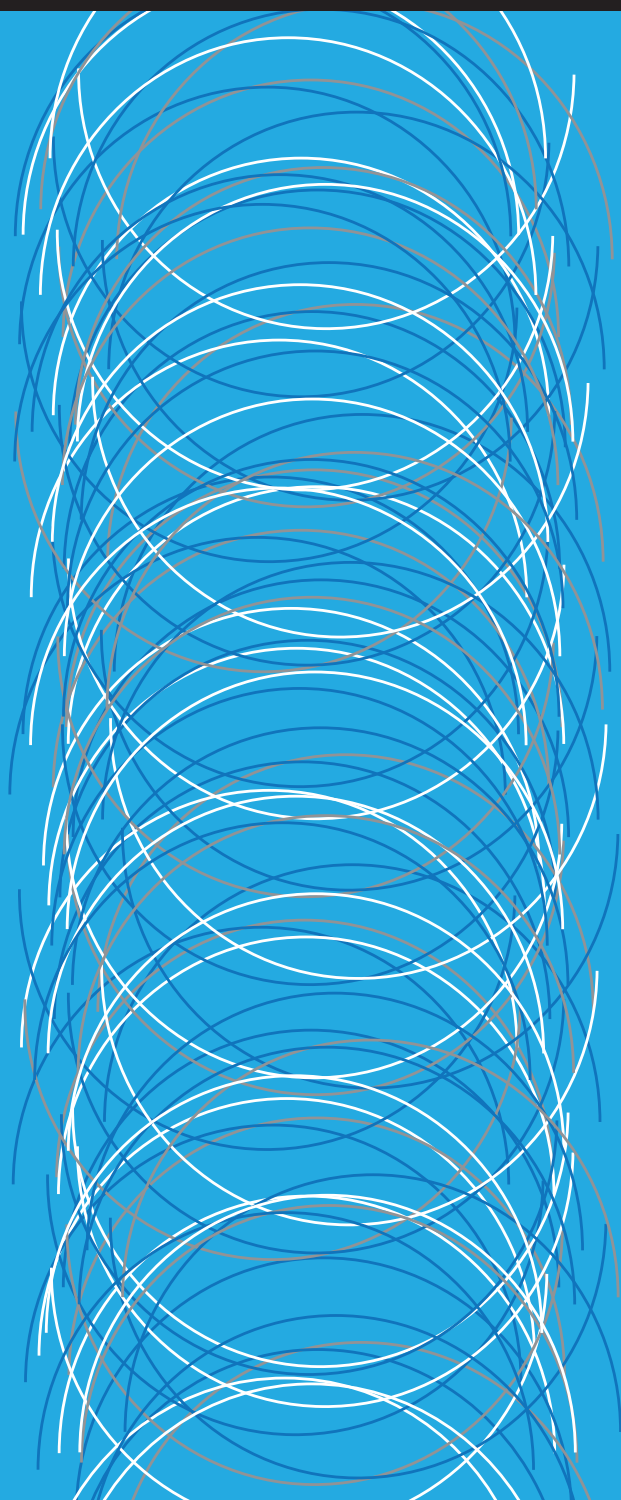


Australian Medical Council Limited

Accreditation Report: Health Education and Training Institute

AMC



Prevocational Standards Accreditation Committee
March 2018

ABN 97 131 796 980
ISBN 978-1-925829-11-2
Digital edition June 2018

Copyright for this publication rests with the:

Australian Medical Council Limited
PO Box 4810
KINGSTON ACT 2604
AUSTRALIA

Contents

| | |
|---|-----------|
| Executive summary | 1 |
| Introduction..... | 7 |
| 1 Governance of the Health Education and Training Institute | 10 |
| 1.1 Health Education and Training Institute | 10 |
| 1.2 Priority to accreditation of intern training positions | 13 |
| 1.3 Business stability | 14 |
| 1.4 Financial arrangements | 15 |
| 1.5 Selection of the governing body | 15 |
| 1.6 Stakeholder input to governance..... | 16 |
| 2 Independence..... | 19 |
| 2.1 Independence of accreditation decision making..... | 19 |
| 2.2 Managing conflicts of interest | 20 |
| 3 Operational management..... | 22 |
| 3.1 Resources to achieve accreditation objectives..... | 22 |
| 3.2 Monitoring and improving accreditation processes..... | 23 |
| 3.3 Management of records and information..... | 26 |
| 4 Processes for accreditation of intern training programs..... | 28 |
| 4.1 Documentation on the accreditation requirements and procedures..... | 29 |
| 4.2 Selection, appointment, training and performance review of accreditation visitors..... | 29 |
| 4.3 Managing conflicts of interest in the work of accreditation visitors and committees..... | 32 |
| 4.4 The accreditation process | 32 |
| 4.5 Fostering continuous quality improvement in intern training posts | 35 |
| 4.6 The accreditation cycle and regular monitoring of intern programs | 36 |
| 4.7 Mechanisms for dealing with concerns for patient care and safety | 38 |
| 4.8 Mechanisms for identifying and dealing with concerns about junior doctor wellbeing..... | 39 |
| 4.9 Considering the effect of changes to posts, programs and institutions on accreditation status | 40 |
| 4.10 Application of documented decision-making processes..... | 42 |
| 4.11 Communicating accreditation decisions | 42 |
| 4.12 Complaints, review and appeals processes | 43 |
| 5 Stakeholder collaboration..... | 44 |
| 5.1 Engagement with stakeholders | 44 |
| 5.2 Communications strategy | 46 |

| | | |
|---------------------|--|-----------|
| 5.3 | Collaboration with other accreditation organisations | 46 |
| 5.4 | Working within accreditation frameworks | 47 |
| Appendix One | Membership of the 2017 AMC Team..... | 48 |
| Appendix Two | Groups met by the 2017 AMC Team | 49 |

Executive summary

This report records the findings of the Australian Medical Council (AMC) assessment of the Health Education and Training Institute, the intern training accreditation authority for New South Wales.

In September 2017, an AMC team completed an assessment of the intern training accreditation authority's work. The AMC conducted this assessment following the steps outlined in the *Procedures for Assessment and Accreditation of Intern Training Accreditation Authorities by the Australian Medical Council, 2015*. The AMC team assessed the intern training accreditation activities of the authority against the requirements of the *Intern training – Domains for assessing accreditation authorities, 2016*.

The team reported to the AMC Prevocational Standards Accreditation Committee in February 2018. The Committee considered the draft report and made recommendations on accreditation to AMC Directors on 12 April 2018.

Decision on accreditation

The AMC's finding is that the NSW Health Education and Training Institute meets the domains for assessing intern training accreditation authorities.

The April 2018 meeting of AMC Directors resolved:

- (i) That the NSW Health Education and Training Institute (HETI), be accredited as an intern training accreditation authority for five years, to 31 March 2023, subject to satisfactory annual progress reports to the AMC.
- (ii) That this accreditation is subject to the conditions set out below:

In the 2018 progress report:

- Evaluate and report on the effectiveness of the recent restructuring of the Medical Portfolio. (Attribute 1.1)
- If plans for accreditation of PGY3+ positions progress, provide documentation to demonstrate that the accreditation authority has the resources to continue to give intern training accreditation high priority. (Attribute 1.2)
- Report on the implementation of recommendations from the external reviews and the evaluation of the effectiveness of these processes as they relate to the Medical Portfolio and accreditation. (Attribute 3.2)
- Report on the monitoring of the risks associated with the implementation of the online accreditation management system including specific consideration of the management, storage and confidentiality of the information available through the online system. (Attribute 3.2)
- Develop mechanisms to better standardise the structure of the team's assessment during the visit process. (Attribute 4.4)
- Develop mechanisms to strengthen the responsibility and accountability of the prevocational networks for issues identified in accreditation surveys that relate to a training provider within the network but not currently being accredited. (Attribute 4.4)
- Report on the development, implementation and evaluation of the online accreditation system. This should include stakeholder engagement and communication about the development of the system. (Attribute 4.4)

- Evaluate the effectiveness of the newly established annual reporting processes including the monitoring roles of the Prevocational Accreditation Committee and the Prevocational Training Council. (Attribute 4.6)
- Develop mechanisms to engage health consumers/the community in HETI's accreditation functions and consultation about standards and accreditation processes. (Attribute 5.1)
- Develop strategies for better engaging with the broader cohort of junior doctors that are not directly involved in the HETI accreditation process. (Attribute 5.1)
- Report on progress to develop a communication and engagement strategy specific to the Medical Portfolio. (Attribute 5.2)
- Evaluate and report on the formal relationship between the Canberra Region Medical Education Council and HETI with regard to the two facilities physically located in NSW that are included in the ACT linked training network. (Attribute 5.3)

The accreditation relates to HETI's work as the intern training accreditation authority for New South Wales.

In 2022, before this period of accreditation ends, the AMC will seek a comprehensive report from HETI. The report should address the requirements of the *Intern training – Domains for assessing accreditation authorities* and outline HETI's development plans for the next three years. The AMC will consider this report and, if it decides HETI is continuing to satisfy requirements, the AMC Directors may extend the accreditation by a maximum of three years, 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 AMC's finding is that the Health Education and Training Institute meets the domains for assessing intern training accreditation authorities.

The key findings of the 2017 AMC assessment against the requirements of *Intern training – Domains for assessing accreditation authorities* are set out below.

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

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

| Domain with commendations and recommendations for improvement | Findings and conditions |
|---|---|
| Domain 1 – Governance | Met |
| <i>Commendations</i> <ul style="list-style-type: none">• Intern training accreditation is a clearly identified priority for the organisation. (1.2)• The clear commitment from and engagement with the Ministry of Health. (1.3)• The broad range of stakeholder groups represented in the governance structures. (1.5)• The engagement of junior doctors on key committees. (1.5) <i>Recommendations for improvement</i> <ul style="list-style-type: none">• Formalise a more systematic approach to gathering feedback from stakeholder groups relevant to the accreditation functions. (1.5)• Continue with plans to appoint a consumer and community representative on the Prevocational Accreditation Committee, as per the terms of reference of the Committee. (1.5) | <i>Conditions</i> <p>In the 2018 progress report:</p> <ul style="list-style-type: none">• Evaluate and report on the effectiveness of the recent restructuring of the Medical Portfolio. (Attribute 1.1)• If plans for accreditation of PGY3+ positions progress, provide documentation to demonstrate that the accreditation authority has the resources to continue to give intern training accreditation high priority. (Attribute 1.2) |

| Domain 2 – Independence | Met |
|--|--|
| <p><i>Commendations</i></p> <ul style="list-style-type: none"> • The processes to support the independence of the intern training accreditation functions and decision making. (2.1) • The separation of the Prevocational Accreditation Committee and the Prevocational Training Council, which further enhances the independence in accreditation decision by separating the regulation and support roles of the organisation. (2.1) | |
| Domain 3 – Operational management | Met |
| <p><i>Commendations</i></p> <ul style="list-style-type: none"> • HETI appears well resourced to conduct its accreditation function. (3.1) • The commitment to quality improvement of organisational processes as evidenced by a number of recent external reviews. (3.2) <p><i>Recommendations for improvement</i></p> <ul style="list-style-type: none"> • Continue to monitor the increasing accreditation workload and adequacy of resources to support these functions. (3.1) | <p><i>Conditions</i></p> <p>In the 2018 progress report:</p> <ul style="list-style-type: none"> • Report on the implementation of recommendations from the external reviews and the evaluation of the effectiveness of these processes as they relate to the Medical Portfolio and accreditation. (Attribute 3.2) • Report on the monitoring of the risks associated with the implementation of the online accreditation management system including specific consideration of the management, storage and confidentiality of the information available through the online system. (Attribute 3.2) |

| Domain 4 – Accreditation processes | Met |
|---|---|
| <p><i>Commendations</i></p> <ul style="list-style-type: none"> • The comprehensive website and extensive documentation available on the accreditation process. (4.1) • The robust processes for surveyor, selection appointment and training. (4.2) • The development of the online accreditation management system. (4.4) • The clear commitment to and focus on quality improvement. (4.5) • The educational resources developed to support education and training within the NSW health system, which is accessible for use by other jurisdictions. (4.5) • The support for rural and remote intern training and for Aboriginal trainees. (4.5) <p><i>Recommendations for improvement</i></p> <ul style="list-style-type: none"> • Evaluate the specific training for survey team leaders. (4.2) • Develop mechanisms to provide team members with feedback on their performance and the outcomes of the surveys. (4.2) • Consider opportunities for HETI to work with health services to promote innovative approaches to intern training, while ensuring the focus on supervision and education is maintained. (4.9) • Strengthen communication to providers about the threshold for reporting changes to posts or programs. (4.9) | <p><i>Conditions</i></p> <p>In the 2018 progress report:</p> <ul style="list-style-type: none"> • Develop mechanisms to better standardise the structure of the team’s assessment during the visit process. (Attribute 4.4) • Develop mechanisms to strengthen the responsibility and accountability of the prevocational networks for issues identified in accreditation surveys that relate to a training provider within the network but not currently being accredited. (Attribute 4.4) • Report on the development, implementation and evaluation of the online accreditation system. This should include stakeholder engagement and communication about the development of the system. (Attribute 4.4) • Evaluate the effectiveness of the newly established annual reporting processes including the monitoring roles of the Prevocational Accreditation Committee and the Prevocational Training Council. (Attribute 4.6) |

| Domain 5 – Stakeholder collaboration | Met 5.1 <i>Engagement with stakeholders</i> is substantially met |
|--|---|
| <p><i>Commendations</i></p> <ul style="list-style-type: none"> • The processes for engaging with diverse stakeholders including the support provided to the Directors of Prevocational Education and Training and Junior Medical Officer Manager forums. (5.1) • The strong support provided for the Junior Medical Officer Forum. (5.1) • The establishment and support of the Aboriginal Junior Doctor Forum with the Australian Indigenous Doctors' Association. (5.1) <p><i>Recommendations for improvement</i></p> <ul style="list-style-type: none"> • Consider re-establishing the Education Support Officer Forum meetings. (5.1) • Further refine the role of the Junior Medical Officer Forum and the mechanisms for gathering and providing feedback to the Medical Portfolio, and the Prevocational Accreditation Committee specifically. (5.1) | <p><i>Conditions</i></p> <p>In the 2018 progress report:</p> <ul style="list-style-type: none"> • Develop mechanisms to engage health consumers/the community in HETI's accreditation functions and consultation about standards and accreditation processes. (Attribute 5.1) • Develop strategies for better engaging with the broader cohort of junior doctors that are not directly involved in the HETI accreditation process. (Attribute 5.1) • Report on progress to develop a communication and engagement strategy specific to the Medical Portfolio. (Attribute 5.2) • Evaluate and report on the formal relationship between the Canberra Region Medical Education Council and HETI with regard to the two facilities physically located in NSW that are included in the ACT linked training network. (Attribute 5.3) |

Introduction

AMC and intern training accreditation

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

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

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

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

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

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

| Framework document | Summary |
|---|---|
| Intern training – Domains for assessing accreditation authorities, 2016 | Outlines the criteria the AMC uses to assess intern accreditation authorities. Minor changes were made to this document in 2016. |
| Procedures for Assessment and Accreditation of Intern Training Accreditation Authorities by the AMC, 2015 | 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. |

| Framework document | Summary |
|---|--|
| 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. |

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. In 2016, the AMC completed a minor review of the *Intern training – Domains for assessing accreditation authorities* and the *Intern training – National standards for programs*. The review strengthened the standards and domains to clarify expectations about junior doctor wellbeing and processes for responding to known patient safety issues. The revised standards and domains took effect in January 2017 and are used in this report.

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

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

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

AMC assessment of the Health Education and Training Institute (HETI)

The Health Education and Training Institute (HETI) is the intern training accreditation authority for New South Wales. HETI was established in 2012, with a remit to ensure education and training availability for the whole of the NSW health system.

A NSW prevocational accreditation body has existed since 1988. The NSW prevocational accreditation body has undergone significant changes in organisational structure in 2006, 2008 and 2012, resulting in an expanded scope of activities with each change.

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*.

HETI submitted its report to the AMC for initial accreditation in 2013. On advice from the Prevocational Standards Accreditation Committee, the December 2013 meeting of AMC Directors agreed that it was reasonably satisfied that HETI met the domains for assessing accreditation authorities. Directors granted initial accreditation to HETI as the intern training accreditation

authority for New South Wales, with accreditation to continue until an AMC team completed an assessment of the intern training accreditation services.

This report details the 2017 assessment of HETI 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 HETI regarding the commencement of the assessment process in December 2016, after which there were regular discussions between AMC and HETI staff to plan the assessment.
- HETI 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 HETI had an opportunity to comment on the proposed membership. The membership of the team is shown at Appendix One.
- The AMC invited stakeholder bodies to comment on HETI's accreditation submission. To assist this process, HETI placed its submission on its website.
- The team met on 10 July 2017 to consider HETI's submission and to plan the review.
- A subset of the AMC team observed HETI's survey visit to Nepean Hospital in Sydney from 14–15 June 2017 and to Shoalhaven Hospital in Nowra on 28 June 2017.
- The team met HETI staff, HETI members, education and accreditation subcommittees and selected stakeholders from 13–14 September 2017.
- The team provided feedback to HETI staff and office bearers at the end of the visit and subsequently prepared this report.
- The AMC invited HETI 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 HETI were considered through the AMC's committee processes.

Appreciation

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

It acknowledges the additional work of HETI staff to develop the documentation, and plan the review. The AMC also acknowledges with thanks the collegial and open discussion with individuals and groups who met the AMC team in September 2017.

The groups met by the 2017 AMC team are listed at Appendix Two.

1 Governance of the Health Education and Training Institute

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 including the impact of these programs on patient safety. This should also include the way these programs address the wellbeing of junior doctors. [Amended: 14 December 2016]
- 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 Health Education and Training Institute

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]

There has been a prevocational accreditation body in NSW since 1988, when the Postgraduate Medical Council (PGMC) of NSW was established with responsibility for education, training, supervision and workforce management of junior doctors in the first two postgraduate years.

The NSW prevocational body has undergone a number of changes in organisational structure as the scope of activities has expanded over time. In 2006 the Institute of Medical Education and Training (IMET) was established and integrated the prevocational work of the PGMC and the medical vocational training support work of the Medical Training and Education Council. In 2008, the Clinical Education and Training Institute (CETI) was established following the recommendations of the Special Commission of Inquiry, Acute Care Services in NSW Public Hospitals (Garling Report). CETI absorbed the work of the IMET and the NSW Institute of Rural Clinical Services and Teaching.

HETI was established on 2 April 2012 with a wider remit to ensure education and training availability for the whole of the NSW health system. The remit includes non-clinical leadership and management development, as well as undergraduate and vocational training. HETI's determination of functions include to:

- design, commission, conduct, coordinate and evaluate education and training for patient care, administrative and support services
- support reform to improve workforce capacity and the quality of clinical and non-clinical training
- take the lead role in NSW Health for the design, commission, conduct, coordination and evaluation of leadership and management development programs

- develop, coordinate, oversee and evaluate education and training networks, ensuring they support service delivery needs and meet operational requirements
- set standards for education and training including medical training and accredit institutions for prevocational and education supervision
- establish effective monitoring and reporting systems to meet state-wide and national reporting requirements for education and training in the health sector.

In 2016, HETI gained registration as a higher education provider by the Tertiary Education Quality and Standards Agency (TEQSA) and transitioned the NSW Institute of Psychiatry to become the Mental Health Portfolio of HETI.

HETI is a Chief Executive Governed Statutory Health Corporation under the *NSW Health Services Act 1997*. In lieu of a board, the Chief Executive operates under Sections 52B, 52C and 52E of the Act. The HETI Chief Executive reports to the Premier of the NSW Government through the Secretary of NSW Health.

The following committees assist the Chief Executive in the overarching governance of HETI:

- **HETI Executive** - consists of the HETI Chief Executive and all Portfolio Directors, and supports the Chief Executive on strategic issues including the formulation of HETI's strategic direction.
- **Finance and Performance Committee** – consists of the HETI Chief Executive and the Portfolio Directors and monitors HETI's operational and financial performance and risk.
- **Audit and Risk Management Committee** - consists of the HETI Chief Executive and two external independent members. Provides independent assistance to the Chief Executive by overseeing and monitoring governance, risk and control frameworks, and external accountability requirements.

The various functions of HETI are organised into seven business portfolios which are operationally managed by a Portfolio Director, reporting to the Chief Executive.

- 1 **Medical** - Responsible for workforce and training requirements for trainee doctors in prevocational and vocational programs in NSW.
- 2 **Professional Practice and Interprofessional Collaboration** - Responsible for managing the education programs for Nursing and Midwifery and Allied Health, Mandatory Training and District HETI.
- 3 **Mental Health** - Former NSW Institute of Psychiatry. Responsible for mental health higher education to support state-wide reform.
- 4 **Rural and Remote** - Responsible for education, professional and career development for rural health staff.
- 5 **Educational Research and Evidence-based Practice** - Responsible for undertaking educational research to inform product development and outcomes including the establishment and management of the NSW Health Education e-journal.
- 6 **Strategy, Performance and Corporate Support** - Responsible for corporate support and strategy including governance, finance, human resources, communication and marketing and information management and technology.
- 7 **Leadership, Management Development and Educational Design** - Responsible for leadership and management development training.

The Medical Director leads decision making relating to human resources, finance, strategic and operational matters within the Medical Portfolio. The Director reports to the Chief Executive and is a member of the HETI Executive. The Medical Portfolio is divided into three teams, each led by a Manager, and responsible for separate functions:

- **Medical Foundation Program team** has responsibility for the allocation of medical graduates to internships in NSW. This team also developed educational resources such as the Intern Guide (a curriculum for PGY1).
- **Accreditation and Faculty Development team** has responsibility for the prevocational accreditation program, for PGY1 and PGY2 doctors.
- **Medical Supervision and Leadership team** oversees the management of vocational networks, provides scholarship funding, and develops and delivers training on medical management and leadership.

With the support of the Medical Portfolio staff, the Prevocational Accreditation Committee and the Prevocational Training Council provide oversight of prevocational accreditation and education and training.

The Prevocational Accreditation Committee (PAC) is the governing body for HETI accreditation decisions, including decisions regarding accreditation of NSW prevocational terms, facilities and training networks. PAC manages and advises HETI on the accreditation of all NSW prevocational trainee terms, facilities and prevocational training networks. It has a number of functions including the recruitment, training and continuing education of those who survey teaching sites, the review of accreditation survey reports and the decision making regarding the accreditation status of each Prevocational Training Provider and its PGY1 and PGY2 terms. The PAC is also responsible for approval of the accreditation policies and procedures. The PAC is supported by the Accreditation and Faculty Development team and reports to the HETI Chief Executive.

The Prevocational Training Council (PvTC) coordinates the prevocational training networks, develops educational resources, and provides support to junior doctors as well as those who teach and supervise junior doctors. It also advises HETI on issues related to prevocational training issues such as governance, competence and professionalism. The PvTC's role includes state-wide coordination of the prevocational training networks and reviewing financial and performance reports from networks and Local Health Districts which receive a budget supplementation from the Department of Health. The PvTC is supported by the Medical Foundation Program team and reports to the Medical Director.

The Junior Medical Officer (JMO) Forum is an advisory subcommittee of the PvTC. The functions of the JMO forum as stated in the terms of reference, are to advocate the interests of trainees in relation to trainee welfare, supervision, training, workforce, allocation and education and to promote training and circulate information provided by HETI. The JMO Forum reports to the PvTC Chair and the Medical Director.

Team findings

HETI is a legally constituted body which is subject to corporate standards related to governance, operational and financial management.

HETI has a large number of committees and management groups to oversee its broad range of functions. In its discussions during the visit the team explored the governance relationships between the various committees and management groups from both an operational and an accreditation decision-making perspective. The team considers there are robust systems for governance and operational management of the intern training accreditation function. The team

was further assured by HETI's recent and successful assessment as a higher education provider by TEQSA, which included an in-depth review of the organisational governance structures.

The Medical Portfolio was restructured in 2016 in response to a recommendation from an external review. This resulted in establishing a separate staffing team to independently manage the accreditation and education functions. This is discussed in further detail under attribute 1.2. During the visit, the team sought to further clarify the roles and reporting between the PvTC and the PAC. The team considers that the two committees appear to be working well and despite this separation there is a strong link between the two committees. Given the recency of changes to the Medical Portfolio operational structures, the AMC will be interested to receive reports on the evaluation of the changes.

1.2 Priority to accreditation of intern training positions

The intern training accreditation authority's governance and management structures give appropriate priority to accrediting intern training programs including the impact of these programs on patient safety. This should also include the way these programs address the wellbeing of junior doctors. [Amended: 14 December 2016]

While HETI has a broad remit to ensure education and training availability for the whole of the NSW health system, it indicates that intern training accreditation has remained a priority throughout the various organisational iterations since 1988.

Intern training accreditation is included in HETI's descriptions of key functions and strategic directions. Section 2e of the *Determination of Functions* declares a function of HETI 'to set standards for education and training including medical training and accredit institutions for prevocational education and supervision'. The intern training accreditation role has also been prioritised in the HETI Strategic Initiatives 2017. Item 2.3.1 states: 'Maintain NSW intern accreditation authority as delegated by the AMC.'

As noted in the previous attribute, in 2016, HETI restructured the Medical Portfolio from two teams to three to reflect a greater focus on intern training and education within the organisation. There is now an Accreditation and Faculty Development team which is dedicated to managing the accreditation function. In addition, HETI has separated the functions of the governing committee and established the PAC whose main function is accreditation of intern training and the PvTC whose role it is to ensure coordination of the prevocational training networks and develop educational resources.

HETI indicated this separation of responsibilities allows for appropriate attention to be paid to each function. The PAC and the PvTC, whilst having separate areas of focus, work closely and there is cross membership and reporting between the two committees.

Recognition of the impact of HETI's accreditation program on patient safety and junior doctors is reflected in the priority given to intern training within the governance structures and in the standards and procedures developed for committees and survey teams. For example the PAC terms of reference, state: 'Members in accepting their position acknowledge they are working on behalf of HETI to improve the safety and welfare of patients and doctors in the NSW Health system.' PvTC has the responsibility for providing advice to HETI on issues relating to prevocational training which specifically includes the wellbeing of interns.

Team findings

The team acknowledges the broad remit of HETI as a large organisation, which has responsibility for education and training for the whole of the NSW health system. Despite this range of responsibilities, the team notes HETI's (and its previous organisational iterations) long history of intern training accreditation. It is clear that this remains an ongoing priority for the organisation.

This focus was reflected at multiple levels and in many of the team's discussions with stakeholders.

The team observed that prevocational accreditation and education is seen as an important component of the organisation's broader responsibility for improving the quality of the NSW health system. This continued focus will be important as HETI expands in its roles and responsibilities, particularly in relation to higher education.

HETI has dedicated governance and management structures and provides resources to support intern training accreditation. The recent restructure of the Medical Portfolio allows a stronger focus on the accreditation function. The focus on intern training is further supported by changes in governance.

1.3 Business stability

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

HETI has governance structures in place to ensure business stability, including executive level committees with a focus on risk, finance and performance. The organisation has maintained its business and financial viability since its establishment in 2012. In addition to this, a state-based system of intern training accreditation has existed in NSW since 1988.

HETI receives ongoing funding through an annual budget allocation from the NSW Ministry of Health (NSW Health). This funding and the associated Service Agreement provide a financial guarantee for HETI to continue providing services in line with its agreed functions. This budget allocation supports the core activities of HETI, including medical intern placement accreditation on behalf of the AMC and NSW Health.

The Medical Board of Australia through the Australian Health Practitioner Regulation Agency (AHPRA) also provides funding to support the intern training accreditation function.

Operational management of HETI is undertaken by the Chief Executive, and the individual Portfolio Directors. Further information about how the budget is managed by the Medical Portfolio is provided under attribute 3.1.

Team findings

There are currently appropriate structures to support the operational management of HETI and evidence of organisational stability. This is further supported by historical evidence of organisational sustainability in the area of prevocational accreditation.

In discussions during the assessment visit, the team observed that there is a clear commitment from, and engagement with, NSW Health, at its highest levels. NSW Health re-iterated the importance of intern training accreditation for ensuring the quality of junior doctor training and supervision, which further impacts on the quality and sustainability of future workforce. There is evidence of a good working relationship, including regular lines of communication and reporting at multiple levels.

The team notes that the workload for intern training accreditation is expanding. The team considers that HETI has systems in place to manage and monitor any increased resource requirements, this is discussed further under attribute 3.1.

1.4 Financial arrangements

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

The HETI Finance and Performance Committee, consisting of the HETI Chief Executive and all Portfolio Directors meets monthly and monitors HETI's operational and financial performance and risk.

The Medical Director of the Medical Portfolio, reporting to the Chief Executive, manages the Medical Portfolio finances and reports on financial performance and risks to the Finance and Performance Committee.

HETI uses an external agency to provide internal audit services. HETI has its financial accounts audited annually by the NSW Auditor General with reports presented to the NSW Parliament. HETI's financial statements are published annually on the NSW Health website: <http://www.health.nsw.gov.au/annualreport/Publications/2016/heti.pdf>

Team findings

The AMC team considers that HETI 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 Chief Executive and executives within the organisation, including the Portfolio Directors are responsible for the operational governance of HETI. Appointment to these management groups is through being HETI staff.

The PAC is the governing body of the accreditation function of HETI, with reporting lines to the Chief Executive. Selection and appointment of members is described in the terms of reference and includes an expression of interest process:

- An independent Chair is recruited and appointed by the HETI Chief Executive in accordance with the Appointment, Credentialing, Contracting and Payment of HETI Clinical Chairs Procedure. The Chair is appointed for a period of three years, renewable once.
- An independent Deputy Chair is appointed by the HETI Chief Executive through expressions of interest from serving ordinary members of the committee.
- Members are appointed by the HETI Chief Executive for a term of up to three years, which is renewable once. Appointments are made to ensure a balance of experience, qualifications and representation from Local Health Districts and Specialty Health Networks.

The PvTC provides advice to HETI on issues relating to prevocational training with reporting lines to the Medical Director. The terms of reference describes the processes for appointments of members:

- The Chair is appointed by HETI for a period of three years, renewable once.
- The Deputy Chair is appointed by HETI through expressions of interest received from serving PvTC members, for a period of three years, renewable once.
- HETI appoints the members of the council for a three-year term, renewable once. Nomination is by relevant organisation or through expression of interest, with formal appointment by the HETI Executive. The council Chair can recommend an exception to HETI to extend an individual's membership for the benefit of the committee for a further year. HETI can then make exceptions to extend an individual's membership. The council can co-opt individuals to assist the council. HETI reviews these exceptions on an annual basis.

The JMO Forum is an advisory subcommittee of the PvTC and is composed of elected representatives of interns and residents in each of the prevocational training networks. The terms of reference describes the process for appointment. One PGY1 member is elected from each of the HETI prevocational training networks during orientation. A PGY1 or PGY2 member may also be elected from each hospital that employs Rural Preferential Recruitment trainees.

Team findings

HETI has established processes for the selection and appointment of the committees governing prevocational accreditation and education. Selection processes include an open process for seeking expression of interest. The PAC membership provisions reflect appropriate stakeholder groups and there is consideration of balance of experience, qualifications and geographic location in making appointments.

The team notes there is some difference in the selection and appointment processes described for the PAC and the PvTC in the procedural documentation. The terms of reference for the PAC suggest that reviews of applicants and interviews are conducted and arranged by the PAC Chair and senior HETI staff. The PvTC terms of reference indicate that the PvTC reviews the applicants and makes the decisions. The wording of these documents may need some further clarification.

The team considers the selection process for the committee chairs, with the use of a selection panel with independent members, to be a particularly sound mechanism for selection and appointment that could be considered for all membership categories.

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.

HETI's accreditation governance structures provide for input from health services, intern supervisors, and interns and other stakeholders through membership provisions. In addition to this, HETI describes regular meetings and support for stakeholder fora and committees as mechanisms for receiving stakeholder input.

HETI has established a number of committees and fora with external stakeholder representatives to provide input relevant to prevocational training including the PAC, PvTC and the JMO Forum.

PAC membership provisions include representation from key stakeholders groups. The terms of reference state that appointments will be made to ensure a balance of experience, qualifications and representation from Local Health Districts and Specialty Health Networks including:

- Junior and senior medical staff
- Clinical and administrative staff (minimum of three clinical representatives and one JMO Manager)
- Rural and metropolitan representation
- The HETI Medical Director (or delegate) (ex officio)
- Chair of the HETI PvTC (ex officio) and a second representative nominated by the PvTC (ex officio)
- The Committee will include a community representative
- The Committee will include a consumer representative
- HETI may appoint additional technical experts with expertise in prevocational medical education and/or assessment, or persons whose work brings benefit, on the recommendation of the Committee.

The PvTC terms of reference state that nomination is by relevant organisation or through expression of interest, with formal appointment by the HETI Executive. Membership will include, at minimum:

- Chair of the PAC
- Chair of the JMO Forum
- Past Chair of the JMO Forum
- At least one JMO Manager
- At least five Directors of Prevocational Education and Training which includes at least one representing rural hospitals
- Representative(s) of relevant medical schools
- A Vocational Training representative
- Other representatives as required.

The JMO Forum is an advisory subcommittee of the PvTC. The JMO Forum includes a PGY1 and PGY2 member elected from each of the HETI prevocational training networks. The JMO Forum reports to the PvTC Chair and the Medical Director.

HETI also supports fora for those who supervise and assess junior doctors such as the JMO Manager Forum and Directors of Prevocational Education and Training (DPET) Forum. Annual fora are held for the JMO Managers and DPETs which provide opportunities for networking, support and professional development.

HETI provides support to a range of other fora and councils relevant to general and vocational medical training. These include the Aboriginal Trainee Doctors Forum. Previously HETI also provided support for the Education Support Officer Forum.

HETI has regular communication with and reports to NSW Health. The Chief Executive regularly meets with the Secretary of Health and the Deputy Secretary, Governance, Workforce and Corporate from NSW Health, and with Chief Executives of Local Health Districts and Specialty Health Networks, fellow health pillars and agencies. HETI Executives and senior staff meet with counterparts in NSW Health, other health pillars and agencies, as well as representatives from Local Health Districts and Specialty Health Networks.

Team findings

The Medical Portfolio's governance arrangements allow for input from a wide range of stakeholders such as health services, intern supervisors and interns through representative positions on key committees and links to a number of stakeholder fora.

The PAC terms of reference include membership provisions for consumer and community representatives. However, there are no consumer members currently on the committee and this is an area for further consideration by HETI. Opportunities for engaging with consumers and community groups will be addressed specifically under attribute 5.1.

The team commends the membership provisions and engagement of junior doctors on the PAC, the PvTC and the JMO Forum. As discussed further under attribute 5.1, the team considers that refinement of the JMO Forum's role and specific links to PAC require some further consideration.

The team considers that there are opportunities for formalising a more systematic and consistent approach to gathering feedback from these stakeholder groups in relation to the intern training accreditation functions. The DPET Forum and the JMO Managers Forum in particular provide a significant source of potential systematic mechanisms for seeking feedback and communicating about initiatives and requirements related to accreditation.

HETI's function was not well understood by some stakeholders who met with the team, including junior doctors. The team recognises an opportunity has arisen with plans for the development of a media and communication strategy and a dedicated media and communications resource for the Medical Portfolio. The team considers this will assist in raising the profile of HETI's accreditation functions and systems that support intern training. This is discussed further under attribute 5.1.

Overall, the team considers that HETI has appropriate mechanisms in place to ensure stakeholder input into governance.

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.

HETI is a Chief Executive Governed Statutory Health Corporation. This allows the Chief Executive to operate, in lieu of a board, to manage and control affairs of the corporation. The HETI Chief Executive reports to the Premier of NSW Government through the Secretary of NSW Health.

HETI has defined formal agreements with the organisations that fund its accreditation activities, NSW Health and the Medical Board of Australia.

HETI is primarily funded by NSW Health. It has a service agreement with that defines the parameters of funding and delegates responsibility for prevocational accreditation functions.

HETI has a formal agreement with the Medical Board of Australia and receives funding to perform the intern training accreditation function.

Operationally, within the organisation there is separation of the management of HETI's functions into seven portfolios each with distinct responsibilities. The Medical Portfolio is responsible for the delivery of the outcomes required as the intern training accreditation authority for NSW. HETI staff are bound by NSW Government policy directives and guidelines, which include processes designed to prevent corruption and undue influence. Specifically, the NSW Health Code of Conduct sets standards of ethical and professional conduct.

Mechanisms to ensure the independence of accreditation decision making include: different levels of decision making; wide-stakeholder input; consideration of conflicts of interests; and assessment against standards.

There are two levels of accreditation decision making including a team of surveyors, which undertakes an accreditation event and prepares a report with recommendations to the PAC, and the PAC which, considers the survey report and makes a decision on accreditation. The PAC reports its accreditation decisions to the HETI Chief Executive, who in turn reports to the Secretary of NSW Health. HETI is obliged to report to NSW Health and the Minister of Health, when there is a significant issue with a Prevocational Training Provider or a Local Health District.

Wide stakeholder representation and conflict of interest processes for survey teams and committees is intended to ensure that the decision making remains impartial to any particular stakeholder group.

Assessment by survey teams and decision making by the PAC is based on the NSW prevocational accreditation standards and guidelines and the AMC intern training requirements. The PAC has defined terms of reference that set out its purpose and functions and the requirements and responsibilities of members. Although the PvTC has a role in managing the networks and in monitoring (detailed further under attribute 4.6), it is not actively involved in the intern training

accreditation decisions, other than through cross representation of the committee membership. The PAC decisions are reported to the PvTC.

Team findings

HETI has established processes and structures to maintain the independence of the accreditation function from stakeholders, such as government, health services and professional associations.

The team considers the accreditation functions of HETI appear appropriately independent from undue influence. This was strongly articulated by the multiple stakeholder groups that met with the team, including NSW Health.

HETI staff and committee members who met with the team indicated they feel able to conduct their business independently. Executive staff reflected that the determination of functions and the service agreement between NSW Health and HETI allows the organisation to manage and control its own operations (in line with the contractual agreements) with regular reporting.

The AMC team had the opportunity to observe two accreditation surveys and a meeting of the PAC. The team did not observe any bias or efforts by any of the committee members to influence the decisions on intern or other posts. In general, the team considered that decisions and recommendations made by the committee were based on clear information and good open discussion. Survey members who met with the team indicated they did not consider their role as accreditors was influenced by workforce concerns within the networks or health services. During the discussions with the PAC and the Medical Portfolio staff, the team heard examples of the independence in decision making where decisions were made to provisionally approve or not approve accreditation where a program failed to meet the required accreditation standards.

The team considers that the separation of the PAC and the PvTC (and supporting Portfolio staff) further enhances the independence in accreditation decision-making as it reflects a separation between the regulation and support roles of the organisation.

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.

HETI has developed procedures for identifying and managing conflicts of interest. The conflict of interest requirements are outlined in the HETI Prevocational Accreditation Procedure.

Members of the PAC are required to complete a conflict of interest form advising of all duties where there is potential for a conflict to exist. Members are required to update this form annually. The conflict of interest information for PAC members is compiled by HETI staff and used to determine responsibility for agenda items. At the commencement of each meeting members are asked to declare any additional conflicts. PAC members do not participate in discussion of items for which they have a conflict of interest.

Where the PAC Chair has a conflict, the Deputy PAC Chair or another senior member of the committee will lead the item and discussion during the meeting.

The PAC terms of reference state that the responsibility of the Chair in managing conflicts is to 'Ensure that real or perceived conflicts of interest are managed appropriately'.

The same conflict of interest process applied to the PvTC.

Information about conflict of interest processes for survey teams is discussed further under attribute 4.8.

As noted under attribute 2.1, there is a separation of roles and responsibilities of HETI staff and they are bound by NSW Government policy directives and guidelines.

Team findings

The team observed a meeting of the PAC and the PvTC and considered that the committees demonstrated a good understanding of conflict of interest and followed the processes as described. The PAC agenda included a table of known conflicts of members and the items on the agenda. At the beginning of the meeting, the Chair asked if there were any additional conflicts. Members with an identified conflict absented themselves for the discussion.

The team considers there are clear policies for managing conflicts of interest. HETI has well defined conflict of interest processes in place, which the team observed to be functioning in practice.

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.

HETI has defined formal agreements with the organisations that fund its accreditation activities: NSW Health and the Medical Board of Australia.

HETI is primarily funded by NSW Health. It has a service agreement with NSW Health that defines the parameters of funding for prevocational accreditation functions. Funding for HETI programs comes from NSW Treasury via NSW Health.

The funding for the prevocational accreditation functions for PGY1 trainees is provided mostly by the Medical Board of Australia. HETI also provides accreditation functions for PGY2 trainees based on historical expenditure.

The overarching organisational management of HETI is outlined under Domain 1. This includes information about operational and financial management.

Decision making relating to human resources, finance, and strategic and operational matters of the Medical Portfolio (including the accreditation program), is led by the Medical Director. The Medical Director reports to the Chief Executive and is a member of the HETI Executive Leadership Team (HELT). The Medical Director reports the financial performance and significant risks of the Medical Portfolio to the HETI Finance and Performance Committee. The HETI Finance and Performance Committee meets monthly and monitors HETI's operational and financial performance.

The HETI Finance team provides finance expertise, as well as business support, as required. HETI's financial statements are published annually on the NSW Health website.

The Medical Portfolio is the business unit that has responsibility for delivering the requirements of the intern training accreditation authority. The Medical Portfolio has up to 30 staff that are responsible for a range of activities for both prevocational and vocational medical trainees in NSW. Within the Medical Portfolio there are three teams. Of these, the Accreditation and Faculty Development (AFD) team works almost exclusively on prevocational accreditation.

The AFD team is a dedicated resource of five full-time equivalent (FTE) staff members. Team members' experience with accreditation ranges from eight years to twelve months, with most staff in the team working together for two or three years. All staff are employed in permanent roles by HETI under the Health Employees Administrative Staff (State) Award or the Health Managers (State) Award. The AFD team consists of a Manager, Senior Program Coordinator, Program Coordinator, Project Officer, and an Administration Support Officer. HETI indicates that there is also potential to utilise additional resources when required, for example an administrative officer

from another Medical Portfolio team is currently assisting the AFD team for one day per week with administrative tasks.

HETI employs a PAC Chair 0.2 FTE per week dedicated to the prevocational accreditation program. An additional clinical Chair is employed to oversee the PvTC 0.25 FTE per week, and works closely with the PAC Chair.

HETI identified some challenges and risks for resourcing over the next three years such as: the high number of prevocational training providers within the state, resulting in 14 to 15 scheduled surveys each year; transitioning to an online accreditation system; maintaining a pool of sufficiently trained surveyors; and the availability of staff with appropriate skills in the AFD team. HETI indicated that managing these challenges is part of the strategic planning for the Medical Portfolio. It expects that the planned online accreditation management system will mitigate some of these risks and will assist in reducing the administrative burden of the accreditation process. The Medical Portfolio will make resources available to assist both training providers and surveyors successfully transition to appropriate use of the new accreditation online program. This is discussed further under attribute 3.2 related to risk management.

Team findings

The team considers that HETI has effective processes in place to manage the human and financial resources to achieve the objectives of its prevocational accreditation function. HETI is conducting its functions, including accreditation activities, within its current resources.

The team acknowledges the enthusiasm and commitment of many of the individuals it met for intern education and training and quality improvement.

The Medical Portfolio has the delegated function for accreditation within the HETI structure. The Portfolio appears to be working within its budget to deliver on its service agreements.

The Medical Portfolio staff effectively manage a large workload to deliver the accreditation functions. The importance of staff support provided to the health services and networks was reiterated in meetings with the AMC team. During its discussions with stakeholders, the team heard of some recent examples where there had been a lack of continuity or consistency of information provided to health services which, it is understood related to recent staff changes. The team would encourage processes to be established to ensure the consistency of information provided during periods of staff change or development.

In future reports, HETI is requested to provide updates on the workload of the Medical Portfolio and strategies to manage this, including the implementation of the online accreditation system.

In its observation of the PAC and PvTC meetings and subsequent discussions with the committee members, the AMC team was impressed by the commitment and engagement of the two committee chairs.

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.

HETI has engaged in a number of high-level reviews of the accreditation process and of its Medical Portfolio, in addition to implementing routine monitoring mechanisms and quality improvement of processes and systems.

Systematic reviews of the organisation and Medical Portfolio include:

- **Review of the accreditation framework for prevocational training in NSW 2013:** Dr Jo Burnand conducted a review of the accreditation framework for prevocational training within NSW (2013). The review provided 22 recommendations to improve the governance, competence and professionalism of intern training accreditation. Three recommendations

were not practical to proceed with, however the remainder have been implemented. The implementation of the review recommendations has been monitored by the PAC.

- **Medical Portfolio Program Review 2014:** The Medical Portfolio Program Review (MPPR) was conducted by Professor John Collins. The review was commissioned by the Chief Executive to investigate the purpose, goals, governance and structure of all HETI medical programs and ensure that HETI medical portfolio programs were fit for purpose. HETI published its response to the 39 recommendations.
- **Review of HETI's Strategic Plan 2015:** HETI reviewed its Strategic Plan. The revised Strategic Plan includes a reference to HETI's role as the authorised intern training accreditation authority on behalf of the AMC.
- **TEQSA assessment and revised mission 2016:** HETI was approved to be registered as a Higher Education Provider by the TEQSA. In light of this opportunity, HETI reviewed its vision and mission. New vision and purpose statements for HETI were developed in consultation with staff.

In addition to systematic reviews, the Medical Portfolio implements routine processes for monitoring and improving the intern training accreditation processes. The AFD Manager has responsibility for managing the development, implementation, monitoring, evaluation and reporting of the accreditation program. This is achieved in collaboration with the Medical Director via fortnightly meetings. The PAC Chair is employed by HETI one day of the week to provide assistance.

The evaluation of the accreditation program relates to the AFD team and their outputs and performance with regard to policy and program development. The Process for managing quality improvement in the Accreditation and Faculty Development team document outlines current evaluation processes, and is used to assess management and performance. In addition, stakeholder and survey team feedback is collected and assessed as part of the internal evaluation process for potential improvements.

The three types of stakeholder evaluation are:

- 1 Feedback from a facility and survey team members immediately following a survey visit.
- 2 Feedback from survey team members and training providers regarding the accreditation standards and the survey tool.
- 3 Feedback from attendees of surveyor training.

In surveys conducted from December 2015 to December 2016, both team leaders and survey team members indicated performance was satisfactory. Prevocational Training Provider (PTP) comments were positive concerning the support provided by HETI in the lead up to surveys, however feedback from both PTPs and surveyors indicated concerns regarding the large amount of evidence and survey documentation required. It is hoped that the introduction of the online accreditation management system will alleviate this issue, as all processes will be managed electronically negating the need for paper copies.

In August 2016, a survey was sent to all surveyors and hospitals who had participated in accreditation surveys in the previous twelve months. Feedback was requested regarding the revised NSW Prevocational Accreditation Standards, the survey tool and its rating scale, which were implemented in 2015. The results indicated the revised standards were an improvement, although there was still repetition in some areas. Feedback regarding the survey tool and the rating scale was overall positive. A working group of the PAC has since met to review the feedback and discuss suggested changes.

HETI has a process of continuous quality improvement to identify variation in the application of the NSW Prevocational Accreditation Standards. Each year the AFD team reviews the consistency

of recommendations taken by both the survey teams and the decision making of the PAC. A Report of Activities is prepared annually and tabled for the PAC to discuss.

As part of its quality improvement processes HETI is developing an online accreditation management system to provide accessible information to all stakeholders in the accreditation process, and replace the need for paper copies of documentation. It is hoped that the system will reduce the burden of accreditation and the amount of paperwork currently required from facilities. It is planned that the transition to the new system will occur over a four-year period in line with the current cycles of accreditation. The system was piloted with a small number of sites in 2017 and HETI is working with eHealth NSW to develop the functional requirements as it is implemented. Change management documentation and user guides will be developed to assist in the implementation phase of the project.

HETI implements and reviews risk management and quality improvement strategies through monitoring, analysis and appropriate management protocols. Risks are assessed and escalated to the relevant level of management. The AFD Risk Register is utilised to:

- identify and monitor risks
- identify who is accountable for the risk
- facilitate monitoring of risks and
- evaluate and review risks.

All emerging risks identified by staff are initially escalated within the AFD team and communicated to the Medical Director, and the Chairs of the PAC and PvTC. If the matter is deemed urgent, it is managed by the Medical Director, and/or the HETI Chief Executive immediately, and mitigation strategies are enacted. Significant risks identified by the AFD team are escalated to the Medical Portfolio Risk Register. Risks from each portfolio form part of the agenda for discussion at the monthly HETI Finance and Performance Committee meeting.

The Audit and Risk Management Committee, consists of the HETI Chief Executive and two external independent members, one of whom is the Chair. The Audit and Risk Management Committee complies with a Policy Directive from NSW Health to provide independent assistance to the Chief Executive of HETI by overseeing and monitoring HETI's governance, risk and control frameworks, and its external accountability requirements. The committee meets four times per year.

Where survey teams identify significant issues at training facilities, the PAC Chair or Medical Director will escalate matters to the Chief Executive, who will make contact with the Chief Executive of a Local Health District or Specialty Health Network. Whilst all prevocational accreditation decisions are made by the PAC, the Medical Director has a role in the management of significant consequences derived from PAC decisions. Any substantial risks that have been identified by the committee are escalated to the HETI Chief Executive.

As noted under attribute 3.1, HETI has highlighted the challenges of workload and resourcing the number of surveys required to be undertaken each year. It is expected the online accreditation management system will help reduce the administrative burden for HETI, surveyors and PTPs.

The submission also identified the following two potential risks: managing the political process if a major teaching hospital fails to maintain full accreditation; and the possibility of the online accreditation management system failing to meet stakeholder expectations. In relation to the first risk, currently only one NSW prevocational training facility has a reduced term of accreditation.

Team findings

The team notes that HETI and the Medical Portfolio have undertaken a number of systematic reviews in recent years and it commends this focus on the continual improvement of HETI processes.

The HETI response to the review recommendations has been an area for reporting to the AMC since 2014. The AMC will be interested in continuing to receive updates on the implementation of recommendations of reviews that relate to the work of the Medical Portfolio, and specifically its intern accreditation functions.

A subset of the AMC team observed a meeting of the PAC on 17 August 2017. There was an agenda item, PAC Reports and Reviews, which included a Biannual Survey Evaluation report and Evaluation Process Review (January to July 2017). While the PAC did not discuss this item in detail, the team was satisfied there are appropriate evaluation mechanisms in place.

There are processes for managing risk at a number of levels within the organisation. The ADF team, responsible for accreditation, manages its own risk register. The PAC agenda includes an item on Emerging Risks (nothing reported at the meeting observed by the team) and reports from the PvTC Chair.

There are mechanisms to escalate this to the Medical Portfolio and then more broadly to the organisation. The Medical Portfolio reports monthly to the HETI Finance and Performance Committee.

The team commends the development of an online accreditation management system as part of a quality improvement process, this is discussed further under attribute 4.4. The monitoring of risks associated with the implementation of the online accreditation management system will be an area for reporting to the AMC.

3.3 Management of records and information

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

In NSW, all government agencies are required to comply with the *State Records Act 1998*, which sets out the rules for the storage, use and format of business records. State Records NSW provides retention schedules that state the types of records that need to be kept by HETI, and the duration before they can be destroyed. At HETI these schedules are tied to the structured title (classification) and set down as a business rule. HETI's *Guidelines for Records Management* describes the governance, framework, strategy and roles for records management at HETI. This document references best practice and risk mitigation as per State Records NSW.

HETI manages information using these guidelines to ensure:

- compliance with Ministry of Health PD2009_057; Records Management Policy
- staff understand their responsibilities under the State Records Act
- records relating to the business of HETI are saved into the approved Records Management System (HP TRIM).

As per NSW Health employment procedures, every new staff and committee member, whether they be permanent, temporary or a contractor, must sign and abide by a confidentiality agreement. The signed confidentiality agreement is held by the Human Resources team.

Team findings

The team considers that mechanisms for maintaining records and confidentiality are clearly stated and appear comprehensive.

The management, storage and subsequent confidentiality of the information available through the online accreditation management system will be an important consideration as the system is implemented across the state.

4 Processes for accreditation of intern training programs

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

Attributes

- 4.1 The intern training accreditation authority ensures documentation on the accreditation requirements and procedures is publicly available.
- 4.2 The intern training accreditation authority has policies on selecting, appointing, training and reviewing performance of survey team members. Its policies result in survey teams with an appropriate mix of skills, knowledge and experience to assess intern training programs against the accreditation standards.
- 4.3 The intern training accreditation authority has developed and follows procedures for identifying, managing and recording conflicts of interest in the accreditation work of survey teams and working committees.
- 4.4 The accreditation process includes self-evaluation, assessment against the standards, site visits where appropriate, and a report assessing the program against the standards. In the process, the intern training accreditation authority uses standards that comply with the approved national standards for intern training.
- 4.5 The accreditation process facilitates continuing quality improvement in delivering intern training.
- 4.6 The accreditation process is cyclical, in line with national guidelines and standards, and provides regular monitoring and assessment of intern programs to ensure continuing compliance with the approved *Intern training – National standards for programs*.
- 4.7 The intern training accreditation authority has mechanisms for dealing with concerns for patient care and safety identified in its accreditation work, including accreditation assessment, monitoring and complaints processes. [New: 14 December 2016]
- 4.8 The intern training accreditation authority has mechanisms for identifying and dealing with concerns about junior doctor wellbeing or environments that are unsuitable for junior doctors in its accreditation work including accreditation assessment, monitoring and complaints processes. [New: 14 December 2016]
- 4.9 The intern training accreditation authority applies national guidelines in determining if changes to posts, programs and institutions will affect the accreditation status. It has clear guidelines on how the institution reports on these changes, and how these changes are assessed.
- 4.10 The intern training accreditation authority follows documented processes for accreditation decision-making and reporting that enable decisions to be free from undue influence by any interested party.
- 4.11 The intern training accreditation authority communicates the accreditation status of programs to employers, interns and other stakeholders, including regulatory authorities. It communicates accreditation outcomes to the relevant health services facility and other stakeholders.
- 4.12 There are published processes for complaints, review and appeals that are rigorous, fair and responsive.

4.1 Documentation on the accreditation requirements and procedures

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

The Prevocational Accreditation section of the HETI website provides access to information about accreditation requirements and procedures:

<http://www.heti.nsw.gov.au/Programs/Accreditation/Prevocational-Education/Prevocational-Accreditation1/>. This section is the main repository for information from HETI to the Local Health Districts, Specialty Networks and Public Health Organisations. It provides an overview of accreditation processes, policies and guidelines and information on the PAC. There are also resources to assist the facilities in undertaking prevocational accreditation survey events, a guide for interns and educational resources.

A list of all the current Prevocational Training Networks in NSW is also available and includes the name of each Prevocational Training Provider, which training network and Local Health District they are part of, and the classification and the month/year the accreditation will be reassessed. The list of NSW prevocational accredited training terms, their location, type, term and capacity is also provided on this section of the website, and is updated quarterly, or more frequently if required.

HETI indicates that communication regarding accreditation requirements and processes is predominantly via the HETI website.

Team findings

The team commends HETI for its website and for the extensive set of documents which are publicly available and cover all aspects of the accreditation process.

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

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

The HETI accreditation process relies on surveyors to conduct onsite surveys to assess and monitor prevocational training providers. HETI has developed policies and procedures for surveyor recruitment, appointment, training and evaluation, which are summarised below.

The Survey Management and Hospital Survey Composition Procedure is the process followed by HETI staff and defines the requirements for team selection, training, appointment, evaluation and responsibilities. The *HETI Accreditation Procedure* provides further detail on the steps to becoming a surveyor, team composition, confidentiality and conflict of interest. A surveyor code of conduct is included along with a statement of key roles and responsibilities and skills knowledge and experience required. HETI has also developed a *Prevocational Accreditation – A Guide for Surveyors* detailing the survey procedure and the expectations of HETI.

Recruitment

To maintain a diverse pool of accreditation surveyors, HETI advertises at various events including the Directors of Prevocational Education and Training Forum, the JMO Forum, the JMO Managers Forum, network meetings and other events as appropriate.

Currently HETI has 91 accreditation surveyors: 26 senior clinicians, 17 medical administrators, 14 administrators, 32 doctors in training (Junior Medical Officers) and two interstate surveyors. An additional 27 surveyors were in training at the time of the accreditation visit.

Appointment to surveyor pool

The Survey Management and Hospital Survey Composition Procedure states that the PAC Chair will make the selection and appointment of all new surveyors and new team leaders in accordance with the procedure.

Before a surveyor is appointed, they must:

- Successfully complete the New Surveyor Training Exercises
- Participate on a survey as a trainee surveyor (the HETI secretariat will attempt to ensure this occurs within six months of completion of New Surveyor Training exercises)
- Receive a satisfactory report from the team leader of the survey they participated on as a trainee surveyor
- Agree to follow the Surveyor Statement of Duties.

There are additional requirements of Team Leaders including that they must: be either a clinician or a medical administrator; have participated in a minimum of two surveys as a surveyor within a two-year period; have attended at least one survey as a trainee team leader in addition to the two surveys as a surveyor; received a satisfactory report from the team leader of the survey they participated on as a trainee team leader; and have agreed to follow the Team Leader Statement of Duties.

Training

Surveyors must attend a Surveyor Training Day at least once every two years or participate in a survey once every two years to retain their credentials as a surveyor. Surveyors whose credentials lapse, are required to complete the New Surveyor Training Exercises or attend a Surveyor Training Day or participate on a survey as a trainee surveyor. Team leaders are required to lead at least one survey per annum.

Surveyor training days are organised annually or biannually depending upon the surveyor pool numbers. In 2017 a team leader training day is being trialled. It is intended this will provide the opportunity for current team leaders to share knowledge and experiences, standardise the approach to survey visits, as well as the outcomes and writing of the survey report, develop strategies and approaches for future surveys, and provide opportunity to add to the team leader pool.

The *Prevocational Accreditation – A Guide for Surveyors* provides further information for surveyors about the accreditation process, classifications of training providers, information about the Prevocational Accreditation Committee, '10 commandments of surveying', and the roles and responsibilities of the team in the process, including a team leader check-list and administrative information.

Team composition - appropriate mix of skills, knowledge and experience

When assembling a survey team, HETI states that the staff follow the procedure outlined in the document, *Survey Management and Hospital Survey Composition*. This document details the requirements for constructing an appropriately skilled and diverse team.

The procedure states that all visits, except for new PTP visits, will have teams that consist of at least the following representatives: a) medical administrator or clinician AND b) doctor in training.

It also stipulates a number of other requirements such as: at least one surveyor must be from a similar type/sized PTP; and that whenever possible the team will include a surveyor who was involved in the previous survey of the PTP.

The *Survey Management and Hospital Survey Composition* procedure provides a table that indicates the survey team composition requirements including the number of members and expertise that should be included for different types of visits.

Evaluation

The *HETI Accreditation Procedure* states that team leaders are required to complete a Surveyor Evaluation Form on the performance of the surveyors. This form is reviewed by the PAC Chair. The *Survey Management and Hospital Survey Composition* procedure indicates that PAC Chair will evaluate the performance of surveyors on an ongoing basis using the feedback received through the PTP and surveyor survey evaluation forms. Surveyor performance will be reviewed and investigated by the PAC Chair on a case-by-case basis, and if required the PAC may be consulted. If it is determined a surveyor requires remediation a suitable plan will be devised.

The *Accreditation Procedure* states that if the team leader or any other survey team member has concerns about the performance of another surveyor, they should contact the PAC Chair directly.

The PAC terms of reference indicates that one of its functions is to manage, oversee, evaluate and improve the recruitment and training of surveyors and team leaders and facilitate their continuing education for those roles.

Team findings

The team considers there are robust processes for surveyor selection, appointment and training. The team had the opportunity to observe two survey visits and considered the survey teams were balanced and appropriately skilled for their role. HETI has a highly engaged and well-trained pool of surveyors who are clearly committed to the process, and the team considers this a strength.

Survey team selection is through either expression of interest or direct request from HETI staff to participate in a survey. The team confirmed that all team members are required to undergo training prior to undertaking a survey and the first survey is as a 'trainee member'. The AMC team supports the development of dedicated training for team leaders.

On the visits observed, all members, except the trainee team member, were experienced HETI surveyors and familiar with HETI standards and procedures. There was good engagement by all survey team members who all appeared to be well across the details of the facilities. Both survey teams were collegial in their approach.

HETI's accreditation processes are well documented and in line with national standards. The team notes however there are opportunities to improve the standardisation of the visit process, with emphasis on the structure of interviews and questions, as well as how teams track issues throughout the surveys. The team considers that one way to improve consistency could be through provision of a dedicated HETI staff member on the survey visit. The team heard that the PAC and staff had implemented mechanisms to monitor and maintain the consistency of decision making, however did observe some perceptions of inconsistency in its discussions with stakeholders.

While survey team members complete an evaluation form at the end of the survey, which includes an evaluation of the team's performance, it appears that the outcome of these evaluations is not routinely made available to the team members. The team heard that surveyors would be interested to receive feedback on their performance and the outcomes of the surveys.

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.

HETI has developed conflict of interest procedures and processes in the governance processes for both survey team members and governing committees.

The *HETI Accreditation Procedure* outlines the requirements for conflict of interest for members of the PAC, the PvTC and surveyors. HETI requires committee members and surveyors to complete confidentiality and conflict of interest forms, which are updated annually.

The conflict of interest processes for the PAC and the PvTC were previously described under attribute 2.2. The committee agendas includes a table of known conflicts between members and items on the agenda. Committee meetings commence with a request for any additional conflicts. Members with identified conflict absent themselves for discussion of the relevant item.

The *HETI Accreditation Procedure* includes the 'Surveyor Code of Conduct and the Team Leader and Surveyor Statement of Duties' which outlines the management of conflicts of interest relating to survey team members. A form is circulated to all surveyors at the beginning of the year asking surveyors to indicate in which surveys they can participate and in which surveys they have a conflict of interest. Where a surveyor has a conflict of interest they are not included on a survey team. If, after agreeing to participate in a survey, the surveyor identifies some perceived conflict of interest, the PAC Chair and senior hospital staff such as the Director of Prevocational Education and Training (DPET) or the Director of Medical Services (DMS) will be consulted to either approve the survey team member or request a replacement. The *Accreditation Procedure* states that, in relation to conflicts of interest, 'Providers participating in any accreditation process have the right to formally object to the involvement of a surveyor or PAC member where any of the above conditions apply. Objections should be in writing to the HETI Medical Director and outline the basis for the objection.'

Team findings

The team considers there are clear policies to manage conflicts of interest. HETI has clearly defined conflict of interest processes which the team observed to be functioning appropriately in practice during both survey visits and committee meetings.

As noted previously under attribute 2.2, the team observed the conflict of interest policies in practice during the meeting of the PvTC and the PAC.

4.4 The accreditation process

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

The key steps in the accreditation survey process are described in the *HETI Accreditation Procedure*. Over the accreditation cycle, HETI uses a number of methods to assess whether an intern training program is meeting the National Registration and Accreditation Standards. These methods include questionnaires, self-assessment against standards, site visits, and progress reports.

HETI will assess providers in the following circumstances:

- **New Developments** (discussed further under attribute 4.9):
 - Either a new term for a trainee, or a new Prevocational Training Provider (PTP)
 - Significant changes in circumstances in existing terms or program

- A notified departure from the Standards within a term or PTP
- **Reaccreditation** of established PTPs
- **Ongoing monitoring** to ensure Standards continue to be met occurs via (discussed further under attribute 4.6):
 - Annual reports submitted by PTPs
 - Junior Medical Officer (JMO) questionnaires
 - Self-reporting of changes which may affect the PTP's ability to meet the standards
 - Focus visits and site visits.

The steps in the PTP re-accreditation (or focus/site visit) process are described below:

1 Self-assessment

PTPs assess themselves against Prevocational Education and Training Accreditation Standards. Six months prior to an accreditation survey, HETI provides PTPs with pre-survey documents including an evidence check list. All evidence on the check list must be submitted by the PTP, seven weeks prior to the survey visit.

2 Survey

HETI appoints a team to review a PTP compliance with the Standards. This is achieved by reviewing documentation and interviewing Provider personnel including prevocational trainees, registrars, term supervisors, medical administration and the Director of Prevocational Training (DPET) and JMO Manager/Workforce Manager.

3 Survey Report

The team produces a survey report that outlines the training PTP's level of compliance with the Standards and identifies recommendations for improving the quality of prevocational training.

4 Accreditation Decision

The PAC reviews the survey report and discusses the findings with the survey team leader. From this information the PAC decides the period of accreditation. The PAC can award a PTP accreditation for a minimum period of six months up to a maximum period of four years. The PAC may award any length of accreditation with or without Conditions. However, if a PTP is awarded a low achievement rating HETI will prepare recommendations for meeting the critical criteria and the award of accreditation will be pending upon compliance with the Standards and 'Conditions' imposed within the timeframe specified by the PAC. The PAC may review ratings if the Conditions are met within the timeframe given. The PAC can also decide if a focus visit is required to ensure certain issues are addressed within a stated timeframe.

The PAC can reduce or withdraw accreditation of a PTP or a term if there is sufficient evidence of a significant change in the PTP's education and training program, or failure to meet the NSW Accreditation Standards.

5 Ongoing monitoring of the Provider to ensure Standards continue to be met via:

- Annual reports submitted by PTPs
- JMO questionnaires
- Self-reporting of changes which may affect the PTP's ability to meet the Standards
- Focus visits and site visits – the PAC may recommend a focus visit if an issue is considered of a serious enough nature or where paper evidence will not suffice. An issue may be identified during a survey or at any time during a PTP's accreditation period.

HETI grants accreditation at the health service/hospital level for specific terms. To ensure that prevocational trainees receive a balanced mix of clinical experiences and a variety of training opportunities, PTPs are classified as either a Five Term Home Hospital, Three Term Home

Hospital, Rotation Hospital or Offsite Term. The *Accreditation Procedure* describes the criteria pertaining to each of the PTP classifications and the requirements for applying for reclassification. In addition to having processes to review and accredit training providers there is a process for accrediting new and revised terms (further information is provided under attribute 4.9).

In NSW there are networks of training sites, Prevocational Training Networks, which were historically established to more evenly distribute medical workforce and provide equal access to education and training for junior doctors. Networks include metropolitan, outer metropolitan and rural training sites and in general, comprise of hospitals from across multiple Local Health Districts or private health providers. Interns are allocated to Prevocational Training Networks, but employed by Local Health Districts. Funding is provided to the Local Health Districts by the NSW Health to support the work of the DPET. Each network has a Network Committee for Prevocational Training to provide governance and management of the training program in the network. Part of the role of the PvTC is to monitor the use of the DPET funds. HETI does not accredit the networks, rather the training providers within the networks, but there is a section of the survey reports that refers to the functioning of the Network.

As noted under attribute 3.2, HETI is developing an online accreditation management system to provide accessible information to all stakeholders in the accreditation process, and replace the need for paper copies of documentation. It is planned that the transition to the new system will occur over a four-year period in line with the current cycles of accreditation. The system was piloted with a small number of sites in 2017 and HETI is working with eHealth NSW to develop the functional requirements as it is implemented. Change management documentation and user guides will be developed to assist in the implementation phase of the project.

HETI revised the *NSW Prevocational Education and Training Standards* in 2014 to align with the AMC's *Intern training – National Standards for Programs*. This work was completed under the guidance of the Accreditation Standards Review Committee, which was made up of representatives from the PAC. The new Standards were trialled at survey visits from January 2015 and evaluated in August 2016 by the Review Committee. Feedback from both survey teams and training providers who have used the new Standards was positive, with a few suggestions made to refine the Standards further. HETI has since reviewed the suggestions and made some minor changes.

In response to additions made by the AMC to the *Intern training – National Standards for Programs* in December 2016, HETI again modified the *NSW Accreditation Standards*. The AMC changes to the National Standards focused on junior doctor wellbeing and patient safety. HETI made alterations to three of the existing *NSW Accreditation Standards*. The *Prevocational Accreditation – A Guide for Surveyors* document was also updated to provide guidance to the survey team at a survey visit. It specified the requirement to enquire about issues related to patient safety and intern wellbeing either from evidence submitted, or from interviews during the site visit.

The *HETI Accreditation Procedure* states that core terms must meet the requirements set out in the *AMC Intern training – National guidelines for terms*.

Team findings

HETI's accreditation process includes self-evaluation, assessment against standards, site visits, and a report assessing the program against standards.

The team commends the development of an online accreditation management system. Future reports to the AMC should report on the development, implementation and evaluation of the online accreditation system. This should include stakeholder engagement and communication about its development and implementation.

A subset of the AMC team observed the HETI survey visits to two hospitals. The team observed that both survey visits were administered well and appeared to be well organised. The facilities and survey teams appeared prepared for the visits. Both survey teams met with appropriate

stakeholders and tried to ensure they met with a junior doctor/term supervisor from each accredited term. The AMC team notes that HETI staff were not in attendance at either site visits.

As noted under attribute 4.2, the AMC team considered that there are opportunities to improve the structure of the questioning and tracking of issues throughout the surveys. The team considered that meetings were generally quite unstructured. A more structured agenda for team meetings, processes for tracking issues, allocating team members to lead specific meetings and/or scheduling adequate time for survey team meetings and debriefings could assist in standardising the approach. The AMC understands that consistency is an area currently being considered by HETI, and this will be an area for further reporting.

The HETI survey visits concluded with the survey teams presenting their preliminary findings to key individuals within the hospital. It does not appear that the draft report is sent to the facility for fact checking prior to being considered by the PAC. This might be considered as a mechanism for enhancing communication with training providers and correcting any factual errors prior to consideration by the PAC.

The team notes there are a number of strengths associated with the prevocational training network models, which was reflected in stakeholder feedback, such as access to greater education and training opportunities. There are also complexities, in particular managing issues detected during a survey that relate to another hospital within the network. From the team's observations, there appears to exist some issues relating to the administration and accountability within the networks. The team considers that responsibility and accountability for resolving these issues within the networks need to be defined and strengthened in HETI's accreditation processes. This relates to the findings under attribute 4.8.

4.5 Fostering continuous quality improvement in intern training posts

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

There are a number of mechanisms through which HETI uses accreditation as a driver for quality improvement in intern training, including through recognising excellence, an expectation that facilities engage in quality improvement activities, and development of educational resources.

The role of accreditation as a driver for quality improvement is reflected in the Prevocational Accreditation Procedure as follows: 'The objective of the prevocational accreditation program is to ensure that PTPs promote and protect the safety and quality of patient care by effectively training quality junior doctors. A critical component of accreditation involves continuous quality improvement of training programs in order to respond to evolving community need and professional practice. Outside accreditation surveys, annual reports are required from Providers to ensure they are continuously improving the quality of their terms and the Prevocational Education and Training Program.' The HETI accreditation process supports diversity, innovation and evolution in approaches to Prevocational Education and Training Programs as well as how accreditation requirements are met.

A similar statement is provided at the beginning of the HETI Prevocational Education and Training Accreditation Standards.

One of the 13 HETI Accreditation Standards is also focused on Training Program Monitoring and Evaluation. This standard requires that the Prevocational Training Provider regularly monitors and evaluates the Prevocational Education and Training Program and uses the feedback for continuous improvement. The HETI Accreditation Procedure states that the PAC looks for evidence of continuous quality improvement in its assessment of intern training providers.

The *Prevocational Accreditation - A Guide for Surveyors* notes that the accreditation report produced by the survey team identifies recommendations for improving the quality of prevocational training. Conditions are applied where there are concerns and providers are required to report progress against this.

The HETI accreditation rating scales include an Extensive Achievement rating which is intended to recognise high achievement, innovation and leadership where facilities have gone above and beyond meeting the standard.

In addition to the self-assessment conducted at the commencement of the accreditation survey providers are encouraged to use the self-assessment tool annually to review their performance as part of their overall approach to continuous improvement.

Quality improvement is also used as one of the variables in determining the ratings against the standards. An excellent rating requires that the hospital reviews its own performance and outcomes against the Standard/Criteria.

HETI provides access to educational expertise intended to improve intern training accreditation activities. The purpose of the PvTC is to promote high-quality training for prevocational doctors in training in NSW. The PvTC and the PAC maintain a close link and collaborate to facilitate, develop and monitor appropriate workplace teaching and learning for junior doctors. When needed, external contractors are utilised to provide educational expertise on projects, programs and when developing educational resources. A resource recently developed by HETI is the *Intern Guide*, which includes learning outcomes, strategies for learning and links between learning outcome statements and assessment which is mapped to the *Intern training – intern outcome statements*. In 2017 the *Intern Guide* was piloted at two intern training sites in NSW. HETI has also recently been updating the *Trainee in Difficulty Guide*.

Team findings

Quality improvement of intern training is a clear focus for HETI. During the visit, the team heard examples of the accreditation process leading to quality improvements within health services. In many of the team's discussions the importance of supporting the health services to achieve the standards was reiterated. In particular, HETI's support for rural and remote intern training and Aboriginal trainees is to be commended.

HETI has a valuable role in NSW to assist with identifying concerns or risks relating to junior doctor training based on its monitoring and accreditation of sites and facilities. The interaction between the PAC and the PvTC was considered a significant strength in this regard. The use of the PvTC to provide support and to develop resources around recurring themes in accreditation is commended. The education and training resources developed by HETI contribute to the quality improvement of intern training locally, and nationally. In particular, the team commends the guide for interns and resources for the trainee in difficulty developed by HETI.

Of note, quality improvement of intern training is not explicitly stated in the PAC terms of reference as a key function.

4.6 The accreditation cycle and regular monitoring of intern programs

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

The HETI accreditation process is cyclical and in line with national guidelines and standards, it includes an annual monitoring process.

As noted under attribute 4.4, once a provider is accredited the process includes a four-year cycle of annual monitoring then reaccreditation. HETI indicates the following mechanisms are used for monitoring providers:

- Annual reports submitted by providers
- Junior Medical Officer (JMO) questionnaires
- Self-reporting of changes which may affect the provider's ability to meet the standards

- Focus visits and site visits.

Outside accreditation surveys, HETI monitors providers annually to ensure they are complying with the Standards, and continuing to improve the quality of their terms and education and training programs. Annual reports are submitted by providers on the anniversary of their accreditation (excluding years when they are scheduled for an accreditation survey). If the provider has any outstanding matters relating to accreditation conditions or recommendations, a progress report on these is required to be included with the annual report. Both the PAC and the PvTC review the annual reports and make a decision on its contents. The Annual Reports Process document is provided in the HETI Accreditation Procedure.

The report template consists of three sections:

- General questions regarding accreditation and education - requires the provider to give information and examples of improvements and issues for a variety of topics.
- DPET funds financial report - requires the provider to complete a table detailing how the DPET funds were spent.
- Terms - requires the provider to fill in an excel spreadsheet which has been prepopulated with all accredited terms and identifies the date the General Clinical Training Committee (GCTC) reviewed each term as well as making comments on the outcome or changes from the GCTC annual review.

HETI staff review the annual reports and a summary of the report is provided to the PAC. If the PAC considers it necessary to conduct investigations into what is reported, HETI will notify the General Manager of the provider and conduct investigations as requested by the PAC. In the case of serious issues being reported, HETI will contact the PAC Chair and immediate action may be taken as per the processes for a Notification of a Change in Circumstances or a Departure from the Standards.

HETI is planning a review of the effectiveness of the Annual Report process in 2018.

As noted under attribute 4.4, HETI standards are mapped to the *Intern training – National standards* for programs and the procedures were developed to assist all stakeholders and HETI staff understand the requirements of the prevocational accreditation program. The *HETI Accreditation Procedure* states that core terms must meet the requirements set out in the *AMC Intern training – Guidelines for terms*.

Team findings

HETI has implemented an annual reporting process, which the team considers is important for monitoring and identifying changes between the formal accreditation surveys. Evaluation of the effectiveness of the annual reporting processes will be important and an area of reporting to the AMC.

The team observed a PAC meeting which included a number of reports on conditions and annual reports on accreditation status. For each of the reports on conditions, a committee member had been allocated to review the report and lead the discussion. In general, the AMC team considers there was good discussion of the reports which included appropriate actions agreed, where required.

The AMC team also observed a meeting of the PvTC which also has a role in monitoring linked to its oversight of the funding to Prevocational Training Networks. The PvTC receives the annual reports from providers, but its focus is specifically on the funding report. The AMC team considers that some further clarity is required around the specific responsibility for follow up or communication with providers about issues identified in the annual reports by the PvTC that might relate to accreditation. The link and overlap between the PAC and the PvTC in the annual monitoring process could be part of the planned evaluation of the annual reporting process.

4.7 Mechanisms for dealing with concerns for patient care and safety

The intern training accreditation authority has mechanisms for dealing with concerns for patient care and safety identified in its accreditation work, including accreditation assessment, monitoring and complaints processes. [New: 14 December 2016]

In response to additions made by the AMC to the *Intern training – National standards for programs* in December 2016, HETI modified the NSW Accreditation Standards for use from 2017. The changes made by the AMC to the National Standards focused on junior doctor wellbeing and patient safety. Alterations were made to three of the existing NSW Accreditation Standards.

The amendments require the provider to:

- provide levels of clinical supervision that not only ensure support for the trainee but also safe patient care
- demonstrate compliance with the NSW Health policy directive to prevent and combat workplace bullying in all workplaces, and ensure trainees are aware of mechanisms to manage any incidences of bullying and harassment. The PTP is expected to provide evidence of the implementation of these strategies.

The *Prevocational Accreditation – A Guide for Surveyors* document was updated to provide guidance to the survey team at a survey visit. It specifies the requirement to enquire about issues relating to patient safety and intern wellbeing either from evidence submitted or from interviews during the site visit:

- Prioritise patient safety and intern wellbeing.
- The survey team will need to identify issues related to patient safety and intern wellbeing either from evidence submitted or from interviews with the interns during the site visit.
- If the survey team believes patient safety or intern wellbeing is impacted:
 - raise concerns with the Provider and/or,
 - include the concern in the survey report if it has ongoing impact or,
 - if concerns are serious, contact HETI and/or the Committee Chair within 24 hours.

For issues identified outside of a formal accreditation survey process, the *HETI Accreditation Procedure* describes the process that follows if HETI becomes aware of any circumstances at a hospital, which gives rise to a significant risk to patient safety or a significant risk to the provision of good quality patient care, HETI is required to:

- notify the Chief Executive of the Local Health District or statutory health corporation or public health organisation together with recommendations for the appropriate remedial actions to be taken
- report to the Secretary of NSW Health and provide recommendations for action by the Secretary, if the remedial actions have proven to be inappropriate or inadequate to remedy the risks within an appropriate timeframe.

HETI has also developed processes to address system-wide concerns raised through accreditation. Depending on the severity of the issue the PAC can:

- decide ongoing monitoring is required to ensure strategies are put in place to address any breaches to the Standards
- decide a focus visit to the provider is necessary to determine if the strategies put in place to address a condition have been successful, or
- dis-accredit a term or provider if it is assessed at survey as not meeting the Standards, or if there is a notification of breach of the Standards.

Occasionally there are issues or situations raised by a particular hospital that have applicability to all training providers. The development of a position statement provides clarity on the PAC's interpretation of a policy or other instrument. Position statements will be utilised where there is a lack of clarity on an issue. The PAC-approved position statements are available on the Prevocational Accreditation section of the HETI website.

Forums allow HETI to discuss the issues and provide support and training where required. Monthly meetings between HETI and NSW Health allows for issues to be raised by either party and discussed. HETI works collaboratively with the unions who support the medical workforce and medical students.

Team findings

HETI has appropriate mechanisms for dealing with issues relating to patient safety in its accreditation work. The team observed the process in progress and was satisfied it was dealt with in a structured and timely manner.

While the AMC team was attending a survey visit, the survey team observed an issue that could have impacted on patient safety. At the time of the visit, the team leader of the survey team contacted HETI to confirm the team's planned action. The concern was flagged with the provider's Director of Medical Services prior to the delivery of the survey team's preliminary statement of findings. The survey team indicated that this was an issue requiring immediate resolution. The survey team also indicated to the AMC team this would be flagged with the PAC. The PAC subsequently set a condition on the provider's accreditation in relation to this issue.

4.8 Mechanisms for identifying and dealing with concerns about junior doctor wellbeing

The intern training accreditation authority has mechanisms for identifying and dealing with concerns about junior doctor wellbeing or environments that are unsuitable for junior doctors in its accreditation work including accreditation assessment, monitoring and complaints processes. [New: 14 December 2016]

The mechanisms for identifying and dealing with concerns for patient safety and junior doctor wellbeing are outlined above under attribute 4.7.

In addition to these mechanisms outlined above, suggestions regarding who JMOs can contact should they have any issues regarding their, or a colleague's, wellbeing can be found on the HETI website. The options provided include:

- contacting the JMO Manager if the trainee or a colleague is experiencing difficulty in the workplace
- a link to The Doctor's Health Advisory Service, which provides telephone and online support for JMOs in difficulty
- a link to the Health and Wellbeing of Junior Doctors' website that offers methods of combating stress as well as other initiatives directed at supporting junior doctors.

HETI provides a range of other resources including *Critical Conversation Training for Supervisors*, *Accidental Counselling for Education Support Officers and JMO Managers*, and the *Trainee in Difficulty Guide* which is currently being updated.

If significant issues affecting JMO welfare are identified at survey, team leaders are expected to contact the PAC Chair.

Team findings

HETI has appropriate mechanisms for dealing with issues related to junior doctor wellbeing in its accreditation work. The team was comfortable that surveyors and HETI staff knew how to escalate issues identified. The team notes that this was also reflected in the business of the PAC.

While the AMC team was attending a survey visit, the survey team observed an issue relating to junior doctor wellbeing at a rotation site for the hospital being visited. While not within the remit of the survey team's visit, the team planned to include the issue in its accreditation report and discuss with the PAC. The AMC team notes that this issue, while not discussed in great detail, was raised at the PAC meeting at which it observed. However, it was not clear how the issue would be specifically monitored or resolved. This is further linked to the discussion under attribute 4.5 regarding the accountability for issues that occur within a Network but not related to the hospital currently being accredited. The team considers this needs further attention by HETI.

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

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

When the PAC reviews term descriptions for accreditation, consideration is given as to whether the term complies with the *Intern training – National standards for programs* and also whether it will satisfy the requirements for an intern to gain general registration.

Process for consideration of new or revised terms

The *HETI Accreditation Procedure* details the process for consideration of new or revised terms and defines term requirements in line with the *Intern Training – National guidelines for terms*.

HETI's procedural documents describe the following process for the consideration of new terms:

'Any application for a new term must have the endorsement of the provider's General Clinical Training Committee (GCTC) and the term supervisor. The GCTC Chair (or representative) and Term Supervisor must sign all term descriptions to signify their endorsement.

Providers must submit new training term descriptions using the HETI term description template and provide a PDF copy signed by the term supervisor and GCTC Chair.

Term descriptions are initially reviewed by HETI staff. Providers will be contacted if there is any further information or clarification required. When considered complete with required and requested information, the PAC Chair considers the term description for accreditation.

The PAC Chair may choose to provisionally accredit the term out of session or refer it to the next available PAC meeting for the full committee's consideration. This is at the discretion of the PAC Chair and is non-negotiable. Where the PAC Chair has a conflict of interest or is unavailable, another member of the PAC may be asked to review terms out of session. In the first instance, the Deputy Chair will be contacted to perform this duty. All new terms will be referred to the PAC.'

The following process is described for revised and updated terms for accreditation:

'All terms should be reviewed by the GCTC annually. The GCTC must assess whether the term is operating appropriately and what improvements could be made. The outcomes of the GCTC review of each term are reported to HETI as part of the Annual Report.

Whether as a result of a GCTC review or at any other time, all changes to a term must be submitted in an updated term description to HETI for approval by the PAC.'

If deemed suitable, the PAC will award new and updated terms with provisional accreditation. At the provider's next survey, provided the term has been filled for a minimum of three terms, the term will be assessed for accreditation.

Notification of a change to circumstance or a departure from the standards

The *HETI Accreditation Procedure*, in line with the *Intern training – Domains for assessing accreditation authorities* and the *Intern training – National standards for programs*, sets out the

types of changes which are reportable and what action should be taken by HETI and the PAC. The process for the Notification of a Change in Circumstances or Departure from the Standards is provided in the *HETI Accreditation Procedure*.

Changes to circumstance or departure from the Standards can be brought to HETI's attention at any time during a provider's accreditation cycle. The General Manager of the provider has overall responsibility for ensuring HETI is notified of any significant current or foreseeable changes affecting, or potentially affecting, the delivery of prevocational education, training and supervision, and/or its compliance with one or more of the Standards, that may lead to a review of the provider's accreditation status.

Reportable changes include but are not limited to:

- absence of senior staff with significant roles for more than one month, General Managers, DMS, DPETS, Term Supervisors, JMO Managers or their equivalent
- proposed significant redesign or restructure of the health service that impacts on interns
- rostering changes that alter supervision or education
- resource changes that significantly reduce administrative support or education availability
- the structure of the supervision in terms
- the structure of supervision for overtime
- a deterioration of prevocational trainee safety, patient safety or the provision of good quality patient care
- a deterioration of a hospital's working conditions including safe working hours
- diminished support for the process of roster and JMO management
- changes that affect the functioning of a Network that remain unresolved
- any departure from HETI's Prevocational Education and Training Accreditation Standards.

Notifications of a Change in Circumstances, and/or Departure from the Standards are submitted to the PAC. Discussion of these changes is a standing item on the PAC agenda. HETI indicates that an additional monitoring and communication strategy employed by the Medical Portfolio Accreditation and Faculty Development team is the Program Coordinators' attendance at Network Committee meetings. Decisions regarding any new information found at survey, including significant changes, are dealt with at the discretion of the team leader, and may include escalation to HETI staff or the PAC Chair.

Team findings

There are clear national guidelines and procedures that outline what constitutes a change to a post or program. The team heard varied feedback from stakeholders regarding their awareness and understanding of the threshold for reporting these changes to the Medical Portfolio. The team considers communication regarding this threshold should be improved.

The agenda for the PAC meeting observed by the AMC team included several new terms for consideration, and summaries of changes in circumstances and out of session decisions (by the Committee Chair) for noting. The team observed that a committee member had been allocated to review and lead the discussion of the new terms. There was a summary of the new term applications provided and all of the new term applications followed the HETI template which requested specific information. After discussion, new terms were approved; further clarification was sought for one new term.

In its discussions with stakeholders the team heard some impressions that the process for new term approval, particularly for innovative models, could be a little inflexible. The AMC team notes there are changes occurring in health service delivery nationally which provides an opportunity

for HETI to work with health services to promote innovative approaches while ensuring the focus on supervision and education is maintained.

4.10 Application of documented decision-making processes

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

The process for accreditation decision making is documented in the *HETI Accreditation Procedure*.

There are a number of mechanisms to avoid undue influence on the decision-making processes, discussed in more detail under attributes 2.1 and 4.3. This includes decision making through a number of levels of governance and a conflict of interest policy for committees and survey team members.

The survey team's role is to analyse evidence, summarise in report format and recommend to the PAC.

The PAC makes decisions regarding the accreditation status of providers, approves the accreditation of terms, and monitors the conditions placed on providers' accreditation status.

The survey reports are distributed with the agenda papers a week before the committee meeting to give PAC members adequate time to read the reports. For each survey report discussion, a PAC member is nominated to facilitate the discussion at the meeting. The nominated lead will discuss the report with the team leader prior to the meeting. The role of the PAC Chair is to then summarise the findings of the survey team, manage any issues raised by PAC members, and ensure a consensus is reached. The PAC decision will include the wording of any proposed conditions that may be placed on the provider. In the past seven years, no survey outcome has required a formal vote of the PAC members.

The management of conflicts of interest is a joint responsibility shared between PAC members, surveyors and HETI. PAC members and accreditation surveyors agree to treat information received through their duties at HETI as strictly confidential. The confidentiality forms are re-signed each year.

Team findings

The team observed a meeting of the PAC and considered that overall it was a well-conducted meeting, which efficiently worked through a large agenda. The committee's terms of reference, composition, standing orders, process for selecting members and role description for the Chair were all appropriate.

For discussion of the accreditation survey reports the process is usually that a committee member is allocated to review, discuss with the team lead and then present at the Committee meeting. At this meeting both team leaders happened to be committee members so were present for the discussion. The team observed that the survey reports were presented with an appropriate focus on key issues and conditions and recommendations.

4.11 Communicating accreditation decisions

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

Communication regarding accreditation requirements and processes is predominantly managed via the HETI website. Information for training providers regarding pre- and post-survey information, an example of a survey report, the *Prevocational Education and Training Accreditation Standards* and the survey evidence list are all available on the HETI Accreditation webpage.

Communication to training providers regarding accreditation decisions is made via formal correspondence to the Chief Executive and/or General Manager for the relevant hospital. HETI has a procedure regarding emailing all written correspondence. However, the responsibility to disseminate this information is incumbent upon the Prevocational Training Providers.

Additionally, HETI states that the Medical Portfolio staff are in regular communication with Directors of Prevocational Education (DPETs), JMO Managers and Accreditation and Faculty Development team staff, as well as attending regular meetings with the prevocational networks and updating the attendees on new developments or requirements relating to prevocational education.

HETI has a contractual agreement with the Medical Board of Australia through AHPRA. The HETI submission references a finance report provided to AHPRA but does not specifically mention the contractually required bi-annual report to the National Board or the annual meeting with the NSW Board of the Medical Board of Australia.

HETI also has funding agreements with and reporting lines to NSW Health. The additional information provided by HETI suggests that there are monthly meetings with NSW Health.

Team findings

Outcomes of accreditation are communicated to stakeholders. As HETI continues to develop its communication strategies it might consider ways to more broadly communicate accreditation outcomes to stakeholders.

In its evaluation of accreditation processes, HETI should ensure that the outcomes of its accreditations are being distributed and received by all relevant stakeholders, including to JMOs.

4.12 Complaints, review and appeals processes

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

HETI states that it maintains open communications lines throughout the accreditation process. Should a provider wish to question a decision of the PAC, it is advised to contact the Program Coordinator. The PAC Chair can choose to send a matter back to the committee for further consideration. This can be utilised by providers prior to initiating the formal appeals process.

Should a provider wish to lodge an appeal against the accreditation status awarded by HETI, it may do so within 30 days of being advised of its status. The Accreditation Decision Appeals process is explained in the *HETI Accreditation Procedure*.

The basis for an appeal includes:

- an error of fact or due process in the formulation of the accreditation decision; and/or
- relevant and significant information which was available to the surveyors but was not considered in the making of the decision; and/or
- the decision of the Prevocational Accreditation Committee was inconsistent with the information considered by the Committee.

HETI has had two appeals in the last fifteen years with the last appeal occurring in 2012.

Team findings

HETI has clearly defined the procedures for appeal.

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.

HETI has processes for engaging with a range of stakeholders across the organisation's broad functions. This includes through representation on committees, direct engagement with specific stakeholder groups, stakeholder consultation processes and regular communication between staff and key groups.

As part of the accreditation function, HETI Medical Portfolio staff communicate regularly with DPETs, JMO Managers and Accreditation Faculty Development (AFD) team staff about their accreditation requirements. Portfolio staff also attend meetings with the prevocational networks which is intended to provide opportunities for updating attendees on new developments or requirements relating to prevocational education.

As noted under attribute 1.6, HETI's accreditation governance structures provide for input from health services, intern supervisors, and interns and other stakeholders through membership provisions.

HETI described stakeholder consultation on specific developments as another mechanism for stakeholder engagement. For example, in 2016, in response to the Medical Portfolio Programs Review (MPPR), HETI undertook a series of consultation roadshows, which included visits to 11 sites.

A summary of HETI's routine mechanisms for engagement with specific stakeholder groups is listed below:

NSW Health: The HETI Chief Executive meets monthly with the Secretary of NSW Health and in addition with the A/Deputy Secretary People, Culture and Governance on a monthly basis. Medical Portfolio staff also meet regularly with their counterparts in NSW Health.

Health services: The HETI Executives and NSW Health representatives have a monthly meeting with the District Medical Directors of the local health districts to discuss the development and implementation of education and training opportunities for NSW Health staff.

Junior doctors: The JMO Forum is considered the primary mechanism for engaging with junior doctors. The Forum includes representatives from each of the training networks and meets four times a year. The Forum facilitates the JMO census which explores topics such as teaching, supervision and feedback, workload and stress, and career goals. HETI and the Australian Indigenous Doctors' Association (AIDA) provide support to a JMO Aboriginal Junior Doctor Forum, which was established to improve access for Aboriginal doctors to workforce roles and career development. This Forum meets twice per year. HETI and JMOs collaborate in the organisation of an annual pre-internship conference held in October to assist students in the transition to internship.

Doctors who supervise and assess junior doctors: the Directors of Prevocational Training (DPET) Forum, held annually, supports the professional development of Directors of Medical Training. The JMO Managers Forum, held annually, offers training to support this role. The 2017 topic is 'Accidental Counselling' and is aimed at assisting managers in dealing with situations where JMOs are in distress. HETI also funds an Education Support Officer (ESO) Forum, held annually, to provide professional development and collaboration and networking opportunities for ESOs.

Universities/AHPRA: HETI has a quarterly meeting with the Deans of the seven university medical schools in NSW, as well as the NSW medical registrations section of AHPRA. These meetings are intended to provide an opportunity for discussion of issues relating to students and their transition to internship. The NSW Medical Education and Training Conference, held in August 2016, provided an opportunity to engage stakeholders across the continuum of medical education such as university medical schools, specialist colleges, general practice training groups and other medical education stakeholders across NSW and the ACT.

Medical Board of Australia/AHPRA: HETI has a contractual agreement with the Medical Board of Australia through AHPRA. The contract requires HETI to submit bi-annual reports to the National Board and meet annually with the NSW Board of the Medical Board of Australia.

Health consumers/community: HETI is currently developing a Consumer Engagement Strategy to help strengthen consumer engagement in the NSW accreditation program and acknowledges that ongoing work in this area is required.

Team findings

HETI has a range of processes for engaging with its diverse stakeholders and the team considers that this is an area of strength.

HETI provides support to a number of forums for groups who supervise and support junior doctors, including JMO Managers and Directors of Prevocational Education and Training. This is to be commended. As noted under attribute 1.6, the team considers there are opportunities for formalising a more systematic and consistent approach to gathering feedback from these stakeholder groups

HETI's support for the JMO Forum is excellent and strongly commended. Opportunities do exist however for further refinement of the JMO Forum's role and mechanisms for gathering and providing feedback to the Medical Portfolio and the PAC specifically. The team also sees that there is an opportunity to better engage with junior doctors more broadly which could be as part of the media and communication strategy that is to be developed.

The establishment and support of the Aboriginal Junior Doctor Forum with AIDA is commended.

The team heard some variability with regard to DPET engagement with the accreditation process and sees this as an opportunity for further consideration by HETI. The team heard that Education Support Officers would value re-invigoration of a platform for discussion.

The team strongly encourages HETI to continue efforts to engage consumer and community representatives. Currently, this important stakeholder perspective is under-represented. The implementation of the Consumer Engagement Strategy will be an area of interest to the AMC.

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.

The HETI website provides a significant amount of information about its roles, functions and procedures.

Communication strategies informing stakeholders of changes to accreditation includes:

- Formal correspondence to Local Health Districts and Specialty Networks
- Information posted on the HETI Prevocational Education and Accreditation webpages
- Network committee meetings
- Informal emails and phone calls in response to questions from PTPs
- Surveyor training days.

HETI informs and educates health facilities about accreditation standards as changes are released by the AMC.

In addition to the information provided on its website relating to medical intern recruitment, HETI also provides information annually to universities in the form of a PowerPoint presentation that can be shown to medical students regarding HETI's four recruitment pathways and key dates for medical intern recruitment.

Team findings

HETI has a number of mechanisms for engaging with its stakeholders including a comprehensive website and links to a number of stakeholder fora.

There is not currently a formalised overarching communications strategy. During the visit the team observed varied awareness and understanding of HETI's accreditation functions, particularly amongst those who were not directly engaged in HETI processes. The team considers this is an area for further development and encourages HETI's plan to develop an overarching communications strategy. This will be an area for reporting to the AMC.

5.3 Collaboration with other accreditation organisations

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

HETI is a member of the Confederation of Postgraduate Medical Councils (CPMEC), and HETI staff attend the Principal Officers meetings and the annual prevocational accreditation conference. HETI also funds six JMOs to attend the annual conference and the three face-to-face meetings of CPMEC's Australasian Junior Medical Officers' Committee (AJMOC).

HETI has an agreement with the Postgraduate Medical Council of Victoria (PMCV) regarding the accreditation of Albury Wodonga Health given the location of the hospital on the Victorian and New South Wales border. A joint accreditation visit was undertaken in November 2013, led by PMCV. Following this visit, it was agreed that PMCV would take responsibility for accreditation of

this site with regular reports to be provided to HETI and a joint PMCV/HETI site visit every four years.

In 2016 an agreement between HETI and the Canberra Regional Medical Education Council (CRMEC) was finalised regarding a joint accreditation function for those education providers that are located in NSW and whose main referral hospital is the Canberra Hospital. CRMEC accredits these facilities and a NSW surveyor participates in the accreditation survey visits to these sites.

HETI requires annual reports for hospitals where an interstate accrediting body is leading the accreditation process.

Team findings

HETI collaborates with other relevant organisations through a number of mechanisms including engagement through the CPMEC.

The resources developed by HETI are widely used by other jurisdictions. As outlined in attribute 4.5 the education and training resources developed by HETI contribute to the quality improvement of intern training nationally. HETI's willingness to share resources with other organisations is commended.

Given the recency of a formal relationship between the CRMEC and HETI, evaluation of this formal relationship will be an area for reporting to the AMC.

5.4 Working within accreditation frameworks

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

HETI has aligned its standards and processes to the requirements of the national framework for medical internship, including the HETI accreditation standards which have been mapped to the AMC *Intern training – National standards for programs*.

HETI has undertaken a number of systematic reviews of the organisation and Medical Portfolio in recent years including a review in 2013, which took into consideration the models of intern accreditation nationally.

As noted under attribute 5.3, HETI contributes to the CPMEC and attends the national prevocational accreditation forums each year. This provides a means for benchmarking and sharing of information between the accreditation authorities.

Team findings

HETI works within national structures of quality assurance and accreditation. HETI is encouraged to continue to benchmark with national and international structures of quality assurance and accreditation.

Appendix One Membership of the 2017 AMC Team

Associate Professor Cam Bennett (Chair), MBBS, M.BIOMED.Eng, FRACP

Assistant Director, Internal Medicine and Aged Care, Royal Brisbane and Women's Hospital.

Professor Brendan Crotty, MBBS, MD, FRACP

Executive Dean, Faculty of Health, Deakin University.

Dr Kerry Jewell, MBBS, BMedSci (Hons)

Medical Registrar (BPT PGY 4), Austin Health/Northern Health.

Dr Mellissa Naidoo, BSc Hons I, BMBS, FRACMA, MHM, DCH, FCHSM, MAICD

Senior Director, Clinical Governance and Deputy Executive Director - Clinical Governance, Education and Research at Gold Coast Health.

Associate Professor Bronwyn Peirce, MBBS, FACEM, Grad Cert RRM

Medical Coordinator/Principal Investigator (End-of-life Planning in Elderly Populations), Rural Clinical School of Western Australia (Bunbury), the University of Western Australia. Senior Staff Specialist – Emergency Medicine, Bunbury Hospital.

Dr Karen Stringer, MBBS, FRACGP, DRANZOG

Medical Advisor, Medical Services and Education, Royal Darwin Hospital.

Ms Sarah Vaughan

Manager, Prevocational Standards Accreditation, Australian Medical Council.

Appendix Two Groups met by the 2017 AMC Team

| Location | Meeting |
|--|---|
| PENRITH, NSW | |
| <i>Wednesday 14 to Thursday 15 June 2017 – Associate Professor Cam Bennett, Dr Kerry Jewell, Ms Sarah Vaughan (AMC staff)</i> | |
| Observation of HETI accreditation visit to Nepean Hospital | Various meetings |
| SHOALHAVEN, NSW | |
| <i>28 June – Associate Professor Cam Bennett, Associate Professor Bronwyn Peirce, Ms Sarah Vaughan (AMC staff)</i> | |
| Observation of HETI accreditation visit to Shoalhaven Hospital | Various meetings |
| TELECONFERENCE | |
| <i>17 August – Professor Brendan Crotty, Dr Karen Stringer, Ms Sarah Vaughan (AMC staff)</i> | |
| Observation of HETI's Prevocational Accreditation Committee meeting | Chair Members |
| SYDNEY, NSW | |
| <i>Tuesday 12 September – Associate Professor Cam Bennett, Professor Brendan Crotty, Dr Kerry Jewell, Dr Mellissa Naidoo, Associate Professor Bronwyn Peirce, Dr Karen Stringer, Ms Sarah Vaughan (AMC staff), Ms Ellana Rietdyk (AMC staff)</i> | |
| Executive staff of HETI Medical Portfolio | Director, HETI Medical Portfolio Manager, Governance Development and Delivery Unit Manager, Accreditation, Allocation and Faculty Unit Senior Program Coordinator, Accreditation, Allocation and Faculty Unit Senior Program Coordinator, Accreditation, Allocation and Faculty Unit Chair, Prevocational Accreditation Committee Chair, Prevocational Training Council JMO / Surveyor |

| Location | Meeting |
|--|---|
| <i>Wednesday 13 September – Associate Professor Cam Bennett, Professor Brendan Crotty, Dr Kerry Jewell, Dr Mellissa Naidoo, Associate Professor Bronwyn Peirce, Dr Karen Stringer, Ms Sarah Vaughan (AMC staff), Ms Ellana Rietdyk (AMC staff)</i> | |
| Senior Executives of HETI | Chief Executive Executive Officer to Chief Executive Executive Director, Leadership, Management Development and Educational Design Director, HETI Medical Portfolio Director, Professional Practice, Interprofessional Collaboration Director of Operations Director, Rural and Remote, Rural – Queanbeyan Executive Director, NSW Institute of Psychiatry Executive Director, Educational Research and Evidence Based Practice Director, Strategy, Performance and Evaluation |
| Prevocational Accreditation Committee | Chair Members |
| Prevocational Training Council | Chair Members Directors of Prevocational Education and Training Manager, Junior and Senior Medical Staff Unit Co-Chair, JMO Forum |
| Medical Portfolio managers and staff, including Accreditation, Allocation and Faculty Development Unit | Director, HETI Medical Portfolio Manager, Governance Development and Delivery Unit Manager, Accreditation, Allocation and Faculty Unit Senior Program Coordinators, Accreditation, Allocation and Faculty Unit Program Coordinators, Accreditation, Allocation and Faculty Unit Senior Project Officer, Accreditation, Allocation and Faculty Unit Project Officers, Accreditation, Allocation and Faculty Unit Program Support Officers, Accreditation, Allocation and Faculty Unit |

| Location | Meeting |
|---|---|
| NSW Ministry of Health | Director, Workforce Planning and Development Medical Advisor, Workforce Planning and Development |
| Junior doctors | JMO Forum Co-Chairs Medical Administration Trainee, Health Education and Training Institute; PGY4 Greenwich Hospital JMOs Port Macquarie Base Hospital JMOs Royal North Shore Hospital and North Shore Private Hospital JMOs Ryde Hospital JMOs |
| Directors of Medical Services | Director, Clinical Services, Sutherland Hospital, South Eastern Sydney Local Health District Deputy Director, Medical Workforce, Hunter New England Local Health District Executive Director, Medical Services, Murrumbidgee Local Health District Director of Medical Services, Bathurst Base Hospital, Western NSW Local Health District Director of Clinical Training, Macquarie University Hospital, Private CMI District Director, Medical Workforce, Wollongong Hospital, Illawarra Shoalhaven Local Health District |
| Directors of Prevocational Education and Training | Liverpool Hospital DPET Westmead Hospital DPET Hornsby Ku-ring-gai Health Service DPET; Member of HETI Prevocational Training Council Ryde Hospital DPET Canterbury Hospital DPET Nepean Hospital DPET St Vincent's Hospital DPET Wagga Wagga Rural Referral Hospital DPET |
| Term Supervisors | Royal North Shore Hospital DPET and Term Supervisor Concord Repatriation General Hospital DPET Renal Term Supervisor, Concord Hospital |
| HETI surveyors | Surveyors |
| JMO Managers/Education Support Officers | JMO Manager and Medical Education Officer, Royal North Shore Hospital JMO Manager, Griffith Base Hospital JMO Manager, Macquarie University Hospital JMO Manager, Nepean Hospital Medical Education Officer/Nursing Educator, Nepean Hospital |

| Location | Meeting |
|---|--|
| <i>Thursday 14 September – Associate Professor Cam Bennett, Professor Brendan Crotty, Dr Kerry Jewell, Dr Mellissa Naidoo, Associate Professor Bronwyn Peirce, Dr Karen Stringer, Ms Sarah Vaughan (AMC staff), Ms Ellana Rietdyk (AMC staff)</i> | |
| Prepare preliminary statement of findings | AMC Team |
| Present preliminary statement of findings | AMC Team Chief Executive Director, HETI Medical Portfolio Director of Operations Manager, Governance Development and Delivery Unit Manager, Accreditation, Allocation and Faculty Unit Senior Program Coordinator, Accreditation, Allocation and Faculty Unit Project Officer, Accreditation, Allocation and Faculty Unit Chair, Prevocational Accreditation Committee; Surveyor Chair, Prevocational Training Committee; Member, Prevocational Accreditation Committee; Surveyor |

