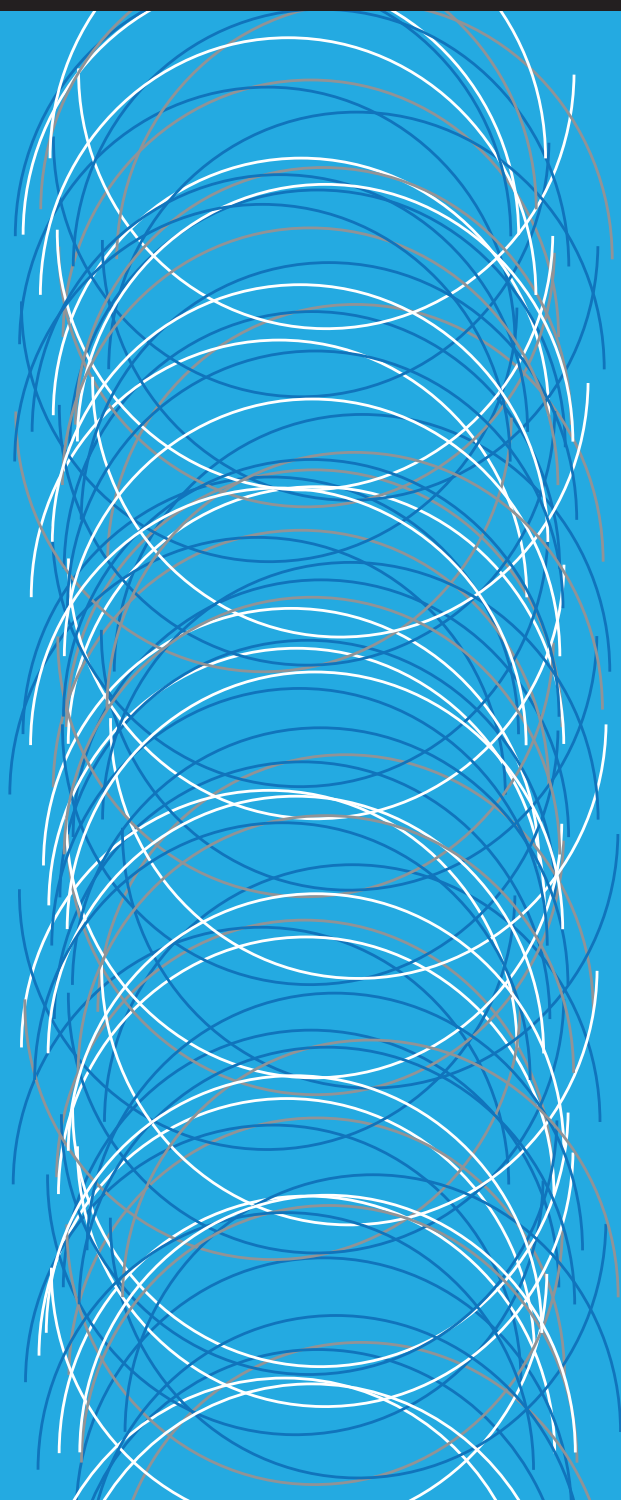


Australian Medical Council Limited

Accreditation Report:
Postgraduate Medical Council of Victoria

AMC



Prevocational Standards Accreditation Committee
November 2015

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Australian Medical Council
Limited PO Box 4810
KINGSTON ACT 2604
AUSTRALIA

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Executive summary

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

In July 2015, 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 in October 2015. The Committee considered the draft report and made recommendations on accreditation to AMC Directors on 19 November 2015.

Decision on accreditation

The AMC's finding is that the Postgraduate Medical Council of Victoria meets the domains for assessing intern training accreditation authorities.

The November 2015 meeting of Directors resolved:

- (i) That the Postgraduate Medical Council of Victoria (PMCV) be accredited as an intern training accreditation authority for five years, to 31 March 2020, subject to satisfactory annual progress reports to the AMC.
- (ii) That this accreditation is subject to the conditions set out below:
 - (a) By the 2016 progress report to the AMC, evidence that PMCV has addressed the conditions from the accreditation report relating to the following domains and attributes:
 - If plans for PMCV accreditation of PGY3 positions progress, provide documentation to demonstrate that PMCV has the resources to continue to give intern training accreditation high priority. (1.2)
 - In view of the heavy workload and limited resources, monitor and advise the AMC of any changes to capacity to achieve objectives in relation to accrediting intern training programs. (3.1)
 - Provide information about mechanisms for dealing with concerns for patient care and safety if evidence of this is identified during a survey visit. (4.5)
 - Develop more effective mechanisms for distribution of outcomes of accreditation to junior doctors within health services to assure them that their concerns and commendations have heard and that are being addressed. (4.9)
 - Engage health consumers and community members in PMCV accreditation functions. (5.1)

The accreditation relates to the Postgraduate Medical Council of Victoria's work as the intern training accreditation authority for Victoria including its role in the accreditation of linked NSW facilities and posts.

In 2019, before this period of accreditation ends, the AMC will seek a comprehensive report from the Postgraduate Medical Council of Victoria. The report should address the requirements of *Intern training – Domains for assessing accreditation authorities* and outline PMCV's development plans for the next three years. The AMC will consider this report and, if it decides PMCV is continuing to satisfy requirements, the AMC Directors may extend the accreditation by a

maximum of three years (to March 2023), taking accreditation to the full period which the AMC will grant between assessments, eight years.

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

Overview of findings

The key findings of the 2015 AMC review against the requirements of *Intern training – Domains for assessing accreditation authorities* are set out below.

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

The right column summarises the finding for each domain and notes any conditions of accreditation. The AMC imposes conditions where requirements are 'not met' or 'substantially met' to ensure that the intern training accreditation authority does satisfy 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 recommendations for improvement	Findings and conditions
Domain 1 – Governance	Met
<p><i>Commendations</i></p> <ul style="list-style-type: none"> • The strong governance structures and priority given to accrediting intern training programs. (1.1,1.2) • The maintenance of financial stability while working within a tight budget and managing a heavy workload. (1.3) • The support provided by high quality professional staff. (1.3) • The recruitment, encouragement and retention of junior doctors in PMCV processes. (1.6) <p><i>Recommendations for improvement</i></p> <ul style="list-style-type: none"> • Continue efforts to enhance resources to further develop the website and educational resources. (1.3) 	<p><i>Conditions</i></p> <p>In the 2016 progress report:</p> <ul style="list-style-type: none"> • If plans for PMCV accreditation of PGY3 positions progress, provide documentation to demonstrate that PMCV has the resources to continue to give intern training accreditation high priority. (1.2)
Domain 2 – Independence	Met
<p><i>Commendations</i></p> <ul style="list-style-type: none"> • The processes to support the independence of decision making on accreditation of intern training programs. (2.1) 	

Domain with commendations and recommendations for improvement	Findings and conditions
<p><i>Recommendations for improvement</i></p> <ul style="list-style-type: none"> • Make the wording of procedures for managing conflicts of interest consistent across committees. 	
Domain 3 – Operational management	Met
<p><i>Commendations</i></p> <ul style="list-style-type: none"> • The effective management of limited resources to perform a heavy accreditation workload with a significant record of achievement across a range of time sensitive processes and projects. (3.1) • Comprehensive processes for evaluation of the accreditation processes. (3.2) <p><i>Recommendations for improvement</i></p> <ul style="list-style-type: none"> • Enhance the capacity of the PMCV website to share information and to support educational activities, as resources to support this are available.(3.1) • Publicise the outcomes of PMCV's evaluations more widely as a mechanism for highlighting strengths of the processes. (3.2) • Consider opportunities to publicise PMCV's organisational expectations, or key performance indicators, and outcomes to highlight the successes and strengths of its work. (3.2) • Consider succession planning for key staff as part of risk management. (3.2) • Update the overarching risk management policy to formalise PMCV processes for managing risks. (3.2) • Consider storage of intern related records, for the purposes of confidentiality, in PMCV's overarching records management policy. (3.3) 	<p><i>Conditions</i></p> <p>In the 2016 report:</p> <ul style="list-style-type: none"> • In view of the heavy workload and limited resources, monitor and advise the AMC of any changes to capacity to achieve objectives in relation to accrediting intern training programs. (3.1)
Domain 4 – Accreditation processes	Met
<p><i>Commendations</i></p> <ul style="list-style-type: none"> • PMCV's comprehensive accreditation documentation. (4.1) 	<p><i>Conditions</i></p> <p>In the 2016 progress report:</p> <ul style="list-style-type: none"> • Provide information about mechanisms for dealing with concerns for patient care and

Domain with commendations and recommendations for improvement	Findings and conditions
<ul style="list-style-type: none"> • Comprehensive processes for training and reviewing performance of survey team members. (4.2) • PMCV is held in high regard by its stakeholders who consider that the accreditation processes help to ensure the quality of intern training. (4.5) • PMCV's clear focus on and initiatives to support junior doctor welfare. (4.5) <p><i>Recommendations for improvement</i></p> <ul style="list-style-type: none"> • Further consider mechanisms to ensure consistency in the operations of the survey teams. (4.2) • Consider issues of subtle conflicts of interest or perceived bias in selection of surveyors, particularly lead surveyors. (4.3) • Consider how PMCV might disseminate more widely information about innovations and good practice in intern training and education in health services. (4.5) 	<p>safety if evidence of this is identified during a survey visit. (4.5)</p> <ul style="list-style-type: none"> • Develop more effective mechanisms for distribution of outcomes of accreditation to junior doctors within health services to assure them that their concerns and commendations have heard and that are being addressed. (4.9)
Domain 5 – Stakeholder collaboration	Met
<p><i>Commendations</i></p> <ul style="list-style-type: none"> • Excellent engagement with most key stakeholders. (5.1) • PMCV's role in providing support, education, training and professional development for educators, supervisors and junior medical officers. (5.1) • Collaboration with other relevant accreditation authorities, and participation in other jurisdictions' processes. (5.3) • The contribution of PMCV staff and office holders to the development of the national framework for intern training. (5.4) <p><i>Recommendations for improvement</i></p> <ul style="list-style-type: none"> • Consider opportunities to engage junior doctors and term supervisors more broadly, rather than largely through the accreditation process. (5.1) • Engage the Department of Health to establish strong high level links and knowledge of areas 	<p><i>Conditions</i></p> <p>In the 2016 progress report:</p> <ul style="list-style-type: none"> • Engage health consumers and community members in PMCV accreditation functions. (5.1)

Domain with commendations and recommendations for improvement	Findings and conditions
where PMCV can contribute to Department objectives. (5.1)	

Introduction

AMC and intern training accreditation

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

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

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.

In 2015, the AMC and the Medical Board of Australia agreed to minor changes to the *Intern training – Domains for assessing accreditation authorities* to clarify the requirements of the current standards and domains. A summary of the changes are provided below:

- Domain 1 Governance: to reflect that most intern training accreditation authorities are not independent legal entities. This change makes the requirement more flexible.
- Domain 2 Independence: to describe in the notes the range of purchasers of intern accreditation services.
- Domain 3 Operational Management: to describe in the notes the expectation that intern training accreditation authorities will be able to draw on additional resources in changed circumstances, such as an unforeseen accreditation load.
- Domain 5 Stakeholder collaboration: to expand in the notes the need for cooperation between the authority and state health department and other authorities or providers, and clear strategies for communication about changes.

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

The AMC's Prevocational Standards Accreditation Committee oversees the 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 Postgraduate Medical Council of Victoria

The Postgraduate Medical Council of Victoria (PMCV) has been the intern training accreditation authority for Victoria since August 1999.

In 2013, the AMC set up a process to conduct a paper review of all the intern training accreditation authorities so that they had appropriate recognition when the new national intern training framework was implemented in 2014. The process required submission of an initial report to the AMC addressing the five domains (governance, independence, operational management, accreditation procedures and stakeholder collaboration) from the *Intern training - Domains for assessing accreditation authorities*.

PMCV submitted its report to the AMC for initial accreditation in 2013. On advice from the Prevocational Standards Accreditation Committee, the December 2013 AMC Directors meeting agreed that they were reasonably satisfied that PMCV meets the domains for assessing accreditation authorities. Directors granted initial accreditation to the PMCV as the intern training accreditation authority for Victoria, with accreditation to continue until an AMC team completed an assessment of the intern training accreditations services in 2015 and subject to satisfactory annual progress reports.

This report details the 2015 assessment of the PMCV against the requirements of *Intern training – Domains for assessing accreditation authorities* and the findings of that assessment.

The key steps in the assessment process were as follows:

- The AMC contacted PMCV regarding the commencement of the assessment process in October 2014, after which there were regular discussions between AMC and PMCV staff to plan the assessment.
- PMCV developed an accreditation submission, addressing the domains in the *Intern training – Domains for assessing accreditation authorities* and responding to guidelines provided by the AMC.
- The AMC appointed an expert team to complete the assessment, after PMCV had an opportunity to comment on the proposed membership. The membership of the team is shown in Appendix 1.
- The AMC invited stakeholder bodies to comment on PMCV's accreditation submission. To assist this process, PMCV placed its submission on its website.
- The team met on 19 May 2015 to consider PMCV's submission and to plan the review.
- Subsets of the AMC team observed the following PMCV accreditation activities:
 - Survey visit to the Royal Children's Hospital on 20 May 2015
 - Accreditation Subcommittee teleconference on 15 June 2015; and
 - Survey visit to Monash Health on 21 July 2015.
- The team met PMCV staff, PMCV members, education and accreditation sub-committees and selected stakeholders on 22 and 23 July 2015.
- The team provided feedback to PMCV staff and office bearers at the end of the visit and subsequently prepared this report.
- The AMC invited PMCV 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 PMCV were considered through the AMC's committee processes.

Appreciation

The AMC thanks PMCV for the support and assistance of its staff and committee members, and its stakeholders who contributed to this assessment.

It acknowledges the additional work of PMCV staff to develop the documentation and plan the review. The AMC also acknowledges with thanks the collegial and open discussion by individuals and groups who met the AMC team during the assessment process from May to July 2015.

The groups met by the 2015 AMC team are listed at Appendix Two.

1 Governance of the Postgraduate Medical Council of Victoria

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

Attributes

- 1.1 The intern training accreditation authority is, or operates within, a legally constituted body subject to a set of external standards/rules related to governance, operation and financial management. [Amended: 24 June 2015]
- 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 Postgraduate Medical Council of Victoria

The intern training accreditation authority is, or operates within, a legally constituted body subject to a set of external standards/rules related to governance, operation and financial management. [Amended: 24 June 2015]

The Postgraduate Medical Council of Victoria (PMCV) is the intern training accreditation authority for Victoria. It is registered as an Incorporated Association in Victoria. PMCV conducts intern training accreditation on behalf of the Medical Board of Australia and the Victorian Department of Health and Human Services and also conducts reviews of Postgraduate Year 2 (PGY2) posts across Victoria. Its roles include to support the education, training, welfare and career development of doctors who have recently graduated or commenced work in Victoria and to support supervisors, educators and medical workforce managers working with junior medical officers (JMOS). PMCV operates under the *Statement of Purposes and Rules of the Postgraduate Medical Council of Victoria*.

The governing body of the PMCV is an 11-member Board with elected and nominated members drawn from a number of stakeholder groups. The Board controls and manages the business and affairs of PMCV. It meets at least four times a year and receives reports from Board established committees.

The current governance structures were established in July 2012 following a Board-initiated review of governance. The Board reviewed its *Statement of Purposes and Rules* during 2013 to ensure it was aligned with new provisions of the legislation governing incorporated associations.

There are seven committees established by and reporting to the Board as follows: Finance and Risk Committee, a Nomination Committee (as required for Board/senior appointments), and five subcommittees (Accreditation, Education, Hospital Medical Officer (HMO) Managers, Workforce and International Medical Graduates (IMG)). The PMCV also supports meetings of the Victorian Clinical Deans Group and the Victorian JMO Forum.

The Accreditation Subcommittee manages the accreditation function of PMCV and makes decisions regarding accreditation of intern training programs and posts and quality review of PGY2 posts. The Subcommittee routinely reports its decisions to the Board. There is currently a member of the Accreditation Subcommittee represented on the Board, but it was not clear if this

was an intended or accidental link. While the Subcommittee is clearly very competent in its role, it is important that there are good mechanisms for reporting and continued communication between the Subcommittee and the Board to ensure that the Board is kept informed of issues that arise in accreditation such as risks to PMCV, and of the accreditation workload and capacity.

PMCV is supported by a number of professional staff including a Chief Executive Officer and managers and support staff dedicated to key PMCV functions including accreditation, education, international medical graduates and computer matching. PMCV also employs a Medical Advisor at 0.4EFT, further discussed under attribute 3.2.

The AMC team considered the PMCV governance structures were strong. It is a legally constituted body which is subject to standards related to governance, operation and financial management.

1.2 Priority to accreditation of intern training positions

The intern training accreditation authority's governance and management structures give appropriate priority to accrediting intern training programs relative to other activities.

The AMC team considered that PMCV's governance and management structures give appropriate priority to accrediting intern training programs.

While PMCV has a broader role than that of accreditation, including the development of education resources, overseeing workforce and training needs of International Medical Graduates and administering a service for intern allocation, the priority of intern training accreditation is clear and supported by dedicated governance structures and staff resources.

The PMCV Board approves all new accreditation policies, procedures or initiatives and considers any matter that might affect the reputation of the PMCV. The Accreditation Subcommittee provides a report on activities to each PMCV Board meeting.

The Accreditation Subcommittee has delegated authority for routine accreditation matters including review of applications for new intern posts and programs, consideration of survey visit reports, making decisions on intern accreditation, PGY2 review and consideration of progress reports. The Subcommittee meets monthly from February to November and an Executive Committee is appointed to act during December and January with actions referred to the first meeting in February for endorsement.

PMCV has dedicated staff responsible for managing and implementing the accreditation functions including a Manager and part-time Administrator Officer. The Administrator Officer position was created in 2014 to address the heavy accreditation workload.

The priority given to intern training accreditation is also reflected in PMCV's strategic planning. The 2013 – 2015 Strategic Plan includes five domains, with Domain 1 relating to Accreditation: Ensuring quality training for JMOs in health services and community settings that promote safe patient care, through effective accreditation processes of JMO programs.

At the time of the AMC accreditation a new Strategic Plan was under development. The team noted that the accreditation of PGY3 posts was included in the plan and considered that this was commendable, in terms of providing vertical integration. However, careful consideration of the increased workload will be required. AMC requests that PMCV provide the finalised Strategic Plan once available.

1.3 Business stability

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

PMCV has been operating since 1999 as an Incorporated Association and has maintained its business and financial viability during this time. The team considered this provided good evidence of business stability.

PMCV is primarily funded by the Victorian Department of Health and Human Services (DHHS) for core activities, including the quality review of PGY2 posts. PMCV has also been successful in gaining project grants from both State and Commonwealth Departments and additional funding from the DHHS to enable interns who require part-time training or have had their training interrupted to complete their internship in a supernumerary capacity. Funding is also received from the Australian Health Practitioner Regulation Agency for intern related accreditation functions.

PMCV has offered a small number of fee-paying professional development programs which are expected to expand. The team commends these efforts to expand PMCV's revenue base.

PMCV is supported by high quality professional staff which adds to the stability of the organisation. In the team's discussions, stakeholders referred to PMCV as 'helpful', 'diligent', 'responsive', 'open' and 'receptive'. The AMC team commended the support for the accreditation processes by these staff, and in this regard, the team considered the staff stability a strength. The team noted however, that from a risk management perspective, succession planning needs to be considered. This is discussed further under attribute 3.

The team considered that PMCV appears financially stable and financially viable, albeit it works within a tight budget and manages a heavy workload. The AMC team and external stakeholders identified a number of areas, including further development of the website and educational resources for supervisors and junior doctors, that would benefit from enhanced resourcing.

The team's discussions with DHHS staff provided assurance of support for PMCV and recognition of the contribution PMCV makes.

1.4 Financial arrangements

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

PMCV prepares its accounts to meet the requirements of an Incorporated Association in Victoria. The accounts are audited independently. The AMC team considered that PMCV meets the relevant Australian accounting and financial reporting standards.

1.5 Selection of the governing body

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

The central governing body of PMCV is the Board. The membership provisions and selection processes for the Board are described in the *Statement of Purposes and Rules of the Postgraduate Medical Council of Victoria*. The Board has four nominated members and seven elected members. Nominated members are nominated by specific bodies by written notice to the PMCV. Nominated members hold office until written notification by the nominating body, removal of the Board member or the position becoming vacant. The process for selecting elected members includes a nomination process by which stakeholder groups are formally invited to provide nominations. The Board's Nomination Committee reviews the nominations and its recommendations are provided to the Board for approval. Elected members have maximum term duration of six years. The team noted that with the review of the Board in 2012 there was consideration given to

succession planning and there was a decision made to stagger elected members to ensure overlap and continuity over time.

There is a nomination and selection process for all the subcommittees. The Accreditation Subcommittee's terms of reference describes the nomination process for new members as follows:

- Advertisement of the vacancy is via the PMCV newsletter/website and other appropriate groups (For example: specialist colleges, Directors of Medical Services Group, HMO Managers and the JMO Forum).
- Where there is more than one nomination for a vacancy, the Accreditation Subcommittee secretariat may provide a recommendation to the subcommittee.
- Where there is one nominee, this is presented to the Accreditation Subcommittee for endorsement.
- The PMCV Board makes the final appointment to the Subcommittee.

The term of membership on the Accreditation Subcommittee is three years with the opportunity to extend for another three years.

Membership of both the PMCV Board and the Accreditation Subcommittee is published on the PMCV website and included in PMCV's annual report. The team considered the processes for selection of the governing body were transparent.

1.6 Stakeholder input to governance

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

The membership provisions of the Board and its subcommittees allow for input from a broad range of stakeholder groups including from health services, intern supervisors and interns.

Membership of the Board comprises four nominated members (a nominee of each of the three Victorian medical schools and a nominee of the Victorian Minister of Health) and seven elected members (a general practitioner, an emergency medicine physician, a consultant surgeon, a consultant physician, a medical manager, a medical educator and a medical graduate with less than three years' experience).

The Accreditation Subcommittee also allows for broad stakeholder representation. The membership comprises at least two junior medical officers, at least four medical education representatives (such as directors of training, medical education officers and term supervisors), at least two metropolitan health service representatives, at least two rural health service representatives, one nominee of the Medical Board of Australia, one university representative and specialist college representatives (including from the Australasian College for Emergency Medicine, the Royal Australian College of General Practitioners, the Australian College of Rural and Remote Medicine, the Royal Australasian College of Physicians and the Royal Australasian College of Surgeons). In considering nominations, PMCV indicates that it tries to ensure a broad representation of metropolitan, regional and rural health services, as well as a mix of clinical, educational and administrative representatives. This consideration resulted in an increase of the number of medical education representatives from three to four in early 2015. The terms of reference for the Subcommittee requires that 'all members should be current or past (last three years) surveyors or have undertaken training within 12 month period, and are expected to participant in at least one survey annually'.

All other subcommittees of the PMCV (e.g. Education, Workforce and IMG) have terms of reference with a similar format to the Accreditation Subcommittee and there is annual review of membership.

The AMC team considered the membership provisions and opportunities for junior doctors on the PMCV Board and its subcommittees a strength, noting the deputy chair of the Accreditation Subcommittee is a junior doctor. PMCV also supports the four to five annual meetings of the Victorian JMO Forum. The JMO Forum consists of PGY1 and PGY2 doctors nominated by Victorian health services. The JMO section of the PMCV website indicates 'The purpose of the JMO Forum is to provide an opportunity for junior medical officers to meet with their peers and for the transmission of ideas on issues concerning JMO training, education and workforce to the Postgraduate Medical Council of Victoria for appropriate referral and discussion with other groups.' The JMO Forum is included in PMCV's organisational chart and provides reports to the PMCV Board on issues of relevance to prevocational education and training.

The team commended PMCV for its recruitment, encouragement and retention of junior doctors in its processes. The team noted several examples where members of the subcommittees had been engaged as junior doctors and remained involved in PMCV activities for a number of years.

PMCV also supports quarterly meetings of medical educators and supervisors of prevocational doctors. PMCV indicates it uses these workshops to communicate new initiatives, seek feedback on policies, guidelines and resources and to inform submissions.

The team considered that PMCV has appropriate mechanisms in place to ensure stakeholder input into governance. However, the team did raise questions about opportunities for engagement of health consumers and community members, which are addressed specifically under attribute 5.1.

2 Independence

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

Attributes

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

2.1 Independence of accreditation decision making

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

PMCV is an independent association and exists separately to its principal funder, the Department of Health and Human Services. PMCV has processes and structures to support the independence of its decision making and avoid undue influences. These processes are described further below and include levels of decision making with wide stakeholder input, assessments conducted against set standards and according to specified procedures, and consideration of conflicts of interest.

The accreditation process and levels involved in the development and review of accreditation reports support the independence of decision making: a survey team completes the survey and develops the accreditation report, the Accreditation Subcommittee makes an accreditation decision and the Board is then advised of the recommendations. Facilities undergoing accreditation are given a number of opportunities to provide feedback to PMCV on the process and findings including review of the proposed membership of the survey team and the draft accreditation report, these feedback processes are further described under attribute 3.2. Facilities also have the right to appeal an accreditation decision.

Wide-stakeholder input in decision making reduces the potential for undue influence at a number of levels of PMCV's governance including the survey teams, subcommittees and the Board. In addition to this, a consideration of conflicts of interest is made at all levels of the process and decision making.

The assessment and decision making processes are based on PMCV accreditation standards and guidelines, as documented in the *PMCV Duration of Accreditation, Applications, Communication and Monitoring Guidelines* and in the *PMCV Accreditation Guide*. This is reinforced through standard templates, guidelines, and training of surveyors and Committee members.

The team noted specific examples of independence in decision making where the decisions were made to provisionally approve or not approve accreditation where a program failed to meet the required standards.

The AMC team had the opportunity to observe two accreditation surveys and a meeting of the Accreditation Subcommittee. The team did not observe any bias or efforts by any of the Committee members to influence the important decisions on intern or other posts. The team considered that decisions and recommendations made by the Committee were based on clear information and good open discussion.

The AMC team considered that PMCV decision making and accreditation processes appear to be appropriately independent, and this view is affirmed by the team's discussions with stakeholders.

2.2 Managing conflicts of interest

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

PMCV has procedures for declaration and management of conflicts of interest at the level of the Board and its subcommittees.

The Conflict of Interest Policy indicates that "Any member of the Board [or Committee] having a direct or indirect material financial interest in any matter before the Board [or Committee] must immediately disclose that interest to the other Board [or Committee] members and must not be present during discussion on the matter."

The 'declaration of interests' is a standing agenda item at the Board, Finance Committee, Nomination Committee and subcommittee meetings. The *Conflict of Interest Policy* indicates that, at each meeting, members are required to declare any conflict of interest in relation to items on the agenda and are required to leave the meeting during the discussion on the matter. Conflicts of interests declared at the meeting are recorded in the minutes.

In observing a meeting of the Accreditation Subcommittee, the team noted that the question of conflicts of interest was raised at the commencement of the meeting. While in this instance Committee members did not leave the teleconference, they did not participate in the discussions relevant to their interest. As noted in attribute 2.1, the team did not observe any efforts by any of the Committee members to influence the Committee's decisions.

The team considered that there appears to be some discrepancy in the documentation about whether committee members are required to leave the meeting during the discussion of matters that involve their interests, for example PMCV's submission notes that 'a member *may be* required to leave the meeting during discussions that involve their interests'. Although this may not be possible in all meetings, the team suggested the wording and practices should be made consistent.

Overall, the team considered that the procedures and policies that cover conflict of interest appear to work well, this was supported by meetings with stakeholders. The procedures for management of conflicts of interest for survey team members are described under attribute 4.3.

3 Operational management

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

Attributes

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

3.1 Resources to achieve accreditation objectives

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

Oversight of PMCV's human and financial resources is provided by the Chief Executive Officer, the Finance and Risk Committee and the PMCV Board. The Accreditation Manager is largely responsible for the management of the accreditation function, reporting to the Chief Executive Officer and with oversight from the Accreditation Subcommittee.

The Accreditation Manager prepares an annual work plan for accreditation which is reviewed by the Chief Executive Officer and the Accreditation Subcommittee at its first annual meeting. The work plan is aligned with PMCV's strategic objectives, the service agreement with the Department of Health and Human Services and contractual reporting requirements of the Medical Board of Australia.

PMCV staff develop an annual budget, taking account of travel and accommodation, chair and team leader fees, staff salaries and administrative costs, which is reviewed by the Finance and Risk Committee and then the PMCV Board.

The accreditation secretariat is staffed by a full-time Accreditation Manager and, since 2014, a dedicated part-time Administrative Officer. The team noted this additional resource has enabled the Accreditation Manager to focus on policy development and process improvement.

Until 2013 the management of the accreditation function included a significant contribution from a Medical Director. The Board reviewed the role following the resignation of the Director in 2013. The newly appointed Medical Advisor (0.4EFT) focuses mostly on education and training and professional development of educators, supervisors and JMOs. The Medical Advisor is also responsible for providing independent advice on accreditation issues and manages the programs to support interns who require part-time training or have had their training interrupted.

The AMC team noted PMCV's accreditation load had increased significantly in recent years, a 65% increase from 2008 (462 intern posts) to 2015 (761 intern posts) with a commensurate rise in the number of PGY2 posts. PMCV's recent decision to move to a four-year accreditation cycle will reduce the number of visits per year. There will be a significant reduction in accreditation of general practice posts (by at least 75%) following cessation of the PGPPP program at the end of 2014. From 2015, there will be 22 parent health services/ intern training programs and 15 rotation sites, including two rural private hospitals, providing intern and PGY2 training in Victoria.

PMCV has also facilitated accreditation of posts for interns who require part-time training or have had their training interrupted. The program allows doctors to complete their internship in a supernumerary capacity with a learning/training plan approved by the Accreditation Subcommittee and managed by the PMCV's Medical Advisor. The program is supported by funding

from the Victorian Department of Health and Human Services. The team commended PMCV's clear focus on junior doctor welfare in its initiatives and the success of the supernumerary part-time positions, discussed further under attribute 4.5.

The implementation of the national framework for medical internship has also been an area of increased work for PMCV over the last few years. PMCV has updated and developed its standards, procedures and guidelines to align with national requirements, changed the accreditation cycle and worked closely with the health services to communicate these changes.

PMCV is a small, lean organisation, with a significant record of achievement, across a range of time sensitive processes and projects. The team considered that resources are effectively managed to perform functions associated with accrediting intern programs and commended PMCV for its management of heavy workloads in recent years.

While the transition to a four-year cycle and the reduction in accreditation of general practice posts will decrease the accreditation load slightly, there remains continued growth in the number of interns positions in Victoria and a sustained heavy workload for PMCV. The management of accreditation resources, including staffing, will required continued careful monitoring by PMCV.

The team noticed the potential for PMCV to enhance its website, both to share information and to support its educational activities. The team recognises that resources to support this important work may not be readily available. The team noted and encouraged the PMCV Board's efforts to explore ways to broaden its revenue base, such as an expansion of professional development programs on a fee-basis and computer matching for College training programs.

3.2 Monitoring and improving accreditation processes

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

PMCV has mechanisms for monitoring and improving the intern training accreditation processes. One of the main mechanisms is routine feedback from accredited facilities and survey team members provided after each assessment process. This feedback is provided to the Accreditation Subcommittee at the end of each year for review.

In 2014 the Accreditation Subcommittee implemented a plan to evaluate the accreditation function and to determine changes required to align the accreditation standards and processes with the new national framework for medical internship. This evaluation process included:

- (i) Feedback from the facility at three points: During the visit (paper survey is distributed at the end of meetings to obtain feedback on the performance of the survey team), immediately following a survey visit (an online questionnaire is sent to the nominated contact for the facility seeking feedback on the team and the accreditation process) and also at the end of the accreditation process using a *Facility Response to Survey Report Template* (form seeks feedback about the utility of the process and recommendations for improvement).
- (ii) Annual feedback from survey team members on the accreditation process and secretariat support: through an online questionnaire seeking feedback from all surveyors who participated in accreditation visits on the process and support provided by PMCV secretariat.
- (iii) Monitoring of compliance with accreditation process timelines: including whether the recommendations from the previous survey were followed up at the visit and whether various key steps in the process were achieved within their deadlines.

This evaluation was supplemented by an analysis of survey visit outcomes including:

- (i) Analysis of feedback from junior doctors.
- (ii) Analysis of accreditation standard ratings for each facility/ training program.

(iii) Thematic analysis of commendations, conditions and recommendations in survey reports.

This information was compiled into an evaluation report and provided to the Accreditation Subcommittee for consideration. The 2014 evaluation report provides positive findings on the performance of survey teams and the support provided by the accreditation secretariat. It also makes a number of suggestions for improvement which PMCV indicates will be reviewed by the Accreditation Sub-Committee during 2015. This evaluation report process will be repeated for 2015. The team commended the comprehensive nature of this evaluation process and would encourage continuation of these systematic process evaluations. The team also considered it important that facilities and teams are able to provide feedback which is not provided directly to or analysed by the individual involved in that accreditation process.

PMCV indicated that the Chief Executive Officer attends one-to-two survey visits per year, either with or as a replacement for the Accreditation Manager, as another mechanism for quality review.

There is a cycle of review for accreditation standards, policies and guidelines. PMCV indicated that the Accreditation Subcommittee's terms of reference and accreditation documentation are reviewed annually and that policies and guidelines are reviewed on a three-year cycle.

In addition to the routine evaluation of accreditation processes, PMCV also participates in national meetings of the Prevocational Medical Accreditation Network (PMAN) and sees this as an opportunity for improvement through information sharing and collaboration. PMCV also recently undertook a comparison with the *Best Practice Principles* sourced from the NSW Health Education and Training Institute (HETI) accreditation review report (*A Review of Accreditation Standards for Prevocational Training within New South Wales, August 2013*) and found themselves to be generally compliant.

Systems for identifying and managing risk include a Risk Register which is monitored by the Board's Finance and Risk Committee and reviewed by the Board at least annually. The team considered that PMCV should update its overarching risk management policy to formalise the current processes for managing risks.

As noted under attribute 1.3, PMCV is supported by high quality professional staff, which adds to the stability of the organisation. However, the team considered that, from a risk management perspective, succession planning for staff needs to be considered by PMCV, particularly in a small organisation that relies heavily on a small number of individuals.

The team considered the systems for monitoring and improving processes to be comprehensive and appropriate. The team considered that there is an opportunity for PMCV to publicise the outcomes of its evaluations more widely to highlight the strengths of the process. The team also sees opportunities for PMCV to publicise its organisational expectations, or key performance indicators, and outcomes to highlight the successes and strengths of its work. In its discussions, the AMC team noted that the PMCV's accreditation processes are seen by stakeholders to be of high quality.

3.3 Management of records and information

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

PMCV has systems for managing information and records, including ensuring confidentiality.

Accreditation documents are stored on a folder on the PMCV Server which has limited access rights. The Accreditation Manager manages three datasets which include information about visits for the year, numbers of intern posts and accreditation status of intern training programs and posts.

Processes for ensuring the secure management of accreditation documents include:

- Survey team members are required to destroy or return all paper copies and permanently delete all electronic documents.
- Restricted access to accreditation documents that are saved electronically.
- Secure destruction of paper copies held at PMCV when no longer needed.
- Subcommittee members and survey teams are able to access documents via an online file sharing platform which is disabled following the meeting/ assessment process.

PMCV has a *Conflict of Interest Policy* which also includes considerations of confidentiality for Board and committee members. The *Conflicts of Interest Policy* states: A Committee member or an employee who has entered into an Employment Agreement with the PMCV undertakes to enter into a Deed to protect the confidential information of the PMCV: *Deed in Relation to Confidential Information and Conflict of Interest- Committee Member* and *Deed in Relation to Confidential Information – Employee*. Survey team members are required to sign an Accreditation Survey Team Member Agreement form which includes requirements for confidentiality.

The team considered that systems for ensuring confidentiality appeared appropriate.

As PMCV is privy to confidential information regarding individual interns, PMCV's overarching records management policy should include consideration of how intern related records are stored for the purposes of confidentiality.

4 Processes for accreditation of intern training programs

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

Attributes

- 4.1 The intern training accreditation authority ensures documentation on the accreditation requirements and procedures is publicly available.
- 4.2 The intern training accreditation authority has policies on selecting, appointing, training and reviewing performance of survey team members. Its policies result in survey teams with an appropriate mix of skills, knowledge and experience to assess intern training programs against the accreditation standards.
- 4.3 The intern training accreditation authority has developed and follows procedures for identifying, managing and recording conflicts of interest in the accreditation work of survey teams and working committees.
- 4.4 The accreditation process includes self-evaluation, assessment against the standards, site visits where appropriate, and a report assessing the program against the standards. In the process, the intern training accreditation authority uses standards that comply with the approved national standards for intern training.
- 4.5 The accreditation process facilitates continuing quality improvement in delivering intern training.
- 4.6 The accreditation process is cyclical, in line with national guidelines and standards, and provides regular monitoring and assessment of intern programs to ensure continuing compliance with the approved *Intern training – National standards for programs*.
- 4.7 The intern training accreditation authority 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 intern training accreditation authority ensures documentation on the accreditation requirements and procedures is publicly available.

The PMCV has documented its accreditation requirements and procedures and made them publically available on the PMCV website. Specifically, the accreditation section of the website provides an overview of accreditation processes, policies and guidelines, information on the Accreditation Subcommittee and a list of currently accredited facilities and posts. The team commended the comprehensiveness of the documentation on accreditation.

As previously noted under attribute 3.1, the AMC team sees potential for PMCV to enhance its website, both to share information and to support its educational activities, noting that resources to support this work may not currently be available.

With the implementation of the national framework for internship in 2014, PMCV reviewed a number of its standards and procedures to align these with national requirements. The team commended PMCV for its willing and early engagement in the national framework for medical internship.

Discussions with representatives of health services indicated that changes in PMCV requirements were not always communicated as effectively or widely as they could be, with the change to PGY2 review cited as an example. Where PMCV requirements change, it is important PMCV continues to communicate about these early and widely to stakeholders.

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

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

PMCV's *Accreditation Survey Team Member Position Description* outlines the criteria for appointment of surveyors, team composition and training requirements, and the roles and responsibilities of survey team members during survey visits.

Surveyors may be nominated by a health service or other organisation involved in prevocational medical training, invited by PMCV or self-nominated with support from the health service. Surveyors have a variety of expertise and experience including medical administration (Directors of Medical Services, Medical Workforce), supervision of junior doctors (Directors of Clinical Training/ Supervisors of Intern Training), clinical education and medical education, junior doctors and senior medical staff/general practitioners with experience in junior doctor supervision.

PMCV has a surveyor pool of 74 active surveyors, of whom 15 are team leaders and seven specifically participate in general practice accreditation visits.

PMCV indicates that surveyors (other than junior doctors) should generally have had a minimum of two years' experience in their professional role and their nomination as a surveyor should be supported by their facility's Director of Medical Services or equivalent.

As outlined in the *Accreditation Survey Team Member Position Description*, all surveyors are required to:

- Attend an initial training workshop.
- Participate in at least two survey visits over a two-year period (or one visit per year) which may include involvement in preparing for a survey visit to their own facility. Surveyors who do not attend two visits in a two-year period may be required to re-attend training to maintain competency.
- Update themselves annually on changes to standards, policies and guidelines. Information is provided on the PMCV website in a presentation and surveyors are advised and reminded to review this information.
- Exhibit integrity, professionalism, objectivity and impartiality, and must ensure that all comments, questions and observations align with PMCV guidelines. Survey team members must keep all information acquired during a visit strictly confidential and avoid any conflict of interest.

PMCV policies indicate that survey teams normally comprise of two-to-four members. The AMC team was reassured that teams of two members were only occasionally used and for targeted or follow-up survey visits. The selection policy indicates that PMCV aims to include representation from medical administration, medical education, a senior clinician and junior doctor representation on each survey team. Each team has a nominated team leader and is supported by the Accreditation Manager.

The *Accreditation Survey Team Member Position Description* sets out the role of the team leader and the additional responsibilities prior to, during and following survey visits. The *Position Description* indicates that Team leaders may be nominated by the Chair of PMCV Accreditation subcommittee, PMCV secretariat staff and/or current Team Leaders on the basis that they have actively participated in survey visits and have had positive feedback on their performance as a surveyor, or that they have the potential to be Team Leaders even with limited prior survey experience. Team leaders usually have at least five years' experience in their professional role and generally a minimum of two years' experience as a PMCV surveyor.

PMCV holds an annual workshop for both team leaders and for surveyor team members. The annual surveyor workshop is structured to include:

- A plenary session which outlines the role of PMCV, the accreditation process and the role and responsibilities of survey team members.
- An interactive session involving group discussion of a simulated survey visit, which incorporates a DVD of simulated meetings of the survey team with facility staff and interns, and simulated pre-visit documentation. Attendees are required to complete assessments against the accreditation standards, including completion of ratings and comments.

PMCV evaluates the workshops through use of an online survey. The Team noted that PMCV intends to review the surveyor training process during 2015. The Team commended PMCV's intention to attend training sessions run by Health Education and Training Institute (HETI NSW) and South Australian Medical Education and Training (SA MET), as part of the review of surveyor training.

PMCV evaluates the performance of its teams through a number of mechanisms including seeking feedback from the health service during the survey visit and immediately following a survey visit, as detailed at attribute 3.2. This information is included in the annual evaluation reports and considered by the Accreditation Subcommittee. PMCV indicated that at the conclusion of the annual round of visits, the Chair of the Accreditation Subcommittee may ask team leaders for an indication of the performance of team members; whether the individual members should continue as accreditation surveyors, should be encouraged to become team leaders, or should be counselled about their performance.

The AMC team considered that PMCV has comprehensive processes for selecting, appointing, training and reviewing performance of the survey team members which results in teams that appear to have an appropriate mix of skills and experience. In its discussions with stakeholders, the AMC team received positive feedback on the PMCV surveyor team training. Based on the team's observation of two PMCV accreditation surveys the survey teams appeared appropriately balanced.

The AMC team noted that a challenge in any accreditation process is to ensure consistency in the operations of the survey teams, and encourages PMCV's efforts to review not just the performance of individual teams but their consistency. The team considered that this can be supported by PMCV have processes to remind the team of and ensure that they work within the formal structured process, even when some team members are highly experienced.

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

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

PMCV has developed processes for identifying, managing and recording conflicts of interest in the accreditation work for survey teams and working committees.

The *Accreditation Survey Team Member Position Description* provides information about conflict of interests for accreditation survey teams. The *PMCV Accreditation Guide* includes an explanation of conflict of interests for the information of facilities.

The recruitment process for survey teams includes a declaration of any potential conflicts of interest. Expressions of interest to participate in an accreditation survey are reviewed by the Accreditation Manager and team leader to eliminate surveyors with potential conflicts of interest and the proposed survey teams are forwarded to the facility under going accreditation for review.

All survey team members must sign an agreement to acknowledge and agree to fulfil the expectations of an accreditation survey team member in regards to confidentiality, conflict of interest and objectivity, and survey visit responsibilities.

The team considered that PMCV should further consider issues of subtle conflicts or perceived bias in the selection of surveyors and team leaders. An example of subtle conflicts was provided to the team with two team leaders being responsible for accrediting each other's facilities. The team considered that the independence of the lead surveyor is particularly important and that care should be taken to ensure that team leaders are not accrediting each other's facilities.

As noted at attribute 2.2 the *Conflict of Interest Policy* establishes guidelines for Committee and Board members to disclose interests and provides a method to deal with apparent or actual conflicts.

Overall, the team considered that PMCV's processes to manage conflicts of interest were satisfactory.

4.4 The accreditation process

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

PMCV's accreditation process includes self-evaluation, assessment against standards, site visits where appropriate and a report assessing the program against the standards. The *PMCV Accreditation Guide* details the procedures for assessment and accreditation of prevocational medical training programs and posts. The *Duration of Accreditation, Applications, Communication and Monitoring Guidelines* supplements the *Accreditation Guide* and provides further guidance to survey teams and the Accreditation Subcommittee on the accreditation, monitoring and decision making processes.

PMCV conducts assessment of facilities for reaccreditation of intern training programs and posts, accreditation of new intern training programs or posts and accreditation of changes to intern training programs or posts.

PMCV uses an accreditation survey visit for re-accreditations every four years and also assessment of new prevocational medical training programs. In addition, if issues are raised in regards to the prevocational medical training offered at a particular facility outside scheduled survey visits, PMCV will investigate and may undertake an extraordinary survey visit to review. Accreditation of facilities that offer both intern and PGY2 training occurs conjointly.

The *PMCV Accreditation Guide* provides a summary of the three stages to the visit process:

- 1 **Pre-accreditation:** Includes arranging dates for the assessment, finalising the membership of the survey team, completion of the pre-visit submission by the facility and collection of feedback from junior doctors in regards to the terms they have completed. Survey teams are expected to participate in a pre-visit meeting two - three weeks prior to the visit to discuss the submission and prepare for the survey visit.
- 2 **The survey visit:** Includes examination of documentary evidence provided by the facility, analysis of junior doctor feedback and meetings with key staff, including junior doctors and senior medical staff. This process usually includes a tour of the training facilities.
- 3 **Report and recommendations:** The survey team prepares a draft survey report, which is sent to the facility for factual review. The report includes an evaluation by the survey team against the accreditation standards, as well recommendations for addressing deficiencies and for quality improvement. The report also contains commendations on strengths and areas of excellence. The final report is considered by the Accreditation Subcommittee, resulting in recommendations on the duration and status of accreditation of the training program and individual posts. The facility is given the opportunity to respond to the report and the recommendations.

PMCV's accreditation assessments of intern training programs and review of PGY2 posts are conducted against its accreditation standards, listed in the *PMCV Submission Including Standards* along with guidelines on demonstrating compliance and a rating scale. PMCV accreditation standards are used by the facilities for self-evaluation and by survey teams for assessment at the program level. The team saw evidence of PMCV conducting accreditation against its standards in sample accreditation reports and standard templates and through its observation of survey visits and an Accreditation Subcommittee meeting.

PMCV has adopted the *Intern training – National standards for programs* with minor revisions and developed documentation to support these new standards. PMCV set up a National Intern Training Framework Working Party to develop documents and recommendations for the Accreditation Subcommittee. Their work included developing a new set of accreditation standards in line with national requirements and developing documentation to support this including new guidelines and templates. The team noted that PMCV had made minor changes to the national standards in adopting them, including splitting standards 3.1.3, 4.1.1 and 7.2.2 each into two sub-standards. The AMC team felt that was logical in terms of function and reporting. The AMC team commended PMCV on its work in developing and implementing the new standards in line with the national framework for medical internship.

In 2015, PMCV released revised *Guidelines for Accreditation of Intern Terms*. These guidelines define the principles of the intern year, key considerations for intern training and the criteria to be met for accreditation of intern training programs and posts. They have been developed to assist training facilities and survey teams to assess new and existing intern terms and can also be used by interns to review their training to ensure they meet AMC requirements. The guidelines are mapped to the AMC *Intern training – Intern outcome statements* and *Intern training – Guidelines for terms*.

PMCV has adopted the wording used by the AMC and by the Health Practitioner Regulation National Law to describe the circumstances in which it may accredit, namely if it is reasonably satisfied that the program or posts meet the accreditation standards or, if the program or posts substantially meet the accreditation standards and where conditions or recommendations are set which must be met in a reasonable time period.

The period of accreditation is recommended for the overall prevocational training program provided by the facility. A separate accreditation period can be recommended for individual training posts within a program if necessary. The options for accreditation are four years or 12 months with possible extension up to three years following review. It is possible for an intern

training program to be accredited for the full period, but for individual posts to be either accredited for a shorter period or not accredited.

If there are concerns about individual posts, the Accreditation Subcommittee may implement a monitoring process whereby regular updates are provided by the facility until the subcommittee is satisfied that the post meets the standards. More information about PMCV's monitoring processes is provided at attribute 4.6.

The *PMCV Accreditation Guide* also details the processes for withdrawal of accreditation in situations where significant issues have been identified. The guide indicates: Prior to withdrawal of accreditation, the PMCV will consider all possible options for addressing deficiencies and will ensure that such a decision does not disadvantage prevocational medical trainees and where possible will take into consideration facility recruitment and rotation timelines. A decision to withdraw accreditation will only be made by the PMCV Board following recommendation from the Accreditation subcommittee and, in these instances, PMCV will notify the facility in writing of the decision, the decision, the reasons and the procedures available for review of this decision.

The PMCV accreditation process does include mechanisms for feedback from JMOS. The team acknowledged the difficulties in collecting JMO feedback, particularly from a representative sample, and considered that the use of an online survey was a good approach to supplement discussions during the survey visits. The team considered that appropriate consideration of JMO feedback to be of critical importance in the accreditation process and in particular to ensure JMOS that their feedback has been considered.

Overall, the AMC team was impressed with the documentation and conduct of the PMCV accreditation processes. The AMC team had the opportunity to observe two PMCV survey visits and found that the processes and methods used were professional, and conducted in accordance with PMCV policy. The team observed a meeting of the Accreditation Subcommittee and considered that the meeting, with a complex and heavy workload, was conducted in a professional, efficient and collegial manner. Stakeholders met with by the AMC team spoke highly of the process and indicated they considered that PMCV accreditation surveys address the accreditation standards, and that the processes are transparent, fair and rigorous.

4.5 Fostering continuous quality improvement in intern training posts

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

Quality improvement appears to be a focus for PMCV survey teams and is incorporated in survey reports through commendations for strengths and areas of excellence and recommendations for improvement.

Statements about PMCV's focus on quality improvement are reflected in a number of procedural documents including the *Accreditation Survey Team Member Position Description* and the *PMCV Accreditation Guide*.

The *PMCV Accreditation Guide* indicates the purpose of prevocational medical training accreditation as follows:

Accreditation of prevocational medical training programs and posts establishes and monitors standards to ensure high quality clinical training for junior doctors. This comprises of:

- Quality assurance, involving facility self-evaluation and external peer review of compliance with the standards, and remediation following review (conditions).
- Quality improvement involving peer review with a focus on excellence identifying commendations (best practice) and recommendations for improvement; and
- Continuous improvement involving ongoing monitoring by the facility itself as well as regular formal reviews by the accreditation authority.

Considerations of quality improvement are further demonstrated by the monitoring of prevocational medical training in Victorian facilities and by the annual review of processes, documentation and evaluation feedback to improve the overall accreditation process.

PMCV's accreditation submission provided examples of facilities identified at risk of not meeting the accreditation standards and how PMCV worked closely with these facilities to rectify these issues. The team noted that PMCV has worked hard with a number of facilities to assist them, ultimately improving the quality of intern training.

In addition to fostering quality improvement within individual intern training posts PMCV also has a broader role in improvements to the quality of intern training across the state.

The team commended PMCV's clear focus on and commitment to junior doctor welfare through its initiatives and success of supernumerary part-time positions. As noted under attribute 3.1, PMCV has facilitated accreditation of posts for interns who require part-time training or have had their training interrupted. The program allows doctors to complete their internship in a supernumerary capacity with a learning/training plan approved by the Accreditation Subcommittee and managed by the PMCV's Medical Advisor. The program is supported by funding from the Victorian Department of Health and Human Services.

During the AMC team's visit, multiple stakeholders reflected that the PMCV processes assisted them to ensure the quality of intern training in a diligent and collegial manner. The process was referred to as an 'impetus for change' and identified issues many were aware of already and gave them an opportunity, in a collegial manner, to address them.

In a number of meetings the team heard of instance of good practice in one health service being shared, via the survey team members, to other health services. The team recommends that PMCV consider how it might disseminate information about innovations more widely.

PMCV's accreditation processes appear to facilitate quality improvement in delivering intern training.

The team noted that the principles of PMCV accreditation listed in the *Accreditation Guide* describes safe and high quality patient care as a primary consideration. The AMC team considered this issue to be of particular importance and highlighted the importance of having robust mechanisms for assessing and addressing feedback concerning any patient safety concerns that a survey team might find during an accreditation visit.

4.6 The accreditation cycle and regular monitoring of intern programs

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

PMCV's accreditation process is cyclical, in line with national guidelines and standards and provides regular monitoring.

PMCV has recently moved from a three-year accreditation cycle to a four-year accreditation cycle, in line with national guidelines. PMCV developed a process of implementation where facilities with existing accreditation were invited to apply for an extension of accreditation of one year if there were no significant issues at the previous survey visit. PMCV also attempted to align the accreditation of parent and rotation sites.

Between formal accreditation visits PMCV monitors accredited training programs and posts to ensure they continue to meet accreditation standards. The processes for monitoring include progress review of new posts and mid-cycle reviews, as outlined in the *PMCV Accreditation Guide and Duration of Accreditation, Applications, Communication and Monitoring Guidelines*:

- PMCV conducts **progress reviews** to assess all new prevocational training posts in the year of commencement, which are provisionally accredited for 12 months. Extension of

accreditation for up to three years is dependent upon completion of the self-assessment form by the facility and satisfactory feedback from junior medical staff (through a PMCV online survey).

- PMCV conducts a paper-based **mid-cycle review** two years after each survey visit. This focuses on conditions and recommendations arising from the visit, and changes to the program or posts since the visit. Feedback is obtained from junior doctors for the mid-cycle review.

In addition to the formal progress and mid-cycle reviews, facilities are required to monitor prevocational training programs and posts to ensure they continue to meet standards between survey visits, as outlined in PMCV's accreditation standards at 8.2.2 and the *PMCV Guidelines for Accreditation of Intern Terms*. In accordance with this standard, facilities are required to communicate any concerns, issues or changes. Additionally, if PMCV is advised of a change, or a concern is raised, it will follow these up before the period of accreditation expires.

The *Duration of Accreditation, Applications, Communication and Monitoring Guidelines* outlines that accreditation of individual posts or of a training program may be withdrawn in situations where significant issues have been identified that the facility has been unable to address or acknowledges cannot be rectified.

The PMCV secretariat maintains databases on accredited intern training posts and programs which assist in tracking and monitoring health services' accreditation and requirements:

- A survey visit database which lists current year visits, ensuring all steps in the accreditation process are completed within agreed timelines.
- A facility database which includes information on numbers of intern and PGY2 posts, year of accreditation, expiry date of current accreditation, parent health service (if applicable) and university affiliation.
- An intern post database which includes:
 - Data on the intern training program including facility, rotation description, number of posts, parent health service (if applicable).
 - Accreditation details of each post including type of term (core/non-core), status (full/provisional) and any conditions.
 - Assessment type including new, re-accreditation, change or review following visit.
 - Approval dates including Accreditation Subcommittee, PMCV Board and the Medical Board of Australia.
 - Post details including term supervisor, structure, staffing and rural/metropolitan.
 - Accreditation process details including year post commenced, month/year previously accredited, progress report due (if applicable) and accreditation expiry date.

The team considered that PMCV's monitoring processes were appropriate and in line with national requirements.

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

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

The document PMCV document *Duration of Accreditation, Applications, Communication and Monitoring Guidelines* describes the nature of the changes to facilities, programs or terms that are to be reported to PMCV and the process of reporting for facilities.

Facilities accredited for prevocational medical training are required to notify the PMCV of changes in programs or posts that may affect the education and training of junior doctors. They are encouraged to discuss proposed changes with the Accreditation Manager in the first instance. Options available for accreditation of changes to existing programs and posts are the same as those for re-accreditation of posts and programs.

As noted under attribute 4.7, accredited facilities are required to monitor prevocational training programs and posts to ensure they continue to meet PMCV standards between survey visits and to communicate any concerns, issues or changes, as outlined in PMCV's accreditation standards at 8.2.2. PMCV's accreditation standard 8.2.2 (and the *Intern training – National standards for programs*) requires review of posts against the following criteria:

- Complexity and volume of the unit's workload
- The intern/PGY2s workload
- The experience interns/PGY2s can expect to gain
- How the intern/PGY2 will be supervised, and by whom.

This monitoring should be undertaken by the facility and should include (but is not limited to):

- (i) Continuous collection of evidence including collated trainee survey during the cycle; and
- (ii) Review of intern annual allocation plans against the list of accredited intern posts published on the PMCV website to ensure compliance with training requirements.

The *Duration of Accreditation, Applications, Communication and Monitoring Guidelines* include the circumstances which would normally prompt a review by PMCV: not meeting core requirements as defined in the *PMCV Accreditation for Intern Terms Guidelines*, absence of a senior facility staff with significant role in prevocational medical training for extended period with no replacement, plans for significant redesign or restructure of the facility that impacts on junior doctors, change to accreditation status of the facility, resources changes that significantly reduce administrative support and proposals to change a junior doctor term including external rotations or a change to the number of junior doctors in a rotation. The circumstances listed for individual terms include: changes in supervision, rostering, changes in clinical duties for extended periods and significant changes to patient case-mix or clinical activity that impact on junior doctor patient load and learning for an extended period.

All applications are reviewed by the Accreditation Subcommittee. New facilities/training programs and posts receive provisional accreditation for 12 months if they meet the accreditation criteria. A paper-based review and an on-line junior doctor survey are conducted during the first 12 months to inform a decision on extension of provisional accreditation to the full period.

As noted under attribute 4.4, the *Guidelines for Accreditation of Intern Terms* define the principles of the intern year, key considerations for intern training and the criteria to be met for accreditation of intern training programs and terms. They have been developed to assist training facilities and survey teams to assess new and continually monitor existing intern terms. The guidelines are mapped to the *AMC Intern training – Intern outcome statements* and *Intern training – Guidelines for terms*.

In its observation of the Accreditation Subcommittee meeting the team noted that PMCV appears to be receiving information from health services regarding changes to posts and programs. The team noted the heavy workload of the meeting, with 28 applications for new intern posts in 2016. The applications for intern posts had been reviewed prior to the meeting by groups of Subcommittee members, this meant that consideration of the applications during the meeting were efficient and to the point. Issues were highlighted and where questions still existed, applications were declined pending further information. The team commended the Subcommittee on its management of a complex and heavy workload.

The team considered that PMCV applies guidelines in determining changes to posts and programs.

4.8 Application of documented decision-making processes

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

PMCV governance structures, decision making processes and policies on conflict of interest help to ensure decisions are free from undue influence.

As described under attribute 2.1, accreditation decisions are made through levels of governance that allow for wide-stakeholder input which reduces the potential for undue influence in decision making. There are also opportunities for the facility undergoing accreditation to review the accreditation report and decision and recommendations.

PMCV's processes for decision-making are documented in the *PMCV Duration of Accreditation, Applications, Communication and Monitoring Guidelines* and in the *PMCV Accreditation Guide* which are provided to survey teams and the Accreditation Subcommittee. The guidelines are intended to assist survey teams and the PMCV Accreditation Subcommittee in their decision making processes.

The AMC team had the opportunity to observe a meeting of the PMCV Accreditation Subcommittee which provided evidence that PMCV's assessment and decision making processes are based on its accreditation standards and guidelines. During the meeting, a team leader of a survey visit previously observed by the AMC team presented the accreditation report to the Subcommittee. The AMC team considered that the presentation of the report was comprehensive and professional and consistent with issues raised by the survey team. The team did not observe any bias or undue influence of members on the important decisions on intern or other posts.

The team considered that PMCV has a documented process of decision-making that appears to be free from undue influences.

4.9 Communicating accreditation decisions

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

PMCV communicates accreditation outcomes to stakeholders via a number of mechanisms, including direct correspondence to surveyed health services, regular reports to the Victorian Department of Health and Human Services (DHHS) and the Australian Health Practitioner Regulation Agency (AHPRA), monthly electronic newsletters and information and updates on the website.

The terms of reference of the Accreditation Subcommittee addresses the communication of accreditation outcomes to facilities indicating that: accreditation decisions will be notified to the relevant parent facility or training program, relevant rotational sites will also be advised where major accreditation issues arise or intention to withdraw accreditation of prevocational medical

training at the parent health service, all such correspondence is copied to the surveyed health service.

PMCV provides six-monthly reports to the AHPRA/Victorian Board of the Medical Board of Australia in accordance with the Contract of Services between AHPRA and PMCV. PMCV also provides an annual report to the Victorian Board of the Medical Board of Australia and to the Victorian DHHS on accreditation decisions, outcomes and activities. PMCV also provides an annual report on PGY2 review activity to the Victorian DHHS.

The PMCV website is used as a mechanism to inform junior doctors and other stakeholders of accredited facilities/programs, annual survey visit schedule and details on the posts accredited for intern training. The website includes an annual work plan and annual report.

Information about accreditation is also shared via the Junior Medical Officer Forum, with representation from Victorian health services.

While the outcomes of accreditation are communicated, there is variation in the distribution of the outcomes of accreditation to junior doctors within health services. PMCV might address this by requiring evidence that health services have communicated the outcome or by describing good practice in communicating outcomes. As well as communicating the outcomes of the accreditation, the team suggests PMCV consider how, working with health services, junior doctors can be reassured that any concerns they had raised and commendations made have been addressed.

4.10 Complaints, review and appeals processes

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

The *Appeals of Accreditation Decisions Policy* provides guidance on the process, decision-making, timelines and costs of appeals against accreditation decisions and is available on the PMCV website.

The *Appeals of Accreditation Decisions Policy* indicates a facility may formally appeal against the following decisions or recommendations:

- Less than full term accreditation of an intern post(s).
- Withdrawal of accreditation of an intern or PGY2 program or post(s).
- Specific condition(s) associated with intern/PGY2 programs and/or posts.
- Improvement recommendation(s).

Grounds for appeal by a facility include but are not limited to:

- Relevant and significant information which was made available to the survey team was not considered in the making of the recommendations.
- The report of the survey team was inconsistent with the information provided.
- Irrelevant information was considered in the survey team decision.
- Perceived bias of a surveyor or surveyors.
- Information provided by the survey team was not duly considered in the recommendations of the Accreditation subcommittee.
- Conduct of the accreditation process.

Appeals must be lodged to the Chief Executive Officer of PMCV within 14 days of receiving the Accreditation Subcommittee endorsed survey report. A further 30 days is allowed for the facility to provide written documentation to support the appeal.

The process following a notification, as described in the *Appeals of Accreditation Decisions Policy*, includes a mediation between representatives of the facility and PMCV within four weeks of the appeal notification. If a decision is reached at this meeting this will be forwarded to the Accreditation Subcommittee. If the matter is not resolved the appellant may request the convening of a formal Appeals Committee. The Appeals Committee can make a decision to either uphold the original accreditation recommendation, reject the teams findings with a re-visit recommended or uphold the appeal and provide an alternative recommendation to the Accreditation Subcommittee.

PMCV provides a number of opportunities for feedback from facilities during the assessment process. Facilities are invited to provide feedback on the survey report through comments at the debriefing provided by the Team Leader at the conclusion of the survey visit, the draft survey report (excluding recommendations) which is provided for comment on factual errors and an opportunity to comment on the final survey report which includes accreditation status and recommendations. Facilities are also able to provide feedback on the accreditation process and performance of survey teams through an online survey and, at the time of considering the draft survey visit report, a number of questions are asked about the process.

If a facility contests a specific accreditation recommendation the Accreditation Subcommittee determines the significance of the recommendation, and whether it has a bearing on accreditation status. Should it be deemed to be of material significance, the facility will be advised that failure to comply with the recommendation will impact on accreditation status. This may result in the facility either accepting the recommendation, or seeking a formal review.

The team noted there had been one appeal lodged against an accreditation decision since 2000 and that this appeal was unsuccessful.

The team considered that PMCV's policies for appeal were adequate and that the accreditation process appropriately provided for input from facilities at a number of key points.

5 Stakeholder collaboration

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

Attributes

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

5.1 Engagement with stakeholders

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

PMCV has processes for engaging with stakeholders including health departments, health services, junior doctors, doctors who supervise and assess junior doctors and the Medical Board of Australia.

Mechanisms for engaging with the health department include negotiation of an Annual Service Plan with the Victorian Department of Health and Human Services (DHHS), annual reports on activities, representation on Victorian Departmental committees such as the Medical Workforce Development Reference Group as well as regular informal interactions relating to the broad range of PMCV activities.

As previously noted in attribute 1.3, the team's discussions with DHHS staff provided assurance of support for PMCV and recognition of the contribution it makes. The team considered that the work of PMCV could be enhanced by a stronger connection with the Department, particularly through enhanced consultation, for example seeking PMCV's input on draft workforce initiatives. PMCV's role provides it with a good understanding of issues across health services in Victoria.

Membership of the subcommittees and Board allows for input from nominees of a number of important stakeholder groups including medical schools, health services, general practises and the Medical Board of Australia. Many of the Board and subcommittee members have clinical roles and supervise junior doctors.

PMCV hosts and supports meetings of the Victorian Junior Medical Officer Forum. As noted at attribute 1.6, the team considered the membership provisions and opportunities for junior doctors on the Board and subcommittees a strength, noting the deputy chair of the Accreditation Subcommittee is a junior doctor.

The team noted that stakeholders directly involved in PMCV's governance structures or accreditation processes were well engaged. The team considered that there are opportunities for PMCV to engage with junior doctors and term supervisors more broadly, rather than largely through the accreditation processes. The team considered this an important opportunity to

publicise its role, including its role in providing educational resources and support, with junior doctors and term supervisors.

The PMCV plays an important role as an educator. PMCV's Education Subcommittee oversees PMCV's educational portfolio and the newly appointed Medical Advisor has a specific focus on education and training and professional development of educators, supervisors and JMOs. PMCV provides educational support through development of educational resources and providing programs and workshops for those involved in junior doctors training and education, including the Teaching on the Run program, professional development programs for registrars and workshops for medical educators. The team noted that medical education officers, in particular, appreciated the platform PMCV provides for them to meet and share experiences, and also the education support available for them. The team also commended the training available for registrars. While not specifically related to PMCV's accreditation role, the team did note comments from health services about a desire for more uniform access to education resources across the health services.

PMCV also supports the Health Service and Practice Advisory Subcommittee which provides a forum for hospital manager, medical directors, chief medical officers and other relevant hospital staff to exchange views, share ideas and aims to help ensure a consistent, state-wide approach to employment related issues.

PMCV engages with other professional organisations through representation on committees and attendance at national forums and roundtables.

The team noted PMCV's past efforts to involve health consumer and community members on key governance committees. Currently, this important stakeholder perspective is under-represented. There are examples of successful models, such as the community member engagement in the state Medical Board, and strong consumer and community engagement in some other jurisdictions which PMCV could consider. The team noted PMCV's plans to explore using existing Departmental advisory participation committees for consumer and community input. PMCV should report to the AMC on engagement with health consumer and community member consumer representatives in its accreditation functions.

5.2 Communications strategy

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

PMCV provides a significant amount of information about its accreditation processes via its website. A recent development has been the publication of accreditation post data on its website as required by the contract for services between the Medical Board of Australia and PMCV. It also has a variety of educational resources available on the website.

The team considered there are opportunities to update the PMCV website to enhance communication to stakeholders. Specifically this related to improving how the information is provided and accessed and opportunities for educational resources to be enhanced. The team noted that PMCV has plans to update the website and continue to develop education opportunities. This would further raise the profile of the PMCV by showcasing the important work it undertakes.

PMCV publishes monthly e-newsletters which includes a report on accreditation activities.

Since 2013, with the implementation of the national framework for medical internship and resulting changes in accreditation processes and standards, PMCV has communicated and consulted more regularly with stakeholders through the website, by email and direct contact with stakeholders through their representative bodies.

PMCV also publishes *A Guide for Interns in Victoria* which provides information on internship including an overview of internship, the national framework, guidelines for terms, informed consent and wellbeing. This guide is provided to interns in January each year.

As noted in attribute 3.2, the AMC team also considered there is an opportunity for PMCV to publicise the outcomes of its evaluations more widely to highlight the strengths of the process.

5.3 Collaboration with other accreditation organisations

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

PMCV collaborates with other relevant accreditation authorities, and specific instances of participation in other jurisdictions' processes were noted.

PMCV 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 mechanism for collaborating with other intern accreditation bodies across Australia.

PMCV Board and subcommittee members are also involved in AMC committee and accreditation processes.

PMCV has an agreement with the NSW Health Education and Training Institute (HETI) for the accreditation of Albury Wodonga Health. Following a joint visit in 2013, PMCV and HETI came to a new agreement regarding accreditation of the Albury Base Hospital with PMCV taking the lead responsibility for accreditation with regular reports to HETI and joint visits every four years. Previously PMCV accredited posts at Wodonga hospital and HETI accredited Albury Base Hospital. The *Cross-border Prevocational Placement Accreditation* describes arrangements for accreditation of interstate posts within New South Wales and South Australia.

PMCV is facilitating Victorian surveyors to participate in survey visits for South Australian Medical Education and Training (SA MET) and the Postgraduate Medical Education Council of Tasmania (PMCT) in 2015. It is also anticipated that a PMCT representative will attend a PMCV survey visit in 2015.

PMCV indicated that the Accreditation Manager will attend surveyor training workshops offered by HETI and SAMET in 2015 as part of a review of the PMCV's surveyor training process. The team commended PMCV for facilitating these opportunities.

5.4 Working within accreditation frameworks

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

PMCV works within national structures of quality assurance and accreditation.

PMCV has revised its processes and policies in line with overarching national guidelines. The implementation of the national framework for medical internship in 2014 provides national standards and guidelines for internship as well as the Medical Board of Australia's new registration standard.

The AMC team commends the contribution of PMCV staff and office holders to the development of the national framework for intern training.

As noted in attribute 5.4, PMCV contributes to the Confederation of Postgraduate Medical Education Councils with the Board Chair a director of CPMEC and the Manager and CEO participating in meetings of the national Prevocational Medical Accreditation Network (PMAN).

PMCV provides input into a range of national and Victorian projects and consultations, including a submission to the National Review of Medical Intern Training (2015) and feedback from the

Accreditation subcommittee into the recent Feasibility of Intern Training in Community Health (FITCH) study. PMCV is a member of the National Intern Data Management Work Group and has also participated in national initiatives in relation to intern allocation and professional development of supervisors.

Appendix One Membership of the 2015 AMC Team

Professor John Collins (Chair), MD MC, D.Obst RCOG, FRCSEng, FRCSEd, FRACS, FRCSI (Hon).
Professorial Fellow in the Department of Surgery at the University of Melbourne and Visiting
Research Professor at the University of Oxford

Professor Amanda Barnard BA (Hons), BMed (Hons), FRACGP
Associate Dean and Head, Rural Clinical School, ANU Medical School, the Australian National
University

Dr Christine Burdeniuk BMBS, BSc (Hons), FRACP
Director of Clinical Training and Consultant Cardiologist, Southern Adelaide Health Network.

Dr Mellissa Naidoo MBBS, BSc
Deputy Executive Director Medical Services, Lady Cilento Children's Hospital, Children's Health
Queensland

Dr May Wong MBBS
Basic Physician Trainee, Royal Prince Alfred Hospital

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 2015 AMC Team

Observation of PMCV accreditation of the Royal Children's Hospital – 20 May 2015

8:45am	Survey team arrives
9:45am <i>(morning tea provided)</i>	Introductory Meeting <i>Brief overview of governance and strategy in relation to medical staffing (10 mins); address previous visit recommendations and identify expected issues for this visit (15 mins); General discussion and questions (25 mins)</i> Chief Executive (if possible), Director of Medical Services, Supervisor of Intern Training, Director of Clinical Training, Directors of Training, Chief Registrar, Medical Education Officer, Medical Workforce/ HMO Manager
10:45am	Confidential meetings with interns (both)
11:30am	Confidential meeting with PGY2s
12:15pm	Break for discussion
12:30pm <i>(lunch provided)</i>	Confidential meeting with Term Supervisors of interns and PGY2s
1:15pm	Confidential meeting with Supervisor of Intern Training and Director of Clinical Training
1:45pm	Tour of site (e.g. ward, emergency department, library, HMO facilities, education facilities)
2:15pm	Survey team meets to prepare for debriefing
3:15pm	Debriefing session with RCH representatives
3:45pm	End of PMCV survey visit to RCH
3:45pm	AMC observers meet with PMCV survey team
4:30pm	Survey team departs

Observation of PMCV accreditation of Monash Medical Centre, Clayton – 21 July 2015

8:00am	Survey team arrives
9:00am <i>(morning tea provided)</i>	Introductory Meeting <i>Brief overview of governance and strategy in relation to medical staffing (10 mins); address previous visit recommendations and identify expected issues for this visit (15 mins); General discussion and questions (35 mins). This session covers the overall training program as well as site specific topics.</i>

	Executive staff, Medical services staff, Medical education staff, Medical workforce staff, Program Directors, Site management, Directors of Education	
10:30am	Survey Team 1 confidential discussion with Interns – Clayton site <i>(emergency, surgery - general/specialties)</i>	Survey Team 2 confidential discussion with PGY2s – Clayton site <i>(emergency, surgery - general/specialties)</i>
11:30am	Survey Team 1 confidential discussion with Interns – Clayton site <i>(medicine specialties/non-core)</i>	Survey Team 2 confidential discussion with PGY2s – Clayton <i>(medicine specialties/other)</i>
12:15pm	Survey team break for discussion <i>(identify issues to be discussed with term supervisors)</i>	
12:45pm <i>(lunch provided)</i>	Survey Team confidential discussion with Term Supervisors (Clayton site) of interns and PGY2s	
1:45pm	Tour of site – wards, library, HMO facilities, education resources	
2:30pm	Survey teams re-convene to discuss/prepare for mini-debrief	
3:30pm	Mini-debrief session with facility representatives	
4:00pm	PMCV survey team meet with AMC survey team	
4:30pm	Survey team departs	

AMC assessment team site visit at PMCV offices – 22 to 23 July 2015

Wednesday 22 July 2015

9:00am – 10:00am	Board Chair and Senior staff	Chair Chief Executive Medical Advisor
10:00am – 10:45am	PMCV Team	Chief Executive Medical Advisor Representative, Education section Representative, Accreditation section Representative, Workforce/Match section Representative, IMGs/IT section
10:45am – 11:00am	<i>Morning tea – AMC team</i>	
11:00am – 12:00pm	PMCV Accreditation Team	Chief Executive VMO (former Chair until 2014) Accreditation Manager Accreditation subcommittee Chair/Survey Team Leader Subcommittee members
12:00pm – 12:40pm	Survey Team Leaders	Executive Director Medical Services, Peninsula Health Director of Medical Education and Training, Barwon Health VMO Oncologist, Monash Health (Subcommittee member) Director of Medical Education, Monash Health Fellow, Royal Women's Hospital Executive Director Medical Services, Monash Health Senior Medical Advisor, Alfred Health Director Medical Services, Bass Coast Regional Health
1:00pm – 1:30pm	<i>Lunch – AMC team</i>	
1:30pm – 2:15pm	Supervisors of Intern Training and Medical Education Officers	Supervisors of Intern Training Medical Education Officers

2:15pm – 2:45pm	Directors of Medical Services/ Medical Managers	Directors of Medical Services Medical Managers
3:00pm – 3:45pm	Term supervisors	Term supervisors
3:45pm – 4:00pm	<i>Afternoon tea</i> – AMC team	
4:00pm – 4:30pm	AMC team meeting	
4:30pm – 5:30pm	PMCV Board members	Chair Board Members
5:30pm – 6:15pm	AMC team meeting	
6:15pm – 7:00pm	Junior Doctors	Deputy Chair, Accreditation subcommittee JMO Representative, Accreditation subcommittee JMO Representative, Accreditation subcommittee Junior Doctors

Thursday 23 July 2015

9:00am – 9:30am	Medical Board of Australia	Medical Board of Australia Representatives
9:00am – 9:30am	Department of Health and Human Services	Manager Medical Workforce Senior Policy Officer
10:00am – 12:30pm	AMC Visit Team meeting/report writing	
1:00pm – 1:30pm	AMC /PMCV Debrief	

