supervisors
- DPETs
- medical education officers
- professional medical educators.

#### **Team findings**

The CRMEC governance arrangements are designed to support the input of a diverse range of stakeholders from across the ACT health system and medical education and training continuum, including prevocational doctors, health service staff, supervisors and consumers. In 2024, the CRMEC finalised the appointment of an Aboriginal and/or Torres Strait Islander representative position on Council.

Observation of Accreditation Committee and Council meetings found active and passionate engagement of all members, with all contributions clearly valued and strong prevocational doctor and community representative input.

The team found there was potential for the CRMEC to strengthen the constructive nature of committee discussions, including recommendations, appropriate management of system-level issues, consideration of risk, and structured and timely escalation of concerns to Council. An opportunity was identified for the CRMEC to consider expanding the composition of the Accreditation Committee to see the inclusion of a greater number of senior medical officers, consultants and/or clinical supervisors to support this.

On the basis of stakeholder feedback, the team found that it would be beneficial for the CRMEC to establish a dedicated position(s) within the governance structure for the inclusion and representation of health service executives or staff from the SNSWLHD health services that the CRMEC has the designated authority to accredit, to support broader engagement in and contribution to the accreditation function. Recognising the challenge of balancing the CRMEC's accreditation authority and NSW employment of staff in these regions, facilitating further engagement in the accreditation process would be beneficial for future working relationships and enhancing understanding of the CRMEC's remit and linkage to the local ACT health services.

#### *Commendations*

- A The *Strategic Plan 2023-2027* that sets a clear focus and commitment to quality improvement, ensuring high quality prevocational training that meets the needs of the community, including cultural safety. (Attribute 1.1)
- B The clear prioritisation for the accreditation function and commitment to patient safety and prevocational doctor wellbeing that is evident across the strategic plan, terms of reference and policy documents. (Attribute 1.3)
- C The establishment of a core membership position on Council for an Aboriginal and/or Torres Strait Islander representative with knowledge and expertise in Indigenous Health. (Attribute 1.7)

#### *Conditions to satisfy accreditation domains*

Nil.

#### *Recommendations for improvement*

- AA Increase the representation of senior medical officers, consultants and/or clinical supervisors from across different health services on the Accreditation Committee. (Attribute 1.7)
- BB Establish a dedicated position within governance for SNSWLHD health service representation to support greater engagement with the accreditation function (Attribute 1.7)

## 2 Independence

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**Domain:** The accreditation authority independently carries out accreditation of prevocational training programs.

### Attributes

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

### 2.1 Independence of accreditation decision making

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

The establishment of the CRMEC as a Ministerial Committee is designed to support the independence of the authority, maintaining accreditation responsibilities with a governance structure that makes decisions, and with a leadership and reporting function that is external to the ACT Health Directorate and broader ACT health system. This structure further enables independence from the health services that the CRMEC accredits.

To maintain independence and manage any potential undue influence of the CRMEC secretariat administrative positioning within the ACT Health Directorate, the secretariat sits outside of ACT Health Directorate portfolios and has a direct line of reporting to the Director-General's office. This structure was reported to be successful and beneficial in enshrining the CRMEC as an independent decision-making and advisory body. This further presents the Council with opportunities to escalate any issues or needs directly to senior levels in a confidential and timely manner.

The organisational structure delegates accreditation responsibilities and decisions to a hierarchy of committees, ensuring that broad stakeholder input is included in the accreditation and decision-making process. This structure includes a survey team to review a facility's processes, complete a formal report and make recommendations to the Accreditation Committee. The Accreditation Committee reviews the report and makes recommendations to the Council on recommended adjustments to and/or endorsement of reports. The committee independently monitors proviso reporting, but escalates issues of concern to the Council for consideration as required. The Council receives the recommendations from the committee on endorsement of accreditation reports, annual reports and requests for new training terms. All accreditation decisions are reported annually by the Council to the Minister for Health.

The Accreditation Survey Teams Policy indicates that the CRMEC accreditation process relies on independence and conflict of interest management, including promoting independent accreditation survey teams to undertake the accreditation-visit process without compromising the quality of the process.

As detailed under Attribute 1.6, appointments to the Council are made by the Minister for Health on the advice of a selection panel, which includes representation external to the CRMEC, government, health service and the Australian Capital Territory.



## **Team findings**

The CRMEC was found to be a well-respected and independent Ministerial Council, with clear and robust structures in place to maintain the independence of the accreditation function and decision-making processes.

The establishment of the CRMEC, relevant terms of references, and structures and processes in place assist with the mitigation of potential undue influence from any area of the community, inclusive of government and health services.

It was heard that efforts have been taken to ensure the independence of the Council is maintained, including considered governance composition with a focus placed on maintaining a balance of skills and membership. Furthermore, there is a separation of membership across the layers of governance, allowing varying perspectives to be contributed to the recommendations and decisions. Observation of governance meetings indicated active engagement of all members, facilitating the contribution of a diverse range of perspectives to the accreditation discussions and decision-making process.

The CRMEC accreditation process supports management of issues and accreditation decision making, with opportunities to escalate issues to the Minister for Health as required. Council members, the Minister for Health and ACT Health Directorate staff indicated that there is no interference or concerns regarding any threat to the authority's independence.

Through discussion with stakeholders and observation of Accreditation Committee and Council meetings, it was heard that the CRMEC maintains the independence to hold health services to account for the training of PGY1 and PGY2 doctors. This included evidence and observation of a decision by the Council, on the recommendation of the committee, to remove accreditation from a term due to evidence of issues regarding supervision and the prevocational medical training experience.

As discussed under Attribute 2.2, strategies have been implemented to ensure effective management of conflicts of interest and to prevent undue influence over recommendations and decisions across the governance structure.

### **2.2 Managing conflicts of interest**

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

The CRMEC has a Conflict of Interest Policy that is applicable to all work undertaken on behalf of the authority, including the Council, Accreditation Committee, survey teams and secretariat.

The policy includes detailed information on what constitutes a conflict of interest and is tailored in recognition of the small jurisdictional context of the ACT region and extensive interaction between health facilities and education providers, with guidance for situations that may give rise to real or perceived conflict of interest. Management strategies are consistent with the requirements for management of conflict of interest on ACT Government boards and committees.

The Conflict of Interest Policy clearly delineates the processes for identification and management of conflicts of interest. Members of the governing body have a duty to declare any potential interest in writing on appointment and as new interests arise. Should an issue arise, the appointee must disclose full and accurate details of the interest or issue to the CRMEC Director, who informs the relevant Chair.

Strategies for the management of conflict of interest in meetings include:

- standing declarations on agenda papers
- meetings commencing with a 'declaration of interests', in which members are requested to confirm that declarations provided on the agenda are correct and to declare any new personal or professional interests which might (or might perceive to) influence their capacity to undertake their role

- attendees with an actual or perceived conflict of interest not participating in, or remaining present during, conversations, with the Chair being responsible for ensuring conflicted members leave the room prior to the item
- members with a standing declaration of interest not receiving related documentation
- members not being involved in discussion or voting on matters in which they have a declared personal or professional interest
- declared interests and the management action being recorded in meeting minutes.

In instances of substantial conflicts of interest—for example, a CRMEC representative has a senior role in an accredited program—management may include resignation from the CRMEC role (in extreme cases) or divest of the interest/issue that is creating the conflict.

Members of the CRMEC are required to complete a Conflict of Interest Declaration in accordance with the CRMEC Conflict of Interest Policy and the ACT Public Service Conflict of Interest Policy. Individuals are asked to declare the conflict of interest and circumstances, in addition to the affected duties. The CRMEC Director completes the nature, risk and management strategy for the identified conflict.

The Conflict of Interest Policy and its implementation is regularly reviewed and is noted to have been strengthened since the CRMEC's establishment. Declarations are regularly reviewed when individuals transfer to new roles both within and external to the ACT health system.

### **Team findings**

The CRMEC has comprehensive documented processes for the identification and management of conflicts of interest in the work of the governing body, the Council. This policy was strengthened by the recognition of the small jurisdictional context and potential for individuals involved in the work of the CRMEC to hold numerous roles across the ACT health system and linked regional networks.

Review of minutes and observation of a Council meeting demonstrated that the policy processes were followed in a robust manner. Stakeholders additionally reflected a high level of awareness for the importance of strong conflict of interest management and adherence to policy processes.

The team identified an opportunity for the CRMEC to strengthen the classification of conflict of interest in the policy to ensure consistent and appropriate application and reduce the potential risk of bias. This is discussed under Attribute 4.3.

#### *Commendations*

- D The comprehensive policy for the identification and management of conflict of interest, and the broad stakeholder awareness of the importance of adherence to policy processes in governance work. (Attribute 2.2)

*Commendation under attribute 4.11 applies (Attribute 2.1)*

#### *Conditions to satisfy accreditation domains*

Nil.

#### *Recommendations for improvement*

Nil.

### 3 Operational management

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

#### Attributes

- 3.1 The prevocational training accreditation authority manages human and financial resources to achieve objectives in relation to accrediting prevocational training programs.
- 3.2 There are effective systems for monitoring and improving the prevocational training accreditation processes, and for identifying and managing risk.
- 3.3 The prevocational authority adopts a quality improvement approach to its accreditation standards and processes. This should include mechanisms to benchmark to overarching national and international structures of quality assurance and accreditation.
- 3.4 There are robust systems for managing information and contemporaneous records, including ensuring confidentiality.

#### 3.1 Resources to achieve accreditation objectives

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

The CRMEC operates with an annual budget that has been assigned by the ACT Health Directorate Finance department, with input by the CRMEC Director. The budget includes remuneration arrangements for the secretariat, Council members and external consultants; accreditation visit costs; support for education initiatives; and general office expenses. As detailed under Attribute 1.4, financial management follows ACT Public Service policies and procedures.

The authority reported flexibility to manage human resources, with a history of secretariat structural change to address the business needs of the Council. Currently, the CRMEC secretariat staffing profile consists of:

- CRMEC Director
- personal assistance to the CRMEC Director/Education Officer.

Casual staff may be engaged to assist with the running of larger accreditation site visits and the CRMEC Director has previously requested changes to staffing delegations and hours of part-time staff through direct briefing to the Director-General, without any barriers.

The CRMEC is also supported by an external MEA who acts in an ex-officio role as a component of employment within another ACT Health Directorate business unit. This role was introduced in 2021 to maintain some of the functions provided by the preceding Chair. The CRMEC identified the potential risk to ongoing sustainability of the ex-officio role positioned externally to the CRMEC secretariat and detailed the management of this risk by:

- formal review of the mechanisms through which the MEA is engaged and informing the Director-General and Minister for Health of the potential requirement to change this engagement should the arrangements become untenable
- assigning an allocation of the annual budget that could be used should engagement of an external consultant/part-time employee be required to fill the role
- maintaining a strategic alliance with the Academic Unit of General Practice, including cross-unit functions with respect to delegations, professional development planning and sharing of relevant information on education and initiatives.

Support for the time engaged of Council members takes place through two mechanisms:

- internal representatives who are supported by the employer as professional development for any person employed within a public health service or university (primarily junior doctor members). The CRMEC corresponds with Canberra Health Services regarding Council appointments, scheduled meetings and expectations regarding professional development hours.
- external representatives who are remunerated in alignment with the ACT Government Remuneration Tribunal.

The CRMEC Director has authority to enter into remuneration agreements to engage consultants (e.g. members of the Accreditation Committee and accreditation surveyors) at either the rate defined by the ACT Health Directorate Consumer and Community Representative Policy or the Council-determined remuneration rate.

### **Team findings**

The CRMEC is a small and committed professional team, with notable dedication to delivering the accreditation function and fostering innovation and quality improvement in education and training for prevocational doctors in the ACT region. With its positioning within the ACT Health Directorate, the authority is well resourced and supported to manage its human and financial resources to achieve objectives.

The experience of the CRMEC Director and the establishment of the ex-officio MEA role to support the continued involvement of the preceding Chair is a strength of the authority. Stakeholders reported widely regarded respect for the CRMEC team and senior leadership, who have developed and maintained positive working relationships with stakeholders to deliver the accreditation function in addition to advocating and supporting development and collaborative work across the region.

Resources have been effectively managed despite the changes resulting from the introduction of the National Framework for Prevocational Medical Training (NFPMT; the National Framework), and there was assurance for the capacity of the CRMEC secretariat to attain additional resourcing, as required, in peak periods.

The current holder of the ex-officio MEA role is supported by their primary employer to contribute to CRMEC-accredited providers. There is a risk that this support may be discontinued. This risk is clearly identified by the CRMEC and managed annually with a budget allocation set aside to cover this role in the instance that it should need to be filled. It was considered that the ex-officio nature of this role is advantageous for the CRMEC operations and accreditation function, providing dedication and support that fosters quality improvement and education initiatives within health services and training programs. This allows the authority to separate the regulatory and supportive roles and manage potential conflicts of interest so that the CRMEC Chair can engage with facilities regarding accreditation concerns. Stakeholders were unanimously very clear about the value of the MEA role and what it contributes to the ACT region. While the risk to sustainability is currently being managed, it is clearly important to ACT stakeholders to ensure there continues to be appropriate consideration of risk and management strategies should there be a change to the external role.

### **3.2 Monitoring and improving accreditation processes**

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

The CRMEC has documented accreditation processes that are reviewed regularly, at a minimum of once per accreditation cycle. Changes to policy documents are reflected within each policy through the inclusion of a version control section. In 2023, the full suite of accreditation policies underwent review for consistency with the NFPMT. This review included the following significant changes:

- introduction of a formal Supervision of Prevocational Doctors Policy
- updates to the Change of Circumstance Policy to reflect reporting requirements relevant to the new aspects of the training environment

- updates to the possible outcomes for individual accreditation standards, including an opportunity to achieve a merit rating, which was introduced to incentivise health services to adopt a continuous quality improvement approach to the education and training programs.

The CRMEC undertook consultation with health services regarding significant changes arising through the policy review.

Review of policy documents has contributed to quality improvements to the accreditation processes. For example, review of the Annual Reporting Policy in September 2020 led to the introduction of clear outcomes from the annual reporting process. This provided the CRMEC with a mechanism to address areas of concern that arise through the monitoring process.

Accreditation processes are evaluated following each accreditation visit, involving input from all stakeholders in the accreditation process. This process presents an opportunity to identify any activities to improve the overall function of the CRMEC, including to meet the needs of stakeholders.

#### *Risk management*

A risk management plan is included in the *CRMEC Strategic Plan 2023–2027*. It details that risk management processes are designed to ensure the CRMEC:

- upholds rigorous, fair and consistent processes for accrediting prevocational training programs
- effectively governs itself and demonstrates competence and professionalism in the performance of its roles
- effectively manages its resources
- builds and strengthens stakeholder engagement and collaboration
- limits the impact of any unavoidable risk.

The process aims to identify and manage events that may positively or negatively impact the ability of the CRMEC to achieve its primary goal, implementation plans and project milestones.

Mechanisms for identifying risk include:

- external accreditation processes
- internal auditing
- accreditation processes
- operational changes (e.g. the introduction of the new National Framework)
- the concerns process
- Council and committee discussion
- issues arising in the national prevocational medical education and training space, including those informed by engagement with the Confederation of Postgraduate Medical Education Councils (CPMEC), the AMC and Ahpra
- issues arising within the ACT health system
- analysis of evaluation reports and exercises.

The CRMEC implements a risk management process developed by the ACT Insurance Authority that follows ACT Health Directorate policies. Events or issues that are identified to have a potential impact to CRMEC operations are evaluated using a SWOT model, and those with an identified associated risk are further assessed using risk management procedures.

Identified threats or risks are evaluated using a risk matrix provided by the ACT Insurance Authority, with risks characterised by their description, the cause and area of CRMEC function that it could impact,

controls in place, an estimate of their level of consequence or likelihood of arising, and an overall level of risk is assigned. The authority also maintains a risk register and major initiatives are transferred to the CRMEC commitments register, which records ongoing responses and outcomes to evaluation and planning.

Strategies for managing risk may include implementation of actions/strategies to prevent or reduce the risk; plans for amelioration of potential consequences if the risk occurs; and understanding the potential risk and agreeing to monitor it and bear its potential outcome.

Process-related risks are discussed within the secretariat, CRMEC subcommittees and leadership team, with consultation sought from the ACT Insurance Authority where applicable. New risks are escalated to the Chair and/or Council.

### **Team findings**

CRMEC has effective systems for monitoring and improving prevocational training accreditation processes and identifying and managing risk. The authority undertakes review of accreditation policy documents at least every four years, or as required, and its risk management aligns with equivalent ACT Health policies.

The risk management plan is comprehensive and incorporates aspects of the ACT Health Directorate policies and established risk assessment processes. Review of the risk register indicated that the CRMEC has clearly identified risks and given mature consideration of the impact, risk controls and strategies to manage them. In adhering with ACT Health policies, CRMEC was considered to have a structured approach to the identification and management of risk in the work of the authority. There is appropriate oversight of risk across levels of leadership and escalation as necessary.

Discussion with senior CRMEC staff and governance members reflected a considered approach to risk and identification and monitoring of various potential risks, particularly with reference to the National Framework implementation and responding to any new issues identified.

### **3.3 Quality improvement approach to accreditation standards and processes**

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

Quality improvement is an underpinning principle of the CRMEC accreditation process. The authority undertakes regular review of policies and procedures, with the goal of improving processes. Policy reviews are undertaken on a four-year cycle, or as required when other changes arise; for example, the changes to the revised NFPMT. As noted under Attribute 3.2, a full review of the accreditation policy documents and processes was undertaken in 2023 to align with the requirements of the NFPMT.

The CRMEC undertakes benchmarking activity against the structures of other prevocational training accreditation authorities. A notable example is the CRMEC's collaboration with the Health Education and Training Institute (HETI) to ensure that the CRMEC's processes are consistent with HETI requirements, resulting in policy updates.

Specific examples of benchmarking across jurisdictions and the broader accreditation system include:

- mapping of the CRMEC Standards to the National Standards in 2017 and adoption of the new standards in 2024 to align with NFPMT requirements
- accreditation practices and standards for PGY2s in 2018
- function and scope of prevocational medical councils in 2020
- remuneration and engagement of accreditation surveyors in 2021
- comparison of National Safety and Quality Health Service (NSQHS) review of Canberra Hospital to the CRMEC survey visit in 2022
- requirements for term supervisors in 2023

- policies for supervision of prevocational trainees in general practice in 2024.

The CRMEC leadership team have active engagement with CPMEC and regularly attend the Australia and New Zealand Prevocational Medical Education Forum and the International Association for Health Professions Education, including participation in the Accreditation in Health Professions Summit in 2018. These engagements were noted to provide opportunities to consider the CRMEC's education and accreditation functions in national and international contexts.

### **Team findings**

The CRMEC adopts a quality improvement approach to its accreditation standards and processes, which is evident through the benchmarking and consultation work undertaken with other prevocational training accreditation authorities and engagement at national and international forums.

The team saw and heard evidence of sharing accreditation practices and cross-jurisdictional collaboration and engagement to strengthen processes, particularly in the planning for and implementation of the NFPMT, which was found to have driven a significant quality improvement process over the past 24 months. Local stakeholders are also engaged in consultation processes surrounding quality improvement initiatives.

Development of the Accreditation Evidence and Auditing Tool is a positive quality improvement measure designed to provide guidance for health services, survey teams and the Accreditation Committee in addressing and assessing compliance against the standards.

### **3.4 Management of records and information**

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

The CRMEC operates as a fully digital organisation using the ACT Health Directorate's cloud-based records management system Objective, which complies with ISO standards and the ACT *Freedom of Information Act 2016*.

Record management is consistent with the ACT Health Records Management Policy, which details the roles, responsibilities and requirements of record management, including:

- creation and capture of records of activities, decisions and actions
- storage and preservation through digital record keeping
- retention and disposal
- protection of records
- access
- continuous improvement and monitoring.

The CRMEC requires all individuals who engage in the work of the authority to sign a Declaration of Confidentiality that references the *Health Records (Privacy and Access) Act 1997* (ACT) and *Privacy Act 1988* (Cth). The declaration form details that all information concerning another person to which the member has access to as a result of engagement with the CRMEC is strictly confidential and that no unauthorised discussion or disclosure of information is to take place externally to the CRMEC. All information that is discussed while attending meetings has the same requirements.

Confidentiality forms are valid for the length of a governance member's appointed term and relates to all engagement with the CRMEC.

### **Team findings**

The CRMEC follows robust systems for the effective management of information and contemporaneous records, in accordance with ACT Health policies and use of the ACT Health Directorate record management system.

Individuals engaged in the work of the CRMEC are required to sign a confidentiality declaration, which covers all information shared and discussed in the work of the authority. The current platform engaged for sharing information and contemporaneous records with members of governance and survey teams includes the use of email, which was found to be appropriate.

*Commendations*

- E The professional leadership and staffing of the accreditation authority and its functions. (Attribute 3.1)
- F The establishment of the ex-officio Medical Education Advisor role, which is valued by all ACT stakeholders as providing support and advice to prevocational training advisory that is separate to and avoids conflicts of interest with prevocational training accreditation processes. (Attribute 3.1)
- G The commitment to quality improvement of the accreditation process, including the full review of accreditation policies to support implementation of the National Framework for Prevocational Medical Training. (Attribute 3.2)
- H Collaboration with other prevocational training accreditation authorities, including sharing of practices, cross-jurisdictional collaboration and engagement to strengthen the accreditation function. (Attribute 3.3)

*Conditions to satisfy accreditation domains*

Nil.

*Recommendations for improvement*

Nil.



## 4 Processes for accreditation of prevocational training programs

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

### Attributes

- 4.1 The prevocational training accreditation authority ensures documentation on accreditation requirements and procedures is publicly available.
- 4.2 The prevocational training accreditation authority has policies on selecting, appointing, training and reviewing performance of survey team members. Its policies ensure survey teams with an appropriate mix of skills, knowledge and experience assess prevocational training programs against the *National standards and requirements for programs and terms*.
- 4.3 The prevocational training accreditation authority has developed and follows procedures for identifying, managing and recording conflicts of interest in the accreditation work of survey teams and working committees.
- 4.4 The accreditation process includes self-evaluation, assessment against the standards, site visits where appropriate, and a report assessing the program against the national standards for prevocational training. In this process, the prevocational training accreditation authority uses the *National standards and requirements for programs and terms*.
- 4.5 The prevocational training accreditation process includes considering external sources of data where available. This includes mechanisms to manage data or information arising outside of the regular cycle of accreditation that indicate standards may not be being met.
- 4.6 The accreditation process facilitates continuing quality improvement in delivering prevocational training.
- 4.7 The accreditation process is cyclical, in line with national guidelines and standards, and provides regular monitoring and assessment of prevocational programs to ensure continuing compliance with national standards.
- 4.8 The prevocational training accreditation authority has mechanisms for dealing with/or reporting concerns about patient care and safety. These concerns might arise through accreditation assessment and monitoring, or through complaints or information from external sources.
- 4.9 The prevocational training accreditation authority has mechanisms for identifying and dealing with concerns about prevocational doctor wellbeing and/or environments that are unsuitable for prevocational doctors. These concerns might arise through accreditation assessment and monitoring, or through complaints or information from external sources.
- 4.10 The prevocational training accreditation authority applies the *National standards and requirements for programs and terms* in determining if changes to posts, programs and institutions will affect accreditation status. It has clear guidelines on how training program providers report on these changes, and how these changes are assessed.
- 4.11 The prevocational training accreditation authority follows documented processes for accreditation decision-making and reporting that enable decisions to be free from undue influence by any interested party.
- 4.12 The prevocational training accreditation authority communicates the status of programs and accreditation outcomes to relevant stakeholders including regulatory authorities, health services and prevocational doctors. It publishes accreditation outcomes including duration, recommendations, conditions and commendations (where relevant).

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

#### **4.1 Documentation on the accreditation requirements and procedures**

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

The CRMEC maintains a website that contains publicly available information on governance bodies and accreditation requirements, as well as access to 20 policy documents.

The website additionally contains information on health services with prevocational training programs, copies of the most recent accreditation and compliance visit reports, and registers of accredited terms and term descriptions.

The authority has a separate website dedicated to supervision and JMO resources. Information and resources to support implementation of the NFPMT is also available on this site.

#### **Team findings**

The CRMEC has a comprehensive website that offers a user-friendly approach for stakeholders to engage with information on accreditation requirements and policies. As noted under Attribute 3.2, the CRMEC accreditation policies have been streamlined into 20 clear documents which are easily accessible.

The website also provides a link to the CRMEC *Accreditation evidence and auditing guide* for health services, survey teams and stakeholders to access.

At the time of the assessment, all information on the website was current.

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

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

The CRMEC has an Accreditation Survey Teams Policy that outlines the process for selection of survey team members.

The CRMEC Director and Accreditation Committee Chair discuss and agree on the composition of the accreditation survey team, with consideration to:

- general principles for survey teams:
  - independence and conflict of interest management: promoting independent accreditation survey teams to undertake the accreditation visit to health services without compromising the quality of the accreditation process. Consideration is given to perceived and real conflicts of interest in the selection and appointment process.
  - transparency: no individual person will be a member of all teams/committees that are involved in endorsement of an accreditation outcome for a health service's education and training program (e.g. an individual cannot participate in decision making at the level of survey team, Accreditation Committee and Council).
  - skills building: accreditation training is provided for all individuals who are appointed to a survey team and the CRMEC conducts regular accreditation training. The authority seeks to provide members of committees with opportunities to participate in survey visits to build their skills and knowledge.
  - engagement and skills building: to promote strong working relationships with individuals who participate in CRMEC survey teams, the authority will equip team members with knowledge and skills to carry out the visit; deliver accreditation training every one to two

years, as needed; communicate with surveyors regularly via newsletters; recognise the involvement and input of survey team members.

- recruitment principles.

An accreditation survey team includes individuals who have either undertaken survey training within the ACT region or elsewhere. New survey team members are provided with training in advance of their first health service visit.

Survey teams are comprised of three to six team members who may represent the following stakeholder groups:

- DPETs
- supervisors
- medical administrators
- medical educators
- junior doctors
- consumer/community representatives.

Each survey team includes a junior doctor representative and any survey teams accrediting a health service in New South Wales will include a representative from HETI.

Potential survey team members may be identified from the CRMEC register of individuals who have completed accreditation survey training in the Australian Capital Territory or other jurisdiction, by invitation from other prevocational training accreditation authorities that nominate appropriate surveyors, and by nomination of individuals by a professional body or organisation.

Where possible, a CRMEC survey team should include a mix of:

- ACT-based individuals with previous survey visit experience
- ACT-based individuals being trained as surveyors who require more experience
- experienced individuals who are external to the ACT training region, including representatives from HETI
- members of the Accreditation Committee and Council.

Health services have the opportunity to review the proposed accreditation survey team and can request replacement of individuals where a conflict of interest is identified. The CRMEC Chair reviews any objections raised by a health service to make a final determination on whether an individual should be removed from the accreditation decision-making process, and if so, at what levels.

Per the *Terms of reference for Accreditation Committee*, the committee holds the designated function for managing the recruitment and training of accreditation survey team members and leaders.

### *Training*

The CRMEC runs accreditation training for the full Accreditation Committee and Canberra-based survey team members, with the most recent session held in May 2024. This was conducted as a two-hour face-to-face session and focused on:

- the recent changes to the NFPMT and implications for survey visits and accreditation
- the CRMEC accreditation processes (pre-, during and post-visit), including provision of the updated accreditation policies and documentation
- the role of surveyors in a survey visit
- the roles of various committees.

The training session included group discussion and activities throughout.

In 2023, the Accreditation Committee developed the *Accreditation evidence and auditing guide*, which superseded previous surveyor training material. The guide was developed with the intent to provide a resource for accreditation survey teams seeking evidence that an education and training program is

compliant with the national standards and training requirements, and to assist the Accreditation Committee when considering compliance. The resource includes potential documentation that is relevant to ACT-region health services, questions survey teams might ask different categories of stakeholders during a visit, and potential physical evidence that may be observed.

In 2024, in advance of a survey visit, the survey team leader received one-on-one training on CRMEC processes for escalation, in the event of the team identifying significant risks to JMO or patient safety and welfare.

The Accreditation Committee and Canberra-based surveyors additionally received cultural safety training in June 2024. This was conducted by a Nggunawal Elder with experience in medical education administration and training welfare, and focused on the context of medicine for people from Aboriginal and/or Torres Strait Islander backgrounds, the Aboriginal history of the local region and aspects of medical training that are important to Closing the Gap.

### *Evaluation*

The CRMEC undertakes evaluations of its accreditation processes, including team performance. The accreditation report is reviewed by the Accreditation Committee and Council, who give input into potential quality improvement activities, and the final version is shared with survey team members to review as an indication of the performance of the team as a whole.

The survey team leader is responsible for monitoring the performance of individual survey team members during the visit and discussing any concerns with the CRMEC Director or Chair.

### **Team findings**

The CRMEC has a policy on the selection, appointment and training of survey team members, resulting in a survey team that represents a range of experience and stakeholder perspectives, including prevocational doctors, consumers and, where possible, an experienced surveyor from an external jurisdiction.

Observation of a survey visit demonstrated that the survey team was composed of an appropriate mix of skills, knowledge and experience, including the engagement of an interstate surveyor as team leader. Stakeholders reported satisfaction with the inclusion of a surveyor with regional/rural experience to support understanding of the context of the health service.

Feedback from surveyors indicated that the process of engaging as a surveyor is seamless, with clear introductory sessions, timelines, requirements and guidance provided by the CRMEC secretariat. They reported that the selection process is clear and that survey teams result in an excellent skill mix.

It was noted that training is delivered to all members of the Accreditation Committee and other individuals in the surveyor pool. The training was updated in 2024 to provide guidance on the changes to the NFPMT and updated accreditation policies. The *Accreditation evidence and auditing guide* was also noted to supersede the previous training material, providing a resource for surveyors to use in advance of and during a survey visit to assess the compliance of a health service against the standards. One-one-one survey team leader training on the process for escalation is an excellent initiative, particularly for external surveyors.

Observation of a survey visit indicated instances of leading and, at times, confrontational questioning by a few members, and this observation was supported by stakeholder reflection. There appear to be opportunities for the CRMEC to provide surveyors with an opening statement that identifies the need to investigate areas of concern, as well as for practical training on questioning styles to support a systems-based approach to evidence gathering in survey visits that promotes respectful and open discussion of issues.

The team heard that performance evaluation of survey team members typically occurs in an informal manner, with the lead surveyor provided feedback and through team debriefs. It was noted that

constructive, formal feedback may be beneficial following an assessment, with some surveyors suggesting it would support the CRMEC's ongoing development of surveyors.

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

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

As detailed under Attribute 2.2, the CRMEC has a Conflict of Interest Policy that applies to the work of the governing body, survey teams and working committees. The policy outlines the process for identification and management of conflict of interest, including in meetings, survey visits and managing substantial conflicts.

The process for management of conflict of interest for the Accreditation Committee aligns with the process documented under Attribute 2.2 for the Council.

##### *Managing conflict of interest in survey visits*

Proposed survey team members are required to declare any relevant personal or professional interest that may be perceived to conflict with their ability to undertake their duties as a surveyor impartially. An interest must also be declared where a survey team member has provided recent formal or informal advice to a facility or health service outside the accreditation process.

Following receipt of the Conflict of Interest Declaration, the CRMEC Director will develop a proposed accreditation survey team which the Accreditation Committee Chair reviews and approves. In some instances, perceived conflict of interest can be managed, and the following issues will be considered:

- the level of responsibility of the surveyor within the facility
- the ability of the surveyor to influence the outcome of the survey visit
- the ability of the survey team leader to manage the conflict
- the facility's perception of the conflict of interest and how it will be managed
- the potential perception of people being interviewed by the survey team
- the opportunity for surveyors to receive ongoing training and experience in surveying
- the overall representation on the survey team.

The facility or health service undergoing accreditation has the right to formally object to the inclusion of a surveyor where it believes a conflict of interest is present. Following receipt of formal objection, the Director will review the reasoning, undertake further fact finding as required and refer the objection to the Accreditation Committee Chair, who will determine a course of action. Any differences of opinion are resolved at the Council level.

If a previously unidentified conflict emerges during a survey visit, the lead surveyor will determine the appropriate course of action, which may include:

- changing the surveyor's responsibilities during the visit
- requiring the surveyor to abstain from team discussions on certain topics during the visit and report writing session
- altering the survey program.

Any such conflicts and the decided course of action are reported to the Accreditation Committee and Council.

#### **Team findings**

The CRMEC have a comprehensive conflict of interest policy that outlines the process for identification of actual and perceived conflicts and appropriate management in the work of survey teams and committees.

Review of meeting minutes and observation of the Accreditation Committee indicated appropriate identification, management and recording of conflicts of interest, aligning with the documented procedure.

The CRMEC has strong prevocational doctor input into governance meetings and engagement in discussion; however, the team observed some instances of prevocational doctors contributing personal experiences and/or knowledge of term-specific issues being discussed. In this instance observed, the documented procedures for identification and management of conflict of interest were followed, and members were not identified to have an actual or perceived conflict of interest in the outcomes of the accreditation process. There is an opportunity for the CRMEC to strengthen the policy through consideration of how the sharing of experiences and perspectives related to specific terms by both prevocational and senior doctors may have the potential effect of introducing bias, and working with prevocational doctor and health service representatives to develop a shared understanding of how to share perspectives while appropriately managing potential undue bias.

#### **4.4 The accreditation process**

The accreditation process includes self-evaluation, assessment against the standards, site visits where appropriate, and a report assessing the program against the national standards for prevocational training. In this process, the prevocational training accreditation authority uses the *National standards and requirements for programs and terms*.

The Undertaking a Health Service Accreditation and Accrediting a New Training Term policies detail the CRMEC accreditation process.

The CRMEC accreditation process aims to facilitate a universally high standard of general prevocational medical training in the ACT region. Through the process, an accreditation survey team formally evaluates the overall ETP and individual training terms delivered by a health service for prevocational doctors against the National Standards. The process also includes evaluation of health service-wide aspects of ETPs, including governance and resourcing.

The CRMEC secretariat sends the health service an accreditation submission template approximately five to six months in advance of the accreditation visit. The submission is critical to the accreditation process, providing a survey team with an understanding of the health service, its overall prevocational ETP and individual training terms to be accredited. The submission includes a self-assessment against the National Standards, providing health services with the opportunity to undertake a reflective assessment of progress in meeting and sustaining the standards of training. It also provides an opportunity to outline the areas in which the health service excels, as well as detail quality improvement plans for any ETP that the health service self-assesses as achieving less-than-ideal performance. In addition to a self-assessment, the submission includes:

- identification of strengths and areas for improvement
- quality improvement plans related to each National Standard
- a list of currently accredited terms
- a list of term descriptions
- issues of priority to the CRMEC during the accreditation cycle
- a report on the results of the most recent Medical Training Survey (MTS) and how the health service is using this data in its quality improvement plan
- supporting documentation.

The secretariat conducts a pre-visit survey of prevocational junior doctors who are currently and have recently trained with the ETP.

An accreditation survey visit is held over one to three days, with the purpose of reviewing the physical facilities and interviewing relevant stakeholders, including executive, MEU staff, term supervisors,

registrars and prevocational junior doctors. Interviews are intended to be a fact-finding process that enables a survey team to:

- establish that the ETP, including all training terms, meet the National Standards
- identify exemplary components of the ETP
- identify areas that require further work to meet the CRMEC Standards or to reach an exemplary standard.

Interviews also provide the health service staff with an opportunity to identify aspects of the ETP and its resourcing that may require improvement.

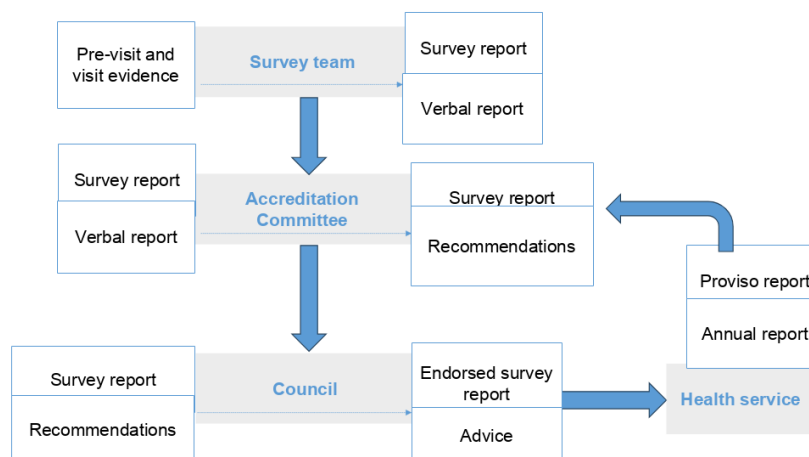
The survey team inspects physical settings, including junior doctor teaching spaces, lounges, study spaces, accommodation and clinical areas.

Following the site visit, the survey team will develop a draft accreditation report which includes evaluations, comments, provisos, recommendations and commendations. The team provides an evaluation of the health service against each accreditation standard criterion and the CRMEC Director prepares all content to place into the draft report. The draft report is circulated to the team leader for checking, revision and adding comments before it is shared with the rest of the survey team for further input.

The health service has an opportunity to review the draft accreditation report content for factual accuracy, excluding the evaluations, provisos, recommendations, commendations and final accreditation outcome. The survey team consider any feedback from the health service and make factual changes as required. Following this, the draft report is shared with the Accreditation Committee, and the process then advances to the standard decision-making process documented in Attribute 4.11.

#### *CRMEC Accreditation Process*

### **Accreditation Process**



#### *Accrediting a new training term*

All proposed new training terms require provisional accreditation before implementation and may only be accredited upon written confirmation by the CRMEC. The health service must provide relevant documentation to enable the Accreditation Committee to assess the suitability of the proposed new term.

The accreditation process for a new term in an accredited health service considers some program-wide aspects, although in less detail than a full accreditation visit. The focus is placed on aspects specific to that term, including the:

- experience and training of the supervisor

- orientation to the term and workplace
- learning opportunities available in the unit, including patient profile
- supervisory model
- anticipated clinical work.

This process is paper based; however, in some instances a site visit or web/teleconference with key stakeholders may be required to establish that the unit can deliver an appropriate education and training experience in a safe environment. New unit accreditations are recommended to be included in the full accreditation submission, where possible.

When applying for a new term, the health service is required to send an application to the CRMEC that includes the New Training Term Accreditation Form, a term description, the orientation program for the term and records of accreditation with other bodies (for external sites).

Health services should allow three months for attaining provisional accreditation of a new training term, and additional information may be requested. The CRMEC Director reviews the submission and organises a surveyor for a site visit and preliminary assessment of suitability for terms located at a satellite site. The Accreditation Committee reviews the application and, if the proposed term meets requirements, a provisional accreditation status will be granted for a maximum of two terms. The committee may make recommendations to the Council, such as:

- requesting additional information or documentation
- requesting a web/teleconference with key facility personnel
- determining that a site visit is necessary.

The CRMEC makes the final decision to either grant provisional accreditation (including provisos) or not accredit.

### **Team findings**

The CRMEC has a documented accreditation process that includes health service self-evaluation, an assessment against the standards, a site visit and a draft report that assesses the ETP against the *National standards and requirements for programs and terms*.

As previously noted, the development of the *Accreditation evidence and auditing guide* is a positive initiative to support health services to undertake self-assessment, in addition to providing relevant information to support the accreditation process.

The CRMEC systematically applied the standards during observation of the survey visit, which included interviews with key stakeholders of the prevocational ETP. The survey team were supported by the CRMEC Director regarding application of the standards and conducting the visit. The report was very transparent regarding concerns identified in the pre-visit preparation and explored during the survey visit.

### **4.5 Consideration of external sources of data**

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

The CRMEC accreditation process, notably around a survey visit, includes multiple sources of external data, including:

- a record of previous provisos and change of circumstances since the last survey visit, including a history of health service responses and ongoing reporting requirements
- instructions, provided to the survey team by the Accreditation Committee, on any specific issues or concerns that should be considered during a visit



- a pre-visit survey of prevocational doctors who have completed training posts within the facility over the previous accreditation cycle, providing longitudinal data regarding junior doctor issues.

The prevocational doctor survey undertaken in advance of a visit is identified to be an important mechanism that allows junior doctor anonymity through the inclusion of previous prevocational doctor cohorts. This is particularly important in smaller facilities, allowing data on issues to be made available to the CRMEC and survey teams while efforts are made to protect the identification of trainees.

As noted under Attribute 4.4, the health service accreditation submission includes a report on the results of the most recent MTS and how the data is being used to make improvements. The CRMEC additionally collects information annually from health services regarding the way the results are being used.

Evidence was provided of the CRMEC using MTS results to support its decision to conduct an unscheduled visit to a facility in 2023. The authority advised the Minister for Health on potential underlying reasons for the results and suggested a strategic direction that could foster improvement in the region. This advice has resulted in expansion of teaching spaces and education strategy within health services.

The CRMEC's Responding to Concerns Policy provides another avenue to identify and manage situations or data that may indicate that standards are not being met. The policy identifies the various mechanisms through which a concern may be raised with the CRMEC, and the subsequent action, including investigation of compliance against the standards where necessary, as detailed under Attribute 4.9.

The CRMEC provided two examples of investigations into noncompliance or unplanned visits in 2022 and 2023. The examples indicated identification and action taken in response to survey team findings during a survey visit, and an unscheduled visit in response to concerns regarding workplace culture. The CRMEC Chair and Director met with the health service executive and DPET to discuss the concern, and the Accreditation Committee reviewed the health service's annual report and MTS results, which resulted in a compliance visit.

### **Team findings**

The CRMEC accreditation process considers external sources of data both during and outside the regular cycle of accreditation.

The longitudinal nature of the pre-visit survey of prevocational doctors, encompassing doctors who have completed the relevant training posts over the accreditation cycle, is a strength for supporting the anonymity and quality of data, in addition to identifying and substantiating areas of concern.

The requirements of the accreditation cycle, including proviso and monitoring reporting, require health services to comment on MTS results and subsequent actions in a formal manner to the CRMEC annually.

There are clearly documented processes for responding to concerns raised directly to the CRMEC, including assessment options to investigate compliance with the standards.

The team heard that in a small jurisdiction, it was common for information to be shared with the CRMEC informally, allowing efficient escalation and management where required. The processes described for managing such instances were found to be robust.

#### 4.6 Fostering continuous quality improvement in prevocational training posts

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

The strategic plan notes that the CRMEC undertakes accreditation from a perspective of continuous evaluation and quality improvement in recognition of the role this plays in underpinning a safe, responsive training environment.

The CRMEC accreditation process highlights the principle of quality improvement through:

- encouraging facilities to develop and report quality improvement plans in their accreditation submission and annual reports
- introducing a new accreditation rating scale that includes a merit outcome against a standard, with the goal of encouraging health services to exceed the required standards
- encouraging survey teams to provide recommendations on areas for potential improvement, including insight from experiences external to the Australian Capital Territory
- developing a resource for health services and surveyors to undertake self-evaluation and audit of their education and training program
- providing an MEA who works directly with MEUs to facilitate innovation in education delivery
- creating a formal mechanism for a guidance visit to improve documentation, education and training delivery that can be triggered as an outcome from annual reporting
- delivering training to supervisors in the region, including the Teaching for Clinicians course, supervisor training and training in entrustable professional activities (EPAs)
- facilitating DPET working days to foster network-wide collaboration and innovation
- running an Education Committee that provides opportunities for new and experienced educators to collaborate and innovate
- hosting a supervisor and JMO resources website.

The *Accreditation evidence and auditing guide* places a focus on quality improvement, indicating that all stakeholders play a role in evaluating and improving the prevocational ETP. The CRMEC recommends that the MEU, clinical supervisors, registrars and prevocational doctors provide input to this process, and along with potential engagement of other health professionals, patient consumer representatives and people from diverse backgrounds, this will provide a broader evaluation of effectiveness. The guide is designed to assist health services and surveyors to identify initiatives that demonstrate compliance with the standards; identify gaps in the ETP delivery, monitoring or documentation; and help design quality improvement initiatives.

The MEA plays a critical role in fostering quality improvement in prevocational training, providing direct advice to DPETs on the design and delivery of education. The MEA facilitates DPET and MEU workshops, allowing collaboration, innovation and planning for implementation of the NFPMT.

The Teaching for Clinicians program, run in collaboration with the ANU, allows doctors to be eligible to apply for the Associate Fellowship of the Higher Education Academy via the Teaching in Medicine pathway if they are actively teaching medical students in their clinical role.

#### Team findings

The CRMEC facilitates a robust approach to continuing quality improvement in delivering prevocational training both through the accreditation process with supporting resources, and through the authority's focus on improvement and innovation in education and training.

Review of the evidence and discussion with stakeholders indicated that the CRMEC provides excellent initiatives and resources to support health services. This includes the development of an *Accreditation evidence and auditing guide*, the requirement for health services to develop and report on quality improvement plans annually, the introduction of a merit-based rating, and the opportunity for guidance visits which are educational and supportive in nature.

The MEA role is a strength of the CRMEC, allowing the authority to balance their regulatory accreditation and supportive quality improvement roles. There is a clear focus on quality improvement in prevocational education and training and support provided across the Australian Capital Territory and surrounding region to bring together health service and MEU staff to foster collaboration, innovation and improvement. As noted under Attribute 3.1, stakeholders and CRMEC staff and governance members reflected positively on the opportunities and benefits this role, and the subsequent training and development, has brought the training programs in the region. It was broadly recognised that the accreditation process encourages continuous improvement.

These initiatives and processes clearly align with the CRMEC's strategic plan.

#### **4.7 The accreditation cycle and regular monitoring of prevocational programs**

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

In 2020, a review of the CRMEC accreditation cycle was undertaken and resulted in the transition from a three-year cycle to a four-year cycle, to align with the practices of most jurisdictions. This decision was supported by a SWOT analysis and risk assessment, and it was adopted with confidence due to the introduction of annual reporting in 2017.

The annual reporting mechanism allows for continuous monitoring and ensuring that issues can be addressed. The CRMEC has an Annual Reporting Policy that outlines the process used to monitor accreditation status and the annual reporting mechanisms.

Annual monitoring is a requirement of ongoing accreditation status and serves as a mechanism to monitor compliance of the facility with the National Standards. The annual reporting mechanisms monitor the progress of a facility in meeting provisos and recommendations, and gather information on areas of interest or priority in the region and/or nationally. The process assists the Accreditation Committee with the early identification of issues and rectification of concerns, in addition to supporting and reinforcing the principle of continuous improvement.

In the annual report, health services have an opportunity to review their own performance, identify areas for future improvement and showcase activities they are undertaking to improve the ETP experience. The CRMEC provides an annual report template, which may include:

- an audit of accredited training terms
- updates on outstanding provisos
- progress towards recommendations
- continuous quality improvement activities
- other topical or priority issues.

Where a health service has been found to be delivering unaccredited training terms, the CRMEC may form a Review Committee to determine an outcome.

The Accreditation Committee reviews all annual reports and makes recommendations to the CRMEC on acceptance or otherwise of the report. Recommendations may include:

- continued accreditation status
- continued accreditation status with revocation of accreditation of a specific term
- support visit required (guidance or compliance).

The CRMEC reviews the report and recommendation and makes a final determination on the outcome from annual reporting. Any significant or serious breaches that lead to a change in accreditation status for the facility or a term is communicated to the ACT Board of the Medical Board of Australia.

### *Support visit following an annual report*

Following a review of an annual report, or where a health service fails to submit provisos or annual reports, the Committee and/or Council may recommend a support visit, which could be a guidance visit or a compliance visit, as detailed below.

- A **guidance visit** is made with the intent to provide the health service with advice and guidance on strategies related to the delivery of the ETP and/or completion of documentation. The visit is undertaken by the CRMEC Director with the Chair, Deputy Chair or another Council member. These visits are less formal and have an educational and supportive purpose. Health services may also request a guidance visit at any time.
- A **compliance visit** is conducted with the purpose of investigating an issue or potential concern and includes the establishment of an accreditation survey team with a minimum of three members, including a junior doctor representative. Compliance visits may take place in person or via web/teleconference and place a focus on:
  - the primary issues of concern raised by the annual report
  - interviewing individuals directly involved in the specific issue
  - establishing the perspective of junior doctors in the health service relevant to the issue
  - seeking to establish feasible and acceptable remedies to any safety and welfare risks or lack of compliance with significant standards
  - preparation of a report for the committee and Council, including a recommendation to either continue accreditation status, continue accreditation status with provisos, or undertake a full accreditation visit. A decision to undertake a full visit would indicate significant structural, safety and/or welfare concerns within the ETP.

### *Proviso reporting*

Accreditation status may be dependent on provisos which are conditional stipulations that outline actions that can be taken to rectify issues where National Standards are not being met. Provisos must be met within a specific time period to maintain accreditation. The Proviso Reporting Policy details that the CRMEC selects the proviso reporting schedule with consideration to:

- the urgency of the issue requiring resolution, including impacts on JMO and patient welfare and safety
- training term dates
- reasonable time periods to enable review by the General Clinical Training Committee/Prevocational Education and Training Committee
- CRMEC governance meeting dates.

The Accreditation Committee reviews all proviso reports and will determine one of the following outcomes:

- **Proviso met:** the report indicates that the facility has addressed the proviso requirement and demonstrated improvement with respect to the National Standard. If a term was provisionally accredited, once the proviso has been met a term is given full accreditation status.
- **Proviso met but remains ongoing:** a component of the proviso has been met, but further actions are required, as detailed in the original proviso. This outcome is used for provisos that have more than one reporting milestone (e.g. an action is required, and an evaluation of the action is also required).
- **Progressing:** the report indicates that the facility is progressing towards addressing the proviso requirement and progress will be monitored in the annual report.
- **Not met:** the report indicates that the facility has not met the proviso requirement.
- **Not received/received late:** the proviso report was not received by the required date.

If a not met or not received/received late outcome is found, the matter will be referred to the Council, which determines the next course of action. Failure to address the actions outlined in a proviso can

lead to revoked accreditation of a specific term, full ETP accreditation being revoked or a reduced length of the awarded accreditation.

### **Team findings**

The CRMEC accreditation process follows a clear four-year accreditation cycle that aligns with the national standards. The cycle includes assessment and annual monitoring, with the potential for additional proviso reporting and support visits, as necessary to support continued compliance with the standards and continuous improvement of the ETP.

Stakeholders provided positive feedback on the CRMEC monitoring process and requirements to support meeting the standards and ensuring ongoing compliance.

#### **4.8 Mechanisms for dealing with concerns for patient care and safety**

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

Concerns for patient care and safety are intrinsically linked with concerns for prevocational doctor safety and unsuitable training environments.

The CRMEC reported that if a prevocational doctor is in an unsafe environment, there is an immediate concern for the patients for whom they are providing care. Where patient care is unsafe, there is a high likelihood that the prevocational doctors are aware of and/or experiencing the same concern or distress.

Identification of patient care and safety issues can occur through the CRMEC concern reporting mechanism, during an accreditation visit or through annual reporting requirements.

The process for management of such concerns follows the same process as managing concerns for prevocational doctor wellbeing and/or unsuitable training environments, as documented under Attribute 4.9.

### **Team findings**

The CRMEC has clear mechanisms for identifying and managing concerns for patient care and safety, throughout the accreditation cycle and through the concerns reporting mechanism. These align with the mechanisms for managing concerns for prevocational doctor wellbeing and unsuitable training environments, recognising the prevalence of such concerns arising together.

Examples were provided to the team of identification and management of concerns that had or had the potential to have impacts to patient care and safety, which were considered to be effectively managed. Where serious issues are identified, there is appropriate escalation and strategies to manage them, which can include a compliance visit and setting provisos on accreditation.

The CRMEC's close engagements with stakeholders, including health service staff and representative governance members, additionally facilitate informal approaches to identifying and managing concerns that can be actioned in a supportive and timely manner.

#### **4.9 Mechanisms for identifying and managing concerns for prevocational doctor wellbeing**

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

The CRMEC has mechanisms for the identification and management of concerns for prevocational doctor wellbeing and unsuitable environments. Mechanisms include:

- formal reporting channels for concerns or complaints in alignment with the Responding to Concerns Policy, via:
  - the CRMEC website
  - email to the CRMEC secretariat
  - email, phone or in person to the CRMEC Director, Chair or MEA
  - JMO representatives (ministerially appointed or ex-officio) to Council
- identification during an accreditation visit
- identification during review of an annual report.

The Responding to Concerns Policy provides an overview of the processes used by the CRMEC to respond to concerns about the education and training of prevocational doctors in the region. Concerns can manifest in multiple ways, and may include:

- issues relating to the education and training provided to prevocational doctors
- issues relating to patient or junior doctor safety, welfare or cultural safety
- issues relating to the management of the ETP in a health service.

A junior doctor or their advocate (e.g. other health service staff) may report a concern.

*Process for managing concerns reported through the formal reporting mechanism*

Formal concerns reported to the CRMEC must be made by an identified individual. Concerns raised by unidentified individuals will be noted but the authority will not be able to investigate or directly respond to the anonymous concern, to reduce the likelihood of unsubstantiated claims resulting in investigation. Where possible, the identity of the individual will be kept confidential with disclosure of identity only undertaken on a need-to-know basis.

In some situations, the nature of the concern may prevent the CRMEC from fully investigating the concern without identifying the issues. In such instances, the authority will ensure the individual who raised the concern consents to the investigation and potential identification.

Should a JMO representative receive a specific concern—for example, directly related to an individual—they will inform the Chair or Director, depending on the nature of the concern.

The policy includes a Response to Concerns Flowchart that outlines an indicative process for responding to concerns. The CRMEC aims to resolve conflicts in a collaborative and cooperative manner, where possible, with the process informed by the nature of the concern, including how the authority becomes aware of the issues, the individuals involved, potential conflicts of interest and risks involved.

Following receipt of a concern, the CRMEC Director or Chair attempts to gain as much information as possible from the individual who raised the concern before taking any action. This may occur through email, telephone or meetings, and include requests for supporting documentation. The Director will brief either the CRMEC Chair, Accreditation Committee Chair or MEA. A collaborative decision informed by a risk assessment will be made regarding the requirement for further investigation. Should investigation be deemed necessary, the Director will inform the ETP administration if consultation at that level may lead to a resolution. The Director will inform the Director of Medical Services (DMS) of the health service where no resolution is appropriate and/or achieved at the ETP administration level. In most instances, a meeting with the CRMEC Director, Chair and health service executive will take place to discuss the issues.

The impact on junior doctor training outcomes is considered when making decisions about the ETP and training term status, including ensuring there is no disadvantage to junior doctors who are completing training requirements. The authority actively advocates and collaborates with the ETP to ensure a favourable outcome for the safety and welfare of prevocational doctors, including protecting their career pathways. This may include:

- retrospectively assigning provisional accreditation to the training position that was not accredited at the time the intern was assigned to the term
- scheduling a change to the accreditation status of a term to occur at completion of the current term
- ensuring there are appropriate alternative options for junior doctors to continue their required training in another training term when accreditation must be immediately revoked (e.g. for safety reasons).

Following preliminary information collection and communication with the facility, the Director and/or Chair, Accreditation Committee Chair or other relevant CRMEC representatives will determine if further action is required. This action will be determined based on the nature of the concern but may include:

- forming an accreditation survey team to undertake an accreditation compliance visit to investigate National Standards related to the concern
- forming a Review Committee to investigate and resolve the concern
- reporting via complaint mechanisms within the ACT Health Directorate or ACT Public Service.

If a decision to not investigate is made, this will be reported to Council to ratify the decision, and the concern information will be documented for potential future investigations (e.g. if relevant to a future accreditation visit).

#### *Concerns arising during an accreditation visit*

The survey team leader may raise an issue identified during a visit with the health service's DMS, CEO or General Manager to establish more information. The survey team will collect preliminary information about the concern and determine the seriousness of the issue.

Any issues identified that do not pose an immediate serious risk will be managed through the accreditation report and proviso process.

Issues posing an immediate and serious threat to patient or prevocational doctor safety and welfare will be reported to the CRMEC Chair by the Director, either during or immediately following the visit. The Director and Chair will determine if the concern can be managed through the accreditation report and proviso process; if an independent investigation should be conducted; or if immediate provisos and monitoring need to be implemented prior to endorsing the report. In general, out-of-session consultation with the Council will be undertaken to determine the outcome where the concern is of high risk.

#### *Investigating a concern outside an accreditation visit*

If the CRMEC decide to make an investigation outside the accreditation visit, the following actions can be taken:

- request documentation from the facility regarding the concern
- undertake telephone or web conferences with the facility
- undertake a site visit to a unit or facility.

A Review Committee or survey team will be formed to undertake the investigation, depending on the nature of the issue. A Review Committee would investigate concerns focused on an issue relevant to an individual or with limited implications, and would consist of the CRMEC Chair, Accreditation Committee Chair and an additional representative (e.g. other members of Council or an external representative), supported by the CRMEC Director. The committee would determine the processes required, including who should provide information, any supporting documentation and the conduct of interviews.

A survey team would be formed to investigate compliance of the facility against the National Standards (either through a compliance visit or full survey visit). The team would be formed following the process outlined under Attribute 4.2.

All details of the concern and investigation would be documented and filed in the CRMEC's filing system. Following an investigation, the responsible investigator would provide a report to Council detailing the concern, investigation outcomes and any recommended actions. A report by a survey team for a compliance visit would proceed through the Accreditation Committee. The Council would provide additional guidance and/or endorsement, as determined by the type of investigation and the outcome.

#### *Outcomes of a concern investigation*

The potential outcomes for the investigation of a concern are:

- continued accreditation
- conditional accreditation with provisos
- rescinded accreditation.

If a concern has not been resolved through the investigation and consultation process, provisos for action by the ETP may be raised with specific timeframes. The Accreditation Committee monitors provisos and advises the Council on any further issues. A unit or facility can appeal an outcome, which aligns with the process documented under Attribute 4.13.

The CRMEC has a responsibility to ensure serious issues are reported and investigated accordingly, and may report issues to the human resources department, ACT Insurance Authority, ACT Minister for Health, ACT Board of the Medical Board of Australia, Ahpra or other relevant bodies.

#### **Team findings**

The CRMEC was found to have effective mechanisms for managing and/or reporting concerns about prevocational doctor wellbeing and/or unsuitable training environments, including through the accreditation survey visit process, annual reporting and through the concerns mechanism.

The team reviewed written evidence of examples of cases where the CRMEC has intervened when prevocational doctor wellbeing was at risk or unsuitable training environments were identified. This was supported by observation of a survey visit and discussion during governance meetings where a clear focus was placed on prevocational doctor safety and wellbeing, and suitable training environments. Management of concerns identified during an accreditation visit and through reporting requirements appropriately progressed through the decision-making process for management. Additionally, there is capacity for direct escalation to the CRMEC Chair for management of serious concerns identified on a survey visit or outside the accreditation cycle, if required. The CRMEC process of undertaking prevocational doctor surveys in advance of an accreditation visit and where concerns are identified allows the authority to capture further information to determine an appropriate approach to addressing the issue.

Discussion at the Accreditation Committee and Council level identified that patient and prevocational doctor safety and wellbeing, including suitable training environments, is at the centre of all accreditation decisions, and demonstrated that identified concerns are appropriately managed with the continued wellbeing of and potential impact to the prevocational doctor in mind.

Recognising that strong prevocational doctor engagement across governance promotes another avenue of escalating concerns, particularly when the ACT Junior Medical Officer Forum is not functional, ACT prevocational doctors who are not involved in governance reflected little awareness of the opportunities to escalate concerns directly to the CRMEC for management. CRMEC may need to consider different strategies to promote the work of the authority, including opportunities for prevocational doctors to raise concerns directly with the CRMEC.



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

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

Prior to the introduction of the new NFPMT, the CRMEC accredited facilities against the CRMEC Standards, which were reviewed in 2017 and found to align with the National Standards.

From 2024, the CRMEC has adopted the *National standards and requirements for programs and terms* to apply for accreditation surveys and when determining if changes to posts, programs and institutions would affect accreditation status.

The Change of Circumstance Policy outlines that a change in the education and training program or training term after accreditation has been granted introduces a risk of noncompliance and, as such, requires approval from the CRMEC. The policy is only applicable to programs and terms that have current accreditation status.

The scope of the policy defines the different levels of change of circumstances and the processes to ensure that the accreditation status of a prevocational training program or specific term is not jeopardised.

The CRMEC should be notified of all intended changes to an accredited training program or term, regardless of whether they are minor or major. The determination of a minor compared to a major change is based on the potential change in training experience, workload, supervision or safety and welfare.

- **Minor changes of circumstance** are unlikely to have an impact on the prevocational doctor's experience, workload, supervision or safety and welfare, and do not impact significant classifications of the training term. These could arise from routine reviews of the term description by the oversight committee (Prevocational Education and Training Committee or General Clinical Training Committee), changes to the DPET or supervisor, or minor adjustments to the rostering pattern.

The CRMEC should be informed of minor changes as soon as possible, with the following documentation required:

- new term description
- term description update template
- for minor change to the training program as a whole: letter/email confirming the minor change of circumstance.

- **Major changes of circumstance** have the potential to have an impact on the prevocational doctor's experience, workload, supervision or safety and welfare; or could influence the oversight of the ETP, classification of the training experience or status of the training term. Where training terms are removed or changed between accreditation visits, health services must ensure that the balance of training experiences across the overall ETP is maintained.

Major changes should be notified to the CRMEC for approval prior to implementation. Prevocational doctors cannot be allocated to or work in an unaccredited ETP or training term. Change of circumstances are only accredited when the health service has received written confirmation from the CRMEC, and require the following documentation:

- change of circumstance form
- new term description
- term description update template
- for major change to the ETP as a whole: letter confirming the major change of circumstance

- any supporting documentation specific to the request.

Examples of circumstances that would constitute minor and major changes are detailed in the table below.

| <b>Major changes of circumstance</b><br>Notification and CRMEC approval required  | <b>Minor changes of circumstance</b><br>Notification only   |
|---|---|
| <ul style="list-style-type: none"> <li>• Change to the structure of the education and training program (e.g. change to the structure of the oversight committee [Prevocational Education and Training Committee/General Clinical Training Committee])</li> <li>• Delivering a training term from a new/changed satellite site</li> <li>• Change to the classification of a training term (e.g. change to the clinical experience category)</li> <li>• Change to a training term from PGY2-only status to include PGY1</li> <li>• Change to the number of prevocational junior doctor positions in the training term</li> <li>• Merging of two or more accredited training terms to create a new training term</li> <li>• Change to a supervisor with a different employment status at the facility</li> <li>• Increase in overtime hours (rostered or unrostered)</li> <li>• Addition of after-hours work or change in after-hours work pattern</li> <li>• Major change to the term objectives or clinical responsibilities or tasks</li> </ul> | <ul style="list-style-type: none"> <li>• Change to the DPET or the nominated accreditation representative</li> <li>• Change in term supervisor or clinical educators in the term, where the employment status of the new supervisor is not different, and the proposed new supervisor has completed prevocational supervisor training</li> <li>• Change to the clinical team structure (e.g. team based, ward-based)</li> <li>• Change to rostering where there is no major change in weekly hours or to the pattern of after-hours rostering</li> <li>• Minor change to term objectives where the change remains clearly within the scope of the term</li> <li>• Minor change to responsibilities where the change remains within the scope of a prevocational doctor's level of training</li> <li>• Updated term description following a review that required no substantial change (e.g. new signature and review date)</li> </ul> |

#### *Approving a change of circumstance*

Minor changes to the ETP or training term do not typically require additional information before being accepted by the CRMEC Director. Major changes are reviewed and approved by the CRMEC Accreditation Committee, who consider:

- compliance with the National Standards and requirements for prevocational training terms in the National Framework
- classification of the training experience, team structure and status as a service term
- scope of work and its contribution to education and training
- supervisory model, including the term supervisor's training and experience
- impact on patient welfare and safety, prevocational doctor welfare and safety, and cultural safety.

The Accreditation Committee refers its recommendations on the following changes of circumstances to the Council for consideration and endorsement:

- new training terms
- changes that are potentially noncompliant with the National Standards

- changes deemed to potentially impact patient welfare and safety, prevocational doctor welfare and safety, and cultural safety.

#### *Approval process and outcomes from a change of circumstance request*

The CRMEC may request further documentation or evidence and/or review by multiple CRMEC committees. Health services are advised to allow three months for approval of the change of circumstance.

In instances that an urgent change of circumstance is required, the health service representatives should contact the CRMEC Director and indicate the reasoning. In low-risk urgent situations, the CRMEC Accreditation Committee Chair and/or the Council Chair can consider the change out of session to fast-track the approval process.

The Accreditation Committee may request additional information or documentation, arrange for a meeting with key facility personnel or determine that a site visit is necessary. Depending on the final decision, the change of circumstance may lead to a training term and/or the ETP retaining its original accreditation status; being provisionally accredited; or having no changes approved.

If a change of circumstance is approved, the CRMEC will raise provisos requiring the change to be formally evaluated and reported within a specified period.

#### **Team findings**

The CRMEC has a clear policy on change of circumstances, detailing the process of notifying changes, definitions and examples of minor and major changes and the process for approval, which includes application of the National Standards to determine any impact to accreditation.

There are clear processes for assessment and decision making for minor and major changes, including the provision of a relevant template to report on the proposed change.

In discussion with stakeholders, it was heard that the process for notifying and seeking approval for change was a simple process with clear paperwork and reporting requirements. Stakeholders can contact CRMEC staff for guidance on the process, as needed.

#### **4.11 Application of documented decision-making processes**

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

The process for accreditation decision making is documented in the Undertaking a Health Service Accreditation Policy.

The survey team's accreditation report is considered by the CRMEC Accreditation Committee. The survey team leader presents the report to the committee and provides an overview of the findings, provisos and rationale for the team's conclusions. The Accreditation Committee has an opportunity to ask questions regarding the content of the report, and impressions of the survey team regarding any aspects not included in the report that the committee may consider to be relevant. The committee discusses the report and suggests any changes it may consider to be pertinent.

The Accreditation Committee Chair presents the report to the Council, providing the governing body with the committee's recommendations on the outcome of the accreditation report, including the suggested duration of accreditation, any recommended adjustments to and/or endorsement of reports. The Council will consider the accreditation report and recommendations made by the committee and provide a final decision on the accreditation status of the health service.

To enable the decision-making process to be free from undue influence, the policy stipulates that no individual will participate in voting on accreditation outcomes at more than two levels. For example, a representative who sits on both the Accreditation Committee and Council who participates in the

survey visit must refrain from decision making at one level. The CRMEC noted that, in practice, this would involve the individual refraining from voting on whether the Council accepts the Accreditation Committee's recommendation. This was documented in recognition of the small jurisdiction in which the CRMEC operates, and that individuals often sit on multiple committees. This management strategy is designed to reduce the potential influence of individuals on the accreditation process.

The CRMEC Director will be present at all levels of decision making and may provide guidance to the teams and committees on the CRMEC policies but does not participate in voting or decision making.

### **Team findings**

The CRMEC decision-making process was observed to be applied as documented, with a tiered approach to recommendations and decisions on accreditation.

The diversity and separation of membership and balance of conflicts of interest across the survey team, Accreditation Committee and Council levels provides a mitigation strategy against potential bias and undue influence. No undue influence was observed in the decision-making process, and the process was applied consistently regardless of the challenging nature of decisions. This was evident in the decision to withdraw accreditation from a term because of an ongoing lack of appropriately addressing provisos and concerns identified by the CRMEC, despite the CRMEC's ongoing efforts through reporting and compliance visit requirements.

As detailed under Attribute 1.7, the inclusion of additional senior medical officers, consultants and/or clinical supervisors in the governance process, particularly at the Accreditation Committee level, would strengthen the governance and decision-making process, to support constructive discussion, appropriate consideration and management of system-level issues, considerations of risk and appropriate escalation of issues, as necessary.

### **4.12 Communicating accreditation decisions**

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

Per the Undertaking a Health Service Accreditation Policy, following an accreditation visit and the decision-making process, the outcome is provided to the executive of the facility via email. Thirty days following the date that the report was emailed to the health service, in accordance with the right of appeal against an accreditation decision timeline, the accreditation report and a register of terms is published on the CRMEC website and communicated in the newsletter. The accreditation report details the duration of accreditation and any provisos, recommendations and commendations.

The website is additionally updated periodically to indicate when a health service has addressed any provisos that were included in the accreditation report.

The CRMEC will communicate the accreditation decision to the ACT Board of the Medical Board of Australia, with a list of each training term included in the accreditation decision.

### **Team findings**

The CRMEC has a transparent process documented for communication of accreditation status and outcomes, including to health services undergoing accreditation and other stakeholders. The CRMEC additionally communicates the accreditation decision to the ACT Board of the Medical Board of Australia, meeting contractual requirements.

The outcomes of accreditation are made publicly available on the CRMEC website, including the accreditation report that details the duration of accreditation and provisos, and a list of accredited terms, in addition to being shared more broadly in the CRMEC newsletter.

Stakeholders provided feedback that communication of outcomes was facilitated in a timely manner following the accreditation decision-making process.

#### **4.13 Complaints, review and appeals process**

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

The CRMEC has an Appealing a Decision Policy that establishes the grounds for appeal of accreditation decisions and the process for their determination.

##### *Appeals process*

Any health service or unit that is subject to an accreditation decision may apply in writing to the CRMEC Chair within 30 days from receipt of written advice of the accreditation decision to have the decision reviewed by an Appeals Committee. Grounds for appeal include a health service/unit belief that:

- relevant and significant information which was available to the accreditation survey team was not considered in the making of the provisos
- the report of the accreditation survey team was inconsistent based on the information the team received
- perceived bias of one or more accreditation survey team members affected the decision
- information provided by the accreditation survey team was not duly considered by the Accreditation Committee or Council.

During the appeal process, the health service will retain any accreditation status granted to it at its last completed accreditation.

No personal representation to the Appeals Committee is permitted, with only written submissions considered. Once the documentation is received by the CRMEC, the written appeal documentation will be forwarded to the accreditation survey team leader for written comment.

The Appeals Committee is convened by the CRMEC Chair as an independent group that is responsible for reviewing the accreditation outcome (including provisos, recommendations and commendations) regarding the health service or unit making the appeal. The Appeals Committee will comprise the following:

- a Chair, appointed by the CRMEC Chair
- a minimum of three senior health practitioners (including the Chair) who are experienced in medical education and training, none of whom was on the original accreditation team or a member of the Accreditation Committee
- at least one representative who is external to the Australian Capital Territory
- no individual who is employed by the health service being accredited
- no individual with any other conflict of interest.

A member of the CRMEC secretariat shall be the secretary to the Appeals Committee but shall not form part of the committee.

The Appeals Committee examines all relevant documentation to reach a determination on whether the written appeal is valid. Relevant documentation includes the last accreditation visit, responses from the accreditation survey team, relevant Accreditation Committee and/or Council meeting minutes, and documentation from the appellant facility. The committee is entitled to consider all relevant information as it sees fit and must act in accordance with the laws of natural justice and decide each appeal on its merits.

Recommendations of the Appeals Committee are presented to the CRMEC for consideration, and may include the following options:

- uphold the endorsed accreditation decision

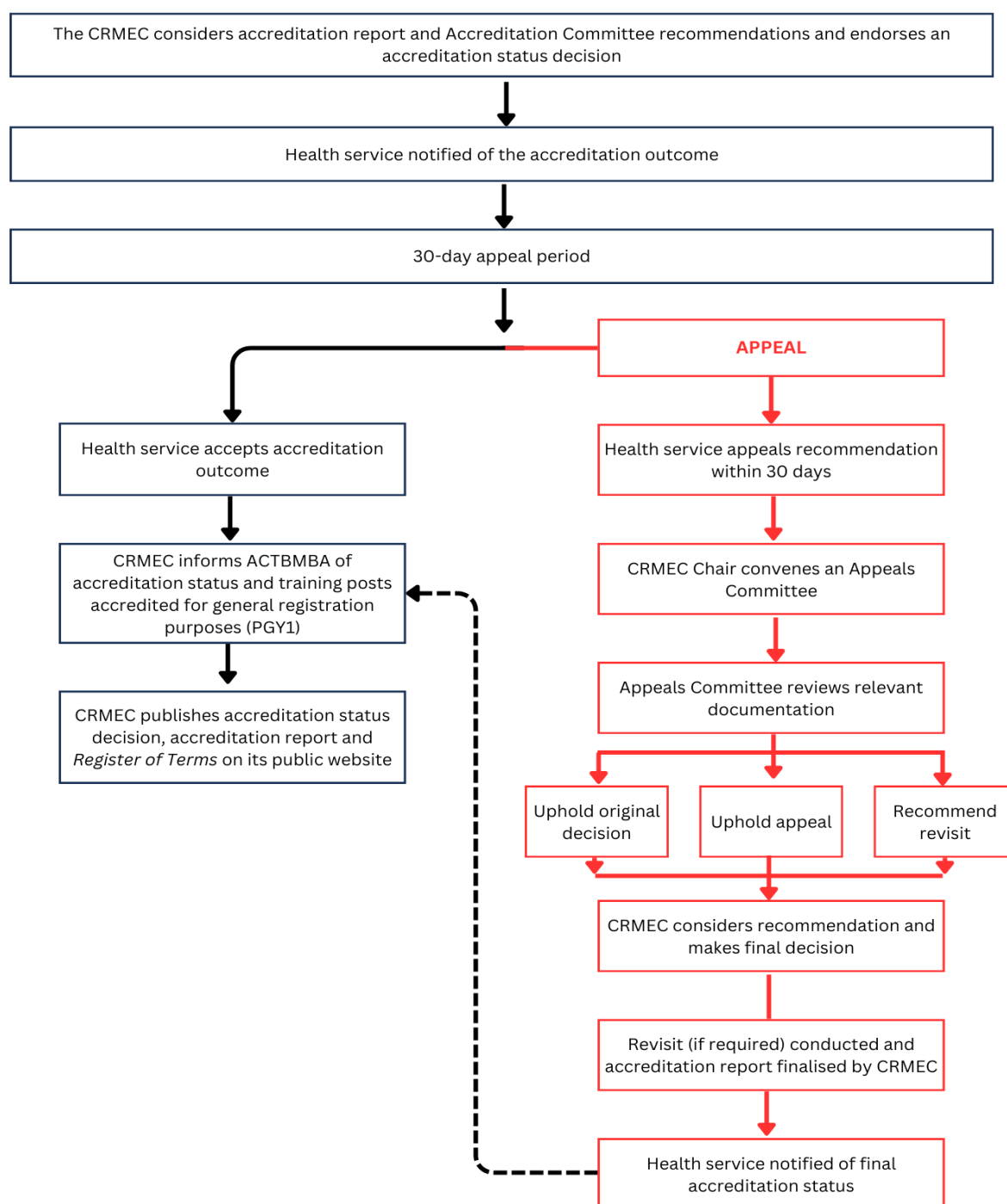
- uphold the appeal and provide alternative recommendations to the CRMEC regarding an accreditation decision
- where reasonable doubt is established as to the accreditation decision, reject the accreditation survey team's finding and recommend a revisit of the facility or relevant department. Such a visit will focus on the specific areas of uncertainty or controversy unless otherwise specified by the Appeals Committee.

Should a revisit be conducted, the Appeals Committee would preferably undertake the new accreditation visit, but may choose to recommend the establishment of a new survey team if this is not possible. No appeal process will be available following a repeated accreditation survey visit.

The CRMEC reserves the right to invoice the health service an amount up to \$5000 for the additional administrative and consultancy costs when an appeal is lodged. If the appeal is upheld, the amount will be refunded to the health service.

The Appealing a Decision Policy remains untested despite two recent occurrences of health services being awarded significantly shorter accreditation durations and requiring another survey visit within 12 months.

### CRMEC Accreditation Appeals Policy Flowchart



### Team findings

The CRMEC has a documented appeals process that was considered to support a fair and responsive structure to the management of appeals and includes the appointment of an independent Appeals Committee. This document is available on the CRMEC website.

It was noted that no formal appeals or complaints have been lodged with the CRMEC and the policy remains untested.

### *Commendations*

- I The clear commitment to, and support provided by the authority, to facilitate continuing quality improvement in prevocational training programs and medical education and supervisor training. (Attribute 4.6)
- J The development of an *Accreditation Evidence and Auditing Guide*, which focuses on the quality improvement function of accreditation for health services. (Attribute 4.6)
- K The formal and informal mechanisms for effective identification and management of patient safety and prevocational doctor wellbeing and training environment concerns, resulting in appropriate escalation, action and priority for ensuring the concern is addressed. (Attribute 4.9)
- L The levels of decision making through the Accreditation Committee and Council and priority placed on ensuring separation of membership and management of conflict of interest across the governance structure to mitigate undue influence (Attribute 4.11)

### *Conditions to satisfy accreditation domains*

Nil.

### *Recommendations for improvement*

- CC Develop guidance on effective and respectful questioning in survey visits. This may form part of the surveyor training or be a guidance document for team members. (Attribute 4.2)
- DD Formalise the process for survey team member performance review and provision of constructive feedback to support the continued development of individual surveyors.(Attribute 4.2)
- EE Work with prevocational doctor representatives to build a shared understanding of how to support the sharing of their perspectives while appropriately managing potential for undue bias and describe this within the *Conflict of Interest* policy (and/or other documentation as appropriate). (Attribute 4.3)
- FF Develop a mechanism to promote awareness of direct escalation pathways to the CRMEC for prevocational doctors who have concerns related to safety, wellbeing and unsuitable training environments. (Attribute 4.9)



## 5 Stakeholder collaboration

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

### Attributes

- 5.1 The prevocational training accreditation authority has processes for engaging with stakeholders, including health departments, health services, prevocational doctors, doctors who supervise and assess prevocational doctors, the Medical Board of Australia, relevant medical schools and specialist colleges, professional organisations, health consumers and the broader community.
- 5.2 The prevocational training accreditation authority has a communications strategy, including a website providing information about the prevocational training accreditation authority's roles, functions and procedures.
- 5.3 The prevocational training accreditation authority collaborates with other relevant accreditation organisations.

### 5.1 Engagement with stakeholders

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

The CRMEC has formal annual reporting requirements to the ACT Minister for Health via the ACT Health Directorate's Director-General. This provides a mechanism for the Council to report significant issues arising in health services related to noncompliance with the standards, and strategic advice on medical education in the region. This has facilitated advocacy for recognising and addressing the supervisory role senior consultants play in education, canvassing for appropriate teaching spaces in health service expansion plans, and strengthening formal support and teaching programs for accredited training programs to attract junior doctors to the region.

The authority's agreement with HETI to administer prevocational accreditation functions in the SNSWLHD facilitates regular communication with the SNSWLHD Executive Director of Medical Services on accreditation issues. This role further ensures that the HETI accreditation branch is included in all communications.

The governance structure of the CRMEC is designed to facilitate broad stakeholder engagement, including health service staff, prevocational doctors, supervisors and health consumers.

The CRMEC meets annually with the Chair of the ACT Board of the Medical Board of Australia, and there are regular meetings and engagement with DPETs and DMS through the CRMEC Director and MEA. The MEA runs formal DPET and MEU working days, hosted by the CRMEC, to facilitate the implementation of the NFPMT. Across 2023 and 2024, the CRMEC had direct engagement with prevocational supervisors to deliver mandatory training sessions on the NFPMT, which had strong engagement. A formal evaluation process for the supervisor workshops is planned for 2024.

Through the additional roles of the MEA, CRMEC Director and CRMEC Chair, the authority maintains links and engagement with the ANU Medical School. This engagement, along with formal meetings with the medical school Director, allows connection with final year medical students regarding the ACT prevocational training program; input into curriculum review and advocacy for rural prevocational training issues; and a maintained awareness of transition needs and issues with retention of new doctors in the region.

The small jurisdictional size and priority attributed to development and maintaining close stakeholder relationships allows for innovation, building trusting relationships to lead joint partnerships in education, and enhancing vertically integrated training across the sector. The authority reported that

building long-term, collaborative relationships is a strategic priority that has been achieved with the assistance of the skills and involvement of senior CRMEC leadership.

The CRMEC has consulted with local Aboriginal and/or Torres Strait Islander representatives on how the authority can operate in a culturally safe context, with this including the appointment of a local Indigenous representative to the Council.

### **Team findings**

The CRMEC has clear structures and processes to support engagement with a broad range of stakeholders that are both formal and informal in nature.

There is clear commitment of CRMEC staff, including the Director, Chair and MEA, to ensure regular engagement of health service staff to support their input into the work of the CRMEC, discuss accreditation matters and strategies, strengthen awareness of prevocational training advocacy and issues, and facilitate preparation for the implementation of the NFPMT. This also extends to the communication with and engagement of the local medical school.

As detailed under Attribute 1.7, the governance structure is designed to engage a diverse group of stakeholders in the work of the authority. A particular strength is the strong prevocational doctor engagement within the governance structure (Council, Accreditation and Education committees), with the team observing active contribution of prevocational doctors at meetings across the levels of governance.

The small jurisdictional context of medical education and training in the region strengthens the formal, informal and relationship-driven interactions and engagement of stakeholders. Stakeholder feedback was positive regarding the nature and frequency of the CRMEC's engagement, with various levels and processes for stakeholders to provide input and engage with the authority.

## **5.2 Communications strategy**

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

The communication plan is detailed within the strategic plan, with the goals of the plan stated to be:

- to provide strategic advice to high-level stakeholders in order to positively influence the direction of medical education in the region
- to inform stakeholders about issues that impact prevocational education and training, particularly with respect to the new NFPMT
- to inform junior doctors about resources and supports
- to build collegiality and connection with the Canberra region
- to build and maintain an awareness of the CRMEC and its role in the region.

The communication plan identifies the information the CRMEC exchanges and primary communication goal(s) by stakeholder type, in addition to the frequency and method of communication. Communication may occur via survey visit, meeting, formal request, reporting, email, the websites, newsletter or social media.

The authority maintains two websites for communicating to stakeholders, which include:

- the CRMEC website, with information on CRMEC governance, accreditation function and policies, education, awards, contact details and concerns/complaints
- a Junior Doctor and Supervisor Resources website, providing resources, tips, ideas and access to training courses for prevocational doctors and supervisors across the region.

The CRMEC also has an ACT Government website page, providing information on the role of the CRMEC; prevocational accreditation; accredited health services; and how to contact the authority.

The CRMEC newsletter is the primary method of communication with stakeholders, providing information and resources to junior doctors and educators, in addition to promoting their engagement with their cohort, the ACT health system and broader community. The plan for the newsletter for the 2023–2027 strategic cycle is for distribution two to three times per month and to produce content that targets areas of specific interest to junior doctors.

The authority has a Communications Plan: Medical Training Survey that documents and logs the active work with the MTS team to promote the MTS annually.

The CRMEC additionally has a Communicating with Junior Doctors Policy to outline strategies for communication between the CRMEC and local junior doctors. The mechanisms identified for communication with prevocational doctors includes:

- the CRMEC newsletter: with a focus on information about education, training, welfare and careers; recruitment for CRMEC committees; national and regional training issues; and connection to the local community
- CRMEC websites
- face-to-face communication: a CRMEC representative addresses new junior doctors in the Australian Capital Territory and medical students at the ANU during orientation with the intent to share information on the role of the CRMEC, accreditation processes, and the national prevocational education and training space, and encourage engagement with the CRMEC through the Council and subcommittee JMO representative positions
- receiving communication from junior doctors: via the ministerially appointed representatives on Council, subcommittee members, attendance at training events and the complaints mechanism.

Communication is documented using the following strategies:

- a communications log
- consultation records
- a meeting log of formal meetings attended by CRMEC representatives
- a quarterly report to the Council and Accreditation Committee
- a newsletter matrix tracking the information that the CRMEC is producing
- website updates.

A formal evaluation of engagement and stakeholder satisfaction was undertaken in 2023. This had low completion rates, but analysis indicated that engagement with the CRMEC websites increased following newsletter distribution. Further evaluation is planned for 2026.

### **Team findings**

The CRMEC has a clear communications plan within its 2023–2027 strategic plan, in addition to junior doctor and MTS communication plans and policies. The strategic avenues for communication are clearly outlined, including the CRMEC websites, newsletters, engagement in governance, meetings and workshops.

The authority's websites are clear and user-friendly, with relevant information about accreditation and prevocational doctor resources easily accessible.

Efforts to strengthen communication, including the relevance to and engagement of prevocational doctors, are clearly reflected in the communications plan, with a renewed focus committed to the development of content targeting areas of specific interest to junior doctors.

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

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

The CRMEC is a member of CPMEC, which supports collaboration with other prevocational training accreditation authorities across Australia.

The authority additionally collaborates with the AMC, with members actively engaged on accreditation committees, stakeholder review groups and working groups for the NFPMT.

With its formal agreement with HETI to accredit training programs in the SNSWLHD region, there is close collaboration and communication between the CRMEC and HETI. The CRMEC undertakes primary accreditation and monitoring responsibilities, engaging a survey team member who is appointed by and represents HETI. Outcomes of surveys and annual monitoring are communicated to HETI, in addition to further collaboration on survey visit arrangements and funding applications for rural training programs. The CRMEC and HETI meet at least annually to discuss emerging cross-jurisdictional issues, which may involve a benchmarking process and alignment of policies.

Further collaboration includes connection with the Northern Territory Prevocational Medical Assurance Services, who reviewed and contributed to the CRMEC's *Accreditation evidence and auditing guide*, and delivery of supervisor training EPAs for Postgraduate Medical Council of Victoria supervisors.

The CRMEC reported strong links with the Royal Australian College of General Practitioners, allowing advocacy for the need for increased exposure of prevocational doctors to general practice, and workforce structures in the ACT region that would support this.

### Team findings

The CRMEC demonstrated a strong commitment to meaningful collaboration with other relevant accreditation organisations. The authority has active representation across multiple territory and national committees and organisations, including CPMEC and the AMC, to support information sharing and contribution to new initiatives.

Collaboration with other accreditation organisations is inherent through the shared agreement between the CRMEC and HETI to deliver the accreditation function. The authority additionally displays benchmarking activity and cooperation with other accreditation authorities, including requesting the contribution to and review of CRMEC guides.

The CRMEC has adopted a leadership role with respect to the NFPMT, particularly to the provision of supervisor training for the introduction of EPAs within the local region and across other jurisdictions.

#### *Commendations*

M The clear priority placed on stakeholder engagement across the medical education continuum, including consultation on strategic and accreditation matters, facilitating collaboration to promote innovation and improvements to prevocational medical education and training, (Attribute 5.1)

N The communication plan and *Communicating with Junior Doctors* policy, which aims to increase awareness and inform key stakeholders and target areas of interest to facilitate the engagement of prevocational doctors. (Attribute 5.2)

#### *Conditions to satisfy accreditation domains*

Nil.

#### *Recommendations for improvement*

Nil.

## **Appendix One - Membership of the 2024 AMC Team**

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**Dr Gregory Sweetman, Chair**, MBBS DipRACGO DA(UK) FRACGP FACEM MClinEd DDU MHSM. Chair, Postgraduate Medical Council of Western Australia; Member, AMC Prevocational Standards Accreditation Committee.

**Dr Sheree Conroy**, MBBS (UQ), FACEM. Director of Clinical Training; Senior Staff Specialist, Emergency Department, Toowoomba Hospital; Member, AMC Prevocational Standards Accreditation Committee.

**Dr Jasmine Davis**, BBioMed MPH MD, Rural Generalist Intern, Bundaberg Hospital.

**Tahlia Christofersen**, Policy Officer, Prevocational Accreditation, Australian Medical Council.

**Alexandros Papas**, Policy Officer, Prevocational Accreditation, Australian Medical Council.

## Appendix Two - Groups met by the 2024 AMC Team

| Location  | Meeting   |
|---|---|
| <b>Video conference – Microsoft Teams</b>   |   |
| <i>2 July 2024– Dr Sheree Conroy, Tahlia Christofersen (AMC staff) and Alexandros Papas (AMC staff)</i>   |   |
| Observation of CRMEC accreditation visit to Goulburn Health Service   | Various meetings  |
| <b>Canberra, ACT and Videoconference – Zoom and Microsoft Teams</b>   |   |
| <i>Wednesday 7 August 2024 – Dr Greg Sweetman, Dr Sheree Conroy, Dr Jasmine Davis, Tahlia Christofersen (AMC staff) and Alexandros Papas (AMC staff)</i>      |   |
| Minister for Health   | Minister for Health   |
| Health Directorate  | Chief Medical Officer<br>Director General's Officer Manager, ACT Health Directorate.  |
| Director of Medical Services  | Executive Director of Medical Services, SNSWLHD; Director of Medical Services, Bega Hospital<br>Director of Medical Services, Goulburn Base Hospital<br>Director of Medical Services, Moruya Hospital |
| ACT Board of the Medical Board of Australia and Ahpra   | Chair, ACT Board of the Medical Board of Australia<br>Territory Manager, Ahpra  |
| Accreditation Assessors   | Various assessors   |
| Accreditation Committee   | Chair<br>Consumer representative<br>Staff specialist<br>External Accreditation Advisors<br>JMO representatives  |
| Ministerial Council   | Chair<br>Consumer representative<br>Junior Medical Officer representatives<br>Indigenous representative<br>Chair, Accreditation Committee   |
| <i>Thursday 8 August 2024 – Dr Greg Sweetman, Dr Sheree Conroy, Dr Jasmine Davis, Ms Tahlia Christofersen (AMC staff) and Mr Alexandros Papas (AMC staff)</i> |   |
| CRMEC Executive Team  | Director, CRMEC<br>Chair, CRMEC<br>Medical Education Advisor  |
| CRMEC staff   | Director, CRMEC<br>Personal Assistant to CRMEC Director   |
| Junior Medical Officers   | The Canberra Hospital   |

| Location  | Meeting   |
|---|---|
| Directors of Prevocational Education and Training   | Director of Prevocational Education and Training, The Canberra Hospital<br>Director of Prevocational Education and Training, North Canberra Hospital<br>Director of Prevocational Education and Training, Moruya Hospital |
| Term Supervisors  | Open invitation to supervisors  |
| Medical Education Support Officers  | Manager Medical Education and Simulation, MOSCETU, The Canberra Hospital<br>JMO Manager, Goulburn Hospital<br>Medical Administration Support Team, Bega   |
| ANU Stakeholders  | Director, ANU School of Medicine and Psychology   |
| Debrief with CRMEC Executive  | Director, CRMEC<br>Chair, Ministerial Council<br>Medical Education Advisor  |
| <b>Videoconference – Zoom</b>   |   |
| <i>4 September – Dr Greg Sweetman, Dr Sheree Conroy, Dr Jasmine Davis, Tahlia Christofersen (AMC staff) and Alexandros Papas (AMC staff)</i>  |   |
| Observation CRMEC Accreditation Committee meeting   | Accreditation Committee Members   |
| <b>Videoconference – Zoom</b>   |   |
| <i>18 September – Dr Greg Sweetman, Dr Sheree Conroy, Dr Jasmine Davis, Tahlia Christofersen (AMC staff) and Alexandros Papas (AMC staff)</i> |   |
| Observation CRMEC Ministerial Council meeting   | Ministerial Council Members   |
| <b>Videoconference – Microsoft Teams</b>  |   |
| <i>24 September – Dr Greg Sweetman, Dr Sheree Conroy, Dr Jasmine Davis, Tahlia Christofersen (AMC staff) and Alexandros Papas (AMC staff)</i> |   |
| Meeting with Junior Medical Officers  | Junior Medical Officers, The Canberra Hospital  |

