



Accreditation Committee

Postgraduate Medical Council of Victoria Inc.

Accreditation Survey Team Member Position Description¹

This document outlines the criteria used for the appointment of accreditation surveyors and the roles and responsibilities of survey team members and team leaders during survey visits.

Survey team members are expected to review this position description and sign to indicate acknowledgement of the responsibilities (1-15) outlined in this position description for each survey visit they attend.

Context

The Postgraduate Medical Council of Victoria Inc. (PMCV) has delegated functions in relation to intern accreditation from the Medical Board of Australia. In addition the Victorian Department of Health and Human Services has authorised PMCV to review postgraduate year two posts (PGY2).

Accreditation of prevocational medical training programs and posts is a process undertaken by an accreditation authority (PMCV) that establishes and monitors standards to ensure high quality clinical training for junior doctors (interns and PGY2s). This comprises of:

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

The survey visit process (see flowchart in Appendix B), which involves assessment of the overall training program as well as individual posts, has three stages:

- Pre-survey visit including self-assessment against the accreditation standards by the facility, preparation for the visit and pre-visit meeting of the survey team.
- The survey visit including examination of documentary evidence provided by the facility, analysis of junior doctor pre-survey feedback and meetings with key staff, including junior doctors and senior medical staff.
- Preparation of a report of the visit and accreditation decision by the Accreditation Committee.

PMCV accreditation visits are conducted by survey teams using defined and clearly articulated accreditation standards. Such visits should be constructive with the main objective being the promotion of junior doctor education and training in a supportive learning environment.

During an accreditation visit, the primary responsibility of the survey team is to conduct a comprehensive review of the supervision, education and training received by interns and PGY2s at a facility. The survey team assesses the facility as an effective training site *from a program perspective* and also assesses *each* intern and PGY2 post. The survey team will also recommend improvements in education and training for junior doctors following the visit.

In representing PMCV, survey team members must exhibit the following values: integrity, professionalism, objectivity and impartiality and must also ensure that all comments, questions and

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observations align with PMCV guidelines. Survey team members must also keep all information acquired during a visit strictly confidential and continually avoid any conflict of interest.

Appendix A provides general information on practicalities of being a surveyor.

Details

Key considerations:

During accreditation visits, all survey team members must be aware of their responsibilities in regards to conflict of interest, confidentiality and objectivity.

Objectivity and impartiality:

During an accreditation visit, survey team members must remember to:

1. Focus on outcomes rather than processes as different facilities have different ways to achieve the standards.
2. Be thorough in examination of the information provided and keep an open mind.
3. Avoid preconceived impressions or prejudices and avoid comparisons with your own facility.

Conflict of Interest:

'Conflict of Interest' includes any situation where a survey team member or the member's partner, family member, employer or close family friend has a direct or indirect financial or other interest which influences or may appear to influence proper consideration or decision making by the survey team on a matter or proposed matter. Examples of conflict of interests include:

- Current or previous employment (< 3 years) at the parent or rotation health service to be surveyed (this excludes immediate previous hospital experience for junior doctors).
- Professional or financial involvement in the facility.
- Current application for employment at the facility.

Survey team members must ensure that they:

4. Disclose any actual, potential or apparent conflict of interest as required as a result of their work as a surveyor for the PMCV.

Confidentiality:

In order to discharge its accreditation function, the PMCV requires facilities undergoing assessment for accreditation to provide considerable information in accreditation submissions and in subsequent progress reports. This may include sensitive information, such as strategic plans, staff plans, budgets, honest appraisal of strengths and weaknesses and commercial-in-confidence material.

Information related to an accreditation visit, such as the facility submission, contents of previous survey reports or associated material or data, must be treated by the survey team members in confidence and not disclosed either directly or indirectly. Matters concerning the accreditation should only be discussed with the facility staff and other survey team members. Survey team members should also treat with confidence all information and discussions provided by other team members during the review.

Survey team members must ensure that:

5. All confidential information accessed as a result of their work as a surveyor for the PMCV including information provided by the facility, documents relating to any previous survey visit and any report authored or co-authored in this capacity is confidential and will be used for the sole purpose of fulfilling my role as a surveyor and member of the PMCV.
6. Take all reasonable steps to ensure that any unauthorised person does not have an opportunity to inspect or otherwise have access to the confidential information where "Unauthorised person"

means any person other than those persons permitted by the PMCV to have access to the information.

7. At the completion of the accreditation process, forward all hard copy material to the Accreditation Manager for confidential disposal and *make all reasonable efforts to permanently delete* all electronic information pertaining to the visit.

Nomination, credentials and training:

Surveyors may be nominated by:

- A health service, general practice or other organisation/professional body involved in prevocational medical training;
- Invitation from the PMCV; or
- Self-nomination, support from their health service and endorsement by PMCV.

Surveyors are sourced from the following groups:

- Medical administration including Director of Medical Services/ Medical Workforce Managers;
- Director of Clinical Training/Supervisor Prevocational Training/Term Supervisor;
- Medical Education Officer;
- Junior doctors (years 1-4);
- Senior medical staff/ general practitioners with experience in junior doctor supervision;
- A member who has expertise in the type of facility being assessed will also be included.

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

All surveyors are required to attend an initial training workshop (usually held in March each year) and must ensure that they maintain their competency in relation to the accreditation process by:

8. Involvement in at least two survey visits over a two-year period (or one visit per year) which may include involvement in preparing for a survey visit to their own facility. Surveyors who do not attend two visits in a two year period may be required to re-attend training to maintain competency.
9. Updating themselves annually in regards to changes to standards, policies and guidelines. Such information will be provided on the PMCV website in a presentation and surveyors will be advised and reminded to review this information.

Survey teams:

A survey team normally comprises four people with medical administration expertise, medical education expertise (has specific knowledge of junior doctor education and support), a senior clinician (has experience of supervising junior doctors) a junior doctor and a member with expertise in the type of facility. Each team has a nominated Team Leader who has a range of responsibilities outlined in a later section and is supported by the Accreditation Manager (provide support and is the liaison between the team and the facility).

Survey team members are expected to participate fully in survey visits including reading all available documentation, identifying issues, asking questions during the visit and contributing to the report.

Where a survey team has any concerns about the performance of any of the members of the team, those concerns should be raised immediately with the Chair, Accreditation Committee and/or the Accreditation Manager.

While the survey team is responsible for ensuring compliance with the accreditation standards, it is important to continually emphasise quality improvement as a major focus of the visit.

Re-accreditation of intern and PGY2 posts and terms is assessed via junior doctor surveys prior to an accreditation survey visit and the meetings with junior doctors during a visit. During this process, the survey team must seek to identify any deficiencies or gaps in the training provided, to confirm that these issues exist (by substantiation from a number of sources) and develop conditions for compliance or recommendations for improvement as appropriate. The combination of a pre-visit survey and junior doctor meetings allows the survey team to review a sufficiently wide sample of terms, however, effort must be made on the survey visit day to meet with interns from all accredited units, particularly core medicine, surgery and emergency medical care terms and a sufficiently broad cross-section of PGY2s. **Note that the key considerations when assessing posts are supervision, clinical content/workload and educational value².**

Survey team members must ensure that they:

10. Read the submission provided by the facility and review the report of the previous visit in relation the accreditation standards. Use Assessment Template for Survey Team Members.
11. Participate in the pre-visit meeting 2-3 weeks prior to the visit (usually by teleconference) to prepare for the visit. The objectives of this meeting are to review the facility submission and identify areas requiring further information, develop a plan for the visit including delegation of responsibilities to team members, review the junior doctor survey reports and review the recommendations from the previous survey visit.
12. Arrive promptly on the day of the visit and are prepared. There will be an initial preparatory meeting of the survey team. Following introductions, the team will review the timetable for the day and survey team members will be delegated their responsibilities in regards to leading meetings and asking questions by the team leader.
13. Assist the team leader, during the visit, to ask objective and open-ended questions and seek clarification in regards to any issues arising from the documentation or discussions which align with the standards and PMCV guidelines (e.g. industrial employment matters are generally outside scope). All questions must be focused on the accreditation standards.
14. Assist the team leader, at the end of the visit, in identifying the strengths and immediate concerns which may impact on junior doctor welfare/safety in preparation for the debriefing which occurs at the end of the day to provide feedback to the facility. Participate in discussions to assess whether the facility is meeting the accreditation standards (ratings are to be completed as part of the visit). Note that recommendations and potential duration of accreditation outcomes are not disclosed at this debriefing.
15. Thoroughly review and provide comments/ changes to the draft report of the survey visit, in a timely manner, to assist the Team Leader to finalise the report. The report is expected to be tabled at the next available Accreditation Committee meeting and so is usually completed within 2-3 weeks of the survey visit.

² According to the accreditation standard 8.2.2, when identifying, and monitoring, terms for junior doctor training, the following should be considered :

- i. Complexity and volume of the unit workload
- ii. The intern workload
- iii. The experience interns can expect to gain
- iv. How the intern will be supervised, and by whom

Team leaders:

The Team Leader provides leadership in the preparation, delivery and reporting of the accreditation survey visit of the facility.

Team leaders may be nominated by the Chair of PMCV Accreditation Committee, PMCV secretariat staff and/or current Team Leaders on the basis that they have actively participated in survey visits and have had positive feedback on their performance as a surveyor, or that they have the potential to be Team Leaders even with limited prior survey experience.

Team leaders usually have at least five years' experience in their professional role and generally a minimum of two years' experience as a PMCV surveyor. Where individuals are considered to have had sufficient professional experience to be a Team Leader, but have not had prior PMCV survey experience, they will be supported by an experienced Team Leader for 1-2 survey visits, prior to undertaking their first visit as Team Leader.

Team leaders are required to attend an annual half-day workshop (usually in February) to discuss proposed changes to the accreditation process and undertake relevant professional development.

Responsibilities prior to the survey visit:

The team leader is expected to provide advice to the Accreditation Manager in regards to visit arrangements (the Accreditation Manager will liaise with the facility on behalf of the team), lead the pre-visit meeting and identify any additional information that may be required.

Responsibilities during the survey visit:

In addition to the responsibilities outlined generally for survey team members, the Team leader is also expected to:

- Chair the sessions on the visit day or allocate sessions as appropriate to other survey members. This includes providing a general introduction on PMCV's role and the accreditation process and introducing the team at the beginning of the day and at each session.
- Seek a consensus with the team members of major issues affecting accreditation of the facility and collaboratively prepare a debriefing for the facility.
- The debriefing should include commendations and all areas for improvement likely to be included in the survey report. The facility should be invited and encouraged to respond during the debrief.
- Avoid discussing the accreditation status during the debriefing. The team will make recommendations in regards to duration of accreditation and quality improvement to the Accreditation Committee to be endorsed before the facility is advised formally.

Responsibilities following the survey visit:

The team leader is expected to:

- Be responsible for the review and finalisation of the survey report and recommendations to ensure availability for consideration at the next Accreditation Committee meeting.
- Be available to report on the survey visit and present the report (in person or via teleconference) at a meeting of the Accreditation Committee. This includes briefing Committee members on any significant outcomes or recommendations from the survey visit at the meeting.
- At the conclusion of the annual round of visits, the Chair of the Accreditation Committee may ask team leaders for an indication of the performance of team members; in particular, whether the members of that team could be encouraged to become team leaders, continue as accreditation surveyors or be counselled about their performance.

Appendix A - Practicalities of being a Surveyor

The Accreditation Manager provides secretariat support and will assist you during the entire survey visit process. If you have any queries contact the Accreditation Manager in the first instance (not the facility). Prior to the visit you will receive:

- **The survey team member position description which you should read, sign and return to PMCV.**
- The facility submission which includes a self-assessment against the accreditation standards as well as supporting documentary evidence.
- An electronic folder of relevant PMCV documents including the *PMCV Accreditation Guide* which you are encouraged to review.
- Be expected to participate in the pre-visit meeting of the survey team, usually held by teleconference, 2-4 weeks prior to the visit.

At the survey visit, interview sessions are held with senior administrators, education unit staff, junior doctors and supervisors. A tour of the facility is also conducted. You are asked to:

- **Arrive promptly on the day of the survey visit.**
- Wear the ID badge provided signifying your role as a PMCV representative.
- Ask questions and participate in discussions. Focus on the accreditation standards.
- **Make notes for use in preparation of the survey report following the visit.**

Note that the survey team is responsible for assessing the prevocational medical training program and existing posts (including changes) for accreditation. Any new posts are assessed directly by the Accreditation Committee and not during a survey visit.

Other key points:

- **If you are unable to attend please advise the Accreditation Manager as soon as possible.**
- You will need to make your own travel arrangements to visits (other than where flights are arranged) although the Accreditation Manager will assist where this is problematic.
- For most visits, particularly those to rural health services, it is usually expected that survey teams will travel up on the afternoon of the day prior to the visit. In these instances (or where team members need to travel a significant distance from home), PMCV will pay for accommodation (to be arranged by the Accreditation Manager).
- Team leaders are paid an honorarium and must also complete the ATO 'Statement by Supplier' form.
- Under certain circumstances, survey team members be paid an honorarium to reflect their commitment to the PMCV accreditation program and recognise the value of their participation. This honorarium will be paid only according to the following criteria:
 - That the survey team member has been approved by their principal employer to take the day(s) off for the accreditation survey visit.
 - That the survey team member is not being paid by their principal employer for the period of the visit (e.g. have taken a leave without pay day off).

Meals

- ◇ Lunch, morning and afternoon tea are usually provided by the facility.
- ◇ Where overnight accommodation is required, breakfast is normally included in the room rate, or is available at the hotel, and will be charged back to PMCV. Where this is not possible, and the surveyor purchases breakfast, tax invoices must be submitted with an expense claim form to PMCV.
- ◇ Where possible PMCV will pay for evening meals if required. Where this is not possible, and the surveyor purchases an evening meal, tax invoices must be submitted with an expense claim form to PMCV.

- ◇ Any additional expenses incurred by the surveyor, such as hotel mini bar items, hotel movies or pay TV, alcoholic beverages, snacks, internet access etc will not be reimbursed by PMCV.

Honorariums

Team leaders are paid an honorarium at a specified rate per hour.

Under certain circumstances other team members may also be paid an honorarium. For single day visits this payment would be \$200 (ex GST) and for multiple day visits (usually larger health services and more work involved) the payment would be \$500 (ex GST). This honorarium would be paid only according to the following criteria:

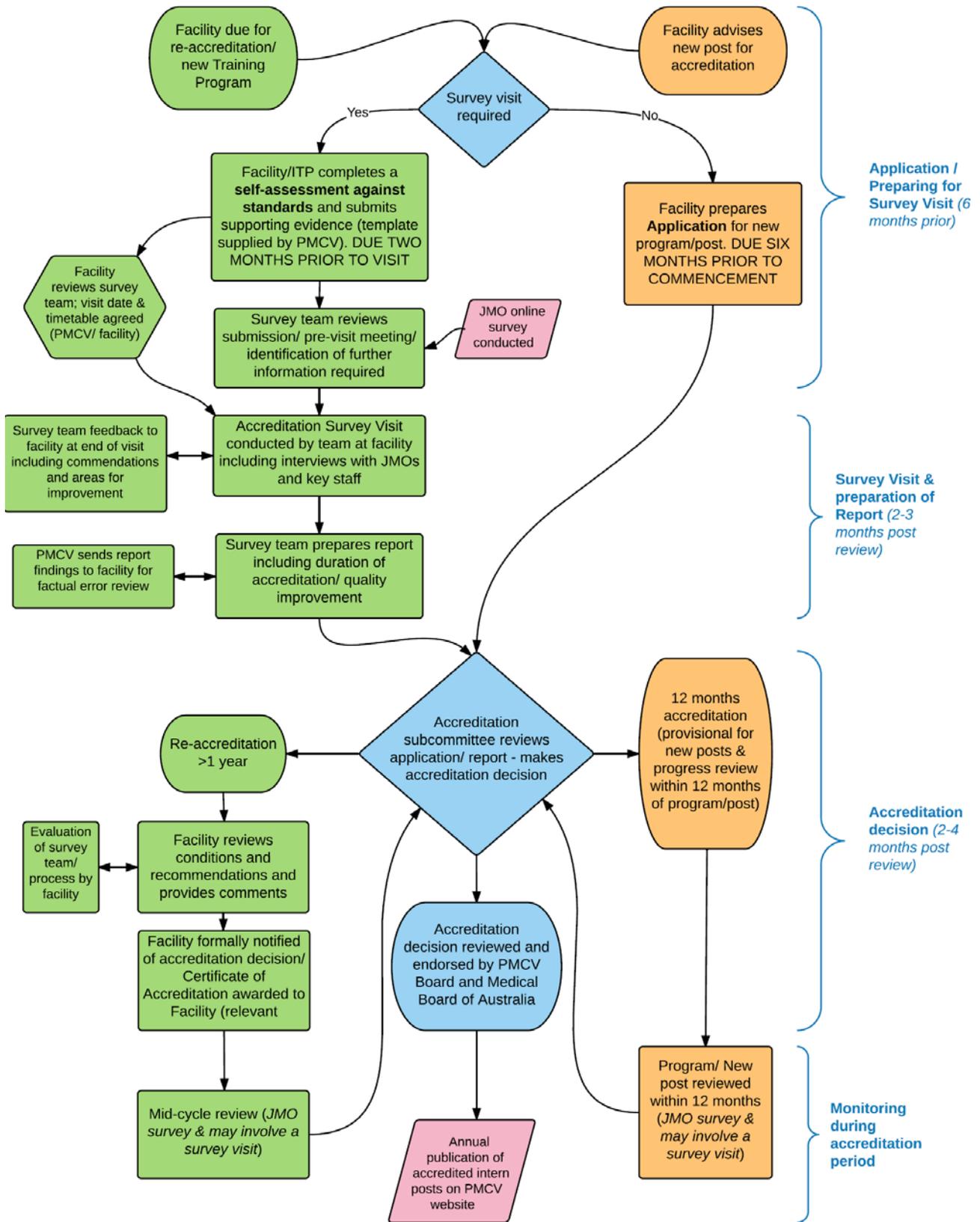
- ◇ That the survey team member has been approved by their principal employer to take the day(s) off for the accreditation survey visit.
- ◇ That the survey team member is not being paid by their principal employer for the period of the visit (e.g. have taken a leave without pay day off).
- ◇ It is proposed that an honorarium payment be made for an entire visit.

Claims for honorariums must be accompanied by a completed ATO form.

Claiming Expenses

- ◇ PMCV covers surveyors' costs directly associated with survey visits. Where possible, PMCV prefers to limit the need for surveyors to submit expense claims and will arrange payment of costs where possible. However, there may be instances where surveyors incur costs which can be claimed back from PMCV.
- ◇ Mileage claims for the use of a personal motor vehicle when travelling to an accreditation visit are paid using a kilometre rate for the trip. No fuel tax invoices are required for mileage claims. PMCV will reimburse team members for travel up to \$350max.
- ◇ IMPORTANT – any expense claims (eg. for meals) must be accompanied by a tax invoice showing the vendors ABN, which is different to an EFT receipt or credit card receipt from an EFTPOS machine. If a tax invoice is not provided, PMCV will not be able to reimburse the claim.
- ◇ Expense and mileage claims should be submitted to PMCV as soon as possible following the survey visit, accompanied by tax invoices where required.
- ◇ Payment of claims is made via direct bank deposit.

Appendix B – Accreditation Process Flowchart



**Postgraduate Medical Council of Victoria Inc. (PMCV)
ACCREDITATION SURVEY TEAM MEMBER AGREEMENT**

I,, acknowledge and agree to fulfil the expectations of an accreditation survey team member, as set out in the *PMCV Accreditation Survey Team Member Position Description*, in regards to confidentiality, conflict of interest, objectivity and survey visit responsibilities (points 1 - 15).

Tick this box if you are participating in the survey team as a Team Leader to acknowledge and agree to the additional responsibilities of a team leader.

NAME: *(Please print)* _____

SIGNED: _____

DATE: / /

WITNESS NAME: *(Please print)* _____

WITNESS SIGNATURE: _____

DATE: / /