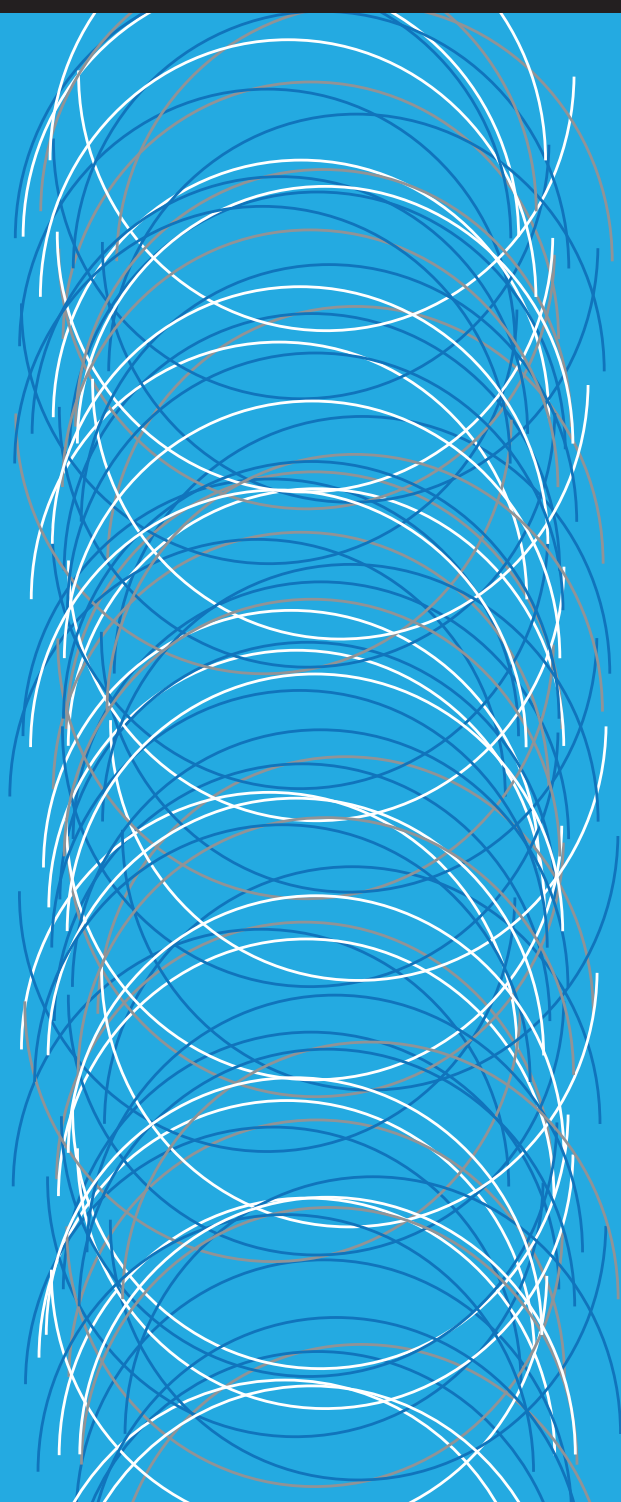


Australian Medical Council Limited

Accreditation Report:  
Canberra Region Prevocational Management Committee  
Canberra Region Medical Education Council

AMC



Prevocational Standards Accreditation Committee  
June 2015

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## Executive summary

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This report records the findings of the Australian Medical Council (AMC) assessment of the Canberra Region Prevocational Management Committee and its successor, the Canberra Region Medical Education Council, the intern training accreditation authority for the Australian Capital Territory.

In November 2014, an AMC team completed an assessment of the intern training accreditation authority's work. The AMC conducted this assessment following the steps in the document *Procedures for Assessment and Accreditation of Intern Training Accreditation Authorities by the Australian Medical Council, 2013*. The AMC team assessed the intern training accreditation activities of the authority against the requirements of the document, *Intern training – Domains for assessing accreditation authorities*.

The team reported to the AMC Prevocational Standards Accreditation Committee on 11 June 2015. The Committee considered the draft report and made recommendations on accreditation to AMC Directors on 26 June 2015.

### Decision on accreditation

The AMC's finding is that the Canberra Region Medical Education Council substantially meets the domains for assessing accreditation authorities.

The June 2015 meeting of the AMC Directors resolved:

- (i) That the Canberra Region Medical Education Council (CRMEC) be accredited as an intern training accreditation authority for three years, to 31 March 2018, subject to satisfactory annual progress reports to the AMC.
- (ii) That this accreditation is subject to the conditions set out below:
  - (a) By the 2015 progress report to the AMC, evidence that CRMEC has addressed the conditions from the accreditation report relating to the following domains and attributes:
    - Keep the AMC informed through progress reports of the implementation of the new governance structure. (Attribute 1.1 )
    - Finalise the CRMEC Business Plan. (Attribute 1.3)
    - Confirm that handover to new committees and staff has been completed. (Attribute 1.3)
    - For the Council's sub-committees:
      - confirm the membership and terms of reference;
      - report on the impact of the review of the composition of the sub-committees and any other measures taken to ensure that the sub-committees can reach quorum and fulfil their terms of reference. (Attribute 1.6)
    - Evidence of effective processes to manage potential conflicts of interest and confidentiality issues that arise when individuals have multiple roles. (Attribute 2.1)
    - As plans for management of resources will not be tested until the accreditation process is fully established, provide evidence that the human and financial resources available to CRMEC are appropriate to achieve its objectives in relation to accrediting intern training programs. (Attribute 3.1)
    - Finalise CRMEC's risk management plan in relation to the Council's operations, health services and interns. (Attribute 3.2)

- In CRMEC’s risk matrix, include an assessment of risks relating to:
    - overlapping accreditation interests of the Health Education and Training Institute (HETI) and CRMEC;
    - refusal or withdrawal of accreditation of a facility (Attribute 3.2).
  - Establish and publicise mechanisms to inform interns of changes in circumstances in a term that may affect accreditation, other than reliance on the list of terms published on the website. (Attribute 4.1)
  - Provide evidence that the arrangements agreed between CRMEC and HETI for accreditation of NSW facilities are implemented. (Attribute 4.1)
  - Finalise the policy for the selection, appointment and training of visitors. (Attribute 4.2)
  - Develop a plan to transition from visit teams comprised exclusively of external members to teams with a mix of local and external members. (Attribute 4.2)
  - Keep the AMC informed through progress reports of policies and procedures being implemented, administrative systems being established, and of the CRMEC process for evaluating the success of these activities. (Attribute 4.4)
  - Develop and implement a formal communication strategy providing information about CRMEC’s roles, functions and procedures, with a particular focus initially on managing the transition to CRMEC. (Attribute 5.2)
  - Prepare guidelines for supervisors and interns detailing the pathways to raise concerns about the quality of intern training in facilities covered by both HETI and CRMEC accreditation processes. (Attribute 5.3)
- (b) By the 2016 progress report to the AMC, evidence that CRMEC has addressed the conditions from the accreditation report relating to the following domains and attributes:
- Once the sub-committees are operational, outline the plans to develop their roles in advising and supporting vertical integration of medical training across the training continuum, through the education sub-committee. (Attribute 1.2)
  - Evidence of effective processes to manage potential conflicts of interest and confidentiality issues that arise when individuals have multiple roles. (Attribute 2.1)
  - Implement formal mechanisms for evaluating accreditation processes and the changes made as a result of these evaluations, including the results of the evaluation of the assessment of Canberra Hospital. (Attribute 3.2)
  - Provide evidence that the arrangements agreed between CRMEC and HETI for accreditation of NSW facilities are implemented and reviewed. (Attribute 4.1)
  - Keep the AMC informed through progress reports of policies and procedures being implemented, administrative systems being established, and of the CRMEC process for evaluating the success of these activities. (Attribute 4.4)
- (c) Keep the AMC informed through progress reports of matters that may affect the accreditation status, such as a change to capacity to meet the national standards, a change in the relationship with SA MET, or any change that may meet the definition of a major change to the intern training accreditation roles.

Accreditation of the Canberra Regional Medical Education Council’s relates to its work as the intern training accreditation authority for the Australian Capital Territory including its role in the

accreditation of linked NSW facilities and posts. Any changes to this scope of work may fall within the definition of a major change, and may require a new accreditation assessment.

In 2017, before this period of accreditation ends, the AMC will seek a comprehensive report from the Canberra Region Medical Education Council. The report should address the requirements of *Intern training – Domains for assessing accreditation authorities* and outline CRMEC’s development plans for the next four to five years. The AMC will consider this report and, if it decides CRMEC is continuing to satisfy requirements, the AMC Directors may extend the accreditation by a maximum of five years (to March 2023), taking accreditation to the full period of eight years which the AMC will grant between assessments.

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

### **Overview of findings**

The key findings of the 2014 AMC assessment against the requirements of *Intern training – Domains for assessing accreditation authorities* are set out below.

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

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

Domain with commendations and quality improvement recommendations	Findings and conditions
<b>Domain 1 – Governance</b>	<b>Substantially met</b> 1.3 <i>Business stability</i> is substantially met 1.6 <i>Stakeholder input to governance</i> is substantially met
<p><i>Commendations</i></p> <ul style="list-style-type: none"> <li>• The strong representation on CRMEC external to the ACT which will add breadth to the Council's thinking and decision making, and facilitate benchmarking.</li> <li>• The CRMEC's good connections to major stakeholders, including strong and positive relationships with the Junior Doctors Forum.</li> </ul> <p><i>Quality improvement recommendations</i></p> <ul style="list-style-type: none"> <li>• Work with stakeholders to identify areas in which CRMEC can contribute to improving the quality of education, training and welfare for junior medical officers. (Attribute 1.2)</li> <li>• Monitor whether the process for appointment to the Council ensures an appropriate mix of medical specialties is represented. (Attribute 1.6)</li> <li>• In discussion with junior doctors, review the lines of communication and ongoing support of the Junior Doctor Forum (Attribute 1.6)</li> </ul>	<p><i>Conditions</i></p> <p>In the 2015 progress report:</p> <ul style="list-style-type: none"> <li>• Keep the AMC informed through progress reports of the implementation of the new governance structure. (Attribute 1.1 )</li> <li>• Finalise the CRMEC Business Plan. (Attribute 1.3)</li> <li>• Confirm that handover to new committees and staff has been completed. (Attribute 1.3)</li> <li>• For the Council's sub-committees: <ul style="list-style-type: none"> <li>◦ confirm the membership and terms of reference (Attribute 1.6);</li> <li>◦ report on the impact of the review of the composition of the sub-committees and any other measures taken to ensure that the sub-committees can reach quorum and fulfil their terms of reference. (Attribute 1.6)</li> </ul> </li> </ul> <p>In 2016 progress report:</p> <ul style="list-style-type: none"> <li>• Once the sub-committees are operational, outline the plans to develop their roles in advising and supporting vertical integration of medical training across the training continuum, through the education sub-committee. (Attribute 1.2)</li> </ul>



Domain with commendations and quality improvement recommendations	Findings and conditions
Domain 2 – Independence	Met
<p><i>Commendations</i></p> <ul style="list-style-type: none"> <li>• CRMEC’s partnership with South Australian Medical Education and Training which will assist in ensuring independence, by adding external perspectives to the assessments and to the decision-making process.</li> <li>• The number of ways in which interns and resident medical officers can raise concerns.</li> </ul> <p><i>Quality improvement recommendations</i></p> <ul style="list-style-type: none"> <li>• Promote the opportunities created by CRMEC’s establishment to address early concerns about junior doctor welfare, and quality and safety. (Attribute 2.1)</li> </ul>	<p><i>Conditions</i></p> <p>In the 2015 and 2016 progress reports:</p> <ul style="list-style-type: none"> <li>• Evidence of effective processes to manage potential conflicts of interest and confidentiality issues that arise when individuals have multiple roles. (Attribute 2.1)</li> </ul>

Domain with commendations and quality improvement recommendations	Findings and conditions
<b>Domain 3 – Operational management</b>	<b>Substantially Met</b> 3.1 <i>Resources</i> is substantially met 3.2 <i>Improving processes and managing risk</i> is substantially met
<p><i>Commendations</i></p> <ul style="list-style-type: none"> <li>The clear commitment of CRMEC to improving the accreditation process.</li> </ul> <p><i>Quality improvement recommendations</i></p> <ul style="list-style-type: none"> <li>Facilitate stakeholder involvement in monitoring and improving accreditation processes. (Attribute 3.2)</li> </ul>	<p><i>Conditions</i></p> <p>In the 2015 progress report:</p> <ul style="list-style-type: none"> <li>As plans for management of resources will not be tested until the accreditation process is fully established, provide evidence that the human and financial resources available to CRMEC are appropriate to achieve its objectives in relation to accrediting intern training programs. (Attribute 3.1)</li> <li>Finalise CRMEC’s risk management plan in relation to the Council’s operations, health services and interns. (Attribute 3.2)</li> <li>In CRMEC’s risk matrix, include an assessment of risks relating to: <ul style="list-style-type: none"> <li>overlapping accreditation interests of the Health Education and Training Institute (HETI) and CRMEC;</li> <li>refusal or withdrawal of accreditation of a facility (Attribute 3.2).</li> </ul> </li> </ul> <p>In the 2016 progress report:</p> <ul style="list-style-type: none"> <li>Implement formal mechanisms for evaluating accreditation processes and the changes made as a result of these evaluations, including the results of the evaluation of the assessment of Canberra Hospital. (Attribute 3.2)</li> </ul>

Domain with commendations and quality improvement recommendations	Findings and conditions
<b>Domain 4 – Accreditation processes</b>	<b>Substantially Met</b> 4.1 <i>Accreditation procedures</i> is substantially met 4.2 <i>Selection, training and review of assessors</i> is substantially met 4.4 <i>Accreditation process</i> is substantially met
<p><i>Commendations</i></p> <ul style="list-style-type: none"> <li>• The extensive work undertaken to begin the new ACT accreditation process with clear and accurate information on the accreditation status and accreditation provisos for each of the facilities in the network.</li> <li>• The collaboration with an established intern training accreditation authority, South Australian Medical Education and Training, to begin the accreditation process.</li> <li>• The establishment and implementation of a clear change of circumstance policy.</li> </ul> <p><i>Quality improvement recommendation</i></p> <ul style="list-style-type: none"> <li>• Consider adding to the visitor guide information on how CRMEC routinely gathers feedback from visitors on the survey process. (Attribute 4.2)</li> <li>• Establish a mechanism to evaluate whether the accreditation decision-making process is clear to stakeholders, including accreditation visit team members. (Attribute 4.8)</li> <li>• Ensure that health facilities understand the points on the rating scale (no concerns, some minor concerns, some major concerns, and extensive concerns) and the evidence that will be necessary to support self-ratings. (Attribute 4.4)</li> <li>• Once the accreditation process is established, consider a four-year accreditation cycle. (Attribute 4.6)</li> <li>• Extend the complaints process to encompass significant errors in the accreditation assessment process. (Attribute 4.10)</li> </ul>	<p><i>Conditions</i></p> <p>In the 2015 progress report:</p> <ul style="list-style-type: none"> <li>• Establish and publicise mechanisms to inform interns of changes in circumstances in a term that may affect accreditation, other than reliance on the list of terms published on the website. (Attribute 4.1)</li> <li>• Provide evidence that the arrangements agreed between CRMEC and HETI for accreditation of NSW facilities are implemented. (Attribute 4.1)</li> <li>• Finalise the policy for the selection, appointment and training of visitors. (Attribute 4.2)</li> <li>• Develop a plan to transition from completely external visit teams to teams with a mix of local and external members. (Attribute 4.2)</li> <li>• Keep the AMC informed through progress reports of policies and procedures being implemented, administrative systems being established, and of the CRMEC process for evaluating the success of these activities. (Attribute 4.4)</li> </ul> <p>In the 2016 progress report:</p> <ul style="list-style-type: none"> <li>• Provide evidence that the arrangements agreed between CRMEC and HETI for accreditation of NSW facilities are implemented and reviewed. (Attribute 4.1)</li> <li>• Keep the AMC informed through progress reports of policies and procedures being implemented, administrative systems being established, and of the CRMEC process for evaluating the success of these activities. (Attribute 4.4)</li> </ul>

Domain with commendations and quality improvement recommendations	Findings and conditions
<b>Domain 5 – Stakeholder collaboration</b>	<b>Met</b> 5.3 <i>Collaboration with other relevant accreditation organisations</i> is substantially met
<p><i>Commendations</i></p> <ul style="list-style-type: none"> <li>• Good evidence of established relationships with stakeholders.</li> <li>• The strong consumer engagement and representation.</li> </ul> <p><i>Quality improvement recommendations</i></p> <ul style="list-style-type: none"> <li>• Build on the opportunities to communicate face to face with supervisors and junior doctors to establish CRMEC's profile and relationships. (Attribute 5.2)</li> <li>• Establish processes for benchmarking, building on the strong external input into CRMEC's accreditation processes. (Attribute 5.4)</li> </ul>	<p><i>Conditions</i></p> <p>In the 2015 progress report:</p> <ul style="list-style-type: none"> <li>• Develop and implement a formal communication strategy providing information about CRMEC's roles, functions and procedures, with a particular focus initially on managing the transition to CRMEC. (Attribute 5.2)</li> <li>• Prepare guidelines for supervisors and interns detailing the pathways to raise concerns about the quality of intern training in facilities covered by both HETI and CRMEC accreditation processes. (Attribute 5.3)</li> </ul>

## Introduction

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### AMC and intern training accreditation

The Australian Medical Council (AMC) is the designated accreditation authority for the medical profession under the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory. Its purpose is to ensure that standards of education, training and assessment promote and protect the health of the Australian community.

The AMC assesses and accredits medical programs and providers in three of the four stages of medical education: primary medical education, specialist medical education and the continuing professional development phase.

From 2014, as part of the new national framework for medical internship, the AMC assesses and accredits the authorities that accredit intern training programs. This framework includes a national registration standard on granting general registration to Australian and New Zealand medical graduates on completion of internship, as well as national standards and guidelines on intern training. The framework was developed by the AMC, in conjunction with stakeholders, on behalf of the Medical Board of Australia.

The AMC process for accreditation of intern training accreditation authorities provides advice to the Medical Board of Australia to enable it to make a decision to approve authorities that accredit intern training terms, as required under the registration standard. The AMC assessments focus on intern training accreditation and do not address other functions performed by these organisations. The AMC assesses the intern training accreditation authorities' processes and standards against a quality framework, *Intern training – Domains for assessing accreditation authorities*. This process provides a quality assurance and quality improvement mechanism for these intern training accreditation processes.

A summary of the key documents in the national intern training framework is provided below and the documents are available at: <http://www.amc.org.au/accreditation/prevoc-standards>.

Framework document	Summary
Intern training – Domains for assessing accreditation authorities 2013	Outlines the criteria the AMC uses to assess intern accreditation authorities.
Procedures for Assessment and Accreditation of Intern Training Accreditation Authorities by the AMC 2013	Describes the procedures for assessment of intern training accreditation authorities by the AMC.
Intern training – National standards for programs	Outlines requirements for processes, systems and resources that contribute to good quality intern training. Intern accreditation authorities' standards should map to these minimum requirements.

Framework document	Summary
Intern training – National guidelines for terms	Outlines the experience that interns should obtain during terms. It builds on the Medical Board of Australia's registration standard.
Assessing and certifying completion	Contains the national standards relating to assessment, good assessment practice principles, and outlines remediation processes that would satisfy the national requirements. The national requirements are mandatory from 2015.
Term assessment form	A nationally available term assessment form designed to facilitate assessment against the intern outcome statements.
Intern outcome statements	States the broad and significant outcomes that interns should achieve by the end of their programs.

The AMC's Prevocational Standards Accreditation Committee oversees the AMC process of assessment and accreditation of intern training accreditation authorities, and reports to AMC Directors. The Committee includes members appointed after consultation with the Australian Health Ministers' Advisory Council, the Confederation of Postgraduate Medical Education Councils, and the Medical Board of Australia. The Committee also includes members experienced in AMC accreditation and examination processes, junior doctor and international medical graduate members, a member with background in and knowledge of health consumer issues, and a director of clinical training.

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

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

### **AMC assessment of the Canberra Region Prevocational Management Committee (CRPMC)**

In 2013, the Canberra Region Prevocational Management Committee was established with the support of ACT Health to provide a separate intern training accreditation process for the Australian Capital Territory. The existing agreement for intern training accreditation between NSW Health Education and Training Institute and ACT Health ended on 30 September 2013.

The CRPMC was established as an interim body reporting to the Director-General of ACT Health, until such time as a Canberra Region Medical Education Council was formally established.

As the AMC was then establishing the new process for accreditation of intern training accreditation authorities on behalf of the Medical Board of Australia, it invited the CRPMC to complete an initial accreditation process. This process entails the intern training accreditation authority lodging a submission addressing the five domains (governance, independence,

operational management, accreditation procedures and stakeholder engagement) from *Intern Training: Domains for Assessing Authorities*.

On advice from the Prevocational Standards Accreditation Committee, the December 2013 meeting of AMC Directors agreed that it was reasonably satisfied that the plans for the CRPMC would meet the domains for assessing accreditation authorities. Directors granted initial accreditation to the Canberra Region Prevocational Management Committee as the intern training accreditation authority for the Australian Capital Territory, with accreditation to continue until an AMC team completed an assessment of the ACT intern training accreditation services in late 2014.

This report details the 2014 assessment of the CRPMC against the requirements of *Intern training – Domains for assessing accreditation authorities* and the findings of that assessment.

The key steps in the assessment process were as follows:

- The AMC contacted CRPMC regarding the commencement of the assessment process in January 2014, after which there were regular discussions between AMC and CRPMC staff to plan the assessment.
- CRPMC developed an accreditation submission, addressing the domains in the Intern training – Domains for assessing accreditation authorities and responding to guidelines provided by the AMC.
- The AMC appointed an expert team to complete the assessment, after CRPMC 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 CRPMC's accreditation submission. To assist this process, CRPMC placed its submission on its website.
- A subset of the AMC team observed CRPMC's survey visit to Canberra Hospital on 25 and 26 June 2014.
- The team met on 8 October 2014 to consider CRPMC's submission and to plan the review.
- The team met CRPMC staff, CRPMC members, education and accreditation sub-committees and selected stakeholders on 27 and 28 November 2014.
- The team provided feedback to CRPMC staff and office bearers at the end of the visit and subsequently prepared this report.
- The AMC invited CRPMC to comment on the factual accuracy of the draft report and on any recommendations, conclusions, or judgments in the draft report.
- The report and the comments of CRPMC were considered through the AMC's committee processes.

In February 2015, the AMC was advised that the Canberra Region Medical Education Council had been established as a Ministerial Council reporting annually to the ACT Health Minister and that this Council replaced the Canberra Region Prevocational Management Committee. This report uses the name Canberra Region Prevocational Management Committee or the acronym CRPMC, since at the time of the assessment this was the name of the organisation whose accreditation functions were being assessed. Where the change to the Canberra Region Medical Education Council (CRMEC) is relevant to the accreditation report and findings, they are discussed in the report.

## **Appreciation**

The AMC thanks CRPMC 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 CRPMC staff to develop the documentation, and plan the review. The AMC also acknowledges with thanks the collegial and open discussion by individuals and groups who met the AMC team in November 2014.

The groups met by the 2014 AMC team are listed at Appendix 2.



## **1 Governance of Canberra Region Prevocational Management Committee**

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

### **Attributes**

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

### **1.1 The Canberra Region Prevocational Management Committee and Canberra Region Region Medical Education Council**

Until October 2013, the NSW Health Education and Training Institute (HETI) accredited the prevocational training posts in the Australian Capital Territory as part of the ACT Prevocational Network, which included Canberra Hospital, Calvary Hospital, Bega District Hospital, Goulburn Base Hospital and general practices in those areas.

The Canberra Region Prevocational Management Committee (CRPMC) became the prevocational medical training accreditation body for the Australian Capital Territory on 1 October 2013, with the support of ACT Health. CRPMC was established as an interim committee to operate until late 2014, when a permanent body, the Canberra Region Medical Education Council (CRMEC), was to be set up.

The AMC granted initial accreditation to CRPMC as the intern training accreditation authority for the ACT in December 2013. The scope of the initial accreditation did not include the accreditation of the NSW facilities and posts which have been part of the ACT Prevocational Network, since ACT Health and HETI had not finalised arrangements for accreditation of facilities outside the ACT with medical training links to the ACT. By the time of the AMC team's assessment in November 2014, CRPMC and HETI had agreed on a shared accreditation model for NSW health facilities in which ACT interns are placed, namely Bega and Goulburn Hospitals, and health services which are part of the Coast City Country Regional Training Provider. These relationships and processes are discussed later in this report.

By November 2014, CRPMC was in transition to the CRMEC. While changes to the ACT budget had resulted in reconsideration of and delay to ACT Health's plans for managing the accreditation of prevocational medical training, the Director-General of ACT Health confirmed support for a Canberra-based intern training accreditation authority and the ACT Minister for Health agreed CRPMC's roles and functions be transferred to a Ministerial Council.

At the time of the AMC team's visit, the terms of reference of the new Council were available on the website and expressions of interest were being sought for Council membership. A selection panel was convened to determine the most suitable applicants and a Cabinet Submission prepared for formal appointment of the selected members by the Minister for Health.

In February 2015, the AMC was advised that as a Ministerial Council, the CRMEC will report annually to the ACT Minister for Health on its activities. These include overseeing the medical education standards, policies, processes and functions of the ACT Prevocational Network, incorporating Canberra Hospital and Health Services, Calvary Hospital, Goulburn Hospital and Bega Hospital for Years 1 and 2 medical graduates (PGY1 and 2).

The AMC team understood that the CRMEC would have direct responsibility to the Minister, that it would report to the Director-General ACT Health twice a year, and that it would prepare extraordinary reports as required if a topic of significance arose for ACT Health. This has been confirmed by correspondence received by the AMC in February 2015.

Members of CRMEC and its committee are expected to observe standards of ethical conduct, as outlined in the *ACT Government Boards and Committees Handbook* (2009) and the *ACT Code of Ethics* (Section 9 of the Public Sector Management Act 1994).

The CRPMC is supported by a secretariat of ACT Health Directorate staff and it is expected this arrangement will continue with the new Council. While the Health Directorate is registered as a business entity, the CRPMC is not registered as a separate business entity. The team was satisfied that the plan to establish CRMEC as a Ministerial Council and its proposed structure would meet the intention of the attribute namely, as evidence of legal standing and operating rules which would hold it accountable.

At the time of the AMC team's visit, the CRPMC was developing its business plan. Once the new structure is in place and the new Council is able to set its direction, the AMC will wish to see a more formally developed business plan.

## **1.2 Priority to accreditation of intern training positions**

The CRPMC was established to:

- improve the quality of education, training and welfare for junior medical officers within the Territory and linked regional educational networks, and
- make decisions on the accreditation of junior medical officer positions in health services.

CRPMC's main operational business has been setting up the framework for its role in the accreditation and monitoring of junior medical officer terms within the ACT and linked regional networks. Its work plan has included following up on outstanding provisos from previous accreditation processes under HETI, establishing accreditation procedures, policies, standards and guidelines and the June 2014 accreditation of Canberra Hospital.

From its early stages the CRPMC established a collaborative and mentoring relationship with South Australian Medical Education and Training (SA MET), the intern training accreditation authority for South Australia. This relationship allowed the CRPMC secretariat to make rapid progress to establish the basis for the CRPMC's operation.

The CRPMC advised the team that the focus of the new CRMEC for the next few years would be on developing and implementing the accreditation processes, building on experience from accreditation of Canberra Hospital and growing with experience in managing the monitoring of accredited posts and programs. The team considered this a sensible area of focus.

The terms of reference for the new CRMEC are to:

- perform accreditation functions of the intern training program within the ACT and linked regional networks;
- provide expert advice to the Minister for Health regarding the quality of education, training and welfare for junior medical officers within the ACT and linked regional networks.

A comparison of the terms of reference of the CRPMC and CRMEC is at Appendix 3.

While the terms of reference of CRPMC and the CRMEC make accreditation of intern and postgraduate year two junior medical officer terms a core function, both bodies have a broader advisory role to ACT Health. Stakeholders, especially supervisors, identified a number of areas where the CRMEC could contribute to improvements in medical education and training. The team encourages the CRMEC to work with its stakeholders to identify additional areas where it can add value, for example supporting supervisor training.

There are two sub-committees that report to the CRPMC, the education sub-committee and the accreditation sub-committee. The AMC team met members of both these sub-committees. It observed the members had a clear sense of their roles, and strong commitment to the work. To maintain momentum and build on the experience, a hand over to the new committees and new members will be important.

The education sub-committee had held one meeting at the time of the AMC team's visit, but was not planning to commence work until the CRMEC was formed and able to clarify the sub-committee's future role. It is anticipated that once the core accreditation work is fully operational, CRMEC, through the education sub-committee, will consider how to develop its role in advising and supporting vertical integration of medical training across the training continuum.

Initially, accreditation work was undertaken by the CRPMC itself, pending the formation of the accreditation sub-committee. The sub-committee was established on 3 March 2014 and has met regularly since then.

The governance structure and the commitment to first establish the accreditation framework demonstrate that the intern accreditation process is given appropriate priority.

### **1.3 Business stability**

At the time of the AMC team visit, CRPMC had been in operation for just over 12 months, and plans were in train for its transition to a new Council. Its stability as an organisation has not yet been tested, but the arrangements in place to provide a sound underpinning to the CRMEC's operations, including the relationship with SA MET, seemed adequate. Progress reports to the AMC Prevocational Standards Accreditation Committee will allow CRMEC to report against this attribute, with an expectation that its stability will increase as it develops its roles and relationships with stakeholders across the training network.

The team saw evidence of stability in the commitment of ACT health representatives and in the recent decision by ACT Health to establish a Ministerial Council. The enthusiasm of CRPMC committee members and stakeholders was evident. The team considered the role CRMEC plays in vertical integration of medical education and training phases will be important to assisting its success.

The majority of the operational funding for the CRPMC comes from the ACT Health Directorate with some additional funding from the Medical Board of Australia to subsidise activities directly related to accreditation. ACT Health has agreed to provide staffing and cover running costs for CRMEC. The team considered the budget, as outlined, sufficient for the accreditation functions.

CRPMC has been well supported by senior professional ACT Health staff and this support has been particularly important in ensuring stability during the establishment period. The team notes that there have been a number of staff changes in the establishment phase, and more are expected. It will be important to have robust processes for hand over.

### **1.4 Financial arrangements**

The CRPMC's financial accounts form part of the accounts of the ACT Health Directorate and as such comply with the relevant Australian accounting and financial reporting standards. ACT Health has allocated a cost centre to the CRPMC/CRMEC with a client manager dedicated to

managing the budget. All financial information from the Health Directorate is audited on a yearly basis with information published in the ACT Health Annual Report.

The team understood that the secretariat provides financial reports to the CRPMC at its regular meetings and, between meetings, discusses any financial matters with the chair. The transition to CRMEC should not affect this process.

### **1.5 Selection of the governing body**

Members of the CRPMC, an interim committee, were appointed through consideration of the expertise needed to establish the Committee in a timely manner.

The process for appointment to the CRMEC as the new governing body includes an open expression of interest process with members appointed by the Minister. The appointment process follows the ACT Government guidelines on committees and council.

CRMEC will comprise members with expertise and interest in junior medical officer training and education appointed by the Minister for Health. The AMC team considered the selection process to be transparent. The Council includes ex-officio members in addition to those appointed through the expressions of interest process.

At the time of the AMC team visit, a selection panel had met to consider the applications and the proposed members had been sent to the Minister for approval.

### **1.6 Stakeholder input to governance**

The membership provisions of the CRMEC allow for input from a range of stakeholder groups. In February 2015, the AMC was advised that the membership categories and the length of terms of appointment had been confirmed. Except as shown below, appointments are for three years:

- Chair (two-year appointment)
- Consumer representative
- Medical administrator
- Senior clinical supervisor
- ACT Health representative
- Education academics, one from the University of Canberra and one from the Australian National University
- Southern NSW Local Health District representative
- Representative from South Australia Medical Education and Training
- Junior Medical Officer representatives, 1 x PGY1 and 1 x PGY2 (two-year appointments)
- Registrar/senior registrar representative (two-year appointment).

The team commends the strong representation external to the ACT, which will add breadth to the Council's thinking and decision making, and facilitate benchmarking. It will also enhance the independence of the Council, which is a potential concern in a small jurisdiction. As the Council is new, the AMC would encourage the CRMEC to review whether the appointment process ensures an appropriate mix of medical specialties is represented on the Council.

The CRPMC has good connections to its major stakeholders, assisted by the ACT being a small jurisdiction. There are strong links through medical school teaching and into early postgraduate years. There are obvious advantages to the ACT health services in dealing with a local PMC. Health service representatives who met the team commented on the value of quick communication and the personal interactions in ensuring that standards continue to be met, and that minor issues and changes of circumstances can be addressed quickly.

With the transition to the new Council, the accreditation and education sub-committees are being reformed. Members of the first accreditation sub-committee were appointed following a request for nominations from all key stakeholder groups and CRPMC. As there have been some difficulties in reaching quorum with the current membership, CRPMC indicated it would reconsider the composition and operation of the sub-committee.

There is currently cross-representation between the committees with the Chair and Deputy Chair of the accreditation sub-committee being on the CRPMC.

Progress reports to the AMC will provide an opportunity for the CRMEC to confirm the new membership and terms of reference of the sub-committees.

In the beginning of 2014, the junior doctors created a Junior Medical Officer Forum for the ACT. At that time, the JMO Forum decided not to form a committee that reported to the CRPMC but to be independent. The Medical Officer Support, Credentialing, Education and Training Unit of Canberra Hospital has provided some support to Forum members. The Chair of the JMO Forum has been a member of CRPMC but the Forum has not reported formally to CRPMC. In discussion with the AMC team, the junior doctors indicated this decision was partly related to some earlier uncertainty about how the committee/council might develop and a strong desire to remain independent and to be engaged in agendas that do not relate to the role of CRPMC.

The team discussed junior doctor input to governance arrangement with junior doctors and CRPMC members who reported strong and positive working relationships. The formal arrangements, lines of communication, and ongoing support may be reconsidered in the establishment of CRMEC.

## 2 Independence

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

### Attributes

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

### 2.1 Independence of accreditation decision making

The CRMEC has been established as a Ministerial Council reporting to the Minister for Health. In discussion with the AMC team, the CRPMC demonstrated that the Committee clearly sees its purpose as being to ensure the quality of intern training. ACT Health was clear about its desire for independence from the intern accreditation authority.

Support for the principle of independence needs to be augmented by appropriate processes, particularly in a small jurisdiction such as the ACT, which has one major hospital and the intern training accreditation authority operating as a Ministerial Council within the health department.

The accreditation governance structure supports independence: an accreditation team completes the survey and develops the accreditation report, and the accreditation sub-committee considers the report and makes a recommendation to the Council, which makes the accreditation decision. In its observation of CRPMC's accreditation processes the team found evidence that CRPMC was able to make accreditation decisions without undue influence. It demonstrated an ability to set provisos to ensure compliance with standards and recommendations for improvement which health facilities indicated was done in a constructive manner.

The CRPMC partnership with SA MET will assist in ensuring independence, by adding external perspectives to the assessments and to the decision-making process. A team of SA MET surveyors and local observers conducted the first accreditation of Canberra Hospital, and a senior staff member of SA MET sits on the Committee/Council.

The staff of CRPMC and the CRMEC will report to the Deputy Director-General Strategy and Corporate of ACT Health. The structure of ACT Health means that the Health Directorate, which includes the secretariat, reports to a different Deputy Director-General from the Canberra Hospital and Health Services. The team felt this was an appropriate separation from the operational management of ACT health services.

In considering independence in accreditation decision making, the AMC team explored the avenues for interns and resident medical officers to raise concerns about the quality of their training and the mechanisms for these concerns to be addressed. In Canberra Hospital, which is the primary allocation centre and employs the majority of junior medical officers (JMO), the Medical Officer Support, Credentialing, Education and Training Unit (MOSCETU), has two functions pertaining to JMOs: rostering of terms, and the education, training and welfare support of junior doctors. "Pod Parents" also work with junior medical officers. A pod is a grouping of JMO terms in Canberra Hospital's clinical department structure. The intention of arranging junior medical officer staffing within pods is to facilitate education and training as well as to comply with clinical and leave obligations. The Pod Parents are not involved in supervision or assessment, but have a mentoring role.

The team saw evidence of good relations between medical management in ACT health facilities and junior doctors, and strong support for junior doctor welfare by the Pod Parents, who have a

good degree of independence. Among these staff, there is good awareness of the role of CRPMC, and key individuals in health services understood the need to report matters relevant to the accreditation status of a unit or post to the intern training accreditation authority. The team's discussion identified additional potential opportunities for CRPMC/CRMEC to support those responsible for junior doctor welfare to address early concerns about junior doctor welfare, and quality and safety. While there is a documented process for responding to concerns, education about the process will be necessary as well as a willingness by CRPMC/CRMEC to consider issues raised in the public domain and not only by direct report.

It will be important to be clear when individuals are wearing 'multiple hats' and CRMEC and the health facilities will need to delineate responsibilities to manage potential conflicts of interest and confidentiality issues.

## **2.2 Managing conflicts of interest**

CRPMC has procedures for managing conflicts of interest at the level of the Committee and its sub-committees. These procedures will be applied to CRMEC and associated sub-committees. Under the *Conflict of Interest Policy*, members are required to complete a standing notice of interest and update it regularly. The 'declaration of interests' is a standing agenda item and at each meeting members are asked to declare any potential conflicts of interest prior to the commencement of discussion about that topic. If a conflict of interest is declared, that member is asked to step out of the meeting room for the duration of the discussion. The conflicts of interest declared are minuted.

Members of the committees are also required to sign a confidentiality agreement.

The CRPMC acknowledges that in a small jurisdiction such as the ACT, there is a potential for overlap/conflicts of interests. This process was tested in the recent accreditation survey of Canberra Hospital which CRPMC indicated was challenging at times but appropriately managed.

The team considered the procedures for identifying and managing conflicts of interest to be clear and that appropriate consideration has been given to this as a small jurisdiction with many overlapping roles of individuals.

### **3 Operational management**

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

#### **Attributes**

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

#### **3.1 Resources to achieve accreditation objectives**

The human and financial resources of the CRPMC are managed by the secretariat manager, who is a staff member of ACT Health. The ACT Health Deputy Director-General Strategy and Corporate supervises the secretariat manager in relation to administrative functions.

The manager directs the staffing and financial resources towards the accreditation and other functions of the CRPMC and manages them, under the oversight of the CRPMC Chair and Committee, as appropriate. The staffing levels and budget for the Council are reviewed and approved annually according to current need and relevant issues arising. When CRMEC is established, the Directorate will fund secretariat staff and office arrangements, which will be overseen by the Chair and Council.

As previously noted the CRPMC has been well supported by senior professional staff. The team was made aware that staff changes were likely in the near future. In view of the rapid development of systems and processes, robust handover processes will be important.

The plans for management of resources appeared appropriate, but they will not be tested until the accreditation operations are fully established. The AMC requests an update on the management of resources and a complete business plan in the 2015 progress report.

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

Monitoring and review of the accreditation standards and processes is a role of the accreditation sub-committee. There is a clear commitment to improving the accreditation process.

The CRPMC has established its accreditation policies and procedures with a strong mentoring relationship with SA MET, and has modified SA MET procedures to reflect the local context and the draft national intern framework documents.

The ongoing collaboration with SA MET gives CRPMC/CRMEC an opportunity to reflect on the approach of an established accreditation authority in reviewing existing policies and guidelines, and the development of the national intern framework. The developing intern training accreditation authority has also drawn on the experience of its members in other education and health accreditation processes.

The team discussed with CRPMC the experience of the accreditation survey of Canberra Hospital and what had been learnt from that process. As observers of the process, the Chairs of CRPMC and the accreditation sub-committee were able to reflect on how policies and procedures for the conduct of a survey were applied in practice, and to refine procedures based on the experience. The team's discussion with Canberra Hospital staff and junior doctors confirmed the CRPMC's informal feedback that the accreditation survey was a positive experience and had driven quality improvements.



CRPMC indicated it was undertaking a number of surveys of participants in the Canberra Hospital accreditation. The team considered that although surveys and feedback are important, there need to be robust methods of monitoring the accreditation process. It encourages CRMEC to engage stakeholders in developing these processes.

The team noted that detailed operational planning is yet to occur as part of the formation of the Council. Identifying and managing risks in relation to the CRMEC, health services and interns will be an important component of that planning. The CRPMC members understood the potential risks of accreditation failure in a small jurisdiction with one major allocation hospital, and the AMC would expect to see a plan for mitigating and managing these risks clearly articulated.

The AMC will wish to be informed, through progress reports, of the development of formal mechanisms for evaluating accreditation processes and of changes made as a result of these evaluations, including the results of the evaluation of the assessment of Canberra Hospital.

### **3.3 Management of records and information**

CRPMC adheres to the ACT Health data management guideline and record keeping policy. The documents held on computer are accessible to the CRPMC management staff only.

CRPMC and sub-committee members are required to sign a confidentiality agreement on their appointment. Minutes are kept of all CRPMC Committee and sub-committee meetings and records are kept of all out-of-session decisions.

CRPMC visit team members are also required to sign confidentiality agreements. The guide for visitors includes a section on ethical issues and confidentiality which states information gathered in relation to an accreditation visit should be returned to the secretariat. The CRPMC also ensures anonymity of junior doctors throughout accreditation questionnaires and visits: individuals and their specific feedback are not identified in these processes.

The team considered the systems for managing information and contemporaneous records, including ensuring confidentiality were appropriately documented. The team understands these same systems will apply to CRMEC.

## 4 Processes for accreditation of intern training programs

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

### Attributes

- 4.1 The intern training accreditation authority ensures documentation on the accreditation requirements and procedures is publicly available.
- 4.2 The intern training accreditation authority has policies on selecting, appointing, training and reviewing performance of survey team members. Its policies result in survey teams with an appropriate mix of skills, knowledge and experience to assess intern training programs against the accreditation standards.
- 4.3 The intern training accreditation authority has developed and follows procedures for identifying, managing and recording conflicts of interest in the accreditation work of survey teams and working committees.
- 4.4 The accreditation process includes self-evaluation, assessment against the standards, site visits where appropriate, and a report assessing the program against the standards. In the process, the intern training accreditation authority uses standards that comply with the approved national standards for intern training.
- 4.5 The accreditation process facilitates continuing quality improvement in delivering intern training.
- 4.6 The accreditation process is cyclical, in line with national guidelines and standards, and provides regular monitoring and assessment of intern programs to ensure continuing compliance with the approved *Intern training – National standards for programs*.
- 4.7 The intern training accreditation authority applies national guidelines in determining if changes to posts, programs and institutions will affect the accreditation status. It has clear guidelines on how the institution reports on these changes, and how these changes are assessed.
- 4.8 The intern training accreditation authority follows documented processes for accreditation decision-making and reporting that enable decisions to be free from undue influence by any interested party.
- 4.9 The intern training accreditation authority communicates the accreditation status of programs to employers, interns and other stakeholders, including regulatory authorities. It communicates accreditation outcomes to the relevant health services facility and other stakeholders.
- 4.10 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 accreditation guidelines, policies and operational information about CRPMC and CRMEC are available on a dedicated webpage. A wide range of policy is provided through that site, and the team commends CRPMC for its openness in providing such complete information.

The team noted CRPMC was intending to list accredited terms on the website. The information now available is comprehensive, giving organisational information about the term and the supervisor as well as accreditation status information.

The team stresses that CRMEC needs to have other mechanisms of informing interns of changes in circumstances in a term that may affect accreditation, other than relying on the list of accredited terms published on the website.

When the AMC granted CRPMC initial accreditation as an intern training accreditation authority, it limited the scope of the decision to ACT health services, since ACT Health and HETI had not finalised arrangements for accreditation of facilities outside the ACT but with medical training links to the ACT. The subsequent agreement between CRPMC and HETI provides for a shared accreditation model for NSW health facilities in which ACT interns are placed, with HETI taking the lead on accreditations of health services which are part of the Coast City Country Regional Training Provider and CRPMC/CRMEC taking the lead on accreditations involving Bega and Goulburn Hospitals. The lead authority manages all aspects of the visit process and subsequent monitoring, but the second authority is invited to send visitors on the facility survey.

There are other instances of such collaborative arrangements in Australia. As this arrangement is new, the AMC will wish for a report in annual progress reports on the implementation and management of these arrangements.

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

The CRPMC has clear guidelines for visitors, modelled on the SA MET visitor guide, which outlines the roles of visit team members and how the accreditation review is conducted. This is a comprehensive description of the survey process and key steps for the visit team. As CPMEC establishes its evaluation processes, it could consider adding to the visitor guide information on how it routinely gathers feedback from visitors on the survey process.

For the June 2014 survey visit to the Canberra Hospital, CRPMC did not have a trained accreditation visitor pool and it sourced the visitors from South Australia, with members of CRPMC acting as observers of the process.

CRPMC has yet to finalise policies related to the selection, appointment, training and review of visit team members. The accreditation sub-committee will be considering how to set up these processes now the CRMEC has been established.

CRPMC is committed to training local visitors for the future, and has proposed that future teams comprise a mix of ACT visitors and external team members sourced from SA MET. This arrangement will help with managing the potential for conflicts of interest in the small jurisdiction. The team understands that preliminary discussions have been held with SA MET regarding accreditation visitor training. SA MET is developing a new training module and CRPMC has been invited to participate in this. Once the CRMEC is established, some of its members will be trained as visitors. The AMC team supports this proposal, since acting as an accreditation visitor is in itself a valuable way of learning about and contributing to medical education and training.

There will need to be a clear plan for transition from strong reliance on SA MET to more local engagement. The team recommends that CRMEC provide the policy for the selection, appointment and training of visitors in the 2015 progress report to the AMC, together with the plan to transition from completely external visit teams to teams with a mix of local and external members.

The visitor guide indicates that teams may include the following: directors of prevocational education and training (the equivalent of directors of clinical training), clinicians, junior medical officers, medical education support officers, medical administrators and consumers, carers or community representatives, and that visit team composition will depend on the size and role of the facility and the program that it provides.

The AMC will be interested to see how CRMEC ensures visit teams have an appropriate mix of skills, knowledge and experience to assess intern training programs and the processes it develops for reviewing performance of visit team members.

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

CRPMC has had procedures for managing conflicts of interest at the level of the Committee, its sub-committees and visit teams. These procedures will be applied to CRMEC and associated sub-committees. A conflict of interest policy has been developed that outlines the procedures for identifying, managing and recording conflicts of interest.

Members of the sub-committees are required to complete a standing notice of interest and update it regularly. As noted previously, the 'declaration of interests' is a standing agenda item and at each meeting members are asked to declare any potential conflicts of interest prior to the commencement of discussion about that topic. If a conflict of interest is declared, that member is asked to step out of the meeting room for the duration of the discussion. The conflicts of interest declared are minuted in both out-of-session and meeting minutes.

Processes for managing conflicts of interest are also addressed in the *Accreditation Visitor Guide*. Members of the committees and visit teams are also required to sign a confidentiality agreement.

The CRPMC acknowledges the potential for real and perceived conflicts of interest given the size of the jurisdiction and the pool of possible local visitors. The experience of the accreditation of Canberra Hospital suggests that these potential conflicts can be appropriately managed.

Under the *Conflicts of Interest Policy*, the facility or health service being accredited has the right to object to the inclusion of a visit team member where it considers a conflict of interest exists, with the final decision on team membership made by the accreditation sub-committee which will document the nature and basis of the decision. Policies on managing conflicts that arise during an accreditation visit have also been documented.

The team regarded the procedures for identifying and managing conflicts of interest as clear and appropriate.

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

As noted earlier in this report, CRPMC based its standards for accrediting intern training posts and programs on SA MET standards, aligned them to the early draft national standards and modified them to a local context. In discussions with the accreditation sub-committee, the team was pleased to hear the committee's strong orientation of the process to the standards. The accreditation report of the Canberra Hospital was provided to the team and provided an assessment against each of the standards.

The accreditation process is described in the document, *Guide to Accreditation of Prevocational Medical Training*, which is modelled on the accreditation process of SA MET. The process includes self-evaluation by the facility in preparing documentation, an assessment against the standards by a visit team, site visits where required and, once the documentation and reports of the visit have been reviewed by the accreditation sub-committee and CRMEC, a final report detailing the assessment against the standards is sent to the health facility advising on the outcome and whether further information is required.

The facility assesses its performance against the criteria within the Accreditation Standards using a rating scale of: no concerns, some minor concerns, some major concerns, and extensive concerns. The visitors use the same scale in their assessment and the visitor guide defines these terms in greater detail. While this rating scale has been adopted from SA MET and would be well understood by the South Australian visitors, as it differs from the scale previously used in the ACT,

it will be worthwhile for CRMEC to ensure that health facilities have a clear understanding of what the points on the rating scale mean and the evidence that will be necessary to support self-ratings.

CRPMC has developed procedures for different types of accreditation activities including a change of circumstance, accreditation of a new term, accreditation of a new unit or work area and full facility accreditation. There are policies and procedures that support and explain each of these types of assessments available on the website. At the time of the AMC team's visit, the *Change of Circumstance* policy had been introduced, and the team explored how the policy was being applied. Health facility representatives indicated that CRPMC had communicated well about the rationale for the policy and that they had a clear understanding of the policy. Changes are being communicated appropriately and in a timely manner.

The AMC team was able to observe part of the accreditation survey of the Canberra Hospital, and review the resulting accreditation report and correspondence to the hospital. The team observed that CRPMC followed its documented processes.

While the procedures observed and discussed appeared appropriate, some procedures were still being implemented at the time of the team's visit and could not be assessed. As CRMEC gains experience in the full implementation of its accreditation process, the AMC will expect to be informed through progress reports of the policies and procedures being implemented, administrative systems being established, and of the CRMEC process for evaluating the success of these activities.

The accreditation processes described are in line with national guidelines and standards. CRPMC has indicated it will establish processes to ensure they remain in line with these requirements over time. The AMC is aware that CRPMC will go through a process of rebranding and minor modifications to these documents as a result of the transition to CRMEC.

#### **4.5 Fostering continuous quality improvement in intern training posts**

CRPMC has indicated its commitment to accreditation as a process for facilitating quality improvements in intern training. This is stated in the CRPMC *Guide to Accreditation of Prevocational Medical Training*, documented in the accreditation processes and the visitors guide, and was reflected in the team's discussions with committee members. CRPMC indicated the decision to accredit both PGY 1 and PGY 2 is related to improving the overall quality of medical education and training.

Accreditation visit teams have the capacity to make *Recommendations*, which identify areas where training in a facility or unit could be improved, but may not be directly related to a particular accreditation standard.

While the team agrees the accreditation processes, as described, should facilitate quality improvements the evidence of this will come with time and through completed accreditation and monitoring processes. The AMC team saw evidence of quality improvements resulting from the recent accreditation of the Canberra Hospital. The accreditation process resulted in both recommendations and provisos being set. The team observed that areas requiring urgent attention were identified and addressed in a collegial, timely and responsive manner by CRPMC and the Canberra Hospital.

As CRPMC was in a period of transition at the time of the AMC team's visit and the processes are new, this will be an area for continued reporting to the AMC. The AMC will be interested in how the assessments take account of improvement over time and foster innovation.

The test of the contribution of the policies and processes to quality improvement will be in the capacity of CRMEC to contribute to managing difficult issues, such as cultural and behavioural issues in health services, in the interest of junior medical officers. By establishing itself as a

respected and trustworthy standards and accreditation body, CRMEC will be able to support those responsible for junior doctor welfare to address early concerns about junior doctor welfare and quality and safety. The team noted the importance of relationships with the JMO Forum Chair, interns, and doctors in training groups to facilitate quality improvement and ensuring mechanisms for regular JMO feedback.

#### **4.6 The accreditation cycle and regular monitoring of intern programs**

CRPMC is planning a maximum three-year accreditation cycle, with the option to accredit for twelve or six months depending on the result of the accreditation assessment. In the case of terms and units that seek accreditation of terms or changes of circumstances between accreditation visits, any accreditation granted is usually limited to the period remaining until the next full facility accreditation. While this length of cycle may be appropriate early in the process, the AMC has proposed that a four-year cycle be introduced nationally.

At the time of the team's visit, CRPMC was accrediting each of the health services separately but once this process has been completed the plan is to accredit the prevocational network as a whole. The team considered this appropriate.

The team commends CRPMC and the health facilities for the extensive work undertaken to begin the new ACT process with clear and accurate information on the accreditation status and accreditation provisos for each of the facilities in the network. CRPMC has taken a careful approach to understanding and managing provisos on accreditation of terms and programs. This work was initially done by CRPMC itself with the significant assistance of the secretariat, and then shifted partly to the accreditation sub-committee, reporting to CRPMC. The team understands this will continue as part of the role for the accreditation sub-committee reporting to the new CRMEC.

The process by which health facilities advise CRPMC on their response to accreditation assessments is described in the *Accreditation Proviso Reporting Process*. This reporting process and the change of circumstance procedure are formal mechanisms for monitoring. Under CRPMC procedures, health facilities must meet provisos in specific reporting timeframes, and report on recommendations, which are quality improvement suggestions, at the next full facility accreditation. The intention is that the accreditation sub-committee will monitor these processes and report back to the CRMEC on compliance with the provisos. In addition, there are also a number of informal feedback mechanisms. CRPMC indicated that the small size of the jurisdiction and close linkages mean that junior doctors' feedback was readily available to assist it to monitor developments between formal visits.

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

CRPMC has developed a change of circumstances policy that outlines the process for notification of a change of circumstance that may affect a unit or facility's accreditation status, including the definition of what constitutes a change of circumstance. The processes developed by CRPMC are based on the national guidelines. CRPMC has been working with SA MET to develop its accreditation processes and to ensure their consistency with national guidelines. Health service representatives understood this policy and there appears to be appropriate communication about changes.

The *Change of Circumstance* policy provides a flowchart summarising the steps in the CRPMC's consideration of a notification. The process allows for the Chair of CRPMC to make a decision outside of a CRPMC meeting to expedite the process if required.

The team agreed that processes for identifying and considering how changes to posts, programs and institutes would affect accreditation status were clear.

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

The decision-making process for CRPMC is documented in the *Guide to Accreditation of Prevocational Medical Training*. This includes information about the accreditation process, roles of the committees and the accreditation outcomes.

There are a number of mechanisms to avoid undue influence on the decision-making processes, discussed in more detail under attributes 2.1 and 4.3. This includes decision making through a number of levels of governance and a conflict of interest policy for committees and visit team members. Committee members who have a direct relationship with a specific facility are precluded from voting if that facility is being accredited. The team noted the potential risk of undue influence associated with the structure of the Council sitting under the Health Department but that there were processes in place to reduce this risk. The AMC team saw evidence that the process had been followed in the accreditation of the Canberra Hospital.

The AMC understands the current decision-making processes will apply to CRMEC. As CRMEC establishes its role in accreditation it will be important to ensure that the decision-making process is clear to stakeholders, including accreditation visit team members.

#### **4.9 Communicating accreditation decisions**

CRPMC provides the accreditation report and outcomes to the health facility. Accreditation reports and CRPMC responses to change of circumstance requests are sent to the Deputy Director-General Canberra Hospital and Health Services who disseminates the reports to key staff in the facility. In the case of Calvary, Goulburn and Bega Hospitals the report is sent to the Director of Medical Services with a copy sent to Canberra Hospital and Health Services as well, since Canberra Hospital and Health Services allocates to the network hospitals.

The team considered there was evidence of appropriate communication and interaction at a number of levels as decisions were being made about accreditation.

The plan to publish a record of the accreditation status of health facilities on the CRPMC/CRMEC website is a sensible way to communicate more widely about accreditation outcomes. As noted previously, it will be important to clarify it is not the intern's responsibility to monitor the accreditation status of their terms.

During its assessment, the AMC team was advised of an issue that had arisen relating to some interns in unaccredited terms. The team was satisfied that the CRPMC had considered the impact on the interns' completion of general registration requirements and advised the Medical Board of Australia as appropriate, and that steps had been taken to assist the interns to meet requirements. The team noted that CRPMC had worked effectively to clarify the accreditation status of terms with Canberra Hospital.

#### **4.10 Complaints, review and appeals processes**

CRPMC has a published *Accreditation Appeals Policy* on its website. The policy establishes the grounds for appeals for an accreditation decision and the processes for determination. The policy states:

*Any facility, individual or department that is the subject of an accreditation decision may, within 30 days from receipt of written advice of the accreditation decision, apply to the Chair of the CRPMC to have the decision reviewed by an Appeals Committee if they are of the belief that:*

- *Relevant and significant information which was available to the accreditation visitors was not considered in the making of the provisos; and/or*
- *The report of the accreditation team was inconsistent with the information put before the team; and/or*

- *Perceived bias of an accreditation visitor or visitors affected the decision; and/or*
- *Information provided by the accreditation team was not duly considered in the recommendation of the Accreditation Sub-Committee.*

*Once received by CRPMC, the written documentation will be forwarded to the leader of the accreditation visit team ("the visit team") for written comment. A meeting will then be arranged for the Appeals Committee to consider the appeal.*

An Appeals Committee will be convened by the Chair of CRPMC to review the accreditation recommendations regarding the facility or unit making the appeal.

The team considered the published documentation on the review and appeal process satisfactory. The fairness and responsiveness of the process will only be clear once the policy had been used.

It was not clear to the team if there is a process to raise concerns about the conduct of the accreditation as well as the accreditation outcome. While the grounds of appeal include the work of the accreditation team, there should also be a process to address significant errors in the process.

In addition to the formal appeals process there are opportunities for units or facilities to provide feedback on the draft report during the process. The accreditation report is provided to the unit or facility to confirm the factual accuracy of the report prior to its finalisation. Any formal processes for evaluating CRPMC's accreditation processes, as discussed under attribute 3.2, should seek feedback from the accredited facility which will provide another potential avenue for receiving any complaints.



## 5 Stakeholder collaboration

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

### Attributes

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

### 5.1 Engagement with stakeholders

CRPMC has indicated it is committed to engaging with stakeholders through a variety of mechanisms. At the time of the AMC team's visit, some of the formal planned communication had been put on hold as the future role was still being finalised. Now this has been confirmed CRMEC will be able to continue these efforts.

Despite this hiatus, the CRPMC has established good processes for engaging stakeholders, based on the local support for establishing an ACT intern training accreditation authority and the choice of members of the CRPMC. These members bring strong links to undergraduate and postgraduate medical training in the ACT, to ACT health consumer groups, and health service management.

Many of the stakeholder groups and individuals met by the team appeared very well engaged with the development of a local intern training accreditation process for the ACT and provided evidence of established relationships. The stakeholders who spoke to the team were uniformly positive about the value of the collaborative approach taken by CRPMC, which had led to increased attention to reporting on changes occurring, discussion about plans for new terms, and capacity to address provisos. The local knowledge and strong interest of CRPMC in developments was valued highly.

As to be expected so early in the development, the team noted some variation in the levels of understanding of CRPMC and its roles across the stakeholder groups.

Formal mechanisms for involvement of stakeholders include representation on the council and sub-committees. The membership of the council and committees makes provisions for representatives from academic institutions, clinical medical supervisors, medical educators, regional areas, the JMO Forum and the ACT Health Care Consumers Association. The strong engagement with consumers is commended.

The CRPMC has a close working relationship with ACT Health, as it is supported and funded by the Health Directorate. The secretariat staff have worked closely with the staff of ACT Health, particularly in the lead up to the accreditation survey of Canberra Hospital, and in establishing processes to address provisos and recommendations from accreditation reports.

The team observed a close relationship between the current CRPMC and the JMO forum, supported by regular meetings and the Chair of the JMO forum being a member of CRPMC.

The team noted correspondence from CRPMC to the ACT Board of the Medical Board of Australia communicating accreditation reports to the Board for the Board's decision for registration purposes. The Board also has a member on the CRPMC.

The CRPMC also links into a regular network meeting of all directors of prevocational education and training and medical education support officers which provides a forum to discuss educational issues in the network.

## **5.2 Communications strategy**

At the time of the visit, CRPMC was establishing its processes for communication. In addition to the information provided on its website, representation on committees, meetings with stakeholders and informal communication, CRPMC was planning a formal communication strategy. CRPMC indicated newsletters, and grand rounds were some methods considered. The team commends the intention to use educational workshops to raise the profile of CRPMC with stakeholders including term supervisors. Intern/RMO teaching time also provides a good opportunity for communication.

As a small jurisdiction, there are opportunities for face-to-face communication with supervisors and junior doctors that are not available in larger jurisdictions. The AMC encourages the CRPMC to use these opportunities to establish its profile and its relationships.

As the new Council is established there will be a number of changes and transitions with some key contributors stepping down, possible changes in staffing and in the membership of the JMO forum. It will be important to communicate well during this time of transition and ensure new committees and contributors are well informed.

The AMC requests an update on the development and implementation of a formal communication strategy providing information about the intern accreditation authority's roles, functions and procedures.

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

CRPMC collaborates well with other intern training accreditation authorities, as evidenced by the relationship with SA MET. The AMC commends SA MET and CRPMC for this positive and collaborative relationship which has expanded capacity in the new ACT accreditation process, and enabled SA MET to reflect on its own processes through seeing them applied in a different jurisdiction. Given the importance of this relationship to the development of the ACT accreditation process, the AMC will wish to be informed on any change in this relationship.

As noted earlier in this report, there is strong representation external to the ACT in CRPMC and CRMEC, which will add breadth to the Council's thinking and decision making, and facilitate benchmarking. The AMC will be interested in how the CRMEC uses this external input to assist in benchmarking.

CRPMC contributes to the Confederation of Postgraduate Medical Education Councils (CPMEC) through members sitting on the Board and Prevocational Medical Accreditation Network. Membership of CPMEC is a main mechanism for collaborating with other intern accreditation bodies across Australia.

While there are mechanisms for communication between the NSW Health Education and Training Institute and CRPMC/CRMEC about developments in health facilities of interest to both intern training accreditation authorities, the relationships are new and there was limited evidence about the effectiveness of these processes. Further communication targeted at interns and/or supervisors indicating how concerns relating to the quality of intern training would be raised

would be of value. Since there is a possibility of issues falling between the intern training accreditation authorities, the AMC will expect the CRMEC's risk processes to address how it will mitigate against this possibility, including through enhanced communication.

The team noted CRPMC is extending relationships to vocational and undergraduate training and accreditation bodies. This effort for better integration of medical education and training programs across the continuum is to be commended.

#### **5.4 Working within accreditation frameworks**

CRPMC has established its processes and policies within the overarching national guidelines. The implementation of the national framework for intern training accreditation in 2014 provides national standards and guidelines for internship as well as the Medical Board of Australia's new registration standard.

CRPMC has been involved in the implementation of the new national intern assessment process and nationally available assessment form since the new framework was introduced in 2014.

For intern training accreditation authorities, an important part of working within this new structure and framework is ensuring that local standards and requirements align with the new framework.

CRPMC used the draft national intern framework documents and based a number of its documents on those produced by SA MET. Now that SA MET has aligned its key documents with the national and international standards, CRPMC intends to refine the documents for the ACT region.

The AMC will wish to see the outcomes of any further review of CRMEC standards and guidelines.

## **Appendix One    Membership of the 2014 AMC Team**

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**Associate Professor Terence Brown (Chair)**, MBChB Dip Anaesthetics, FRCS, FCEM, FACEM  
Chair of the Postgraduate Medical Education Council of Tasmania and Chair of the Confederation  
of Postgraduate Medical Education Councils. Staff Specialist, Emergency Department Royal  
Hobart Hospital.

**Professor Louis Irving**, MBBS, FRACGP, FRACP  
Director Respiratory and Sleep Medicine, Royal Melbourne Hospital and Chair, Education  
Subcommittee, Postgraduate Medical Council of Victoria.

**Dr Robert Marshall**, BA, MBBS  
Basic Physician Trainee, Royal Australasian College of Physicians and Resident Medical Officer,  
Royal Darwin Hospital.

**Dr Susan O'Dwyer**, MBBS, MPH, FRACMA  
Executive Director Medical Services, Metro South Health, Queensland Health.

**Ms Theanne Walters**  
Deputy Chief Executive Officer, Australian Medical Council

**Ms Sarah Vaughan**  
Accreditation Policy Officer, Australian Medical Council

## **Appendix Two Groups met by the 2014 AMC Team**

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### **Observation of CRPMC accreditation activities - 25 and 26 June 2014**

#### **Wednesday 25 June**

0800 - 0830	Preliminary meeting with survey team
0830 - 0900	Meeting with Hospital Executive
0920 - 0945	Meet with <ul style="list-style-type: none"><li>• Director of Medical Services</li><li>• Director Medical Officer Support</li><li>• Credentialing, Employment &amp; Training Unit</li><li>• Director of Prevocational Education and Training</li><li>• Medical Education Officer</li><li>• Medical Education Administration Officer</li></ul>
0945 - 1015	Morning Tea
0945 - 1115	Meet with <ul style="list-style-type: none"><li>• Director of Prevocational Education</li><li>• Training and Prevocational Medical Education Officers</li></ul>
1115 - 1300	Meet JMOs
1300 - 1330	Lunch
1330 - 1430	Meet Supervisors
1430 - 1445	JMO Forum with Office holders
1445 - 1515	Afternoon tea
1515 - 1545	Meet with Chair GCTC
1545 - 1630	Meet with Registrars
1630 - 1700	Hospital Tour – Visit A & E, ICU, RMO Lounge, Library, MOSCETU
1700 - 1800	Examination of documentation by survey team – hospital committees, training program, rosters.

#### **Thursday 26 June**

0800 - 0830	Meet with PGY1s and PGY2s after night shift
0830 - 1000	PGY1s and PGY2s
1000 - 1030	Morning tea
1030 - 1130	PGY1 and PGY2 (continued)
1130 - 1200	Meet with PMEOs and term supervisors in groups
1200 - 1230	Meet with <ul style="list-style-type: none"><li>• Director of Medical Services</li><li>• Director Medical Officer Support Unit</li><li>• Director of Prevocational Education and Training</li></ul>

## **AMC review team site visit at CRPMC offices – 27 and 28 November 2014**

### **Thursday 27 November**

0830–0930	Introductory Meeting with Chairs of Canberra Region Prevocational Management Committee, Accreditation Sub-Committee and Education Sub-Committee, CRPMC staff
0930–1000	Senior ACT Health representatives:
1000–1030	<ul style="list-style-type: none"><li>• Medical Director – Junior Medical Officers</li><li>• Chief Medical Administrator</li><li>• Director Medical Officer Support, Credentialing, Employment and Training Unit</li></ul>
1030–1100	Morning Tea
1100–1130	Representatives from the ACT Board of the Medical Board of Australia
1130–1215	Accreditation Sub-Committee
1215–1240	Teleconference with SA MET Survey Team (1145–1210 Adelaide time)
1240–1330	Lunch (junior doctors are welcome to attend the lunch)
1330–1400	Junior Medical Officer Forum
1400–1430	<ul style="list-style-type: none"><li>• Director Prevocational Education and Training</li><li>• POD Parents</li></ul>
1430–1500	Clinical Supervisors
1500–1530	Teleconference with HETI
1530–1600	Afternoon Tea
1600–1700	Canberra Region Prevocational Management Committee

### **Friday 28 November**

0830–1000	Chair and Manager Canberra Region Prevocational Management Committee
1000–1030	Morning Tea
1030–1230	AMC Team discussion (additional meetings if necessary)
1230–1300	Lunch
1300–1400	AMC / CRPMC Discussion and Findings

**Appendix Three Terms of Reference Canberra Region Prevocational Management Committee and Canberra Region Medical Education Council**

	<b>Canberra Region Prevocational Management Committee</b>	<b>Canberra Region Medical Education Council</b>
<b>Establishment</b>	Established as an interim body with responsibility to act as a Postgraduate Medical Council as authorised by AMC for the period 1 October 2013 to 1 December 2014.	Established by the Minister for Health, as a Ministerial Management Council.
<b>Role</b>	<p>Established to:</p> <ul style="list-style-type: none"> <li>improve the quality of education, training and welfare for junior medical officers within the Territory and linked regional educational networks, and</li> <li>make decisions on the accreditation of junior medical officer positions in health services. In this document, JMO refers to interns and PGY2 medical officers.</li> </ul> <p>In fulfilling the roles for which it is established, the CRPMC will:</p> <ul style="list-style-type: none"> <li>provide independent advice to the Director-General and</li> <li>act in accordance with the Health Practitioner Regulation National Law Act 2010 (ACT) and give effect to relevant ACT Health policies.</li> </ul>	<p>To act as a Postgraduate* Medical Council to:</p> <ul style="list-style-type: none"> <li>Perform accreditation functions of the intern training program within the ACT and linked regional networks.</li> <li>Provide expert advice to the Minister for Health regarding the quality of education, training and welfare for junior medical officers within the ACT and linked regional networks</li> </ul> <p>*Postgraduate refers to doctors who have completed a medical degree</p>
<b>Reporting mechanism</b>	Regularly informs the Director-General of ACT Health of its activities.	<ul style="list-style-type: none"> <li>Reports annually to the Minister for Health on activities.</li> <li>Report to the Director-General ACT Health twice a year, and will prepare an extraordinary report if a topic of significance for ACT Health arises.</li> </ul>
<b>Functions</b>	<ol style="list-style-type: none"> <li>Provide leadership in postgraduate medical education and training in the Territory;</li> <li>Provide expert advice to the Minister, the Director-General and ACT Health on matters relating to postgraduate medical education and training and the accreditation of medical training;</li> </ol>	<ol style="list-style-type: none"> <li>Provide leadership in postgraduate medical education and training in the ACT and linked regional networks.</li> <li>Provide expert advice to the Minister for Health and the Director-General ACT Health on matters relating to postgraduate medical education and training and the accreditation of prevocational medical training.</li> </ol>

	<ol style="list-style-type: none"> <li>3. Identify, evaluate, monitor and promote medical educational and training programs for junior medical officers and their trainers, in conjunction with key stakeholders;</li> <li>4. Promote and actively encourage innovation in postgraduate medical training;</li> <li>5. Undertake the accreditation and monitoring of individual junior medical officer positions and the clinical units, facilities and networks that support these positions using national and jurisdictional standards, with a focus on: <ol style="list-style-type: none"> <li>5.1 Accreditation and monitoring of positions for prevocational junior medical officers;</li> <li>5.2 Developing training standards and accreditation processes for prevocational junior medical officers; and</li> <li>5.3 Providing collaborative assistance to specialty training colleges in relation to the accreditation of vocational training positions;</li> </ol> </li> <li>6. Provide advice to ACT Health, after consultation with stakeholders, on the suitability of junior medical officer positions in the Territory;</li> <li>7. Notify the ACT Board of the Medical Board of Australia of the CRPMC's recommendations in relation to accreditation of intern training positions;</li> <li>8. Develop linkages and agreements with accreditation agencies and education providers to: <ol style="list-style-type: none"> <li>8.1 Provide a continuum of learning,</li> <li>8.2 Foster sharing of expertise and information; and minimise any duplication of workload on health services that is associated with multiple accreditation and processes.</li> </ol> </li> <li>9. Establish, maintain and promote partnerships with relevant national and jurisdictional organisations;</li> </ol>	<ol style="list-style-type: none"> <li>3. Identify, evaluate, monitor and promote medical education and training programs for junior medical officers and their educators, in conjunction with key stakeholders.</li> <li>4. Promote and actively encourage innovation in postgraduate medical training.</li> <li>5. Undertake the accreditation and monitoring of individual junior medical officer terms and the clinical units, facilities and networks that support them using national and jurisdictional standards, with a focus on:</li> <li>6. Accreditation and monitoring of terms for prevocational junior medical officers</li> <li>7. Developing training standards and accreditation processes for prevocational junior medical officers.</li> <li>8. Provide advice to ACT Health on the suitability of junior medical officer terms in the ACT.</li> <li>9. Notify the ACT Board of the Medical Board of Australia of the CRMEC's recommendations in relation to accreditation of intern training positions.</li> <li>10. Develop linkages and agreements with accreditation agencies and education providers to: <ul style="list-style-type: none"> <li>• Provide a continuum of learning</li> <li>• Foster sharing of expertise and information and minimise duplication of workload on health services that is associated with multiple accreditation processes.</li> </ul> </li> <li>11. Establish, maintain and promote partnerships with relevant national and jurisdictional organisations.</li> <li>12. Receive feedback from junior medical officers regarding relevant safety and quality matters and advocate to health services about postgraduate training, health and welfare issues.</li> </ol>
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	10. Receive feedback from junior medical officers about relevant safety and quality matters and advocate to health services about postgraduate training, health and welfare issues.	
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