

# Accreditation Report: Health Education and Training Institute,

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Prevocational Standards Accreditation Committee

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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 Health Education and Training Institute (HETI), the prevocational training accreditation authority for New South Wales (NSW).

### Accreditation History

HETI was granted initial accreditation by AMC Directors in 2013 as the prevocational training accreditation authority for NSW.

In 2017, an AMC team completed the assessment of the HETI intern training accreditation work. On advice from the Prevocational Standards Accreditation Committee, AMC Directors, at their April 2018 meeting, agreed that they were reasonably satisfied that HETI met the Intern training: Domains for assessing accreditation authorities, and granted accreditation to HETI as the intern training accreditation authority for New South Wales for the five years to 31 March 2023.

Based on a satisfactory accreditation extension submission in 2022, AMC Directors extended accreditation for three years to 31 March 2026, with accreditation to continue until an AMC team completed an assessment of the prevocational training accreditation services in 2025.

## Accreditation process

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In July 2025, 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 October 2025.

This report details the 2025 assessment of HETI 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 HETI regarding the commencement of the assessment process in 2024, after which there were regular discussions between AMC and HETI staff to plan the assessment.
- HETI 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 HETI 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 HETI's accreditation submission.
- The team met on 24 April 2025 to consider HETI's submission and to plan the review.

- A subset of the AMC team observed HETI's survey visit to Bathurst Health Service virtually on 1 and 2 May 2025.
- A subset of the AMC team observed HETI's survey visit to The Prince of Wales Hospital in person on 22 and 23 May 2025.
- The team observed HETI's Prevocational Accreditation Committee meeting on 17 July 2025.
- The team met with HETI executive and staff, HETI members and selected stakeholders and Prevocational Accreditation Committee members on 28, 29 and 30 July 2025.
- A subset of the AMC team met with the Chair of the NSW Junior Medical Officer Forum on 7 October 2025.
- The AMC invited HETI 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 HETI were considered through the AMC's committee processes.

### 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	<p>Outlines requirements for processes, systems and resources that contribute to good quality prevocational (PGY1 and PGY2) training.</p> <p>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><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.

For each accreditation assessment, the Prevocational Standards Accreditation Committee appoints an expert team. The prevocational training accreditation authority's accreditation submission, which addresses the *Intern training: Domains for assessing accreditation authorities*, forms the basis of the assessment. Following a review of the submission, the team discusses the submission with staff and committees of the 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 makes 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.

### **Decision on accreditation**

The team reported to the AMC Prevocational Standards Accreditation Committee in October 2025.

The Prevocational Standards Accreditation Committee, at their 21 October 2025 meeting resolved:

- i. that the NSW Health Education and Training Institute (HETI) *substantially meets* the domains for assessing accreditation authorities;
- ii. that the NSW Health Education and Training Institute (HETI) be accredited as a prevocational training accreditation authority for five years to 31 March 2031, subject to satisfactory annual monitoring submissions to the AMC;
- iii. that this accreditation is subject to the condition set out below:

In the 2028 monitoring submission:

Implement strategies to support cultural safety during survey visits, which should include:

- the sustainable and meaningful expansion of the surveyor pool that supports the engagement of Aboriginal and/or Torres Strait Islander doctors and individuals involved in prevocational training and accreditation as assessors on survey teams. This could include monitoring the demographic information and diversity of the HETI surveyor pool, as well as consulting on and evaluating engagement strategies, with a view to the eventual inclusion of an Aboriginal and/or Torres Strait Islander membership position on all accreditation survey teams;
- the development of ongoing and iterative cultural safety training specific to accreditation to assist surveyors, PAC members, HETI professional staff, DPETs and JMO Managers. This should include consideration of the assessment of cultural safety and the practical application of the cultural safety standards in the workplace, and how to approach surveys in a culturally sensitive manner to support the upskilling of surveyors. HETI may consider engaging external expertise to assist with the development of this training.
- review of the accreditation process and documentation (including The Guide to Survey Evidence) to identify opportunities to enhance cultural safety for Aboriginal and/or Torres Strait Islander prevocational doctors during accreditation visits and how accreditation supports this more broadly within prevocational training programs. (Attribute 4.2)

In 2030, before this period of accreditation ends, the AMC will seek an accreditation extension submission from HETI. The submission should address the requirements of the *Domains for assessing and accrediting prevocational training accreditation authorities* and outline HETI's development plans for the next three years. The AMC will consider this submission and, if it decides that HETI is continuing to satisfy requirements, the AMC Prevocational Standards Accreditation Committee may extend the accreditation by a maximum of three years (to March 2034), 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 2025 AMC assessment against the requirements of Domains for assessing and accrediting prevocational training accreditation authorities are set out below.

## Conditions on accreditation

Where a month is not specified in the deadline for the condition the Authority is expected to demonstrate that it has satisfied the condition within the monitoring submission scheduled for that year.

Condition	To be met by
<b>Domain 1: Purpose and Governance</b>	
Nil	
<b>Domain 2: Independence</b>	
Nil	
<b>Domain 3: Operational Management</b>	
Nil	
<b>Domain 4: Processes for accreditation of prevocational training programs</b>	
1 Implement strategies to support cultural safety during survey visits, which should include: <ul style="list-style-type: none"> <li>the sustainable and meaningful expansion of the surveyor pool that supports the engagement of Aboriginal and/or Torres Strait Islander doctors and individuals involved in prevocational training and accreditation as assessors on survey teams. This could include monitoring the demographic information and diversity of the HETI surveyor pool, as well as consulting on and evaluating engagement strategies, with a view to the eventual inclusion of an Aboriginal</li> </ul>	2028 monitoring submission

Condition	To be met by
<p>and/or Torres Strait Islander membership position on all accreditation survey teams;</p> <ul style="list-style-type: none"> <li>the development of ongoing and iterative cultural safety training specific to accreditation to assist surveyors, PAC members, HETI professional staff, DPETs and JMO Managers. This should include consideration of the assessment of cultural safety and the practical application of the cultural safety standards in the workplace, and how to approach surveys in a culturally sensitive manner to support the upskilling of surveyors. HETI may consider engaging external expertise to assist with the development of this training.</li> <li>review of the accreditation process and documentation (including <i>The Guide to Survey Evidence</i>) to identify opportunities to enhance cultural safety for Aboriginal and/or Torres Strait Islander prevocational doctors during accreditation visits and how accreditation supports this more broadly within prevocational training programs. (Attribute 4.2)</li> </ul>	
<b>Domain 5: Stakeholder Collaboration</b>	
Nil	

### Commendations

A	The clear commitment of HETI and its Medical Portfolio to an accreditation process that supports high quality education and training and focuses on meeting the needs of the community. (Attribute 1.1)
B	HETI's support for Junior Medical Officer Managers to undertake cultural safety training. (Attribute 1.1)
C	HETI's accreditation governance and management structure, which gives appropriate priority to accreditation of prevocational training programs and how they facilitate patient safety, suitable training environments and prevocational doctor wellbeing. (Attribute 1.3)
D	HETI's accreditation governance structures, which support the engagement and active contributions of prevocational accreditation stakeholder groups, including health service staff, prevocational supervisors and prevocational doctors. (Attribute 1.7)
E	The comprehensive processes that support the identification and effective management of conflicts of interest in the work of the Prevocational Accreditation Committee. (Attribute 2.2)
F	The professionalism and commitment of the Medical Portfolio and Allocation, Accreditation and Faculty Unit staff, who have successfully overseen the implementation of the National Framework in NSW, while maintaining the accreditation program. (Attribute 3.1)
G	The priority accorded to resources for accreditation, including funding for the resumption of face-to-face surveys after the COVID-19 pandemic. (Attribute 3.1)
H	The contribution of HETI to the development and implementation of the National Framework. (Attribute 3.3)
I	The role of PMAP, HETI's online accreditation tool, in prevocational accreditation. PMAP provides end-to-end support for the accreditation program, facilitating a standards-focused approach and streamlining the accreditation process for training providers and survey team members. (Attribute 4.4)

J	HETI's use of accreditation to facilitate continuous quality improvement of prevocational training programs. (Attribute 4.6)
K	The <i>Trainee in Difficulty Guide</i> is an excellent evidence-based guide for DPETs to identify and support prevocational trainees experiencing difficulty. (Attribute 4.9)
L	HETI's extensive engagement with a broad range of stakeholders, including engaging with NSW medical schools to improve medical graduates transition to prevocational training in the workplace. (Attribute 5.1)

### Recommendations for Improvement

AA	Consider mechanisms that facilitate stronger consumer and community engagement and input to enhance the capacity of education, training and accreditation to meet the health needs of the community. (Attribute 1.1)
BB	Consider expansion of cultural safety training to key prevocational training stakeholders, including HETI surveyors, committee members, and JMO Managers who have not yet received training. (Attribute 1.1)
CC	Explore measures to increase engagement with, and the formal representation of, Aboriginal and/or Torres Strait Islander stakeholders and communities in the governance and delivery of the accreditation function. (Attribute 1.7)
DD	Provide an update on the appointment to the Manager, Accreditation role, including clarification of the responsibilities and how this position will contribute to achieving the objectives of the accreditation program and to continuous quality improvement of the accreditation function. (Attribute 3.1)
EE	Develop risk management documentation specific to the accreditation function to support the appropriate identification, assessment and management of accreditation risks by the AAFU and Medical Portfolio. (Attribute 3.2)
FF	Review the process for formal surveyor and team leader performance review to ensure that it is consistently implemented and provides meaningful and constructive feedback after each survey visit. (Attribute 4.2)
GG	Review the confidentiality and conflict of interest section of the <i>Accreditation Procedure</i> to document the length of time a conflict is considered active since the cessation of previous employment or other identified interests, and any potential conflicts relating to future employment. (Attribute 4.3)
HH	Implement a process to ensure that prevocational training providers have the opportunity to review the draft survey report for factual accuracy before the Prevocational Accreditation Committee makes accreditation decisions. (Attribute 4.4)
II	Develop and publish a procedure document that provides a comprehensive overview of the identification, escalation and response to concerns for patient care and safety and prevocational doctor wellbeing (attributes 4.8 and 4.9)
JJ	Review the effectiveness of the JMO Forum as a mechanism for identification, discussion and escalation of concerns about prevocational doctor wellbeing and suitability of training environments, including:

	<ul style="list-style-type: none"> <li>investigate measures to improve NSW prevocational doctors' awareness of the JMO Forum and its role in promoting wellbeing and escalating concerns to HETI</li> <li>develop an orientation guide for prevocational doctors joining the JMO Forum to ensure they understand the role of the Forum, and their role in supporting prevocational doctor wellbeing</li> <li>consider the introduction of a formal reporting process to PAC, to support PAC's capacity to address concerns about prevocational doctor welfare through the accreditation process. (Attribute 4.9)</li> </ul>
KK	Review HETI's processes for managing concerns and issues that cannot be resolved through the local health service escalation pathways.
LL	<p>Review the process for requests for changes to terms to:</p> <ul style="list-style-type: none"> <li>ensure that there are clear guidelines on what changes should be notified and the process for reporting through PMAP</li> <li>investigate whether the workload of submitting notifications and responding to requests for more information can be reduced for minor changes</li> <li>improve and clarify the timelines for responses to training providers. (Attribute 4.10)</li> </ul>
MM	Provide an update on the publication of the outcomes of accreditation surveys on the HETI website. (Attribute 4.12)
NN	Document the process for initial management of complaints or concerns about accreditation decisions. (Attribute 4.13)
OO	Implement mechanisms to improve the support for JMO Managers by providing information on prevocational training and accreditation for new JMO Managers, and by considering how HETI could facilitate information sharing and collaboration related to prevocational training and accreditation among JMO Managers. (Attribute 5.1)

## Appreciation

The AMC thanks the HETI 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 HETI 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 May and July 2025.

The groups met by the 2025 AMC team are listed at Appendix 2.

## Assessment against the Accreditation Standards

Domain 1: Purpose and Governance			
1.1	Commitment to ensuring high quality education and training and meeting health needs of the community	Met	This Domain is <b>met</b>
1.2	Governance	Met	
1.3	Priority to accreditation of prevocational training programs	Met	
1.4	Business viability and sustainability in delivering accreditation services	Met	
1.5	Financial arrangements	Met	
1.6	Selection of the governing body	Met	
1.7	Stakeholder input to governance	Met	
Domain 2: Independence			
2.1	Independence of accreditation decision making	Met	This Domain is <b>met</b>
2.2	Managing conflicts of interest	Met	
Domain 3: Operational Management			
3.1	Resources to achieve accreditation objectives	Met	This Domain is <b>met</b>
3.2	Monitoring and improving accreditation processes	Met	
3.3	Quality improvement approach to accreditation standards and procedures	Met	
3.4	Management of records and information	Met	
Domain 4: Processes for accreditation of prevocational training programs			
4.1	Documentation on the accreditation requirements and procedures	Met	This Domain is <b>substantially met</b>
4.2	Selection, appointment, training and performance review of accreditation visitors	Substantially met	
4.3	Managing conflicts of interest in the work of accreditation visitors and committees	Met	
4.4	The accreditation process	Met	
4.5	Consideration of external sources of data	Met	
4.6	Fostering continuous quality improvement in prevocational training posts	Met	
4.7	The accreditation cycle and regular monitoring of prevocational programs	Met	
4.8	Mechanisms for dealing with concerns for patient care and safety	Met	
4.9	Mechanisms for identifying and managing concerns for prevocational doctor wellbeing	Met	

Domain 4: Processes for accreditation of prevocational training programs			
4.10	Considering the effect of changes to posts, programs and institutions on accreditation status	Met	
4.11	Application of documented decision-making processes	Met	
4.12	Communicating accreditation decisions	Met	
4.13	Complaints, review and appeals process	Met	

Domain 5: Stakeholder Collaboration			
5.1	Engagement with stakeholders	Met	This Domain is <b>met</b>
5.2	Communications strategy	Met	
5.3	Collaboration with other accreditation organisations	Met	

## Domain 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 Health Education and Training Institute's (HETI) role is to ensure education and training across the NSW public health system that:

- supports safe, high quality, multi-disciplinary team-based, patient-centred care;
- meets service delivery needs and operational requirements; and
- enhances workforce skills, flexibility and productivity.

HETI partners with Local Health Districts (LHDs), Specialty Health Networks (SHNs), public health organisations, and other health education and training providers to develop contemporary, relevant, and responsive education and training to ensure that patients receive the highest-quality health care.

The *2023 – 2026 Strategic Plan* outlines three strategic priorities and 12 initiatives, including:

- **Strategic Priority 1: Targeted Learning and Pathways.** The key initiative of this priority is to deliver world class education and training for NSW Health workforce to respond to system priorities.
- **Strategic Priority 2: Trusted Partnerships.** The key initiative of this priority is to extend collaborative relationships to drive compassionate, sustainable and safe care and improve patient outcomes and experiences.
- **Strategic Priority 3: Inspired People.** The key initiative of this priority is to support NSW public healthcare staff to thrive and enable them to deliver exceptional learning outcomes for NSW Health.

In addition to accreditation, HETI has a broad scope of functions related to education and training and has

maintained registration as a Higher Education Provider by the Tertiary Education Quality and Standards Agency (TEQSA). Some of the education and training programs developed and managed by HETI include:

- training programs that support the full range of roles within NSW Health, including medical practitioners, nursing staff, allied health staff, executive leaders, managers, administrative and support staff;
- programs for clinicians to become skilled teachers, trainers, and supervisors, some of which support learning in simulated training environments,
- managing the NSW Health Registered Training Organisation, which, in partnership with LHD and SHN delivery sites, offers a range of nationally recognised health-related vocational education and training qualifications.

HETI's education and training programs evolve to align with the NSW Ministry of Health's strategic priorities, and, as outlined under attribute 1.2, are delivered through dedicated portfolios within the organisation.

HETI is accredited as the prevocational training accreditation authority for NSW to ensure high standards of training, education and wellbeing for all prevocational trainees. Through its accreditation function, HETI has developed processes to ensure training providers and training programs and terms meet the requirements of the National Framework for Prevocational Medical Training (the National Framework), and that there are processes to ensure that prevocational training programs promote and protect the safety and quality of patient care.

The HETI prevocational accreditation governance structure supports broad stakeholder input, including roles for community and consumer representatives.

### ***Team findings***

There was a clearly demonstrated commitment to education and training and to facilitating training that meets the needs of the broader community. This commitment was evident across all HETI prevocational activities and across the broader responsibilities of HETI beyond prevocational training. HETI's strategic plan includes a strong focus on provision of high quality education and training across the training continuum for individuals working in the NSW health system. HETI provided evidence of an extensive range of training programs that are managed across its portfolios, many of which are directed at, or relevant to, prevocational trainees.

HETI's governance structure and its procedural documents facilitate prevocational training and emphasise the importance of training programs promoting and protecting the safety and quality of patient care, prevocational doctor wellbeing and supportive training environments. Commitment was also evidenced by dedicated accreditation program staff, advocacy for the prioritised funding of accreditation activities, and a commitment to relationship development and collaboration with core stakeholders across the prevocational training system.

There are dedicated positions on the Prevocational Accreditation Committee (PAC) for community and consumer representatives, who provide input into accreditation. While the difficulty of including a consumer voice in prevocational training is recognised, the team recommends that HETI investigate stronger consumer engagement and input to enhance the capacity of education, training and accreditation to meet the health needs of the community.

There is a stronger focus on Aboriginal and/or Torres Strait Islander health and cultural safety within the new National Framework for Prevocational Medical Training (the National Framework). It was heard that there has been increasing collaboration and engagement with Aboriginal and/or Torres Strait Islander stakeholders on cultural safety initiatives and that HETI has identified several opportunities for improvement, including the possible involvement in a NSW Centre of Excellence.

HETI's support for several JMO Managers to attend cultural safety training was considered to be a valuable initiative, and the HETI Medical Portfolio are encouraged to explore how cultural safety training could be expanded to include other key stakeholders in prevocational training and accreditation, including HETI surveyors, committee members, and other JMO Managers who have not yet received this training.



Representation of Aboriginal and/or Torres Strait Islander communities in the governance of prevocational accreditation is discussed under attribute 1.7, and cultural safety training is further discussed under attribute 4.2.

## 1.2 Health Education and Training Institute

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.

There has been a medical internship accreditation body in NSW since 1998, which has undergone numerous changes in organisation structure and scope of activities.

HETI was established in 2012 under the *Health Services Act 1997*, as a Chief Executive Governed Statutory Health Corporation. In lieu of a board, the Chief Executive operates under sections 52B, 52C and 52E of the Act, and has equivalent authority to a Board. HETI is a pillar organisation within NSW Health, and the Chief Executive answers to the NSW Health Secretary, who reports to the NSW Health Minister.

HETI replaced the Clinical Education and Training Institute with a wider remit for education and training for the entire NSW public health system. This remit includes clinical education and training for undergraduate, prevocational and vocational trainees, as well as non-clinical leadership and management training.

HETI operates under a Performance Agreement with NSW Health that sets out the service and performance expectations for funding and support. The agreement recognises that HETI has a clearly defined role and functions, and provides a financial guarantee for HETI to continue providing services in line with these functions. HETI provides leadership to LHDs, SHNs and other NSW public health organisations and training providers on the development and delivery of education and training across the NSW public health system.

As discussed under attribute 1.1, HETI has a broad range of functions that extend well beyond prevocational training and accreditation, including to:

- design, commission, conduct, coordinate, support and evaluate education and training programs for clinical, corporate and support staff, including vocational education and training sector trainees, vocational, undergraduate, professional entry/clinical trainees, and new graduates; and
- establish governance for the whole of health education and training programs for the NSW Health system;
- design, commission, conduct, coordinate, support and evaluate management, leadership and professional development programs;
- support reform and improve workforce capacity and quality of clinical and non-clinical training through:
  - identification and development of statewide programs for clinicians to become skilled teachers, trainers and supervisors;
  - managing a registered training organisation;
  - maintaining and administering an online learning management system, including provision of quality assurance standards and resource development;
  - statewide oversight, coordination and implementation of best practice learning, including simulated learning environments, and other technologies;
- maintain registration as a higher education provider and develop and deliver, as appropriate higher education courses to support identified workforce needs;
- institute, coordinate, oversee and evaluate education and training networks;
- set standards for education and training, including medical training, and accredit institutions for prevocational education and supervision;
- establish effective monitoring and reporting systems to meet statewide and national reporting requirements for education and training in the health sector;
- To ensure education and training programs and other projects it undertakes in performing its functions:
  - are responsive to local needs,
  - are cost effective, affordable and accessible,

- meet both individual local health district, specialty network and whole of system needs,
- support staff in providing safe, high quality, multi-disciplinary team-based, patient-centred care,
- support inter-professional learning
- work closely with Local Health Districts, Specialty Networks and education providers;
- provide advice to the Secretary on matters relevant to its functions.

HETI has three governance committees that provide advice and support to the Chief Executive:

1. **The HETI Executive Committee:** consisting of the Chief Executive, all Portfolio Directors and the Director of People and Culture, to support the Chief Executive on strategic direction.
2. **The HETI Finance and Performance Committee:** consisting of the Chief Executive, all Portfolio Directors and the Director Finance and Business Support, to monitor HETI's operational and financial performance.
3. **The Audit and Risk Management Committee:** consisting of an independent chair and two external independent members. The Committee provides assistance to the Chief Executive by overseeing and monitoring HETI's governance, risk and control frameworks, and its external accountability requirements.

There are five portfolios to support the functions of HETI:

- Leadership, Management Development and Educational Design
- Medical
- Mental Health and Higher Education
- Professional Practice, Inter-professional Collaboration
- Corporate Support and Business Partnerships.

### **Prevocational accreditation**

In 2018, the Medical Portfolio was restructured with two primary teams, the Allocation, Accreditation and Faculty Unit (AAFU), and the Governance, Development and Delivery Unit (GDDU).

The AAFU is responsible for the allocation of medical student graduates to internship positions in NSW, HETI's Prevocational Accreditation Program, and supports the Prevocational Accreditation Committee (PAC), Prevocational Training Council (PvTC) and other key stakeholders in prevocational education and training.

#### *Governance*

The PAC is the body responsible for providing oversight and advice to HETI for the efficient and effective delivery of a robust accreditation program for medical prevocational training. The PAC reports to the HETI Chief Executive, and the *Terms of Reference* outline the following functions:

- reviewing prevocational training provider's accreditation survey reports and make decisions regarding the accreditation status of the provider and terms for prevocational training.
- overseeing, advising and supporting the requirements and processes for the accreditation of all NSW prevocational training terms and facilities
- managing, overseeing, evaluating and improving a site surveying system to accredit facilities and training terms according to the standards set by the Australian Medical Council
- ensuring that over the duration of an accreditation cycle, an appropriate mix of methods is used to assess whether a prevocational training program is continuing to meet the National Standards for Prevocational (PGY1 and PGY2) training programs and terms
- managing, overseeing, evaluating and improving the recruitment and training of surveyors and team leaders and facilitating their continuing education for those roles
- establishing committees or working groups as required to support implementation of the accreditation program.

The PAC meets at least nine times annually and receives secretariat support from the HETI Medical Portfolio (AAFU).

The PvTC ensures the state-wide coordination of the prevocational training networks, develops resources to improve prevocational training in NSW, promotes high quality training for NSW prevocational trainees, and supports networks to ensure that prevocational training programs are delivered in accordance with the National Framework. The *PvTC Terms of Reference* outline a range of functions to meet this purpose, including providing advice and expertise to the HETI executive on issues related to prevocational training. The PvTC reports to the HETI Medical Director and receives secretariat support from the AAFU.

The Junior Medical Officer (JMO) Forum is an advisory subcommittee of the PvTC, and is composed of elected representatives of interns and residents from each prevocational training network. The terms of reference state the functions of the JMO Forum to be advisory and operational:

- **Advisory:** to work in collaboration with HETI and participate in consultation on relevant issues affecting prevocational training and education; advocate the interests of trainees in relation to trainee welfare, supervision, training and education; liaise with other states on national issues affecting prevocational training and education; promote training and circulate information provided by HETI and other teaching bodies; and support members of the HETI Executive, PvTC and HETI Medical Directorate as a resource on specific issues, when appropriate
- **Operational:** to promote awareness of the JMO Forum issues by providing information arising from the JMO Forum to prevocational trainees and external organisations; and to action the national JMO Forum resolutions.

### ***Team findings***

HETI is legally constituted as a Chief Executive Governed Statutory Health Corporation under the *Health Services Act 1997*. The Chief Executive is supported by an Executive Committee, a Finance and Performance Committee and an Audit and Risk Management Committee. The authority has a Performance Agreement with NSW Health with a clear outline of functions and defined performance objectives and deliverables.

HETI is a pillar organisation within NSW Health and operates under departmental operational and financial rules and regulations.

HETI undertakes prevocational accreditation in accordance with the standards outlined in the National Framework.

The Medical Portfolio, AAFU, PAC, PvTC, and JMO Forum support the accreditation function. Each operates under its own terms of reference, and has clearly delineated functions, responsibilities and authority related to prevocational accreditation. The governance and operational structures with respect to the accreditation function are robust, including direct reporting by the PAC to the Chief Executive. The PAC and PvTC demonstrate a mature approach to collaboration and contribution to the prevocational accreditation program, while maintaining their distinctive roles.

### **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 discussed under attribute 1.2, HETI operates under a Performance Agreement with NSW Health. The agreement outlines HETI's role in setting and monitoring standards for education and training in NSW health facilities, including accrediting prevocational training programs.

Prevocational training and accreditation are overseen by HETI's Medical Portfolio. As noted under attribute 1.2, in 2018, the Medical Portfolio was restructured to establish two primary teams, the AAFU and the GDDU. The restructure was designed to strengthen the prevocational accreditation function.

There is an independent governance structure for prevocational accreditation, with the PAC holding decision-making authority and acting independently of the Medical Portfolio. The PAC manages the accreditation process and decisions for NSW prevocational training terms, facilities and networks, including survey decisions and monitoring of providers; and approves the Accreditation Procedure.

The PAC *Terms of Reference* outline clear functions that cover the accreditation function. A statement of members' roles includes an acknowledgement that they are working on the behalf of HETI to improve the safety and wellbeing of patients and doctors in the NSW Health System.

The PvTC provides expert advice to the AAFU on matters relating to prevocational training, including the wellbeing of prevocational doctors, and prevocational medical training issues.

The two committees have distinct responsibilities, but there is close collaboration through cross-membership and regular reporting.

The JMO Forum provides a direct line of feedback between prevocational trainees and the AAFU, providing an opportunity for representatives to network, promote collaboration and idea sharing, take part in research, and discuss and action issues relevant to prevocational supervision, education and training, accreditation and wellbeing. There are standing agenda items at JMO Forum meetings for trainees from each network to raise issues that may be impacting their training, with clear escalation processes to the PAC Chair, PvTC Chair and/or the HETI Medical Director.

HETI also supports an Aboriginal Trainee Doctors Forum (ATDF) which focuses on the wellbeing of Aboriginal and/or Torres Strait Islander trainees and provides feedback and guidance to HETI on how these trainees can be supported throughout their training. The forum is a collaborative initiative with the Australian Indigenous Doctors' Association, the NSW Ministry of Health Aboriginal Workforce Team and is open to Aboriginal and/or Torres Strait Islander trainee doctors within the NSW public health system. Final year Aboriginal and/or Torres Strait Islander medical students are invited to attend meetings of the forum.

### ***Team findings***

The Medical Portfolio, AAFU, PAC, PvTC, and JMO Forum provide strong support for HETI's accreditation function, and it was considered that this will be further enhanced by the recruitment of a dedicated Accreditation Manager within the AAFU.

The collaboration between the PAC and the PvTC provides a mechanism to address systemic issues identified during accreditation and promotes a whole of system approach to improvement of prevocational education and training.

The PAC Terms of Reference and the *Accreditation Procedure* give priority to the impact of prevocational training programs on patient safety. There is a strong emphasis on the wellbeing of prevocational doctors in the *Accreditation Procedure* and the PAC and PvTC Terms of Reference, as well as through the membership of each committee and through HETI's interactions with the JMO Forum. There are clear processes for identifying, escalating and managing concerns about patient safety and prevocational doctor wellbeing, which are discussed under Domain 4.

Feedback from HETI staff and its stakeholders indicated that patient safety and prevocational doctor wellbeing are considered throughout the accreditation processes. Observation of two survey visits and a PAC meeting supported this feedback, demonstrating consideration of the impact of training programs on patient safety and prevocational doctors' experience. Identification of a concern about prevocational doctor wellbeing during one of the observed visits was escalated appropriately.

## **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.

HETI receives the majority of its ongoing funding through an annual Performance Agreement with NSW Health, which provides funds for HETI to deliver services in line with its agreed functions. An annual internal budget allocation supports the core activities of HETI's Medical Portfolio, including prevocational accreditation.

The Medical Board of Australia also provides funding to support the PGY1 accreditation function through Ahpra.

### ***Team findings***

HETI has appropriate structures to support the ongoing viability and sustainability of the organisation to deliver its accreditation function. Primary funding is through NSW Health and is provided under an annual Performance Agreement that outlines several mandatory functions, including *setting standards for medical education and training*, and *accreditation of institutions for prevocational education and supervision*. Evidence was provided of Ahpra's financial contribution to the accreditation of PGY1 positions.

HETI has the capacity to allocate supplementary funding to the Medical Portfolio for additional resources if required, and the organisation can also submit a business case for additional resources to NSW Health. Examples were provided of these processes leading to increased staffing or resources for implementation of the National Framework.

Discussions with the HETI Executive and senior NSW Health representatives confirmed that funding for accreditation is adequate and ongoing.

### **1.5 Financial arrangements**

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

HETI engages an external agency to provide internal audit services, and its financial accounts are audited annually by the NSW Auditor General, with reports presented to the NSW Parliament. The audited HETI financial statements are published annually on the NSW Health website. HETI is required to submit annual financial reports on the expenditure of Ahpra funds.

### ***Team findings***

HETI observes the financial requirements of NSW Health, and there are annual internal and NSW Auditor General audits.

HETI meets relevant Australian accounting and financial reporting standards.

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

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

The PAC is the governing body for the accreditation function. Its terms of reference include a detailed outline of the process for the selection of members.

An independent Chair is appointed through a merit-based recruitment process, and an independent Deputy Chair is appointed through expressions of interest from serving ordinary members of the Committee. All other positions are filled through a merit-based assessment of responses to calls for expressions of interest, with a balance of experience, qualification and representation of the membership categories outlined under attribute 1.7. All members are appointed by the HETI Chief Executive for a period of three years.

The HETI Medical Director (or delegate) and the HETI Medical Administration Trainee are ex officio members of the Committee. The Chair of PvTC is a member of the PAC, and the PAC Chair sits on the PvTC.

### ***Team findings***

The team found that there is a transparent process for the selection of the PAC.

The terms of reference for the PAC clearly outline a merit-based selection process for all members, including the Chair and Deputy Chair, with final appointments approved by the HETI Chief Executive. Selection and membership requirements ensure an appropriate balance of experience, qualifications, and representation, including consideration of geographic location, and an appropriate breadth of individuals and positions engaged in prevocational education and training. The Chair and another member of PvTC, the Medical Director and a representative of the JMO Forum are ex officio members.

The team also found that there are transparent processes for the selection of the PvTC and JMO Forum

membership, and for the recruitment of the Medical Director and Deputy Director.

### 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.

HETI's accreditation governance structure supports input from a range of stakeholders.

#### **Prevocational Accreditation Committee (PAC)**

The *HETI Prevocational Accreditation Committee (PAC) Terms of Reference* state that the Committee will be composed of 10 to 20 members with appointments designed to ensure a balance of experience, qualifications and representation from Local Health Districts and Specialty Health Networks, including:

- medical staff comprising a balanced mix of Medical Administrators, Directors of Prevocational Education and Training (DPETs), senior clinicians, vocational and prevocational trainees
- relevant administrative staff, for example, Junior Medical Officer Managers or Education Support Officers
- rural and metropolitan representatives
- a representative of the JMO Forum Executive
- community and consumer representatives
- the Chair and one other member of the HETI Prevocational Training Council (PvTC)

The committee's standing members include the HETI Medical Director and the HETI Medical Administration Trainee ex officio during their appointments in these roles at HETI.

#### **Prevocational Training Council (PvTC)**

The PvTC has 10 to 20 members, including an independent Chair and Deputy Chair, the Chair of the PAC, a JMO Forum representative, one or more JMO Managers, at least five DPETs (one or more from a rural site), a general practitioner, a representative of a NSW Medical School, one or more vocational training representatives, and individuals with expertise in medical education and prevocational training. The Medical Director is an ex officio member.

#### **NSW Junior Medical Officer (JMO) Forum**

Members of the JMO Forum include one PGY1 member from each of the HETI prevocational training networks. Each member serves a term of 2 years. A PGY1 or PGY2 member may also be elected from each hospital that employs Rural Preferential Recruitment trainees. PGY1 members of the forum elect a member to chair the forum the following year. The JMO Forum Chair is a member of PvTC and the NSW member of the Australia and New Zealand Junior Medical Officers Forum. The JMO Forum also selects a member of its executive to sit on the PAC.

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

HETI's prevocational accreditation governance structures facilitate the engagement and input of a broad group of stakeholders, including health service staff, prevocational doctors and consumers. Members of the PAC, PvTC and JMO Forum inform and/or participate in accreditation decisions and the governance of prevocational accreditation. Observation of a PAC meeting demonstrated active contributions from all members, including prevocational doctors, supervisors and training providers' administrative staff. Consistent stakeholder feedback during the AMC confirmed the significant role of stakeholders in accreditation decisions and governance of accreditation. In addition, the AAFU has good processes for regular stakeholder consultation and engagement through meetings and forums with a broader group of stakeholders, as discussed under attribute 5.1.

HETI and the PAC have had a central role in the implementation of the National Framework in NSW. HETI established a National Framework for Prevocational Medical Training Implementation Steering Committee, which enabled regular feedback and stakeholder input, and there have been effective processes to support health service staff feedback and participation in the roll-out of the Framework.

As discussed under attribute 1.1, there is a much stronger focus on Aboriginal and/or Torres Strait Islander health and cultural safety within the National Framework. The team heard that there has been increased collaboration and engagement with Aboriginal and/or Torres Strait Islander stakeholders on cultural safety initiatives and that HETI has identified several opportunities for improvement. HETI supports the ATDF, as discussed under attribute 1.3. To further strengthen the input of Aboriginal and/or Torres Strait Islander stakeholders, it is suggested that HETI explore measures to increase engagement with and formal representation of these stakeholders in the governance and delivery of the accreditation function. This could include adding an Aboriginal and/or Torres Strait Islander member to the PAC to provide expertise on Aboriginal and/or Torres Strait Islander health and cultural safety, and on the health needs of the NSW Aboriginal and Torres Strait Islander communities.

#### *Commendations*

- A The clear commitment of HETI and its Medical Portfolio to an accreditation process that supports high quality education and training and focuses on meeting the needs of the community. (Attribute 1.1)
- B HETI's support for JMO Managers to undertake cultural safety training. (Attribute 1.1)
- C HETI's accreditation governance and management structure, which gives appropriate priority to accreditation of prevocational training programs and how they facilitate patient safety, suitable training environments and prevocational doctor wellbeing. (Attribute 1.3)
- D HETI's accreditation governance structures, which support the engagement and active contributions of prevocational accreditation stakeholder groups, including health service staff, prevocational supervisors and prevocational doctors. (Attribute 1.7)

#### *Conditions to satisfy accreditation domains*

Nil.

#### *Recommendations for improvement*

- AA Consider mechanisms that facilitate stronger consumer and community engagement and input to enhance the capacity of education, training and accreditation to meet the health needs of the community. (Attribute 1.1)
- BB Consider the expansion of cultural safety training to key prevocational training stakeholders, including HETI surveyors, committee members, and JMO Managers who have not yet received training. (Attribute 1.1)
- CC Explore measures to increase engagement with, and the formal representation of, Aboriginal and/or Torres Strait Islander stakeholders and communities in the governance and delivery of the accreditation function. (Attribute 1.7)



## Domain 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.

As noted under attribute 1.2, the PAC is an independent committee with a balance of membership skills and experience and a direct line of reporting to the HETI Chief Executive.

HETI's *Accreditation Procedure* outlines the process of accreditation for NSW prevocational training programs and posts: selection of a survey team including a doctor in training; a survey visit which includes meetings with all key stakeholders; a survey team report on compliance with National Framework standards; review of the survey report by the PAC to determine an accreditation outcome and any conditions, commendations or recommendations; and follow up tailored to survey outcomes. Decisions made by the PAC are not subject to the approval of either the HETI Medical Director or the Chief Executive. Detailed processes for the identification and management of conflicts of interest for PAC members and survey team members are described under attribute 2.2.

The PAC Chair and Deputy Chair are independent appointments made by the HETI Chief Executive.

HETI reports that there have been no occasions in the past 12 months where the independence of decision making related to accreditation of prevocational training programs has been threatened.

#### Team findings

The position of the PAC as an independent committee reporting to the HETI Chief Executive helps to safeguard the independence of accreditation.

There are well established processes that allow the Medical Portfolio and PAC to maintain the independence of accreditation decisions. The PAC terms of reference and HETI's *Accreditation Procedure* outline processes for independent accreditation decision making and management of conflict of interest. Independence of accreditation decisions was strongly supported by the HETI leadership, health service staff and senior NSW Health representatives. Feedback from a range of stakeholders confirmed that the accreditation process and its independence are highly regarded.

There was no evidence of undue influence from any areas of the community, including government, health services or professional associations.

#### 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.

HETI's *Accreditation Procedure* outlines how conflicts of interest (COIs) are identified and managed. COIs are



recorded in a *Conflict of Interest Register*. The PAC Chair has oversight of the management of COIs, which is consistent with NSW Health policy on COIs.

An apparent or actual conflict of duty or interest exists when a PAC member or surveyor is:

- employed or contracted by the provider being accredited;
- employed or contracted as a DMS, DPET or JMO Manager by a provider within the same prevocational training network as the provider being accredited;
- employed or contracted by the Local Health District of the provider being accredited, in a position with LHD-wide responsibility;
- the proprietor or General Manager (or equivalent) of an accredited general practice or community health organisation; and/or
- employed or contracted by an accredited general practice or community health organisation

PAC members and surveyors must assess and declare all conflicts at least annually. Committee members and surveyors are required to disclose all actual, apparent and potential conflicts of duty and interests (via the *PAC Conflict of Interest and Confidentiality Agreement* for PAC members) as soon as they become aware of the conflict. PAC members must advise HETI of all duties and interests where there is a potential for a conflict to exist, including relationships with staff at the provider being accredited. The PAC Chair determines if any declared interests could or could not be seen to improperly influence a PAC member.

The software management system, Convene, is employed for all PAC meetings and for uploading all meeting documentation. Relevant COI information for PAC members is used to identify agenda items for which they have a COI. At the commencement of each meeting, members are asked to declare any additional conflicts. PAC members are unable to access any agenda items if they have a conflict of interest with the health service and/or item under discussion, and they are automatically excluded from the meeting during any discussions where a conflict of interest has been identified.

### ***Team findings***

There are well-established procedures for identifying, recording and managing conflicts of interest for PAC members and surveyors, which are outlined in HETI's *Accreditation Procedure* and appeared to be functioning well during an observed PAC meeting.

Processes for management of conflicts of interest include a *Conflict of Interest Register* maintained by the AAFU, the *PAC Conflict of Interest and Confidentiality Agreement* signed by PAC members, identification of agenda items prior to a meeting for which individual members are deemed to have a conflict, a software management system that does not allow members to view agenda items for which they are deemed to have a conflict, and exclusion of members from the meeting during discussion of agenda items for which they are deemed to have a conflict.

HETI's *Accreditation Procedure* describes conflicts of interest related to employment by the provider being accredited or by the LHD of the provider being accredited; however, there is no information about the period of time after that employment during which the conflict persists. This is also relevant to survey teams and other committees and is addressed under attribute 4.3.

#### ***Commendations***

E The comprehensive processes that support the identification and effective management of conflicts of interest in the work of the Prevocational Accreditation Committee. (Attribute 2.2)

#### ***Conditions to satisfy accreditation domains***

Nil.

#### ***Recommendations for improvement***

Recommendation under attribute 4.3 applies.

## Domain 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 in relation to accrediting prevocational training programs.

As discussed under attribute 1.4, HETI has agreements with NSW Health and the Medical Board of Australia, through Ahpra, that fund the prevocational accreditation program through annual budget allocations. The Performance Agreement with NSW Health sets out the service and performance expectations for funding and other support provided by the department. The agreement outlines a number of functions that cover HETI's core activities, including prevocational accreditation. Ahpra's funding contributes towards the cost of PGY1 accreditation.

As discussed under attributes 1.2 and 1.3, prevocational education and training are overseen by the HETI Medical Portfolio, which is led by a full-time Medical Director, with support from a full-time Deputy Medical Director. At the time of the AMC visit, the Medical Portfolio staffing consisted of approximately 25 members, of whom eight were within the AAFU, which is responsible for allocation of medical school graduates to internship positions in NSW and for HETI's prevocational accreditation program. The AAFU supports the PAC, the PvTC and a number of other forums in prevocational education and training, including the JMO Forum, the ATDF, and the DPET Forum (discussed in more detail under Domain 5). The Medical Portfolio and its AAFU have overseen the implementation of the National Framework in NSW.

The AAFU staffing profile consists of:

- Manager, Allocation Accreditation and Faculty Development
- Senior Program Coordinator, Accreditation
- Three Program Coordinators (2.5FTE)
- Project Officer
- Two Support Officers.

HETI appoints an independent PAC Chair, employed at 0.2FTE, who reports directly to the Chief Executive, as well as a Deputy Chair. There is close collaboration with the Chair of PvTC.

To support the accreditation function, HETI has a pool of 92 accreditation surveyors, comprising:

- 11 team leaders
- 24 clinicians
- 14 medical administrators
- 11 administrators (including JMO Managers)

- 23 prevocational doctors; and
- 9 trainee surveyors.

All surveyors are required to participate in at least one survey visit every two years, ideally one every year. Team leaders are required to complete at least one survey as a team leader every two years. The surveyor pool is regularly reviewed at AAFU PAC Priorities meetings to identify any deficits in the number of surveyors available or in any category of surveyors. Additional surveyors are recruited to fill identified shortages.

Despite budgetary constraints, HETI prioritised funding for surveyors to travel to accreditation sites so that face-to-face survey visits could be resumed after the COVID pandemic.

### ***Team findings***

HETI has effective processes in place to manage human and financial resources. The HETI Medical Portfolio, and more specifically the AAFU, are adequately resourced to achieve the objectives of the prevocational accreditation function.

The AAFU has a stable and highly professional staff profile. These staff effectively manage a substantial workload to support prevocational accreditation. There is flexibility to reallocate duties between staff if required during periods of increased accreditation workload.

Resources have been appropriately managed to support the implementation of the National Framework, while maintaining the accreditation program's standard workload. As discussed under attribute 1.5, the AMC team were provided with examples of allocation of additional funding to support the implementation of the National Framework.

At the time of the AMC visit the AAFU was in the process of establishing a new Accreditation Manager position to oversee prevocational accreditation. This appointment was supported by stakeholder feedback during the AMC visit. A dedicated manager should reinforce the priority given to the accreditation program and support continuous improvement of the accreditation function.

HETI has successfully maintained a pool of surveyors to support prevocational accreditation through careful monitoring of the total number of surveyors and the number of surveyors within each category, and through training (discussed in more detail under attribute 4.2) and recruitment. The AAFU recognises the importance of ongoing recruitment to the surveyor pool for the sustainability of accreditation, particularly the recruitment of survey team leaders. Recruitment is supported through the HETI website and through internal and training provider networks.

There was consistent feedback from stakeholders, including surveyors, PAC members and training providers, on the benefits of face-to-face survey visits. HETI's commitment to obtaining funds to allow the resumption of face-to-face visits is evidence of the organisation's management of resources to support accreditation and of its commitment to listening to and acting on stakeholder feedback.

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

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

HETI's prevocational accreditation program implements and reviews risk management and quality improvement strategies through monitoring, analysis and management protocols.

Emerging risks identified by HETI staff are initially escalated within the AAFU and communicated to the HETI Deputy Medical Director, Medical Director and/or the Chairs of the PAC and PvTC. If the matter is deemed urgent, the Medical Director and/or the HETI Chief Executive are involved for immediate management and mitigation.

Weekly priority meetings of the AAFU accreditation team provide an opportunity for staff to raise and address issues or make suggestions for improvement. Examples of matters discussed include Prevocational Medical Accreditation Program (PMAP) enhancements, implementation of the National Framework, prevocational training network issues and accreditation survey requirements. An action list is maintained to

ensure that specific tasks are assigned and completed within agreed timeframes.

The AAFU hosts an annual PAC planning day to monitor and improve accreditation processes. Attendees are asked to provide feedback on:

- accreditation updates and associated survey data from the previous year
- emerging issues and trends in prevocational education and training
- the need for any changes to current processes
- identified ways to improve and enhance the current accreditation process.

An evaluation process forms part of the quality cycle to inform improvements to accreditation processes. After each accreditation survey, HETI seeks feedback from survey team leaders (on survey team members and HETI support), surveyors (on team leaders and HETI support) and prevocational training providers (on the survey process, the survey team and HETI support).

### ***Team findings***

HETI has demonstrated that effective systems exist for monitoring and improving the prevocational training accreditation processes. A consistent approach to seeking feedback from training providers, team leaders and surveyors after each accreditation survey informs process improvement, as do weekly AAFU priority meetings and the annual PAC planning day.

The AMC team was informed that HETI has a Risk and Audit Committee which operates at a whole-of-organisation level, but there is no documented risk management process for the accreditation function. Risks that are identified are appropriately escalated within the AAFU and the Medical Portfolio, and to the HETI Chief Executive if required. Risks can be discussed and added to an action list at the weekly AAFU priority meetings and can also be raised at the annual PAC planning day.

The stability of staffing within the AAFU has contributed to a detailed understanding of the accreditation process and areas for improvement, and this will be strengthened by the appointment of a dedicated Accreditation Manager. There is an opportunity for HETI to develop and document an approach to the formal identification, assessment and management of risks specific to the accreditation function. This could include a documented process for risk reporting and escalation, and an accreditation risk register.

### **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.

HETI's Prevocational Accreditation Program has a process of continuous improvement of its accreditation standards and processes.

Components of this process include delivery of mandatory surveyor accreditation modules; team leader and surveyor training; pre-survey question and answer sessions with providers; post-survey evaluations completed by surveyors and training providers, which are outlined under attribute 3.2; feedback on training programs; and feedback to team leaders and surveyors. At the time of the AMC visit, HETI was reviewing the process for feedback to surveyors.

Accreditation documentation and PMAP, HETI's online accreditation management tool, were completely reviewed and updated to support the implementation of the National Framework.

Other recent quality improvement initiatives include:

- streamlining the PAC agenda brief process;
- revising the template and process for review of training providers' annual reports to include an overview of activities and progress on implementation of the National Framework, including cultural safety, supervisor training and the establishment of an Assessment Review Panel;
- updating and relaunching the three e-learning modules on prevocational accreditation to align with the National Framework.

As discussed under attribute 3.2, the AAFU hosts an annual PAC planning day, which provides an opportunity to discuss emerging issues and identify where improvements can be made. The PAC publishes and distributes position statements that address these emerging issues or other areas for improvement in prevocational training.

HETI collaborates with and benchmarks against other prevocational training accreditation authorities, including participation in the Confederation of Postgraduate Medical Education Councils (CPMEC) and its Prevocational Medical Accreditation Network (PMAN), and attending and hosting the National Prevocational Medical Education Forum. HETI has played a leading role in collaboration with other Postgraduate Medical Councils to roll out the National Framework, including the development of resources to support its implementation.

### ***Team findings***

The HETI Medical Portfolio, AAFU, and PAC adopt a quality improvement approach to HETI's accreditation functions and processes, which was evident both through the initiatives that have been implemented and through stakeholder feedback during the AMC team visit.

There are standard procedures for feedback and evaluation from all participants in accreditation survey visits and training activities. The AMC team's observations of two survey visits and a PAC meeting, and its discussions with stakeholders during the visit, confirmed a strong focus on obtaining and responding to feedback and suggestions for improvement. The PAC annual planning days demonstrate an ongoing commitment to reviewing and enhancing the accreditation process.

Examples of quality improvements that have been introduced, such as revisions to PMAP and to providers' annual reports, appear to have been well received and have contributed to streamlining and strengthening processes for HETI, the PAC, and those participating in the accreditation program.

AAFU staff showed a mature approach to quality improvement, including discussion of a list of further quality improvements and resources that may be able to be introduced with the appointment of a dedicated Accreditation Manager.

HETI demonstrated a commitment to benchmarking against national structures of quality assurance and accreditation. The AAFU and Medical Portfolio actively collaborate with key national bodies, including CPMEC and PMAN, and participate in initiatives supporting collaboration with other prevocational training accreditation authorities.

HETI's Medical Portfolio has played a major role in the development and implementation of the National Framework. HETI has demonstrated national leadership and made important contributions to the national and NSW rollouts of the National Framework, including extensive stakeholder consultation, sharing resources and providing expert guidance.

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

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

HETI complies with the *State Records Act 1998*, which outlines the rules for the storage, use and format of business records. Record retention schedules are provided by State Records NSW. Minimum expected standards of confidentiality, privacy and records management are set out in The Code of Ethics and Conduct for NSW Government Sector Employees.

*Guidelines for Records Management at HETI*, HETI's records management policy, describes the organisation's record management program. The program is overseen by HETI's Information & Records Management Officer, who is responsible for the strategic direction; system planning and performance; records policies; documentation, including the user guides; and Content Manager (TRIM) training. Staff responsibilities for record keeping are included in position descriptions.

HETI use various systems to support its functions, including:

- Content Manager (TRIM) as the records management system
- Convene as a meeting management software
- Prevocational Medical Accreditation Program (PMAP), an online accreditation management tool.

These systems are accessed through the NSW Health secure active directory authentication, and have undergone a Privacy and Security Assurance Framework (PSAF) assessment to ensure that they are compliant with legal and regulatory frameworks, and to support the identification, management and mitigation of potential security risks. There are established NSW Health and HETI staff onboarding and separation processes.

All new staff must attend a face-to-face Records Management Training, which covers:

- Content Manager user training
- finding records
- saving records
- naming conventions
- State Records Act
- record keeping obligations
- what is a record
- protection, access and security of information
- Privacy & Personal Information Protection Act
- responsibilities concerning unauthorised destruction of records, and
- storage and handling of records.

All staff must additionally complete mandatory online training that covers their responsibilities to identify, prevent, manage and report incidents and near misses of breaches; privacy; Code of Ethics and Conduct, covering confidentiality, privacy and records management; and cyber security.

PAC members and surveyors sign a confidentiality agreement. The *Accreditation Procedure* states that PAC members and surveyors agree to treat information received through their duties at HETI as strictly confidential. These individuals will:

- ensure unauthorised parties cannot readily access confidential and/or sensitive information they hold, in any form;
- only discuss confidential and/or sensitive information with authorised parties;
- not distribute information to a third party;
- ensure that any information gained is used solely for the purposes for which it was gathered; and
- keep all survey documentation for a period of six months and after that time either destroy them or return to HETI.

### ***Team findings***

There are robust systems in place to support the management of information and records in accordance with relevant legislation. As employees of NSW Health, HETI staff are bound by the NSW Health Code of Conduct and undertake mandatory training that addresses record management and confidentiality. Effective and confidential management of records is further supported by the *Guidelines for Records Management at HETI*.

PMAP is a comprehensive online accreditation management tool that provides end-to-end support for the prevocational accreditation program. Clear guidelines have been developed to support the use of PMAP and the documents it contains, including for health service staff.

Processes are in place to require individuals engaged in HETI's work, such as PAC members and surveyors, to sign a confidentiality agreement, and there is clear guidance on obligations to ensure the confidentiality of information accessed during accreditation.

The platforms engaged and processes in place throughout the accreditation cycle are appropriate and support confidentiality.

### *Commendations*

- F The professionalism and commitment of the Medical Portfolio and Allocation, Accreditation and Faculty Unit staff, who have successfully overseen the implementation of the National Framework in NSW, while maintaining the accreditation program. (Attribute 3.1)
- G The priority accorded to resources for accreditation, including funding for the resumption of face-to-face surveys after the COVID-19 pandemic. (Attribute 3.1)
- H The contribution of HETI to the development and implementation of the National Framework. (Attribute 3.3)

Commendation under attribute 4.4 applies.

### *Conditions to satisfy accreditation domains*

Nil.

### *Recommendations for improvement*

- DD Provide an update on the appointment to the Manager, Accreditation role, including clarification of the responsibilities and how this position will contribute to achieving the objectives of the accreditation program and to continuous quality improvement of the accreditation function. (Attribute 3.1)
- EE Develop risk management documentation specific to the accreditation function to support the appropriate identification, assessment and management of accreditation risks by the AAFU and Medical Portfolio. (Attribute 3.2)

## Domain 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.

HETI maintains a page on its website on prevocational accreditation, which includes documentation on accreditation requirements, procedures and resources. There is a separate webpage dedicated to providing information and resources on the National Framework in NSW. The webpages are continuously updated, with processes for regular review to ensure the accuracy of information.

##### **Prevocational Accreditation webpage**

Information on prevocational accreditation includes an overview of the accreditation process and how terms are accredited, as well as information related to the PAC, including submission dates. Additionally, it provides guidance for surveyors and providers on survey preparation and details about surveys for junior doctors. The *HETI Accreditation Procedure* is available through the webpage.

HETI maintains two lists on the webpage that provide information on accredited networks and prevocational training terms:

- prevocational training networks: detailing information on the networks, training providers, classifications, and accreditation status
- prevocational training terms: detailing the training provider, location, term name, classifications, accreditation status and dates of accreditation, and capacity for PGY1 and PGY2 doctors.

PAC position statements are also made publicly available on the Prevocational Accreditation webpage, in addition to being sent directly to providers.

##### **National Framework in NSW webpage**

HETI's webpage for the National Framework includes informative videos, resources and dedicated National Framework newsletters.

There are a number of additional mechanisms for communication of accreditation requirements and procedures, including:

- resources are available on the PMAP system for providers and surveyors (e.g. survey guides and timetables)
- a National Framework newsletter published on the National Framework website and emailed to all NSW prevocational training providers
- a dedicated accreditation mailbox managed by the AAFU
- e-learning modules on prevocational accreditation for surveyors and providers
- HETI staff attendance at Network Committee for Prevocational Training (NCPT) meetings.

##### **Team findings**

HETI maintains a website that offers a clear and comprehensive platform for stakeholders to access information on accreditation requirements and procedures. The website includes relevant information for training providers and surveyors to support their preparation for accreditation, and documentation and resources that cover the breadth of the accreditation process.

The National Framework webpage offers helpful information in engaging written and video formats and resources on the implementation of the National Framework to support stakeholder understanding.

Additional information is available through PMAP, an accreditation mailbox and through HETI staff attendance at NCPT meetings.

## 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*.

HETI's *Guide for Surveyors* outlines the process for the selection, appointment, training and performance review of survey team members.

### Surveyor recruitment

The AAFU advertises opportunities to become a surveyor at various events, including the DPET Forum, the JMO Forum, the training network and EDMS meetings, and circulates expression of interest flyers to clinicians, including prevocational trainees.

Medical practitioners with an interest in prevocational training and others involved in the education, training or management of prevocational trainees may apply to become a surveyor. Applicants submit a CV, a letter of support from their employer and a new surveyor application form for assessment by the PAC Chair. Eligible applicants are sent the *Guide for Surveyors*, the national standards and *Accreditation Procedure* and are required to complete three online modules, which are available through NSW Health's *My Health Learning*:

- Module 1: Overview of the NSW Prevocational Accreditation Program
- Module 2: Standards, criteria and rating scale
- Module 3: Preparing for a HETI survey visit.

After providing certificates of completion of these modules to HETI, they may be contacted to participate in a survey as a trainee surveyor.

### Trainee surveyors

All new surveyors participate in their first survey as a trainee surveyor. After a satisfactory report from the team leader, they are confirmed as a HETI surveyor and are invited to the next available surveyor training session. A new surveyor is required to participate in at least one additional survey as a full team member within 12 months of the first survey.

### Survey team composition

A survey team is generally comprised of a minimum of three surveyors (excluding trainee surveyors), with the following membership categories:

- Team leader: a specialist medical administrator or senior clinician
- Senior doctor: a specialist medical administrator or senior clinician. If the team leader is a specialist medical administrator, this position is filled by a senior clinician.
- Junior doctor: a doctor either currently or recently engaged with a prevocational training program (PGY1+).

Some survey teams include a JMO Manager, and/or additional senior or junior doctors.

### Selection and appointment

At the time of the AMC visit, HETI was updating its *Surveyor Management and Survey Team Composition Procedure*, which will be incorporated into the *Accreditation Procedure*.

HETI outlined the following process for selection and appointment. HETI staff select an accreditation survey team, which includes a HETI staff member to attend in a secretariat capacity, which may be via remote support. The team is reviewed and approved by the PAC Chair. The size of the team varies according to the number of prevocational trainees at the hospital or health service undergoing accreditation. The team includes a trained team leader who is either a senior clinician or a specialist medical administrator. A survey team of fewer than six must not contain more than one administrator representative. Where possible, the team includes at least one surveyor who is from a similar type or sized prevocational training program as the one being surveyed (for example, rural) and a surveyor from the previous accreditation survey.

## **Surveyor training**

After completing the three online training modules and reading the *Guide for Surveyors* and the *Accreditation Procedure*, surveyors are required to attend a one-day virtual workshop, which has been offered annually since the introduction of the National Framework. All surveyors are required to attend refresher training every two years. Refresher training is offered twice a year or on demand for surveyors participating in a survey.

Specific training sessions for team leaders are held annually, focusing on a consistent approach to reporting findings, understanding relevant accreditation updates, approaches to managing conflicts of interest, and any risks arising during a survey. Newly appointed team leaders participate in their first survey as trainee team leaders.

The *Guide for Surveyors* provides a clear outline of the responsibilities of surveyors and team leaders and includes information on preparation for a survey visit, using PMAP, the practicalities of being a surveyor, and a guide to interview questions.

## **Requirements to maintain surveyor and team leader credentials**

An annual review is undertaken to ensure that all surveyors have current or recent experience of prevocational training programs, hold current Ahpra registration if applicable, have successfully completed the online accreditation modules, have attended a surveyor training session, and have worked in a hospital that employs prevocational trainees within the previous five years or in a role that is significantly involved in prevocational training. Surveyors who have not completed a survey or refresher training within the last two years are required to undertake the three training modules and a training workshop before they can be chosen for another survey.

In addition to these requirements for surveyors, team leaders must conduct one survey as a team leader every year and attend a team leader training session every two years. Team leaders who have not led a survey within the last two years are required to attend a team leader training session and participate in a survey as a trainee leader before they can be appointed to lead another survey team.

## **Evaluation**

Following each survey, team leaders, surveyors and the training provider are asked to complete an evaluation. Team leaders are required to evaluate the performance of the survey team members, and the surveyor evaluation form includes questions on the performance of the team leader. Training providers are also asked to evaluate the performance of the team. The evaluations are reviewed by the PAC Chair, and all surveyors, including team leaders, receive feedback.

Survey teams are encouraged to reflect upon and discuss how well the team worked together as part of the debrief session at the end of a survey.

A full analysis of all surveyor and training provider feedback is conducted biannually, and a report is compiled for the PAC's review.

## **Team findings**

HETI has clear and detailed policies and processes for selecting, appointing, training and reviewing the performance of survey team members. Review of these policies and processes, the *Guide for Surveyors* and the *Accreditation Procedure*, and observation of two survey visits suggest that survey teams are composed of individuals with an appropriate mix of skills, knowledge and experience required to assess most components of prevocational training providers' programs against the National Standards and Requirements for Programs and Terms. However, there is no emphasis on the recruitment of representatives of diversity groups onto survey teams or on the recruitment of Aboriginal and/or Torres Strait Islander team members. The latter is discussed in more detail below.

Processes for the recruitment and training of new surveyors are generally robust. Trainee surveyors are well supported before and during their first survey with a comprehensive *Guide for Surveyors*, three online training modules, a surveyor training day and supervision during the first visit. Requirements to participate

in a minimum number of surveys and attend refresher training days ensure a pool of surveyors with the skills and experience to assess a training provider against the national standards. Rules for team composition are appropriate and enable survey teams to assess training programs from a broad perspective.

Processes for selection, training, and support of team leaders are robust and appropriate. Team leaders are also required to participate in a minimum number of surveys and attend refresher sessions. Participation in surveys led by another team leader provides opportunities for calibration and development of leadership skills.

HETI has a detailed process for reviewing the performance of survey team members based on feedback from team leaders and prevocational training sites. However, a number of surveyors interviewed during the AMC visit reported that they had received limited or informal feedback and would value a more systematic approach. There is an opportunity for HETI to review its performance review process to ensure that it is consistently implemented and provides meaningful feedback after each survey visit.

An important area that the AMC team felt could be improved is HETI's approach to cultural safety in the accreditation process. As discussed previously, there is a stronger focus on Aboriginal and/or Torres Strait Islander health and cultural safety within the new National Framework. The framework is an important component of AMC's commitment to a major improvement in cultural safety in Australian healthcare, and the accreditation process will drive a step change around the country, recognising that this is the beginning of a long journey.

HETI's support for a group of JMO Managers to undertake cultural safety training was noted under attribute 1.1. However, the team identified a gap between what was included in the HETI submission or in discussion with stakeholders and what was observed during the survey visits. There are concerns about processes to support cultural safety during accreditation visits and identified opportunities for where improvements should be made, including:

- the sustainable and meaningful expansion of the surveyor pool that supports the engagement of Aboriginal and/or Torres Strait Islander doctors and individuals involved in prevocational training and accreditation as assessors on survey teams. This could include monitoring the demographic information of HETI assessors and reviewing engagement strategies, with a view to the eventual inclusion of an Aboriginal and/or Torres Strait Islander surveyor on all accreditation survey teams. Monitoring demographic information and the diversity of the assessor pool, as well as consulting on and evaluating strategies to support the engagement of Aboriginal and/or Torres Strait Islander doctors and individuals involved in prevocational accreditation as assessors, enabling HETI to identify an appropriate path forward for sustainable expansion of the surveyor pool. This path may include consideration of mechanisms to provide adequate support for Aboriginal and/or Torres Strait Islander surveyors, for example, protected time to engage in accreditation work.
- the development of ongoing and iterative cultural safety training specific to accreditation to assist surveyors, PAC members, HETI professional staff, DPETs and JMO Managers. This should include consideration of the assessment of cultural safety and the practical application of the cultural safety standards in the workplace, and how to approach surveys in a culturally sensitive manner to support the upskilling of surveyors. HETI may consider engaging external expertise to assist with the development of this training.
- review of the accreditation process and supporting documentation (including the Guide to Survey Evidence) to identify opportunities to enhance cultural safety for Aboriginal and/or Torres Strait Islander prevocational doctors during accreditation visits and how accreditation supports this more broadly within prevocational training programs.

#### **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 noted under attribute 2.2, the *HETI Accreditation Procedure* outlines the management of conflicts of

interest for surveyors and members of PAC and other HETI committees. A list of potential conflicts of interest for surveyors and committee members is provided in the *Accreditation Procedure* (see attribute 2.2).

All surveyors are required to disclose any actual, apparent or potential conflicts of duty and interest to HETI and to sign the *Confidentiality Agreement and Conflict of Interest Declaration Form* annually. Surveyors' conflicts of interest are recorded in a surveyor database. When surveyors are invited to join a survey team, they are asked again to report potential conflicts of interest. There is a process for the PAC Chair to review potential conflicts of interest, including current appointments and entries in the surveyor database, as part of the selection of accreditation teams.

If a surveyor identifies a conflict after they have completed an availability form, they are required to notify HETI accreditation staff via email. A risk management approach is taken to assess the nature of the conflict, and a determination is made regarding the appropriate management, which may involve HETI staff contacting the training provider. Providers have the right to object to the involvement of a surveyor where a potential conflict is identified. Objections must be made in writing to the HETI Medical Director.

Breaches of conflict of interest requirements can result in the suspension or removal of a surveyor.

Management of conflicts of interest is included in HETI's surveyor training modules, surveyor and team leader training workshops and the *Guide for Surveyors*.

The process for identifying, recording and managing and recording conflicts of interest in the work of PAC and other HETI committees is documented under attribute 2.2

### ***Team findings***

There are clear procedures for identifying, recording and managing potential, apparent and actual conflicts of interest in the accreditation work of survey teams and committees.

Surveyors are required to disclose potential, apparent and actual conflicts of interest and to sign a *Confidentiality Agreement and Conflict of Interest Declaration Form* annually. Conflicts of interest are documented in HETI's surveyor database and are taken into account when selecting survey teams. Training providers have an opportunity to comment on the proposed membership of their survey team. Conflict of interest is covered in training for surveyors and team leaders.

Review of evidence presented in the submission and during the AMC visit indicated that there is a mature and consistent approach to managing conflicts of interest. Observation of two survey visits confirmed that management of conflicts of interest was consistent with documented procedures.

The AMC team noted that documentation relating to conflict of interest did not include any information on the length of time that a conflict continues to be active after the conditions that led to it have changed (e.g. employment of a surveyor or a surveyor's relative at the site of accreditation). Discussions during the AMC visit indicated that a conflict is generally considered active for three years. It is suggested that this is documented in the conflict of interest section of the *Accreditation Procedure* to ensure consistent management and mitigation of potential risk. HETI could also consider adding requirements to declare future employment, including an application for a position at a health service or a current job offer.

The team's findings on identifying, recording and managing and recording conflicts of interest in the work of PAC and other HETI committees are documented under attribute 2.2

## **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*.

HETI's accreditation process is outlined in the *Accreditation Procedure*. The process includes a provider self-assessment, site visits, a PMAP survey report assessing the program against the national standards, a PAC accreditation decision and ongoing monitoring of the provider to ensure the national standards continue to be met.

Other methods to assess whether a prevocational training program is meeting the standards and requirements include:

- focus visits (addressed under attribute 4.7)
- provider self-reporting of changes which may affect their ability to meet the national standards (addressed under attribute 4.10).

### **Accreditation surveys**

Twelve months in advance of a survey, HETI contacts the provider to inform them of the upcoming survey, provide a survey checklist and the PMAP user guide, and request confirmation of the survey dates. HETI conducts twice-yearly Q&A sessions for providers with upcoming surveys.

### **Self-assessment**

A provider prepares for their survey by completing a self-assessment through PMAP. The self-assessment includes a narrative outlining how the criteria for each standard are met, substantially met or not met, and the provider is required to upload the requested documentation at least six weeks prior to the survey.

To assist with the preparation for a survey, PMAP contains a range of support documentation, including:

- previous survey reports
- the National Standards for Prevocational (PGY1 and PGY2) Training Programs and Terms
- all correspondence between HETI and the provider since the previous survey, including the provider's annual reports
- the *Guide to Survey Evidence*, detailing the evidence to be uploaded to PMAP
- the *HETI Accreditation Procedure*
- *Surveyor Management and Survey Team Composition Procedure*
- a sample timetable for a one- and two-day survey visit
- *Prevocational Accreditation Surveys – A guide for Junior Doctors*

### **Survey visit**

Four months in advance of the survey, HETI appoints a survey team in accordance with the requirements outlined under attribute 4.2. HETI staff, in consultation with the survey team leader, coordinate the survey visit.

At the visit, surveyors conduct confidential interviews and undertake a tour of the provider's facilities, including any relevant offsite facilities, where practicable. The survey team meet with the DMS, DPET, GCTC Chair, Assessment Review Panel Chair, Network Committee Chair, JMO Manager, prevocational doctors and supervisors.

During the survey, the team can request additional documentation and meetings if further information or follow-up is required. If a serious issue is uncovered and requires immediate attention, the team leader contacts the PAC Chair, and the provider may be required to take immediate action.

At the end of a survey, the team meets to review its findings, which include its recommendations for ratings (met, substantially met or not met) against each standard and criterion in the National Standards for Prevocational (PGY1 and PGY2) Training Programs and Terms, in addition to any recommendations for commendations, recommendations and conditions. Commentary and ratings are entered directly into PMAP. The team provides a debrief to executive staff and the DPET, during which any major issues are identified and the provider is given an opportunity to correct any inaccuracies. No ratings or period of accreditation are given during this debrief; these are decided by the PAC.

### **Survey report**

The team leader produces a draft survey report through PMAP. The report includes the survey team's ratings and comments on each standard and criterion, and any proposed conditions, commendations and recommendations, all linked to one or more criteria.

The draft survey report is included in a PAC meeting agenda. At the meeting, the Committee receives a verbal

report from the survey team leader, and members have an opportunity to ask questions and discuss the report. The PAC then approves the report, including any changes agreed at the meeting, and determines the length of accreditation and any conditions to be imposed on the provider's accreditation. The accreditation decision process is outlined under attribute 4.11.

A summary of the survey findings and the final survey report is forwarded to providers. When conditions are imposed, this correspondence outlines the actions required and timeframes for submission of evidence related to the condition. The provider is informed if PAC has decided that a focus visit (see attribute 4.7) should be conducted to follow up responses. The correspondence also includes a provider classification outlining the number of terms a prevocational doctor can work at the hospital in any year.

### ***Team findings***

The HETI accreditation process is well documented and comprehensive, including a training provider self-assessment, a survey visit, assessment against the national standards and requirement for programs and terms, and a survey report. PMAP effectively supports all phases of the accreditation process and ensures that surveys and reports are standards focused.

Observation of two accreditation surveys indicated a consistent approach to the conduct of survey visits, with schedule templates that support the survey team in meeting with relevant individuals and stakeholder groups. Documentation available through PMAP provided survey teams with a large volume of accessible and relevant material to guide their assessment.

There were no HETI staff in attendance at either of the survey visits, but an allocated staff member was on call to provide guidance, support and assistance if required.

Survey teams debrief senior training provider staff at the end of their accreditation visit, which gives the provider an opportunity to correct inaccuracies relating to the issues covered in the debrief. It was noted that there is no opportunity for the provider to correct inaccuracies in the draft report considered by the PAC, and it is suggested that HETI consider implementing a process to allow the training provider to review the draft report for factual accuracy prior to an accreditation decision by PAC. This would support enhanced transparency for the training provider.

## **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.

HETI sends a copy of the training provider's Medical Training Survey (MTS) with the provider's annual report template. Providers are required to comment on the outcomes of the MTS at their sites and report on actions that have been taken to address issues identified in the report.

There are a number of other methods to consider external sources of data relevant to prevocational education and training:

- biannual DPET forums and monthly DPET meetings
- trainee forums, including the four JMO Forum meetings and two ATDF meetings every year
- regular meetings with NSW Health
- NCPT meetings, which are attended by AAFU Program Coordinators.
- Informal communications and teleconference discussions between the AAFU staff and providers.

HETI has a dedicated email address for providers, providing a direct line of communication with AAFU staff and a channel for escalation of concerns to the PAC Chair or the Medical Director.

There are guidelines for a notification of change in circumstances that detail mechanisms for any party to notify HETI if there is concern that a provider has failed to meet the standards. This process is addressed further under attribute 4.10.



### **Team findings**

The HETI accreditation process has effective mechanisms for considering external sources of data and for identifying and managing information that arises outside the regular accreditation cycle.

HETI's governance structure supports input from prevocational trainees and other stakeholders, and there is a wide range of regular meetings with key stakeholders, which allow for communication of data from external sources. MTS data is routinely addressed in training providers' annual reports. Strong engagement with stakeholders facilitates early notification of new information through informal channels. The AMC team heard several examples of how information from external sources had been raised with HETI and considered as part of the accreditation process.

For data or information identified out of cycle, the process for managing concerns includes electronic communication with health service staff (usually senior management or the DPET) and escalation within HETI. Where appropriate, information obtained outside survey visits and annual reports can be maintained on the PMAP system and made available to surveyors as part of the next survey.

HETI encourages management of any identified issues by escalation at the local training provider site in the first instance. The team heard an example of an issue that was repeatedly referred back to the training provider without resolution. This is discussed under attribute 4.9.

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

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

HETI's *Accreditation Procedure* includes the following statement on quality improvement in accreditation:

*The objective of the prevocational accreditation program is to ensure that providers promote and protect the safety and quality of patient care by effectively training quality junior doctors. A critical component of accreditation involves continuous quality improvement of training programs to respond to evolving community needs and professional practice.*

Training providers are required to demonstrate that they evaluate training programs and improve their delivery. Quality improvement is assessed during surveys and through annual reports. Recent revisions of the three mandatory surveyor training modules include a focus on quality improvement as part of the roll out of the National Framework.

In their annual reports providers are asked to comment on any new initiatives to support JMO education, training and wellbeing. They are required to report on progress against recommendations and on maintenance of conditions that have been satisfied. They are also asked to comment on progress on implementation of the National Framework, on any action taken in response to the MTS survey, and on how they have addressed issues identified in General Clinical Training Committee (GCTC) meetings.

AAFU maintains a survey decision register, which is regularly reviewed by HETI staff and the PAC Chair. PAC reviews trends and issues during its annual planning day and publishes position statements that address emerging issues or other areas for improvement in prevocational training.

### **Team findings**

HETI's prevocational accreditation process includes a robust, comprehensive and systematic approach to continuing quality improvement in the delivery of prevocational education and training.

Quality improvement is embedded in each phase of the accreditation cycle and in annual reports. The PAC monitors responses to accreditation conditions and recommendations and to issues raised in the MTS or by the provider's GCTC. Supervisors and educators working in health services use accreditation survey findings to advocate for improvements, including additional resources. Innovation is encouraged, supported and disseminated where appropriate.

Stakeholders interviewed during the AMC visit stated that the accreditation process holds health services accountable without being punitive. There was consistent feedback that HETI's staff, resources, accreditation processes, monitoring activities, reporting requirements and engagement make a significant contribution to



improved quality of prevocational education and training within health services and networks.

The PAC's processes for identifying trends and issues, its collaboration with the PvTC and its position statements all contribute to improved prevocational training in NSW. The PvTC balances the PAC's regulatory accreditation role through its contribution to resource development and its support to training networks to undertake quality improvement initiatives.

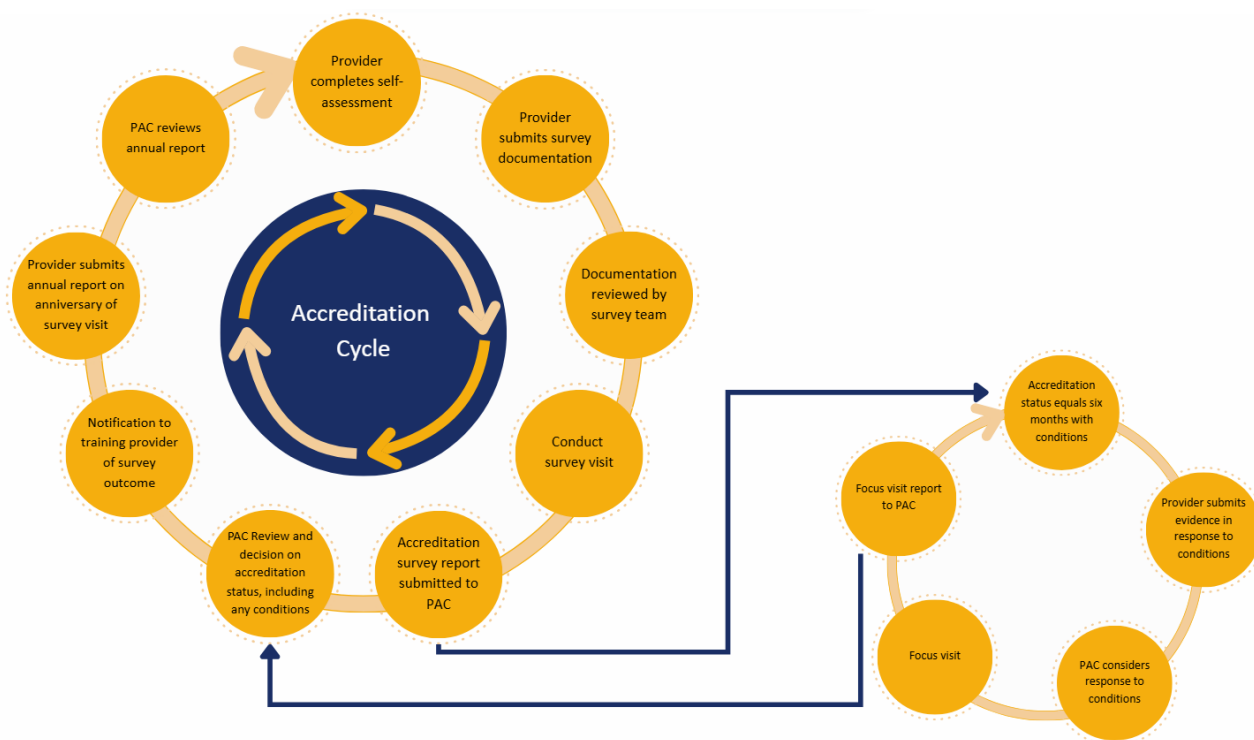
#### 4.7 The accreditation cycle and regular monitoring of prevocational programs

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.

HETI's accreditation process is cyclical, with a maximum accreditation period of four years, and regular monitoring and assessment of programs to ensure continuing compliance with the national standards. PAC sets a timeframe for submission of evidence demonstrating that conditions in the survey report are being addressed. A shorter period of accreditation is awarded when significant risks and issues are identified and a focus visit may be conducted.

The *Accreditation Procedure* outlines the cycle of accreditation, as depicted in Figure 1.

Figure 1. The HETI Accreditation Cycle.



#### Accreditation conditions

Accreditation status depends on addressing conditions set by the PAC after a survey visit or a focus visit. Conditions can also be imposed at any time during the accreditation cycle if the PAC deems it appropriate to manage a departure from the standards.

For each condition, the PAC specifies the criterion or criteria the condition relates to, the action required to address the condition, the evidence required, and the date for submission of the evidence. In instances of a serious failure to meet the standards, or where a written response is deemed insufficient, a focus visit may be conducted (see below).

PAC determines whether a condition has been met by assessment of evidence submitted by the provider or of the outcome of a focus visit. Once a condition has been met, the provider is required to include updates

in its annual reports. Where conditions are not met, PAC may:

- provide an extension to submit evidence
- request additional actions or evidence
- undertake a focus visit
- change the accreditation status of a term (e.g. classification, service term, PGY2 only)
- disaccredit a term
- limit prevocational trainee work times or activities
- reduce the length of a provider's accreditation
- disaccredit the provider and remove the prevocational trainees.

### **Focus visits**

PAC may recommend a focus visit in relation to a condition to ensure specific issues are addressed within a stated timeframe. An issue resulting in a focus visit may be identified during a survey or at any point during a provider's accreditation period, for example where HETI has been notified of an issue external to a survey. In rare circumstances a focus visit may be requested by a Local Health District Chief Executive to provide assistance and advice to the provider.

The focus visit survey team comprises two to three surveyors, including a member of the previous survey team where possible, and at least one surveyor who did not participate in the previous survey.

HETI provides access to PMAP for the provider to prepare for the focus visit. Evidence may be requested to demonstrate progress made towards addressing condition(s) and recommendations prior to the visit. A report is prepared and considered by the PAC. The focus visit may result in further conditions or recommendations, and the provider's accreditation will be dependent on both the new and outstanding conditions.

### **Annual reporting**

HETI monitors providers annually to ensure that they are continuing to meet the National Standards, as well as continuously improving the quality of their terms and prevocational education and training programs.

Training providers are required to submit annual reports on the anniversary of their accreditation using a prepopulated template that requests information on:

- how actions taken in response to (met) conditions have been monitored to ensure they remain in effect
- progress and ongoing actions against recommendations
- confirmation of regular attendance by relevant staff at committee meetings
- information related to the GCTC functioning, including mechanisms for seeking feedback, key issues identified, and actions taken in response to these, and evaluation of (and changes to) education programs
- an update on activities undertaken to support the implementation of the National Framework
- actions taken to address any issues identified in the Medical Training Survey
- summary of formal education programs
- an outline of any new innovations to support training, education and wellbeing of prevocational trainees
- a brief report on expenditure of DPET funds

The report is signed off by the DMS, the DPET and the GCTC Chair.

HETI staff undertake an initial review of the report before review by PAC. Reports are also reviewed by the PvTC. In instances of serious issues being reported, HETI staff contact the PAC Chair, and immediate action may be taken. After review by the PAC a decision letter is sent to the provider.

### **Team findings**

The HETI prevocational accreditation program follows a four-year cycle with regular monitoring by PAC through an annual report. Accreditation decisions are based on meeting national standards. The annual report template has been recently updated to enable training providers to report on measures taken to

implement the National Framework.

A shorter period of accreditation is awarded when significant risks and issues are identified. In these cases, accreditation is based on meeting conditions within a timeframe determined by PAC. Providers are required to submit updates on actions to address their conditions, and a focus visit may be conducted.

The *Accreditation Procedure* contains detailed information on the components of the accreditation cycle, including instructions for completing the annual report and reporting on conditions. The AMC team noted review and discussion of annual reports during the observed PAC meeting, as well as monitoring of providers' responses to conditions.

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

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

HETI accreditation processes and procedures have been updated to align with the increased focus on patient safety and prevocational doctor wellbeing in the National Framework.

The Medical Portfolio publishes a *Trainee in Difficulty Guide* and an '*Are you concerned about a colleague*' *Guide* which provides guidance on management of concerns about patient care and safety, including flags for immediate action and referral and escalation

The *Guide for Surveyors* includes instructions for surveyors if issues affecting patient safety are identified during a survey. The surveyor should notify the team leader, who is responsible for:

- raising the concern with the prevocational training provider (usually the DMS)
- including the concern in the survey report, where appropriate
- contacting the PAC Chair and/or HETI Medical Director or Deputy Medical Director within 24 hours if the concern is serious.

HETI may be informed about concerns about patient safety between survey visits, either through a notification of changes of circumstances by the provider (see attribute 4.10) or from external sources. Depending on the severity of the issue, the PAC determines an appropriate course of action which may include a focus visit. PAC may require ongoing monitoring to ensure strategies are implemented to address any ongoing concerns. PAC has authority to disaccredit a term or provider if it determines that there is a significant risk to patient care and safety.

Should HETI become aware of any circumstances at a training site that give rise to a significant risk to patient safety or to the provision of good quality patient care, HETI is required to:

- notify the Chief Executive of the relevant LHD, statutory health corporation or public health organisation and make recommendations for appropriate remedial action; and
- report to the Secretary of NSW Health and provide recommendations for action by the Secretary, if the remedial actions have proven to be inappropriate or inadequate to remedy the risks within an appropriate timeframe

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

The HETI prevocational accreditation program has clear mechanisms for identifying and managing concerns about patient care and safety arising through the accreditation cycle or from external sources.

During the AMC visit, it was evident that surveyors have a good understanding of processes for escalation about concerns for patient safety identified during a survey visit. Surveyors and team leaders recounted situations in which immediate escalation processes had been enacted by raising concerns with relevant training provider staff (DMS, DPET and/or executive) and to the PAC Chair and/or Medical Director for appropriate management.

HETI has a clear process for management of concerns about patient care and safety raised by notifications of

change of circumstances or from external sources.

Information about the management of concerns about patient care and safety and of concerns about prevocational doctor wellbeing is included in the *Accreditation Procedure* and the *Guide for Surveyors* and in the *Trainee in Difficulty* and an *Are you concerned about a colleague?* documents. An opportunity was identified for HETI to develop and publish a procedure document that provides a comprehensive overview of the identification, escalation and response to concerns for patient care and safety and prevocational doctor wellbeing. This document would provide a single source of accurate information for surveyors, health services, prevocational doctors and other stakeholders to improve understanding of these issues and of the responses that may be required by health services and HETI.

#### **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.

HETI has several mechanisms for the identification and management of concerns for prevocational doctor wellbeing and/or environments that are unsuitable for prevocational doctors.

##### **Accreditation assessment**

As noted under attribute 4.8, HETI accreditation processes and procedures have been updated to align with the increased focus on patient safety and prevocational doctor wellbeing in the National Framework. The *Guide for Surveyors* includes information on the identification and management of concerns about prevocational wellbeing.

Training providers are required to provide information on prevocational doctor wellbeing in their accreditation survey self-assessment, including in relation to supervision, procedures to manage workplace bullying, measures to ensure prevocational doctors are aware of processes to report bullying and harassment, and escalation pathways for concerns about their wellbeing or their training environment. Training providers are also required to report on how they are addressing any issues identified in the MTS report.

During an accreditation visit, surveyors have detailed discussions about prevocational doctor wellbeing with a range of stakeholders, with suggested questions included in the *Guide for Surveyors*. Surveyors are required to notify the team leader if either a prevocational trainee at risk or a significant issue impacting prevocational trainee wellbeing is identified. The escalation mechanisms described under attribute 4.8 apply, except that the issue is usually discussed with the training provider's DPET in the first instance. Significant concerns escalated to the Medical Director are communicated to a member of the provider's executive team for immediate remediation.

##### **Monitoring, notification of changes and external sources of information**

HETI has a procedure for notification to the PAC of current and foreseeable changes that may affect the delivery of prevocational education, training and supervision. Training providers are required to submit a Notice of Change of Circumstances for any of the changes listed in the Accreditation Procedure and for any other changes that may have the potential to impact the wellbeing of prevocational doctors and/or contribute to an environment that is unsuitable. PAC decides on a response to the notification, which is communicated to the provider. This process is discussed in more detail under attribute 4.10.

The processes discussed under attribute 4.8 for notification of concerns about patient safety between survey visits are also followed outside the accreditation cycle for notifications of issues related to prevocational doctor wellbeing or unsuitable training environments. PAC may institute monitoring or a site visit, or disaccredit a term. Concerns about prevocational doctor wellbeing are also discussed at meetings of the JMO Forum and the ATDF, and at regular meetings with DPETs

##### **Resources**

HETI provides information on prevocational doctor wellbeing on its website. Prevocational doctors are encouraged to discuss concerns about wellbeing with their JMO Manager or DPET, or to access their Employee Assistance Program.

A range of resources have been developed to support prevocational doctor wellbeing:

- *Trainee in Difficulty Guide*: a management guide for DPETs and supervisors to identify, support and manage prevocational trainees experiencing difficulties
- *'Are you concerned about a colleague?'* guide: a resource for prevocational doctors who recognise a colleague is struggling. The guide includes suggestions on discussing the situation, information on where to seek advice or escalate a concern, a red flag list, and contact information and links to support services.
- Intern and DPET guides
- Contact details for all DPETs and JMO Managers on the HETI website.

### ***Team findings***

HETI has a number of mechanisms for identifying and dealing with concerns about prevocational doctor wellbeing and training environments that are unsuitable for prevocational doctors. These mechanisms respond to concerns arising through the accreditation cycle or through complaints or information from training providers or external sources between surveys.

During its observation of one of the HETI survey visits, the team observed escalation of a concern about a prevocational doctor's wellbeing to the relevant training provider staff member, as outlined in the *Guide for Surveyors*. The team also observed a thoughtful PAC discussion about the impact of conditions for accreditation and follow up focus visits on trainee wellbeing and the suitability of training environments.

The JMO Forum has a significant role in identifying and escalating concerns about prevocational doctor wellbeing to HETI, but interviews conducted during the visit suggested that there is limited awareness of the JMO Forum among prevocational doctors. Members of the Forum described difficulties understanding the role of the Forum during the first year after their appointment. A JMO representative sits on the PAC, but there is no formal reporting of concerns raised at the JMO Forum.

It is suggested that HETI investigate measures to increase awareness of the JMO Forum, including its role in escalating concerns about prevocational doctor wellbeing. An orientation guide would improve new Forum members' understanding of their role in supporting wellbeing. HETI may also consider the introduction of a formal reporting process to improve PAC's capacity to address concerns about prevocational doctor welfare through the accreditation process.

HETI appropriately encourages management of any concerns identified by prevocational trainees through escalation at the local training provider site in the first instance. The team was given an example of an issue that was repeatedly referred back to the training provider without resolution, and it is suggested that HETI review its process for addressing issues that have not been or cannot be resolved by the training provider to ensure timely management.

### **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.

#### **New terms**

An application for a new term must be endorsed by the training providers' GCTC and the relevant term supervisor. A new term description is submitted online via PMAP with endorsement of the DPET and GCTC Chair prior to submission. If the new term is in general practice, an offline GP term description form is completed, in addition to a collaborative agreement signed by the provider and the practice.

HETI staff review the term descriptions to assess whether the term meets the *National standards and*

*requirements for programs and terms* and contact the provider if further information or clarification is required. The notification and term description are reviewed at the next available PAC meeting, where the term may receive provisional accreditation until it is assessed at the provider's next accreditation survey.

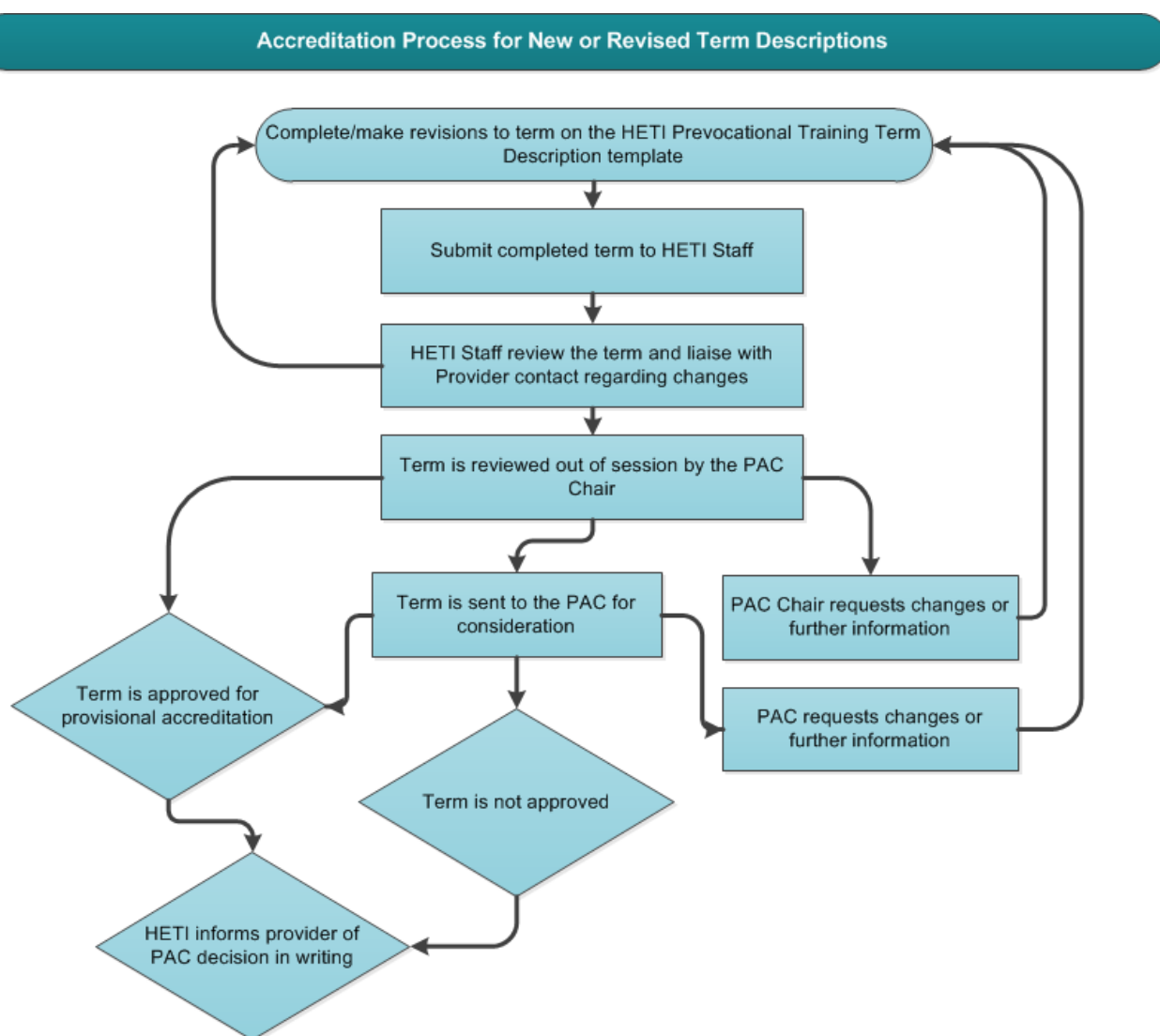
### Revisions to terms

Revisions to terms are notified to PAC by submission of a Notification of Change in Circumstances form through PMAP along with a revised term description through PMAP. Changes to terms require PAC approval as outlined in the *HETI Accreditation Procedure*. All notifications are recorded in a PAC Out of Session and Notification or Changes register. Discussion of new terms and changes to terms are standing agenda items for PAC meetings. The PAC Chair approves minor revisions out of session, which are endorsed by the PAC at the next meeting. PAC awards provisional accreditation until the provider's next survey, based on an assessment of whether the term still meets the national standards.

HETI has collaborated with Clinical Learning Australia (CLA) to provide extracts of any new or revised term information for importing into CLA after each PAC meeting.

A summary of the process for accreditation of new terms or changes to terms is provided on the HETI website, including a flow chart (Figure 2).

**Figure 2. The accreditation process for new or revised term descriptions**



## Notification of a change in circumstances or departure from the standards

A potential departure from the national standards can be brought to HETI's attention at any time during a provider's accreditation cycle. The process for notification of a change in circumstances or departure from the standards is outlined in the *Accreditation Procedure*, which states that HETI should be notified of current and foreseeable changes that may affect the delivery of prevocational education, training and supervision or affect a provider's compliance with one or more of the national standards. It is the responsibility of the provider's General Manager to ensure HETI is notified of current or foreseeable changes that may lead to a review of the provider's accreditation status.

Reportable changes include:

- absence of senior staff with significant roles for more than one month, including General Managers, DMS, DPETs, Term Supervisors and JMO Managers
- proposals for significant redesign or restructure of the health service that will impact trainees.
- rostering changes that alter supervision or education
- removal of Specialist College accreditation for vocational trainees where the vocational trainees are responsible for the supervision and training of prevocational trainees
- changes that significantly reduce administrative support or education availability
- the structure of the supervision in terms
- the structure of supervision for overtime
- a deterioration of prevocational trainee safety, patient safety or the provision of good quality patient care
- a deterioration of a hospital's working conditions, including safe working hours
- diminished support for the process of rostering and JMO management
- changes that affect the functioning of a Network that remain unresolved
- any potential departures from the National standards.

The initial response to a notification of a change in circumstance or a notification of a potential departure from the standards is overseen by the PAC Chair, who determines if immediate action, further information or an investigation are required. The type of investigation varies with the severity of the issue and may include a site visit. PAC reviews the notification, any responses from the provider and the outcome of any investigation and makes a decision on accreditation status. The committee then monitors strategies put in place to address the change in circumstances. The LHD Chief Executive is informed of any significant unresolved concerns. A report is submitted to the Secretary of NSW Health where significant risks to patient safety or to the provision of quality patient care persist.

## Team findings

HETI has robust processes to apply the *National standards and requirements for programs and terms* in determining if changes to posts, programs and institutions affect accreditation status. There are well documented guidelines on how training providers report on these changes, and how these changes are assessed.

Proposals for new terms and changes to existing terms are submitted through PMAP for consideration by PAC. All requests for changes to terms are recorded in a PAC Out of Session and Notification or Changes register. The PAC Chair approves some revisions out of session which are endorsed by the PAC at the next meeting. A summary and a flow chart of the process for accreditation of new terms or changes to terms are available on the HETI website. There are clear guidelines on changes that should be reported in the *Accreditation Procedure*.

New and revised term descriptions are standing agenda items for PAC meetings, along with a table summarising follow up of change of circumstances notifications, which was discussed at the PAC meeting observed by the AMC team. A summary of changes is part of the documentation provided by PMAP to the team undertaking the next survey visit.

There are processes for HETI to respond to more serious notifications of departures from the standards which are likely to affect accreditation status



The AMC team heard concerns from providers about a lack of clarity in reporting requirements, particularly for minor changes, as well as the workload involved in requesting approval for changes to terms and responding to requests for information about these changes. Additionally, stakeholders reflected uncertainty regarding the timelines for HETI's responses to requests for changes to terms, and it was considered that further information could be provided to support provider understanding. The team identified an opportunity for HETI to review its processes for training provider's requesting changes to terms to ensure that the criteria for reporting are understood by relevant staff (such as DPETs and JMO Managers). HETI may additionally review the requirements of submitting notifications for minor changes and responding to requests for information, and the timeliness of responses to health services.

#### **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.

HETI's process for accreditation decision-making and reporting is documented in the *Accreditation Procedure*. Survey teams develop and assess the training provider's adherence to standards. The team leader presents a report of the survey visit to the PAC. The PAC approves the report with or without amendments and determines a period of accreditation of up to four years, any conditions that are to be imposed on the provider's accreditation and a timeline to address these conditions.

Processes for management of conflict of interest during surveys and at PAC meetings are documented in the *Accreditation Procedure*, the *Guide for Surveyors* and the PAC terms of reference (discussed in detail under attributes 2.1, 2.2 and 4.3). PAC members and survey team members must abide by the NSW Health *Conflict of Interest and Confidentiality Procedure*. Processes that protect confidentiality are discussed under attributes 2.2, 3.4 and 4.3. These processes enable decisions to be free from undue influence.

The composition of survey teams and PAC (see attributes 2.1 and 4.2) ensures a broad representation of stakeholder interests. PAC has an independent chair who reports directly to HETI's Chief Executive. Surveyors and team leaders must declare any conflicts of interest and maintain objectivity during the accreditation survey process. They are required to attend training to ensure survey visits are undertaken in a professional, objective and fair manner.

There are standardised processes for reporting accreditation decisions (outlined under attributes 4.4 and 4.12).

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

HETI's accreditation decision making process is well documented in the *Accreditation Procedure*. As noted under attributes 1.3, 2.1 and 2.2, governance of prevocational accreditation within HETI gives a clear priority to accreditation and supports the independence of the PAC and its decisions. The reporting line of the PAC Chair to the Chief Executive contributes to decisions being made free of any undue influence by any interested party. There are robust processes to manage conflicts of interest during survey visits and PAC meetings.

Surveyors and team leaders are required to attend training to ensure survey visits are undertaken in a professional, objective and fair manner.

Accreditation decisions made during the PAC meeting, as observed by the AMC team, were consistent with the *Accreditation Procedure*.

The PAC follows standardised processes for reporting accreditation decisions.

#### **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).



Following each accreditation survey, the survey report and correspondence detailing the accreditation decision, the length of accreditation and any commendations, recommendations or conditions are sent to the training provider and the Chief Executive of the Local Health District. The training provider is required to discuss the report at its GCTC meeting, which is attended by representatives of prevocational trainees.

HETI provides Ahpra with accreditation activity reports every six months, including information on surveys conducted, accreditation outcomes, terms reviewed in surveys and by the PAC, and annual reports reviewed.

PAC has approved a process for publishing all accreditation survey outcomes on the HETI website, including the duration of accreditation and any commendations, recommendations and conditions. HETI has informed all NSW prevocational training providers about the new publication process, which it plans to commence at the end of 2025.

### ***Team findings***

There are clear processes for communicating the status of programs and accreditation outcomes to health services and relevant stakeholders, including the Medical Board through Ahpra, in alignment with contractual requirements. Survey reports are made available to providers' prevocational trainees through the GCTC.

Stakeholders interviewed by the AMC team confirmed that they had received reports of accreditation surveys.

The Medical Portfolio maintains an accreditation status table on the HETI website. The plan to publish all accreditation survey outcomes on the website is a positive initiative to support the transparency of the accreditation process. It will improve access to information on the accreditation of training providers for all stakeholders.

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

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

The Prevocational Accreditation Program maintains open communication lines throughout the accreditation process. Medical Portfolio staff can provide explanations of the decision-making process. Complaints are escalated to the PAC Chair, who can choose to send a matter back to the PAC for further consideration. This approach can be used by providers prior to initiating the formal appeals process

#### **Appeals process**

The appeals process for the prevocational accreditation program is outlined in the *Accreditation Procedure*.

Within 30 days of being advised of an accreditation decision, a training provider may apply to have the decision reviewed by an Appeal Committee. This notification should indicate the grounds for the appeal.

There are only three grounds for an appeal:

- an error of fact or due process in the formulation of the accreditation decision; and/or
- relevant and significant information which was available to the PAC was not considered in the making of the decision; and/or
- the decision of the PAC was inconsistent with the information provided to and considered by the committee.

The training provider then has 30 days to provide documentation to support the appeal. Legal representation is not allowed.

Members of the Appeal Committee are nominated by the HETI Medical Director and the Chief Medical Workforce Advisor, NSW Health. In addition, an independent chairperson is appointed by HETI. Appointees must not have had prior involvement in the decision being appealed, be a current member of any HETI committee, or be employed or engaged by the appellant provider.

The Chairperson is responsible for ensuring that the rules of natural justice are observed and for procedural fairness, and can obtain legal advice, subject to the approval of HETI. The appellant provider is responsible for the costs associated with convening the Appeal Committee, in addition to a \$500 appeal lodgement fee.

Upon receipt of an appeal, HETI will notify both the survey team and PAC. The Chairperson of the Appeal Committee may provide material from the appellant to the survey team and/or PAC to consider and provide comment. Any additional comments are provided to the appellant, who is given an opportunity to respond in writing.

The Appeal Committee has access to all relevant documentation, which may include a copy of the survey report, relevant survey documentation, relevant PAC meeting minutes, responses from or on behalf of the survey team and/or PAC, and provider appeal documentation, including any additional responses from the appellant.

The Appeal Committee determines each appeal on its merits and may recommend to:

- revoke the decision and make a new recommendation on terms it considers appropriate; or
- reject the appeal.

Appeal Committee decisions are based on a majority vote.

The Chairperson advises the HETI Chief Executive of the Appeal Committee's recommendation. The Chief Executive has the final decision and may accept, reject or vary the recommendation. HETI then conveys the decision to the appellant provider, PAC and the survey team.

In instances where a resurvey is recommended, a new survey team is appointed, comprising individuals who had no involvement in the initial survey. There is no appeal process for this re-survey or any subsequent determination by the PAC.

### ***Team findings***

HETI has a clearly documented appeals process based on the establishment of an independent Appeal Committee. The process is described in detail in the *Accreditation Procedure*.

The appeals process was revised with the assistance of an independent consultant after an appeal in 2014. No appeals have been submitted under the current process; however, the AMC team concluded that the documented approach is rigorous, fair and responsive, and would ensure appropriate management of an appeal against an accreditation decision.

Medical Portfolio staff make themselves available throughout the accreditation cycle to provide explanations of the decision-making process. Complaints are escalated to the PAC Chair, who may send a matter back to the PAC for further consideration. This approach can be used by providers prior to or instead of initiating a formal appeal, but it is not described in the *Accreditation Procedure*. There is an opportunity for HETI to document its process for management of complaints or concerns about accreditation decisions, to ensure that there is a formal pathway for stakeholders to raise concerns to HETI.

#### ***Commendations***

- |   |  |
|---|--|
| I | The role of PMAP, HETI's online accreditation tool, in prevocational accreditation. PMAP provides end-to-end support for the accreditation program, facilitating a standards-focused approach and streamlining the accreditation process for training providers and survey team members. (Attribute 4.4) |
| J | HETI's use of accreditation to facilitate continuous quality improvement of prevocational training programs. (Attribute 4.6)   |
| K | The Trainee in Difficulty Guide is an excellent evidence-based guide for DPETs to identify and support prevocational trainees experiencing difficulty. (Attribute 4.9)   |

#### ***Conditions to satisfy accreditation domains***

- |   |  |
|---|--|
| 1 | <p>Implement strategies to support cultural safety during survey visits, which should include:</p> <ul style="list-style-type: none"> <li>• the sustainable and meaningful expansion of the surveyor pool that supports the engagement of Aboriginal and/or Torres Strait Islander doctors and individuals involved in prevocational training and accreditation as assessors on survey teams. This could include monitoring the</li> </ul> |
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demographic information and diversity of the HETI surveyor pool, as well as consulting on and evaluating engagement strategies, with a view to the eventual inclusion of an Aboriginal and/or Torres Strait Islander membership position on all accreditation survey teams;

- the development of ongoing and iterative cultural safety training specific to accreditation to assist surveyors, PAC members, HETI professional staff, DPETs and JMO Managers. This should include consideration of the assessment of cultural safety and the practical application of the cultural safety standards in the workplace, and how to approach surveys in a culturally sensitive manner to support the upskilling of surveyors. HETI may consider engaging external expertise to assist with the development of this training.
- review of the accreditation process and documentation (including The Guide to Survey Evidence) to identify opportunities to enhance cultural safety for Aboriginal and/or Torres Strait Islander prevocational doctors during accreditation visits and how accreditation supports this more broadly within prevocational training programs. (Attribute 4.2)

#### *Recommendations for improvement*

FF	Review the process for formal surveyor and team leader performance review to ensure that it is consistently implemented and provides meaningful and constructive feedback after each survey visit. (Attribute 4.2)
GG	Review the confidentiality and conflict of interest section of the <i>Accreditation Procedure</i> to document the length of time a conflict is considered active since the cessation of previous employment or other identified interests, and any potential conflicts relating to future employment. (Attribute 4.3)
HH	Implement a process to ensure that prevocational training providers have the opportunity to review the draft survey report for factual accuracy before the Prevocational Accreditation Committee makes accreditation decisions. (Attribute 4.4)
II	Develop and publish a procedure document that provides a comprehensive overview of the identification, escalation and response to concerns for patient care and safety and prevocational doctor wellbeing (attributes 4.8 and 4.9)
JJ	Review the effectiveness of the JMO Forum as a mechanism for identification, discussion and escalation of concerns about prevocational doctor wellbeing and suitability of training environments, including: <ul style="list-style-type: none"> <li>• investigate measures to improve NSW prevocational doctors' awareness of the JMO Forum and its role in promoting wellbeing and escalating concerns to HETI</li> <li>• develop an orientation guide for prevocational doctors joining the JMO Forum to ensure they understand the role of the Forum, and their role in supporting prevocational doctor wellbeing</li> <li>• consider the introduction of a formal reporting process to PAC, to support PAC's capacity to address concerns about prevocational doctor welfare through the accreditation process. (Attribute 4.9)</li> </ul>
KK	Review HETI's processes for managing concerns and issues that cannot be resolved through the local health service escalation pathways. (Attribute 4.9)
LL	Review the process for requests for changes to terms to: <ul style="list-style-type: none"> <li>• ensure that there are clear guidelines on what changes should be notified and the process for reporting through PMAP</li> <li>• investigate whether the workload of submitting notifications and responding to requests for more information can be reduced for minor changes</li> <li>• improve and clarify the timelines for responses to training providers. (Attribute 4.10)</li> </ul>
MM	Provide an update on the publication of the outcomes of accreditation surveys on the HETI website. (Attribute 4.12)

NN	Document the process for initial management of complaints or concerns about accreditation decisions. (Attribute 4.13)
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## Domain 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.

HETI has developed processes to support engagement with a broad group of stakeholders. There are regular meetings with key stakeholder groups as well as more informal communication enabled by well-established relationships with these stakeholders.

There are scheduled meetings with:

- Prevocational doctors – quarterly meetings of the JMO Forum and twice-yearly meetings with ATDF
- DPETs – monthly meetings and twice yearly DPET Forums
- Training network clinical chairs - quarterly meetings with senior HETI staff
- NSW Executive Directors of Medical Services – monthly meetings
- NSW Health – the Medical Director and senior HETI staff meet with the Chief Medical Workforce Advisor every month
- Medical deans and Ahpra - quarterly meetings with medical schools and Ahpra representatives, and twice yearly meetings with the deans of NSW and ACT medical schools. HETI staff also attend the annual Medical Deans of Australia and New Zealand conference.

Medical Portfolio staff attend Network Committee for Professional Training (NCPT) meetings for all 15 NSW prevocational training networks.

Key stakeholders are invited to the PAC annual planning day.

As noted under attribute 1.7, the governance of prevocational training and accreditation has been designed to facilitate broad stakeholder engagement. PAC and PvTC include health service staff, prevocational doctors, supervisors and health consumer members. Communication with stakeholders through the website and a dedicated accreditation email address is discussed under attribute 5.2. HETI's participation in CPMEC and its committees is discussed under attribute 5.3.

HETI has employed a number of strategies to engage stakeholders in the implementation of the National Framework in NSW:

- establishment of the HETI National Framework for Prevocational Medical Training Implementation Steering Committee;
- hosting virtual Q&A drop-in sessions on various aspects of the framework for training providers;

- publishing National Framework newsletters with key updates and frequently asked questions,
- development of a dedicated National Framework website that links to AMC information and also provides NSW-specific material
- continued participation in the National Intern Framework Review Working Party, the National ePortfolio Project Board and the National ePortfolio Advisory Committee, which is chaired by the HETI Medical Director.

### ***Team findings***

HETI has demonstrated extensive engagement with stakeholders and a strong commitment to collaboration.

There are regular meetings with key stakeholder groups that facilitate high levels of engagement with prevocational doctors, DPETs, health services, training networks, NSW Health, medical schools and Ahpra and the Medical Board. Stakeholders are well-represented on the PAC and PVTC and participate in the PAC planning day.

During the visit, there were multiple comments about accessibility, collegiality and helpfulness. Stakeholders clearly have a high regard for HETI's role in prevocational training and accreditation.

There was positive feedback about HETI's support for rural trainees and rural training providers, and for improved supervision. It was noted that engagement with medical schools provides a platform for improving the transition from medical school to prevocational training in the workplace.

While it was recognised that the primary responsibility for NSW JMO Managers rests with NSW Health, the team found that HETI has limited engagement with JMO Managers, who play an important role in supporting prevocational training and accreditation, and prevocational doctor wellbeing. They are currently working under considerable pressure in a health system with significant workforce shortages, and this has resulted in high turnover. JMO Managers indicated that they lacked information and support about prevocational training and accreditation when they commenced their roles, and that they felt professionally isolated. It was noted that HETI has previously published a guide for JMO Managers, which has been discontinued. HETI has also discontinued its support for regular meetings of NSW JMO Managers, which provided a forum for networking and collaboration. There are opportunities for HETI to increase engagement with JMO Managers to support their role in PGY1 and PGY2 training and accreditation. Identified opportunities include the provision of information on prevocational training and its accreditation to new JMO Managers, and consideration of how HETI could facilitate information sharing and collaboration related to prevocational training and accreditation among JMO Managers.

## **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 HETI Medical Portfolio has a communication strategy dedicated to its accreditation role, functions and procedures and a communications strategy to support the implementation of the National Framework.

### **Accreditation**

HETI maintains a Prevocational Accreditation webpage within its website that provides detailed information on all aspects of accreditation, including governance, roles, functions and procedures. HETI's website includes links to support services to support JMO wellbeing. There is a designated accreditation email address for stakeholder inquiries and support.

HETI publishes a regular newsletter, which includes updates on accreditation, and attends and presents at a range of stakeholder meetings as described under attribute 5.1

PAC publishes position statements on emergent issues or areas of prevocational training that have been identified for improvement. The position statements are sent directly to training providers and published on the HETI website.

## **National Framework**

The communications strategy for implementation of the National Framework includes:

- a designated email address for stakeholder inquiries and support
- regular newsletters
- video resources and fact sheets
- presentations at stakeholder meetings
- workshops and 'drop-in' sessions to provide ongoing support for the implementation of the framework.

### ***Team findings***

HETI does not have a formal communication strategy; however, the organisation effectively employs multiple communication channels, including a website, to provide information about its roles, functions and procedures.

A dedicated webpage and a designated email address support the accreditation process, which is supplemented by newsletters and presentations at stakeholder meetings. Clear and concise PAC position statements provide information on emerging issues or address aspects of prevocational training that could be improved.

The AMC team noted a comprehensive suite of communication approaches to support the implementation of the National Framework, including a dedicated email address overseen by AAFU staff, regular newsletters, clear and engaging video resources, fact sheets, and workshops.

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

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

The HETI Medical Portfolio is an active member of the Confederation of Postgraduate Medical Education Councils (CPMEC). HETI staff attend meetings of:

- CPMEC Board
- CPMEC Principal Officers
- the Prevocational Medical Accreditation Network (PMAN)
- Directors of Clinical Training

The previous Medical Director served a term as Chair of CPMEC. HETI staff also attend and contribute to the annual Australian and New Zealand Prevocational Medical Education Forum and HETI will host the 2025 forum in Sydney in November.

HETI has played a major role the development and roll out of the National Framework. The Medical Director was an active member of AMC's National Framework Working Group and led the development of the National standards for programs and terms. The Medical Director is also a member of the National e-Portfolio Project Board which has overseen the development and roll out of Clinical Learning Australia (CLA), the national prevocational e-portfolio, and chairs the National e-Portfolio Advisory Committee. HETI has shared resources developed for the framework with other prevocational training accreditation authorities and participates in the Principal Officers Framework Implementation working group and a Microsoft Teams forum which has been established to facilitate collaboration and sharing of resources.

HETI has formal agreements with the Prevocational Medical Council of Victoria (PMCV) and with the Canberra Region Medical Education Council (CRMEC for accreditation of health services in Albury-Wodonga and rural NSW health services providing rotation terms for prevocational trainees based in Canberra. Accreditation survey teams for both these regions include HETI surveyors.

### ***Team findings***

HETI is actively involved in all national bodies for prevocational training, including CPMEC and its PMAN and Principal Officers Forum. HETI staff have made significant contributions Australian and New Zealand

Prevocational Medical Education Forum since its inception and will host the forum in Sydney in 2025. HETI has played and continues to play a major role in the development and national roll out of the National Framework.

There are formal agreements with PMCV and CRMEC for accreditation of health services in Albury-Wodonga and in rural sites hosting prevocational trainees from Canberra. HETI surveyors participate in accreditation surveys in both these regions.

*Commendations*

- L HETI's extensive engagement with a broad range of stakeholders, including engagement with NSW medical schools to improve medical graduates' transition to prevocational training in the workplace. (Attribute 5.1)

*Conditions to satisfy accreditation domains*

Nil.

*Recommendations for improvement*

- OO Implement mechanisms to improve the support for JMO Managers by providing information on prevocational training and accreditation for new JMO Managers, and by considering how HETI could facilitate information sharing and collaboration related to prevocational training and accreditation among JMO Managers. (Attribute 5.1)



## APPENDICES

### Appendix 1: Membership of the 2025 AMC Assessment Team

Name	Background
<b>Emeritus Professor Brendan Crotty (Chair)</b> MBBS, MD, FRACP	AMC Review of the National Framework for Prevocational Training Lead; Member, AMC Prevocational Standards Accreditation Committee
<b>Dr Hwee Sin Chong (Deputy Chair)</b> MBChB FRACMA MHM MIPH GAICD	Executive Director of Queensland Rural Medical Services, Darling Downs Hospital and Health Service; Adjunct Professor, Faculty of Medicine, The University of Queensland
<b>Dr Hashim Abdeen</b> MBBS FRACP	Senior Administration Registrar, Medical Services, Metro North Health; Staff Specialist Rheumatologist, Gold Coast University Hospital
<b>Dr Dayna Duncan</b> BMed/MD GAICD AFHEA	Medical Education Registrar, Royal Darwin Hospital; Australian Prevocational Medical Officers Committee Deputy Chair and Board Member, Confederation of Postgraduate Medical Education Councils
<b>Dr Loyola Wills</b> MD BA	PGY2 Junior House Officer, Ipswich Hospital; ACRRM Rural Generalist Trainee
<b>Tahlia Christofersen</b>	Policy Officer, Prevocational Accreditation, Australian Medical Council

## Appendix 2: Groups met by the 2025 AMC Team

Meetings	Roles engaged with
<b>Observation</b> Thursday 1 and Friday 2 May 2025 - <i>Videoconference – Microsoft Teams</i>	
Observation of HETI accreditation survey visit to Bathurst Health Service	Various meetings
<b>Observation</b> Thursday 22 and Friday 23 May 2025 - <i>Sydney, NSW</i>	
Observation of HETI accreditation survey visit to The Prince of Wales Hospital	Various meetings
<b>Observation</b> Thursday 17 July 2025 - <i>Videoconference – Microsoft Teams</i>	
Observation of HETI Prevocational Accreditation Committee meeting	Prevocational Accreditation Committee members
<b>Assessment Visit Day 1</b> Monday 28 July 2025 - <i>Sydney, NSW</i>	
HETI Executive Team	Chief Executive Medical Director Deputy Medical Director Director, Corporate Support and Business Partnerships Director, Mental Health and Higher Education Director, Professional Practice and Interprofessional Collaboration Director, Leadership, Management Development and Educational Design
HETI Medical Portfolio	Medical Director Deputy Medical Director Manager, Allocation, Accreditation and Faculty
Prevocational Accreditation Committee	Chair Clinician member Clinician member Medical Administrator member JMO Manager Member
NSW Health	Executive Director, Workforce Planning and Talent Development Branch Chief Medical Workforce Advisor, Workforce Planning and Talent Development Branch
Directors of Medical Services	Bankstown Lidcombe Hospital Bathurst Health Service Blacktown and Mount Druitt Hospitals Broken Hill Base Hospital Calvary Maternity Newcastle Liverpool Hospital Manning Base Hospital Northern Beaches Hospital

Meetings	Roles engaged with
	Royal North Shore Hospital Royal Prince Alfred Hospital Shoalhaven District Memorial Hospital Sutherland Hospital Wyong Hospital
<b>Assessment Visit Day 2 Tuesday 29 July 2025 - Sydney, NSW</b>	
HETI Prevocational Accreditation Staff	Manager, Allocation, Accreditation and Faculty Unit Senior Program Coordinator Program Coordinator Program Coordinator Project Officer Program Support Officer
NSW Board of the Medical Board of Australia and Ahpra	Ahpra State Manager, NSW Ahpra National Manager, Registration
NSW Medical Schools	Graduate School of Medicine, University of Wollongong Representatives from Macquarie Medical School, Macquarie University School of Medicine, University of New South Wales
Prevocational Medical Officers (PGY1 and PGY2)	Hornsby Ju-ring-gai Hospital John Hunter Hospital Royal North Shore Hospital
Junior Medical Officer Managers	Auburn Hospital Broken Hill Base Hospital Calvary Mater Newcastle Griffith Base Hospital Hornsby Ku-ring-gai Hospital Hunter New England Local Health District Lismore Base Hospital Liverpool Hospital Mona Vale Hospital Northern Beaches Hospital Orange Health Service Port Macquarie Base Hospital Shellharbour Hospital St Vincent's Hospital Sutherland Hospital Tweed Valley Hospital Wyong Hospital
Directors of Prevocational Education and Training	Bathurst Health Service Belmont Hospital Bulli Hospital and Aged Care Centre

Meetings	Roles engaged with
	Calvary Mater Newcastle Campbelltown/Camden Hospital Canterbury Hospital Gosford Hospital Hornsby Ku-ring-gai Hospital Lismore Base Hospital Manning Base Hospital Port Macquarie Base Hospital Shellharbour Hospital St Vincent's Hospital Tamworth Hospital Wollongong Hospital
Accreditation surveyors	Various surveyors
Term Supervisors	Belmont Hospital Calvary Mater Newcastle Campbelltown/Camden Hospital Gosford Hospital John Hunter Hospital Rural Medical Clinic, Manilla Shellharbour Hospital Tamworth Base Hospital
<b>Assessment Visit Day 3 Wednesday 30 July 2025 - Sydney, NSW</b>	
HETI Executive	Chief Executive Medical Director Deputy Medical Director Manager, Allocation, Accreditation and Faculty Chair, Prevocational Accreditation Committee Chair, Prevocational Training Council

