



**Independent Review of Accreditation Systems
within the National Registration and
Accreditation Scheme for health professions**

Submission to the Discussion Paper

Cover Sheet

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1 May 2017

Professor Michael Woods
Independent Reviewer
Accreditation Systems Review: National Registration and Accreditation Scheme
Email: admin@asreview.org.au

Dear Professor Woods,
Thank you for this opportunity to make a submission to the Accreditation Systems Review.

Context:

Australian prevocational medical training is overseen by eight Prevocational Medical Councils (PMCs) based in each state and territory. PMCs are funded both by the Medical Board of Australia and variably by state-based health departments.

In contrast to medical training delivered by medical schools and the vocational specialist training overseen by specialty Colleges, prevocational medical training is significantly under-resourced and poorly coordinated. In particular, there is no secure revenue stream to support prevocational medical training. Funding for the national peak body, the Confederation of Postgraduate Medical Education Councils (CPMEC) was discontinued in the 2014 Commonwealth budget. CPMEC had previously developed an *Australian Curriculum Framework for Junior Doctors* but this has not been implemented because of a lack of resources. The lack of a national curriculum is a major deficit in Australian prevocational medical training.

There is currently no national policy direction on prevocational medical training in Australia and there is a significant and increasing gap between the quality and quantity of training provided to Australian prevocational doctors compared to New Zealand and the United Kingdom, the two other jurisdictions with generalist prevocational medical training. A COAG-sponsored review of intern training conducted in 2015 concluded that many aspects of the current intern year were not appropriate training for contemporary medical practice. Seven recommendations were made, each with a number of components. At this stage it seems unlikely that any will be implemented apart from a national training survey.

In 2014, a National Internship Framework was introduced by the Medical Board of Australia. The Australian Medical Council (AMC) was given the role of setting accreditation standards for the intern year, the first component of the prevocational phase of the medical education continuum. A Prevocational Standards Accreditation Committee was established to oversee accreditation functions, reporting to the AMC Directors.

The AMC also assumed responsibility for accrediting the eight PMCs responsible for accreditation of intern posts and programs. The performance of the each of these bodies is assessed against the standards outlined in the *Intern training – Domains for assessing accreditation authorities*.

The Postgraduate Medical Council of Victoria Inc. (PMCV) supports state and national initiatives relating to the education, training and professional development of the prevocational medical workforce in Victoria. We have had responsibility for the intern accreditation process in Victoria since 2000 and was approved by the AMC in 2015 as the intern training accreditation authority in Victoria.



Further, on behalf of the Victorian Department of Health and Human Services, the PMCV has undertaken quality review of Postgraduate Year 2 (PGY2) posts in Victorian facilities since 2000. PGY2 accreditation is not mandatory but all Victorian health services employing PGY2 doctors participate voluntarily. The PMCV is a member of a national Prevocational Medical Accreditation Network (auspiced by CPMEC) which allows sharing of ideas and benchmarking against other authorities with responsibility for intern and/or PGY2 accreditation.

This submission addresses a number of the questions raised in the Discussion Paper, which are relevant to prevocational medical training. However, the main issue we would like to bring to your attention is the importance of continuation of AMC's involvement in accreditation of the intern year and ideally expansion of involvement into PGY2 accreditation. This accreditation process is now the only national oversight of any component of prevocational medical training and PMCV believes that it is critical that it continues; to provide some degree of quality assurance, to maintain and hopefully increase support for prevocational junior doctors and their training, and to provide a forum to address the problems identified in the 2015 review of internship.

Improving efficiency

Accreditation standards

The PMCV has adopted the Australian Medical Council national intern training accreditation standards and applies them in assessment of both intern and PGY2 training. We endeavour to achieve consistency through development of guidelines and policies, annual training of surveyors and identification and training of experienced surveyors to lead survey teams. We also consider the results of an annual evaluation process (from the perspective of health services, team leaders and surveyors, supervisors and junior doctors) to inform improvements in our processes. We carefully monitor changes to AMC guidelines so that we can amend our accreditation processes.

We endeavour to achieve transparency by ensuring that we provide evidence to back up conditions, recommendations and commendations. We are currently discussing whether accreditation reports, in some form, should be published on our website (similar to the AMC process).

Training and readiness of assessment panels

In Victoria, accreditation survey teams are generally composed of a minimum of three members representing medical management, medical education and junior doctors although for large and/or multi-site facilities there may be two 'teams' deployed to ensure review of all sites and interviews with all relevant staff. All new surveyors attend mandatory training and an end of year evaluation enables identification of issues with individual surveyors and/or the process. Our Accreditation Manager has attended training days in other jurisdictions and interstate survey visits for benchmarking and some of our surveyors are also surveyors for the AMC or participate as surveyors in other jurisdictions.

In 2016 PMCV piloted the involvement of two community representatives (sourced from the Victorian Board of the Medical Board of Australia) in accreditation visits. The community representatives were trained in the accreditation process and then participated in a facility visit, largely as observers. An evaluation at the end of 2016 found that the community representatives made a worthwhile contribution to the accreditation process, particularly to assessment of compliance with new AMC standards relating to junior doctor welfare and patient safety. Their involvement will continue in 2017 with the further development of a Role Statement and clarification of how best to engage them in the process.



Sources of accreditation authority income

The PMCV has a *Contract for Services* with the Australian Health Practitioner Regulation Agency (AHPRA) to apply the AMC's *Intern Standard- National Standards for Programs* when assessing and accrediting intern training programs in Victoria. The Medical Board of Australia contributes to the cost of accreditation services and there is a bi-annual reporting process including the submission of a detailed work plan to AHPRA.

In 2014 PMCV moved from a three year cycle of accreditation to a four year cycle to align with the AMC and introduced a mid-cycle review process at two years.

The costs of accreditation vary with location (metropolitan or rural), the number of prevocational medical posts under review, and whether the facility is a single or multi-campus site.

The costs relating to accreditation include costs to PMCV of coordinating and conducting an accreditation visit and the cost to the health service/facility undergoing accreditation. PMCV costs include payment of a survey team leader fee (\$119.80 per hour up to 9 hours), reimbursement of travel and accommodation for survey team members (\$0.66c per km up to a maximum of \$350 per person), a full-time Accreditation Manager and part-time Accreditation Officer (two days per week), the PMCV Accreditation Subcommittee meeting costs, costs associated with surveyor training workshops, and contribution to PMCV overheads (rental and outgoings, telephone, internet, legal, office costs, website, annual report, publication of the *Intern Guide*).

The PMCV recognises that there is also a significant cost to health services associated with accreditation in regard to preparing the submission and undertaking internal self-assessment, staff time to attend interviews on the day(s) of the visit, catering, reviewing the draft report, preparing a response to report, undertaking any required actions and the ongoing monitoring.

A project was undertaken in recent years to address costs and overlap of accreditation processes. PMCV completed a Commonwealth Government funded project, *National Accreditation Framework – Piloting and Adaptation for use in Prevocational General Practice Training Program and Community Settings* in 2007-2008 and worked closely with Victorian General Practice Rural Training Providers¹ to align accreditation of prevocational and vocational medical training in general practice. General practices were visited at the same time by PMCV and the RTP and there was alignment of prevocational and vocational accreditation documentation and processes. This approach worked well but was scaled down significantly when the Prevocational General Practice Placement Program was discontinued at the end of 2014.

PMCV believes there are opportunities for increased collaboration between prevocational and vocational accreditation.

¹ The five RTPs in Victoria were replaced by two new training regions from 2016



Relevance and responsiveness

PMCV has been able to respond quickly to applications for new training posts, including posts in alternative settings (general practice, private hospitals, rehabilitation services) to support the Victorian Government's Rural Community Intern Training program and programs implemented by the Commonwealth Government including the Commonwealth Medical Intern (CMI) program and more recently, the rural Junior Doctor Training Innovation Fund.

PMCV does not believe that simulation-based or inter-professional learning is constrained under our current accreditation processes.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Brendan Crotty'.

Professor Brendan Crotty

Chair

Postgraduate Medical Council of Victoria Inc.