Postgraduate Medical Council Of Victoria Inc.

PMCV Accreditation Program Quality Review Report 2014 - 2017

February 2018

Postgraduate Medical Council of Victoria Inc.

Training, developing and inspiring early career doctors

PMCV Accreditation Program Quality Review Report 2014 - 2017

CONTENTS

1. INTRODUCTION

The Postgraduate Medical Council of Victoria Inc. (PMCV) accredits intern and reviews PGY2 training programs by assessment of the education and training provided for junior doctors in Victorian health facilities against a set of accreditation standards.

The PMCV accreditation process has been in place for many years but in 2014, new national accreditation standards were adopted.

This report reflects on the outcomes of the survey visits and mid-cycle reviews conducted in 2017 (refer Appendix A) and provides an analysis of the evaluation data collated for the full four-year accreditation cycle 2014 - 2017.

The evaluation method used since 2014 is outlined in Appendix B.

2017 is the final year of this current accreditation cycle and it is foreshadowed that the accreditation program evaluation process will be reviewed for the next cycle (2018-2022).

1.1 Purpose of PMCV accreditation

The Medical Board of Australia has approved the Postgraduate Medical Council of Victoria Inc. (PMCV) as an intern training accreditation authority.

In addition, the Department of Health and Human Services has authorised PMCV to review postgraduate year two posts (PGY2).

The aim of accreditation, as it relates to prevocational medical training, is reflected in the following statement:

> *To develop, monitor and evaluate accreditation standards and processes that support education and training of JMOs and address any concerns about patient safety or JMO safety in a variety of clinical settings.* [1]

All facilities in Victoria that employ interns, and each post interns work in, must be accredited by PMCV prior to their commencement. For PGY2s it is expected that facilities seek a quality review of these posts prior to commencement.

[1] Domain Statement, PMCV Strategic Plan 2016-2018, Domain 1: Accreditation and Standards.

2. EXECUTIVE SUMMARY – ACTION PLAN 2018

Issue	Action
Emphasise topics for survey teams to focus on during visits *and the impact of these on junior doctor wellbeing and patient safety:* • Support and welfare.[2] • Supervision and support.[3] • Clinical exposure and learning opportunities.[4] • Workload and rosters.[5] • Unit orientation.[6] • Program governance and evaluation.[7]	• Develop **mechanisms** for consistently dealing specifically with concerns for **patient care and safety** AND **junior doctor wellbeing** (e.g. B&H; environments unsuitable for junior doctors) if evidence of this is identified at a survey visit (e.g. reflected in facility governance structures/ procedural documents) – *an organisational approach to accreditation assessment, monitoring and complaints processes so survey teams adopt consistent responses to such issues.* • Continue to emphasise the mandatory intern training requirements and the importance of clinical learning and supervisor interaction for PGY2s. • **Ensure survey team members aware** (using *Question List/ Survey Team Member Assessment Template/ Survey Team Member Position Description*).
Engagement of junior doctor (e.g. low response rates to pre-visit surveys) and senior medical staff during survey visits and in the accreditation process. Sub-optimal awareness of purpose and scope of survey visit.	• Early notification of visit *(in 2018 the JMO surveys are being sent in March with regular reminders each term and with details on upcoming survey visit).* • Continually collect feedback rather than only close to the survey period *(to be implemented in 2018 as noted above).* • Provide information on purpose and scope of visit and questions to be asked in advance *(PMCV role document to be more widely disseminated – discuss at HS session Feb 2018).* • Consider providing contact details to interviewees prior to visit so can raise issues in advance. *(in 2018 this will be incorporated into JMO survey email).* • Focus on topics of importance to junior doctors and senior medical staff during visit interviews *(review topics pages 5-6).* • **Engagement with PMCV: continue to encourage junior doctor participation in survey visits; look to engage more term supervisors.**
Submission documentation is time consuming for facilities to complete and for survey team members to review. Focus on defined key objectives, goals and expectations.	• Revised submission document from 2018. • Revised Question List from 2018 which focuses on points not covered by evidence and on learning, supervision, patient safety and junior doctor welfare (see topics above). • **Seek feedback from surveyors in 2018 and facilities (2018-2022) on documentation and process** (including *Sympose* from survey team members and facilities).

[2] i.e. stress, distress, workload, defined work responsibilities, career and training guidance
[3] Interaction with consultants, seniority, capability, accessibility, term supervisors, performance feedback. Supervisors also highlighted this especially the management of doctors in distress. Also, career advice and support.
[4] This varies a little for interns and PGY2s. Interns value education, broad clinical exposure and development of clinical skills while PGY2s seek to manage patients more independently, further developing clinical skills and career development.
[5] Alignment of rosters with unit expectations; conflict between safe working hours and continuity of patient care.
[6] Especially to expectations of supervisors.
[7] Medical education resources, involvement of junior doctors in program governance, evaluation processes. **Patient safety and junior doctor wellbeing reflected in governance structure and documents.**

Issue	Action
Review the junior doctor survey conducted prior to visits.	• The survey has been revised for 2018 to incorporate specific questions on junior doctor wellbeing and assessment as well as seeking specific feedback on *core* terms. • Facilities have requested for this information to be shared however it is the view of PMCV that this information informs the discussions at the survey visit and may be included in the report as appropriate so should remain confidential.
Requirements for specialty medical and surgical terms to be accredited as *core* for interns.	Accreditation Committee to discuss whether more detail is required (see *PMCV Clinical Learning for Junior Doctors Guidelines*) and, if so, in what regard.
Timing of meetings especially mid-morning for junior doctors (ward rounds etc) and mid-afternoon for NUMs (handover).	To be discussed and reviewed by Team Leader Group and Accreditation Committee.
Ensure survey teams complete the standards ratings on the day.	To be discussed and reviewed by Team Leader Group.
Ensure that the final report of the survey visit reflects the outcomes from the perspective of all team members.	Involve all survey team members in review of first and subsequent drafts of the survey report *(to be implemented in 2018).*
Provide outcomes of accreditation reviews to interviewees (e.g. junior doctors and senior medical staff).	• In 2016/7, facilities advised this was done. • In 2018, PMCV likely to publish accreditation outcomes on website. • Invite junior doctors to survey visit debrief.
Reporting of changes to posts can be time-consuming.	• Application for new post significantly revised from 2018 and anecdotally appreciated by facilities. • Increases in the number of PGY2 posts in unit already approved for PGY2 training now a change rather than requiring a new post application *(approved Accreditation Committee Dec 2017).* This does not apply to intern training.
Benchmarking and sharing best practice.	• Sharing approaches to common challenges (e.g. term supervisor engagement and support).

3. ACCREDITATION PROGRAM EVALUATION FINDINGS 2014-2017

3.1 Feedback from the facility

Feedback was collected from interviewees during visits, from facilities immediately after the visit and from facilities at the end of the entire accreditation process. The data in the charts in this section represent the aggregate of all this feedback.

During 2017, nine survey visits were conducted with two concurrent with their parent health service[8] and one an intern-only program (listed in Appendix A).[9]

All Victorian health services which provide intern and/or PGY2 medical training have been reviewed during the 2014-2017 accreditation cycle (refer Appendix A for a list of accreditation reviews by year).

Interviewee feedback during visits

This section focuses on feedback from junior doctors and term supervisors in regards the meeting and the conduct of the survey team.

In 2017 interviewees from six (of the seven) training program providers provided feedback.[10] Overall, there were 184 junior doctors who responded (a significant increase from previous years which may reflect improved systems for collection - 130 in 2016, 134 in 2015 and 128 in 2014) and 50 senior medical staff who responded (again a significant increase to previous years - 39 in 2016, 47 in 2015 and 33 in 2014).

In 2016, there were three additional questions included in the survey which were also used in 2017.

Charts 1 and 2 provide a summary of the feedback received from junior doctors and senior medical staff for the period 2014-2017.

Overall, the feedback from both the junior doctors and the senior medical staff was as positive in 2017 as it was in previous years with an improvement in the ratings from 2016.

It is evident across the whole accreditation cycle (2014-2017) that interviewees appreciate the opportunity to provide open and frank feedback in a confidential setting. In particular, the junior doctors indicated they *'felt comfortable to share my experiences both good and bad'* (intern) and that it was *'great to be listened to...'* (intern). In 2015, senior medical staff commented that the meetings were '*...open and constructive*…' and expressed appreciation for '*…helping us improve what we do*.'

It is also pleasing to note that interviewees, both junior and senior medical staff, considered that all relevant topics were mostly addressed at meetings and were generally satisfied with the process.[11]

Further, items related to survey team professionalism in terms of awareness of the facility and the accreditation process, and behaviour during the visit have rated highly across all years which demonstrates that surveyor training processes are appropriate.

Areas for improvement from 2017 feedback (and across the whole cycle) include:

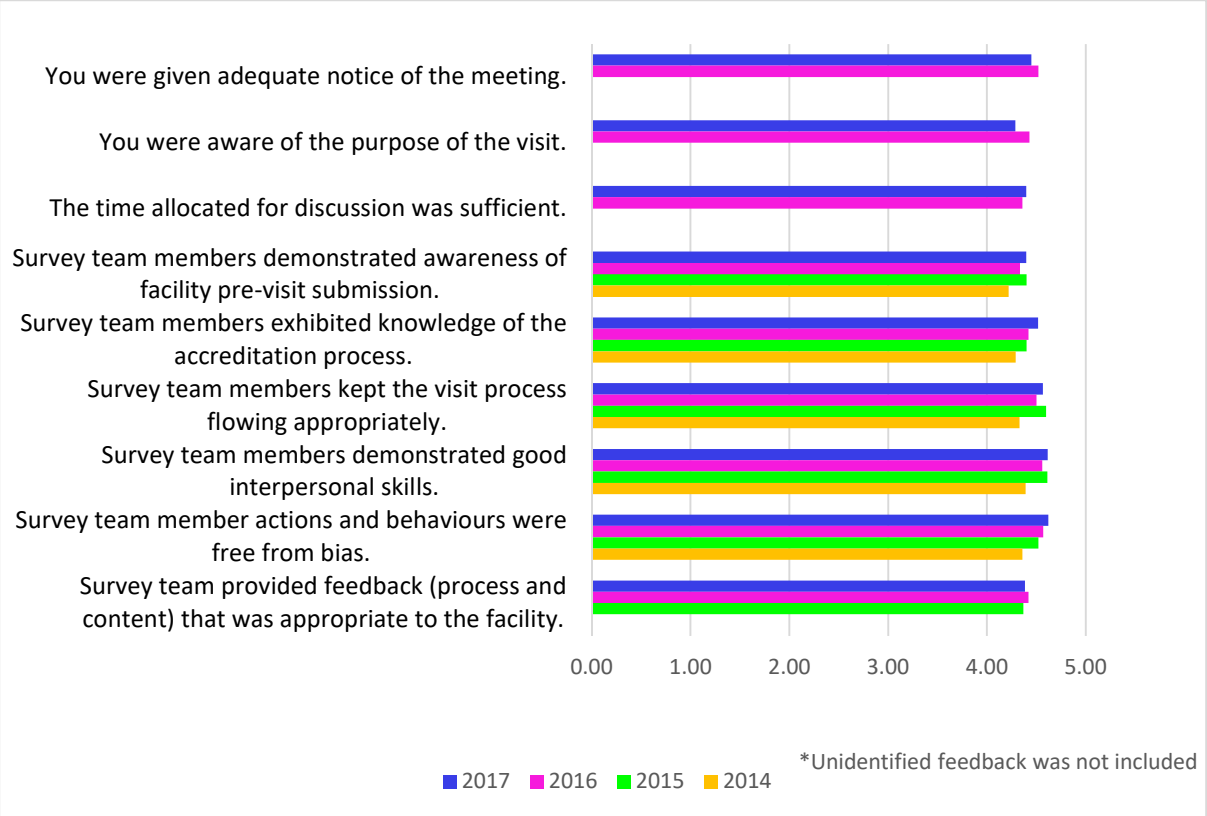
- It is noted that the junior doctors' awareness of the survey visit itself and its purpose was lower in 2017 compared to 2016 (Chart 1). This has been an issue highlighted in the 2014 and has also been identified in 2015 and 2016. Confusion regarding the purpose and scope of the meetings and support for attendance are very much dependent on how facilities advise senior medical staff and junior doctors of meetings. In 2015, PMCV introduced a 'role document' to be distributed to all potential interviewees which describes the purpose of the meeting and topics to be discussed

[8] Calvary Health Bethlehem (Alfred Health); Epworth Eastern (Eastern Health)
[9] In 2016, there were 11 visits, in 2015, 10 visits and in 2014, 7 visits.
[10] Responses from nine facilities were received in 2016 and six facilities in both 2015 and 2014
[11] This was also feedback in 2016

but it is unclear how widely this is disseminated. PMCV will continue to work with facilities to improve this aspect.[12]

- Attendees would like to know the topics to be discussed (as noted in the point above an information sheet is provided to facilities for distribution). It was noted that *'some lines of questioning seemed leading, it could be useful to have pre-prepared questions*'. It was also suggested in 2016 that contact details be provided to interviewees prior to the visit so they can raise issues in advance and that questions to be asked during interviews be provided in advance.
- Attendance at meetings by junior doctors is problematic given the meetings are scheduled mid-morning and attendance is not 'protected'. '*Poor timing of meeting in the middle of rounds for medicine. Please contact us next time to ascertain the best time for us to be able to attend' (Intern)*. It was noted that meetings over lunch would be easier (this is usually allocated to meeting with the supervisors).
- It was noted that *'Group discussions of individual's wellbeing probably doesn't work. I doubt anyone would disclose moments they were bullied or depressed in front of peers' (Intern).* However, quite frank discussions of such issues have occurred at some survey visits so this might be variable.
- Early notification of the visit to junior doctors and senior medical staff would be appreciated including early circulation of an agenda.
- In 2016, it was suggested that the online format of the junior doctor survey be reviewed. This was done for 2017 and more changes have been made for the surveys from 2018 to incorporate wellbeing and welfare questions as well as seeking feedback specifically on *core* terms.

Chart 1: Junior doctor feedback during visits



[12] This will be discussed at the inaugural Health Service Forum on Accreditation being held in February 2018 with facilities due for a survey visit during 2018

Important topics identified by Interns include:

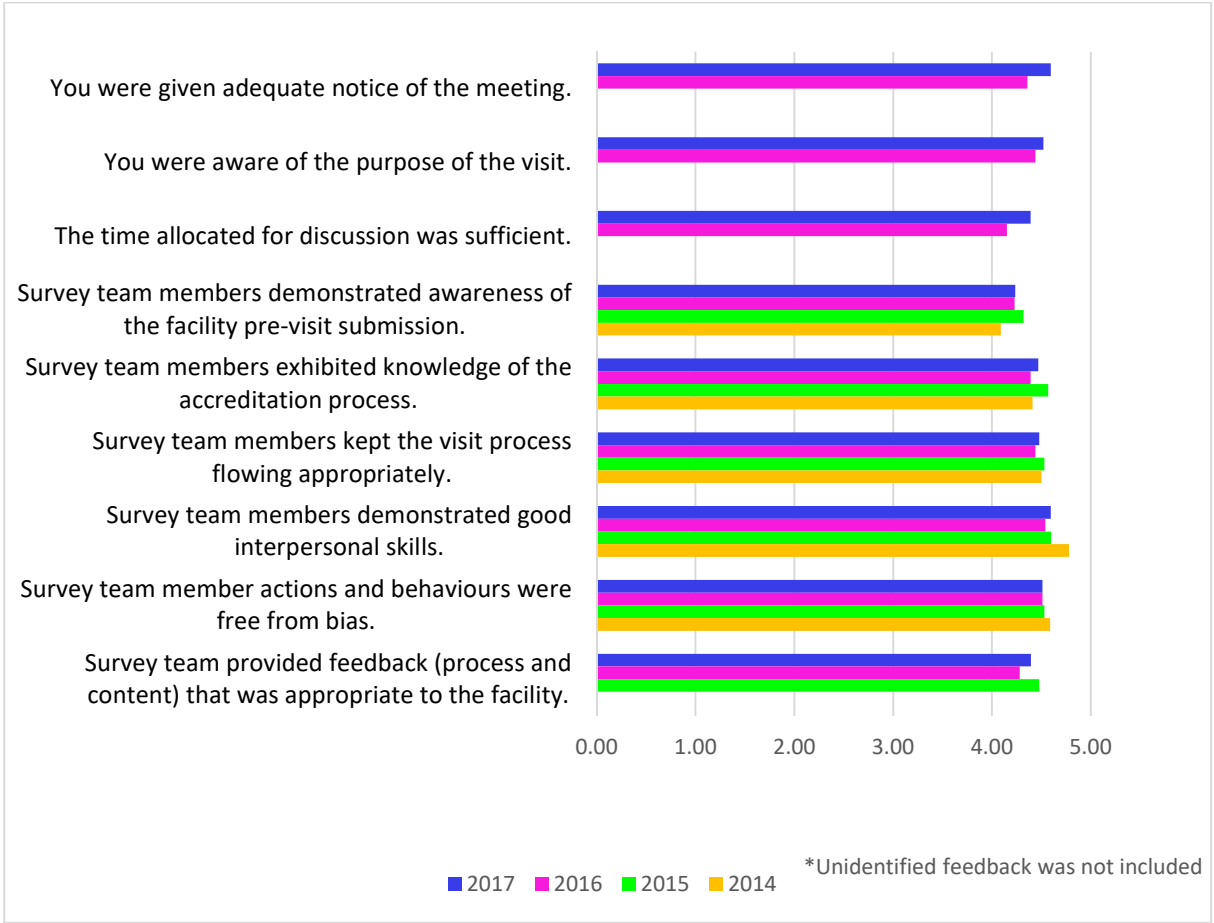
- patient safety and personal safety (e.g. OT, B&H, handover)
- work-life balance (e.g. workload, workflow, patient load, rostering)
- support and wellbeing (e.g. stress, distress, career and training guidance)
- supervision and term supervisors (e.g. level, access, support)
- orientation; clinical exposure and learning opportunities (and adequacy of *core* rotations for learning requirements e.g. admissions, theatre time, broad experience, continuity)
- organisational support systems and culture (e.g. facilities)

The tension between 'safe working hours' and continuity of patient care (and patient safety) has also been regularly discussed at visits across the cycle.

Important topics identified by PGY2s include:

- support and teaching
- pastoral care and welfare
- rostering
- career information and support
- night cover
- education and access to it

Chart 2: Senior medical staff feedback during visits



Other topics identified for discussion at visits:

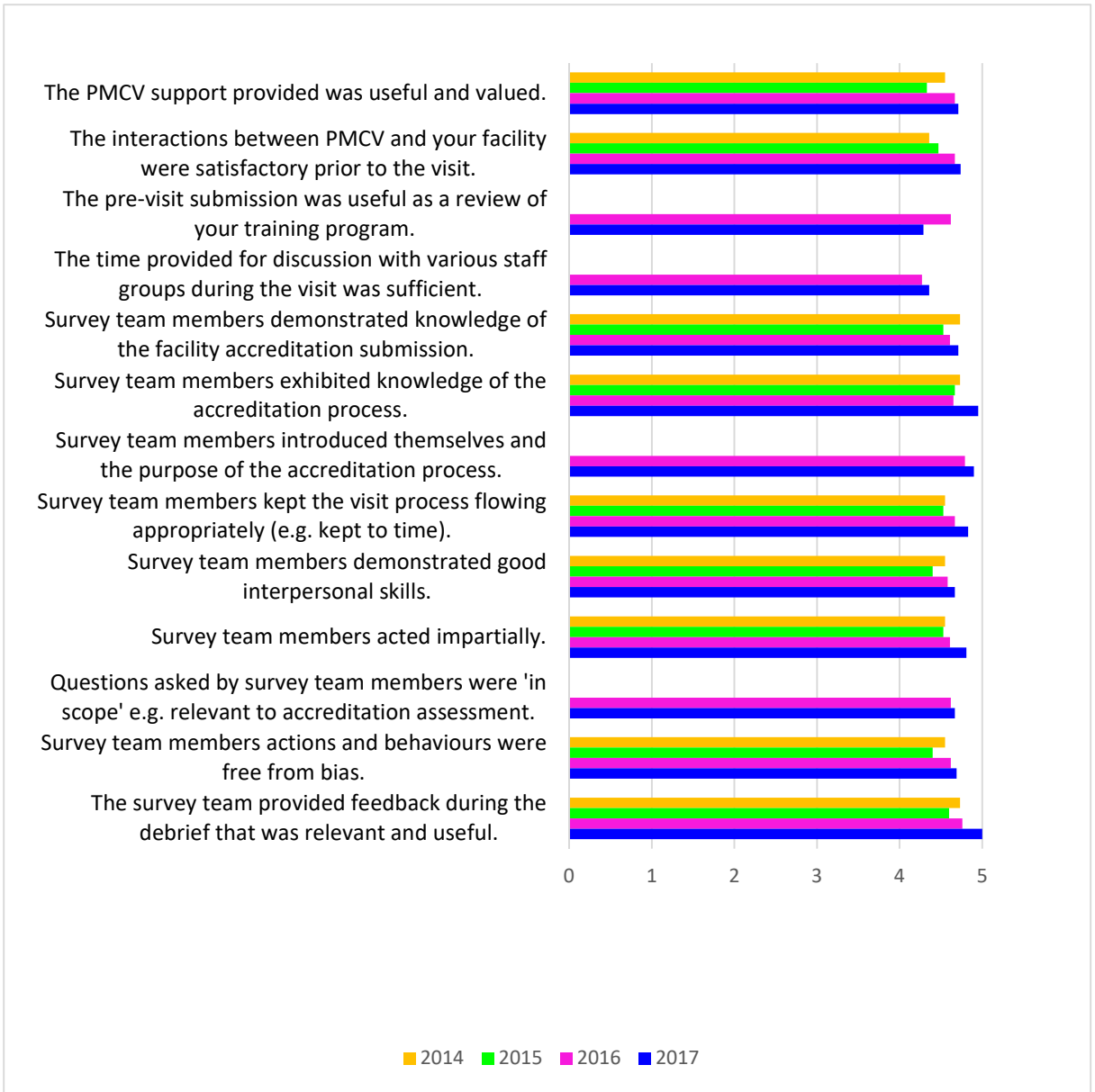
- Registrars: medical workforce, rostering and appropriate allocation of staff.
- Senior Medical Staff: adequate time to supervise junior doctors (e.g. training requirements, workload, support structures for doctors in difficulty, assessment and feedback)
- Bullying and Harassment *('Difficult to talk about because it seems very situational / hard to change' Intern*)
- Nurse Unit Managers awareness of training requirements (e.g. formal teaching times, how support DID, theatre time, admissions etc)

Feedback from facilities at the end of the survey visit and the entire process

Feedback from senior facility representatives was sought immediately following the survey visit and the data (combined for all facilities surveyed in that year) is shown in Chart 3 for 2014-2017. The response rate to this survey by facilities was 100% in all years.

Note that four new questions were included in the 2016 survey and used in 2017.

Chart 3: Facility feedback immediately following visits



Generally, the feedback was positive across all years of the cycle confirming that:

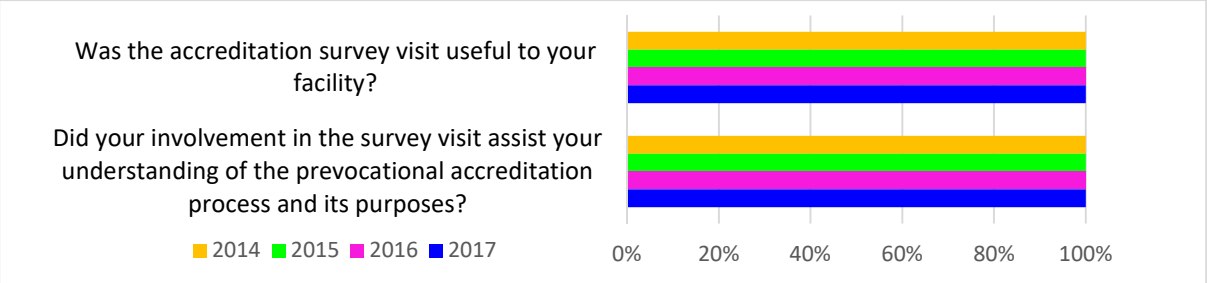
- The accreditation survey visit process is considered by facilities to be a valuable exercise which supports ongoing improvement.
- Facilities were satisfied that survey members contributed throughout the visit, and appeared to have an acceptable level of knowledge of the facility submission and the accreditation process.
- The conduct of survey teams was generally considered to be appropriate and professional with constructive feedback provided. It is noted that in 2015 and in 2017, a couple of examples of unprofessional behaviour were highlighted which have been discussed at the Team Leader Forum and at the Accreditation Committee.
- Facilities were satisfied with the assistance and support provided by PMCV.

Areas for improvement from 2017 feedback include:

- The workload associated with the pre-visit submission is high, it is time-consuming to complete and there is some duplication of standards (*a new form has been developed for use from 2018 to try to address these issues).* It should be noted that this has been an issue across the whole cycle but the document and process was retained for consistency.
- It was noted that: *'It can be hard to get HMOs in the morning but I understand why you would want to see them prior to the term supervisors meeting' (PGY2)*. Timing of meetings do not account for ward rounds, nurse changeover times.
- One respondent wondered whether the results of the junior doctor surveys could be shared with facility *(note that results of this survey inform discussions and are reported in the survey report).*
- It was suggested it may be worthwhile to set up some more channels of sharing approaches to common challenges (e.g. term supervisor engagement and support).
- The following comment was also received: *'During meetings PMCV advised me that I should benchmark against other health services around issues like staffing levels in medical education, for various roles including MEO, SIT, DCT and allocated time for Term Supervisors. However, it is PMCV that is not only best placed (having access to this data for all Victorian hospitals) but appropriate to not only benchmark but more importantly, state the standard they recommend in this regard. It is noticeably absent from PMCV position descriptions.'*
- There was also confusion with the process for update and finalisation of the visit timetable identified which will be addressed by the Accreditation Manager at the inaugural Health Service Forum to be held in February 2018.

Feedback is also sought from the facilities at the end of the accreditation process when a response to the survey report is requested. Chart 4 provides facility feedback in regards the usefulness of the accreditation process and indicates that 100% of facilities said 'Yes' across all years of the cycle.

Chart 4: Facility feedback at end of accreditation process



The general comments highlighted that the accreditation process is a useful quality improvement exercise to review processes and gaps especially for staff who are new to medical management. The method of identifying conditions and recommendations enables training providers to prioritise quality improvement activity. Further, participation by senior and junior medical staff in the accreditation process facilitates a broader understanding of medical education and is beneficial.

In 2014, one facility commented that *'The DCT felt that the process was extremely helpful in highlighting success, and also in providing direction for future improvements'* which is after all the overall objective of the accreditation process.

In addition, in 2016 and 2017 facilities were asked to confirm whether they had shared outcomes of the visit with junior doctors (following a recommendation of the AMC team who reviewed PMCV in 2015). In 2016, all but one of the facilities surveyed shared this information with JMOs either by email or via the JMO committee meetings. In 2017, all the facilities reportedly shared the accreditation outcomes with their junior medical staff.

Apart from the improvements listed above, it was also suggested that, '*…in light of the increasing specialisation of surgical units and the changing surgical procedures and move to day units, a definition of "common surgical conditions" needs to be broader, and consideration given to an emphasis on surgical principles rather than conditions for intern core term accreditation.'*

Apart from a revised submission document introduced from 2018 (the new accreditation cycle), other suggestions for improvement across the cycle have been implemented:

- In 2014, facilities requested a longer timeframe to respond to the survey report. This was increased from two weeks to a month in 2015.
- In 2015 it was suggested that consideration be given to meeting *core* intern training requirements longitudinally (across the intern year) rather than merely within set terms. Scope for accreditation of such programs is now enshrined in the *PMCV Clinical Learning for Junior Doctors Guidelines* (new from 2017).
- In 2015, it was noted that it is beneficial to have some team members who had been involved in previous visits, if possible, to that facility as it provides for some continuity in relationships and knowledge and efforts have been made in 2016 and 2017 in this regard. This occurred for four of the nine visits in 2016 and for three of the seven visits in 2017.
- One suggestion in 2015 was that where issues are flagged that have not been previously identified, it would be useful to receive examples of the practice(s) causing concern to assist with informing further changes. In 2016 and 2017, survey teams have attempted to provide such detail under the relevant standards. It was also noted that some recommendations for change were not necessarily realistic due to conflicting constraints from other training bodies and that these limitations should be taken into account when the recommendations are reviewed at future accreditation surveys.

One aspect of the accreditation program which has not been fully addressed is in regard notification of changes. Currently, facilities are expected to advise of changes to intern posts and PGY2s in advance of the change commencing but it is acknowledged that this can sometimes be difficult when facilities need to be flexible to meet changing business requirements (e.g. redistribution of workforce in a relatively short timeframe). From 2018, one simplification implemented has been that if facilities increase the number of PGY2s in a unit where at least one PGY2 post is already approved, then this would constitute a change and does not require completion of an application for new post form. However, this does not apply to intern posts. In 2015, it was suggested that facilities could provide an annual report on changes to posts but this has not been discussed.

3.2 Feedback from surveyors

Following completion of all the survey visits in the current year, an electronic survey is sent to all surveyors who participated in visits during that year using *surveymonkey*. In 2017, there were 20 responses representing a 56% response rate (in 2016 there was a 63% response rate, in 2015 there was a 64% response rate and in 2014 there was a 90% response rate).

PMCV acknowledges the tremendous efforts of our survey team leaders and the participation by active surveyors which is essential to a robust and highly regarded accreditation program.

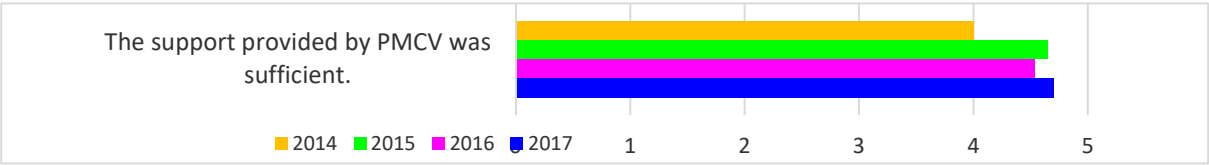
Chart 5 shows the rating by survey team members for the four years 2014-2017 in regards the support provided by PMCV.

In general, the feedback from the surveyors has been very positive cross the whole cycle (2014-2017) in regards these aspects:

- PMCV secretariat support.
- The pre-visit meeting, which was a new initiative in 2014.
- The discussion time at the survey visit, which was increased in 2014 to allow completion of many of the requirements while the team is together.
- The performance of team leaders.

Notably, in 2014 the pre-visit meeting (which was implemented that year) was very positively reviewed as it allowed for early impressions to be discussed, to work out areas to focus on during the visit and any further documentation required and helped the visit run more smoothly. The support for this part of accreditation process has continued through subsequent years of the cycle (see Chart 6).

Chart 5: PMCV secretariat support



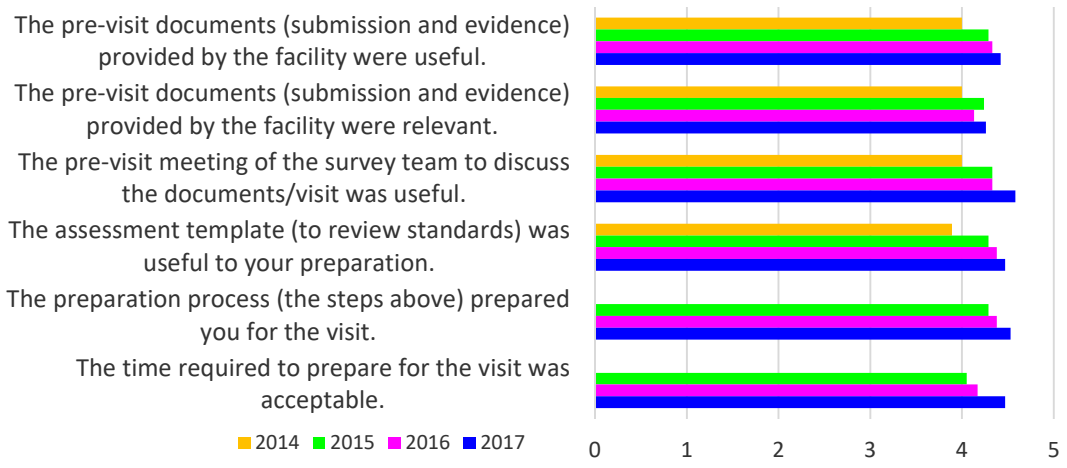
Overall, the feedback from team members indicated that they felt well-supported BY PMCV staff with positive comments including: '*The support from PMCV has been fantastic, with not only the documentation and logistics but also any questions have always been answered promptly.'*

In 2017, one respondent indicated that they felt the PMCV staff member on their visit exhibited unprofessional '*bordering on rude'* behaviour, particularly with regard to their contribution during survey team discussions, and also apparently exhibited ''*obvious signs of being frustrated.'* This may have been due to the time spent on preparing for the debrief with the rating of standards not completed, however, this feedback has led to some personal reflection.

It was noted by another respondent in 2017 that: '*Generally good documentation, although considerable room for expressing the same information in simpler terms.'*

Charts 6, 7 and 8 show the ratings by the survey team members for 2014 - 2017 in relation to the overall conduct of the survey visit.

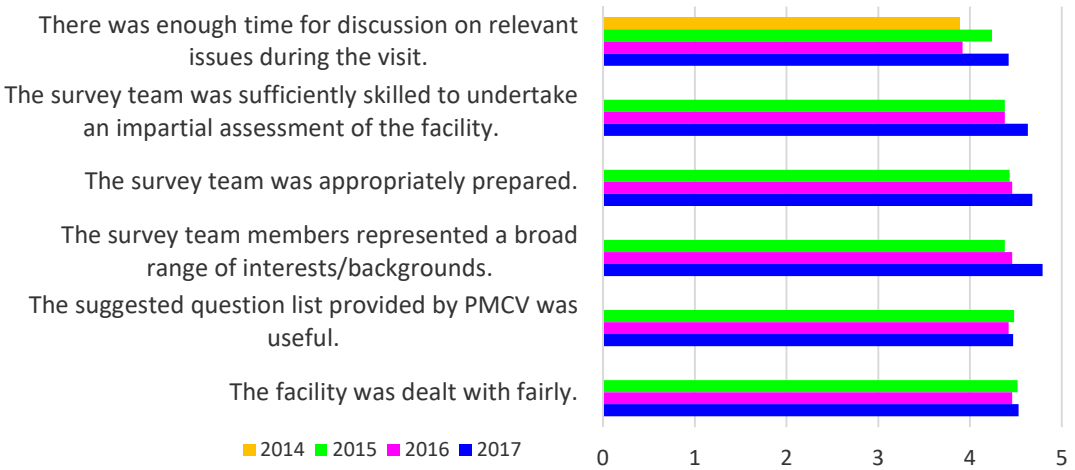
Chart 6: Feedback from survey team members – preparation for the visit



The ratings increased in 2017 for all questions regarding the steps prior to the survey visit. The most notable increases related to the usefulness of the pre-visit meeting (implemented in 2014) which has consistently rated positive and the time required to prepare for the visit being acceptable. One comment regarding the pre-visit meeting was: '*I particularly appreciate the pre-visit meeting of the team to plan and co-ordinate the day/s'.* which has been a common theme throughout the cycle.

There were, however, multiple comments regarding the repeated documentation, as there were in previous years of this accreditation cycle, and the need for some simplification. It is noted that with the introduction of the new national accreditation standards from 2014, there was a conscious decision made to seek sufficient detail on all standards to highlight the new accreditation standards and ensure they are met by facilities, and that this structure was maintained for the complete cycle for consistency despite the concerns raised regarding repetition and workload across the cycle. With the commencement of the next accreditation cycle in 2018, the pre-visit documentation has been revised significantly to try to address these issues and feedback will be sought from facilities and surveyors to assess whether the process has improved.

Chart 7: Feedback from survey team members – the survey visit



Overall the feedback was very positive in regards the conduct of the survey visit in 2017 with one respondent noting that the timetable was well organised and, also, that they were able to speak to a wide cross-section of clinical staff that work with junior doctors.[13]

The ratings for 2015-2017 in regards the survey team representing a broad range of interests and backgrounds are high (and particularly in 2017 when it was noted that survey teams tended to be larger to facilitate participation). This is pleasing with comments indicating that surveyors themselves appreciate this aspect to ensure a *'…range of views and lots of productive discussions'.*

The feedback did raise one issue: '*The final report included aspects in it that weren't discussed with the team, or with the facility. It was disappointing to see this in the draft report, and provide feedback and have no response to that - I think these aspects were still included but not sure why.'* This highlights a potential issue that survey team members only review the first draft of the survey report and do not currently see subsequent versions or the final report.

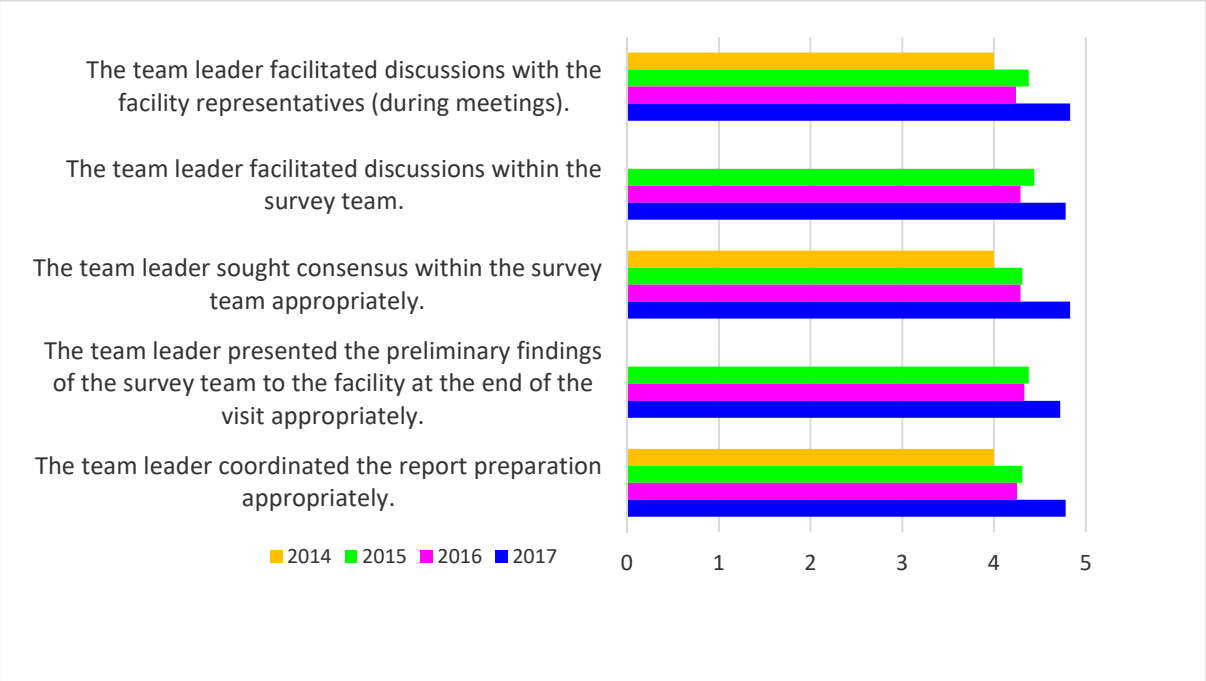
The question list has received slightly variable ratings between 2015 and 2017, though still high. There was one respondent who found the document difficult to follow and suggested it could possibly be simplified.

Chart 8 provides feedback from surveyors on their term leaders.

The feedback from survey team members regarding the team leaders was extremely positive with all questions regarding the conduct of the survey team leader rating very highly across all years, and particularly in 2017.

There was however one comment that highlights the need for team leaders (and in fact all survey team members) to be punctual: '*The team leader was late for the first day - which made the site visit less smooth and co-ordinated - given that it was the first site visit for some of us.'*

Chart 8: Feedback from survey team members – the team leader



[13] This is pleasing as in 2016 it was noted that in relation to the survey visit timetable that the day is very busy and that if an issue arises which has to be investigated, the schedule could become quite tight.

Across the cycle some suggestions for improvement have been implemented:

- In addition to surveyor training, new surveyors attend their first visit as an observer with another experienced surveyor on the team with similar expertise (2014). This was implemented from 2015.
- It was noted that there is some repetition in the standards and it was suggested they need to be streamlined (all years). It is hoped the revised submission from 2018 will address this issue somewhat although PMCV is constrained by the structure of the national accreditation standards which are due for review by AMC in 2018.
- Reports (e.g. accreditation standards ratings) for multiple day/ multiple site visits should be finalised on day of visit (2015).
- In 2015, it was highlighted that some survey team members experience difficulty accessing dropbox or similar due to internal restrictions by employing health services. This was addressed midway through 2016 with the introduction of the online portal[14] for distribution of the facility submissions to survey team members. Anecdotal feedback has been positive in regard the portal but specific feedback will be sought in the evaluation 2018-2022. This will be further supplemented from 2018 by direct facility upload of submissions to the online portal.
- In 2015, feedback indicated that a brief report to the interns and PGY2's from the health service (who actually take the time to complete the survey and attend the visit meetings) may be useful. From 2016, facilities were requested to distribute accreditation outcomes and from 2018 it is likely that executive summaries of the accreditation survey reports will be made available on the PMCV website.
- A consolidated and de-identified list of recommendations / lessons learnt should be circulated each year to all health services to improve internal processes.[15] (2016)
- It was noted that the information provided by the facilities prior to the visit can vary in quality and that, given the time it is taking survey team members to review the material, perhaps the information being sought should be reviewed (2017).
- It would be useful if PMCV could in some way facilitate surveyors being granted leave by their employers to attend survey visits, especially for JMOs. (2016) PMCV provides letters of support upon request.

There are a number of other areas for improvement evident from the feedback:

- When the team gathers there may not always be time to complete the ratings on the day although this is preferred.
- All team members should be given the opportunity to contribute during visit meetings and all members, including secretariat staff, must behave professionally (including keeping to time).
- It was highlighted that survey team members only see the first draft of survey report and that they should be involved in review of further drafts to ensure the final report reflects the outcomes from the perspective of all survey team members (this will be implemented from 2018).
- A few respondents noted there is a need to remove some of the repetition from the process and the documentation *'...to enable the key objectives, goals and expectations to be kept clearly in view.'* It is noted that the accreditation submission has been revised significantly with some processes streamlined from 2018. A revised Question List will be implemented from 2018 which focuses on points not covered by evidence and on learning, supervision, patient safety and junior doctor welfare.

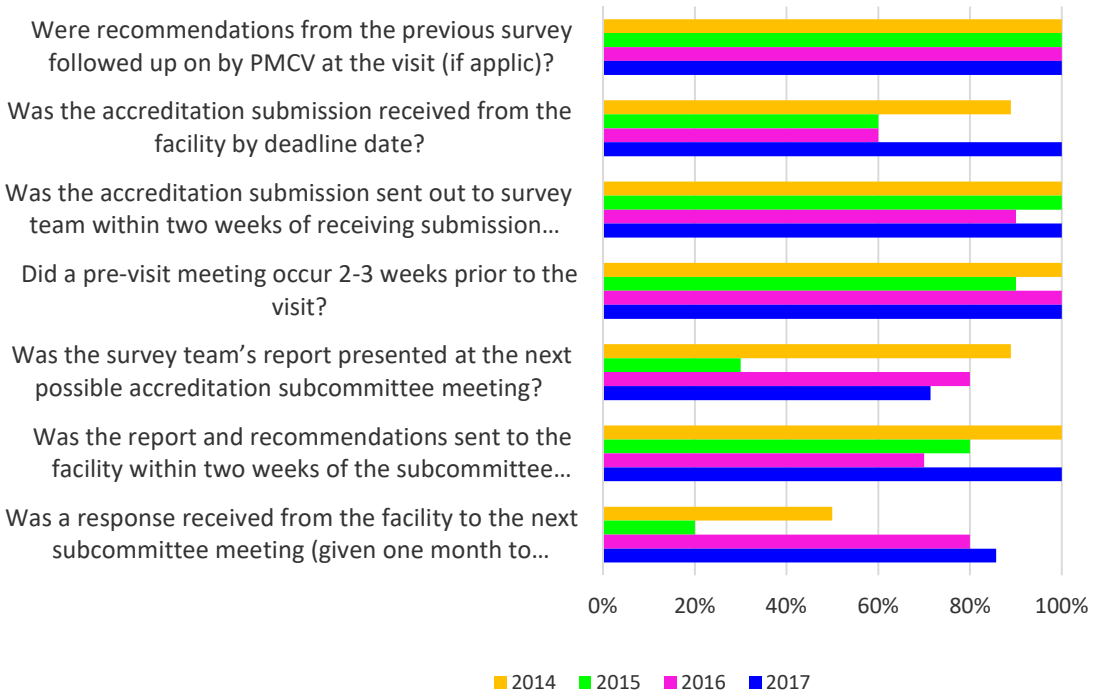
[14] Sympose: essentially an online agenda portal

[15] An Evaluation Report is prepared but perhaps the health services are not specifically aware.

3.3 Accreditation process timelines

Chart 9 shows the timelines for the visits conducted in 2014, 2015, 2016 and 2017.

Chart 9: Timelines for re-accreditation visits



It is pleasing to note that survey teams continue to ensure that recommendations from previous visits are discussed with 100% compliance across the four years of the current accreditation cycle.

The compliance with the deadline for submissions has improved dramatically in 2017 following a drop from 90% in 2014 to 60% in 2015 (also 60% in 2016). Five of the seven facilities sought a one-week extension of the deadline and submitted their documentation by that agreed date.

Submissions continue to be consistently sent to survey teams within two weeks of receipt by the PMCV secretariat (2014: 100%; 2015: 100%; 2016: 90%, 2017: 100%). The small drop in 2016 is due to the implementation of *Sympose* for distribution of submissions to survey team members which delayed distribution by two weeks for one visit.

Pre-visit meetings occurred for all visits in 2014, 2016 and 2017 and all but one[16] in 2015. In 2017, a couple of the pre-visit meetings occurred four weeks prior to the visit and two occurred one week prior to the visit.[17]

Survey reports were completed and tabled at the next available subcommittee meeting for 90% of visits in 2014, but this dropped to 30% in 2015. In 2016, this improved again (80%[18]) with improved distribution of visits and was 71% in 2017 due to time constraints for the team leaders for two of the visits. Note that the reports are usually tabled at the subcommittee meeting two months later (i.e. a visit occurs in mid-July with the report usually provided to the subcommittee at the September meeting).

[16] It was determined that such a meeting was not required for this visit as it was a new accreditation and the submission had been reviewed at a subcommittee meeting with the team leader present.

[17] This was due to availability of the team leader.

[18] two reports delayed to following month as there were three reports to do from one visit

The accreditation secretariat aims to send the report and recommendations to the facility within two weeks of the subcommittee meeting and to also provide the response from the facility to the next subcommittee meeting (given one month to respond[19]). The graph demonstrates that both of these indicators have improved in 2017.

Chart 10 provides the total length of time from the date of the survey visit to approval and distribution of survey report. Note it would be expected that this period would be 6-8 weeks (approx. 45 – 60 days) given it would normally be expected that the report would be tabled at the subcommittee meeting within 4--5 weeks of the visit depending on the timing the visit and how this coincides with the subcommittee meetings on the 3rd Monday of the month.

In 2014 there were four new intern training programs assessed and these reports were fast-tracked (all completed within a month) to meet intern match deadlines. In 2015, the average was high possibly due to a high number of visits.[20] There was one outlier where it took the survey team about a month longer to finalise the report. In 2016, the data demonstrates a reduction from 2015 mostly due to improved distribution of visits across the re-accreditation time period.[21] However, in 2017, the average increased due to the finalisation of the reports for two visits being delayed.[22]

Chart 10: Time from submission to final report

Year	minimum	maximum	average
2014	26 days	68 days	40 days
2015	34 days	103 days	68 days
2016	24 days	75 days (4 visits)	54 days
2017	52 days	92 days (2 visits)	75 days

There were no appeals lodged against accreditation decisions following survey visits during the period 2014-2017. Health services generally accepted the recommendations and are working to address them.

[19] From 2015, was increased from two weeks in 2014.

[20] Multiple (4) new intern training programs had to be assessed in addition to usual workload

[21] Visits usually run from May to September.

[22] For one visit this occurred due to ongoing discussions with the facility on issues identified and for the other visit the final report was delayed due to the workload of the team leader.

3.4 Junior doctor feedback

This section provides an overall summary of the feedback provided by junior doctors for the survey visits and mid-cycle reviews conducted in 2014 - 2017 (listed in Appendix B). Note that this feedback is provided by unit but is aggregated in this analysis and the aggregated data includes feedback on all the facilities in Victoria[23].

On average, the response rate for the intern and PGY2 survey across all the facilities surveyed or which completed a mid-cycle review in 2014-2017 is around 50% for interns and 35% for PGY2s respectively. Response rates for individual facilities range from 20% up to 100%.

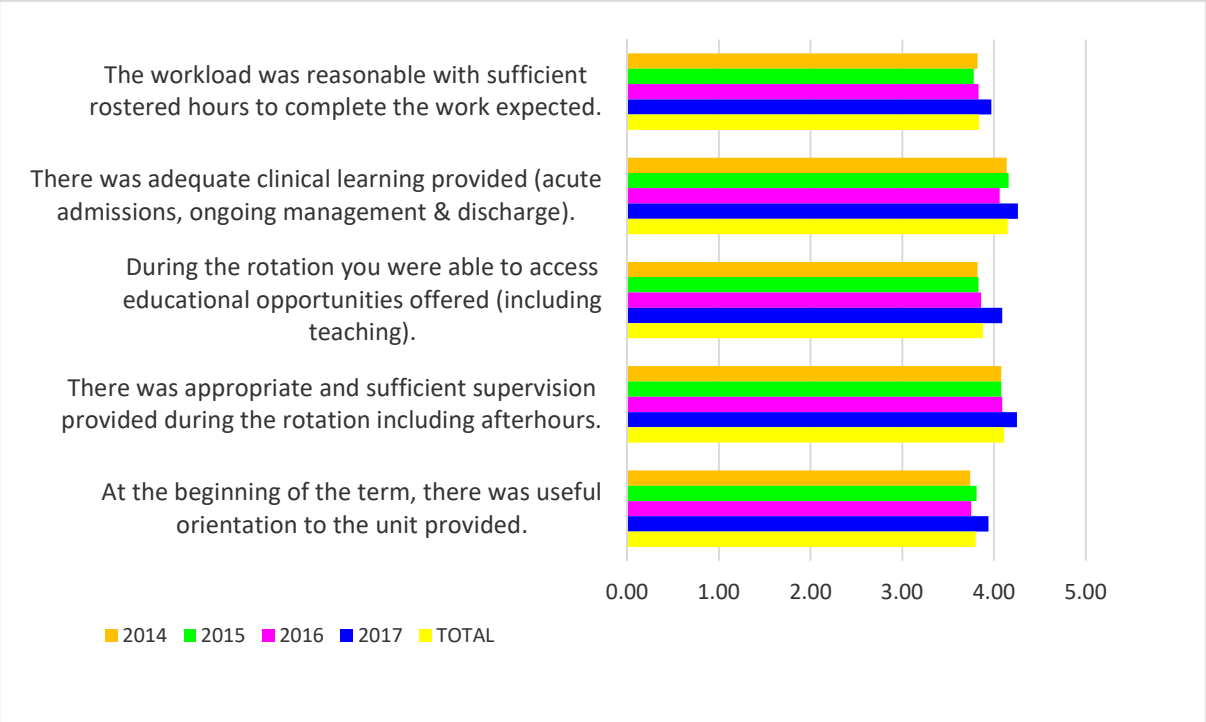
Year	Intern	PGY2
2014	44%	27%
2015	47%	47%
2016	55%	41%
2017	60%	44%

The four charts in this section demonstrate consistent feedback across the four-year cycle which is generally positive (see totals for complete 2014-2017 cycle).

It is pleasing to note that at least 80-85% of interns and PGY2s would generally recommend their rotations to colleagues (Charts 13 and 14).

Charts 11 and 12 provide aggregate data on intern feedback on rotations in regards orientation, clinical supervision, education, clinical learning and rostered hours.

Chart 11: Intern feedback regarding rotations (aggregate)



[23] All facilities will have been reviewed by survey visit during the period 2014-2017.

Across the four years (2014-2017) of evaluation, the factors identified by interns that contribute to positive rotations have remained consistent:

- Exposure to a broad range of clinical presentations and a diverse variety of patients where they can practice clinical skills and opportunities to participate in hands-on learning opportunities including procedures, assessment of patients, admissions and patient management.
- Rotations where consultants are approachable and supportive and with whom interns have regular interaction, particularly in terms of witnessing the decision-making process and performance feedback.
- Rotations where all staff are supportive, there is a positive working environment and the interns feel valued as useful members of the team.
- It is important that there is a reasonable and manageable workload with an appropriate level of responsibility (balance of supervision and autonomy). Where workload is high, it is important that the senior staff recognise this and support the interns.
- Rotations where there are many opportunities to learn and supervisors who are keen to teach to supplement clinical work.

The issues identified from analysis of junior doctor feedback surveys for 2014-2017 were also consistent across the cycle although the impact of limited support and high workloads on safe patient care and junior doctor welfare was particularly highlighted in 2016 and continues to be a significant issue in 2017.

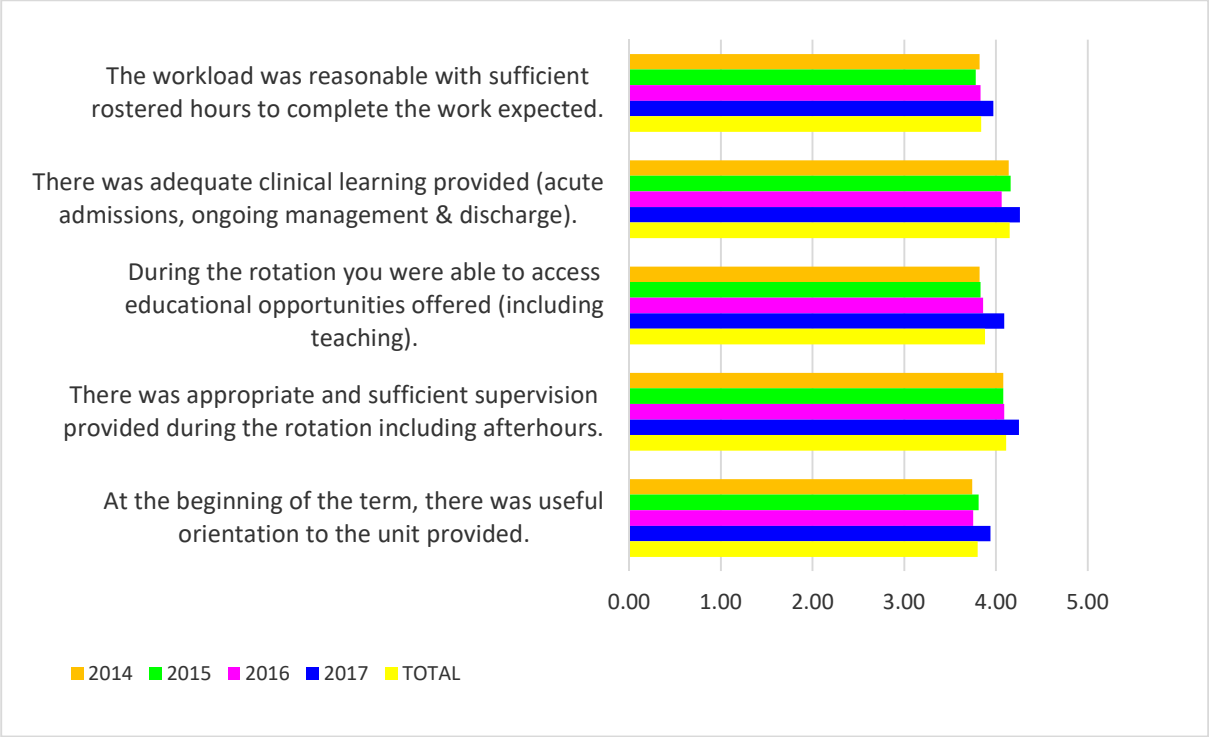
By far the main issue is that the time required to complete the expected volume of work often exceeds the rostered hours. This seems to be especially prevalent in medical and surgical (general and specialty) units where there is a high quantity of paperwork (e.g. discharge summaries) to be completed and where ward rounds and admissions can occur prior to or close to the end of a rostered shift which may result in un-rostered overtime being worked.

Other ongoing issues identified include:

- The identification of active term supervisors and limited interaction of supervisors with interns for the purposes of assessment.
- Limited interaction with consultants and lack of consistency of supervisors negatively impacts on clinical learning. This can occur when supervisors constantly rotate or when they are not replaced for sick/other leave (especially registrars). This also impacts on the completion of performance assessments and provision of feedback.
- The impact of limited support and supervision on junior doctor wellbeing and patient safety. This can be particularly challenging afterhours and especially when combined with higher workloads.
- The need for improved unit orientation. Where units have active term supervisors this seems to be less of an issue.
- Access to education depends on the team/roster and interns indicated they would like more structured teaching in some units.

Since 2015, the completion of intern training requirements (*core* experiences) in mandatory terms has been an issue, with recommendations made at some facilities to ensure *core* training such as access to theatre in surgery terms, admission experience in medicine terms, diversity of experiences in ED (e.g. across mainstream, fast track and SSU) and review of specialty medical and surgical terms accredited as *core*. Where such issues arose, survey teams again generally opted to impose conditions on the facility to ensure that the intern training requirements are met.

Chart 12: PGY2 feedback regarding rotations (aggregate)



PGY2 feedback consistently (across all years of the cycle) shows that they appreciate rotations where they have access to learning and teaching with regular interaction with supportive senior staff. They value working in a team where there is good communication and support and appreciate opportunities for increased autonomy and decision-making where there is a balance between independence and support. Further, access to clinical learning particularly managing patients, working independently, in a supportive environment, and developing clinical skills is of increasing importance to them as they plan their careers.

Most issues highlighted by PGY2s relate to workload and supervision as they impact on their clinical learning and many PGY2s also highlighted that safe patient care may be compromised as a result.

As for interns, high workload is becoming an increasingly acute issue throughout the cycle. This situation leads to limited access to structured teaching and clinical learning as PGY2s.

Unit orientation and identification of, and interaction with, term supervisors were other issues highlighted as well as limited and inconsistent senior support.

An issue that emerged in 2015 and is increasingly becoming important to PGY2s, is the allocation of terms with sufficient clinical learning and close interactions with senior supervisors to advance their skills and prepare them (both clinically and with references) for vocational training. PGY2s who are allocated nights or relief for significant periods of their year especially in the first six months are becoming increasingly concerned about the impact of such rotations on their eligibility for training programs.

While the payment of un-rostered overtime is outside the scope of PMCV accreditation assessment processes, this issue has increasingly been highlighted in association with rostered hours not reflecting unit work expectations. There have been multiple reports at multiple facilities of junior doctors (in 2015, 2016 and 2017) not being supported (to being actively discouraged) from submitting overtime claims. If this issue is identified by a survey team at a facility it is noted in the survey report and facilities are encouraged to review and investigate such feedback.

Charts 13 and 14 illustrate the intern and PGY2 feedback in regards term supervisors and whether or not JMOs would recommend their terms.

This data indicates that across the years 2014-2017 which represents all Victorian health services, on average around 30% of junior doctors could not identify a term supervisor[24].

Chart 13: Intern feedback regarding term supervisors/recommend rotations (aggregate)

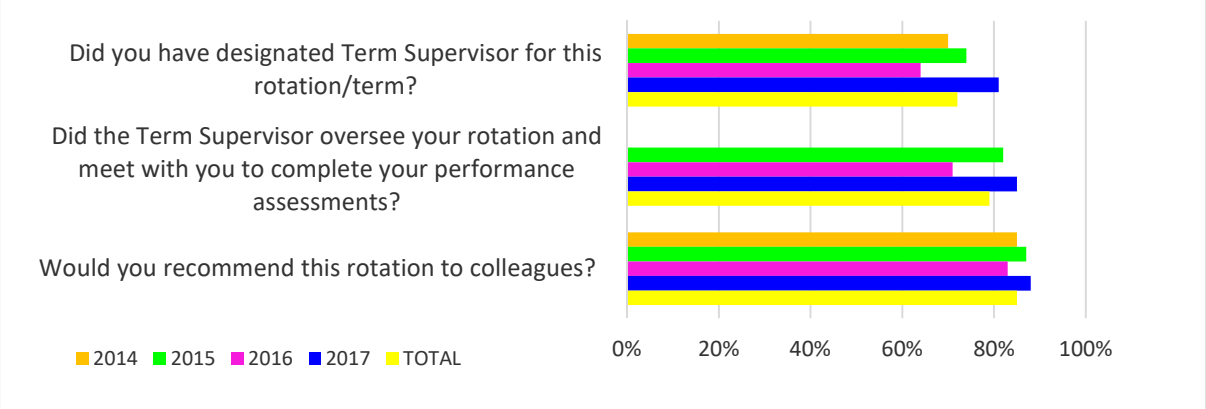
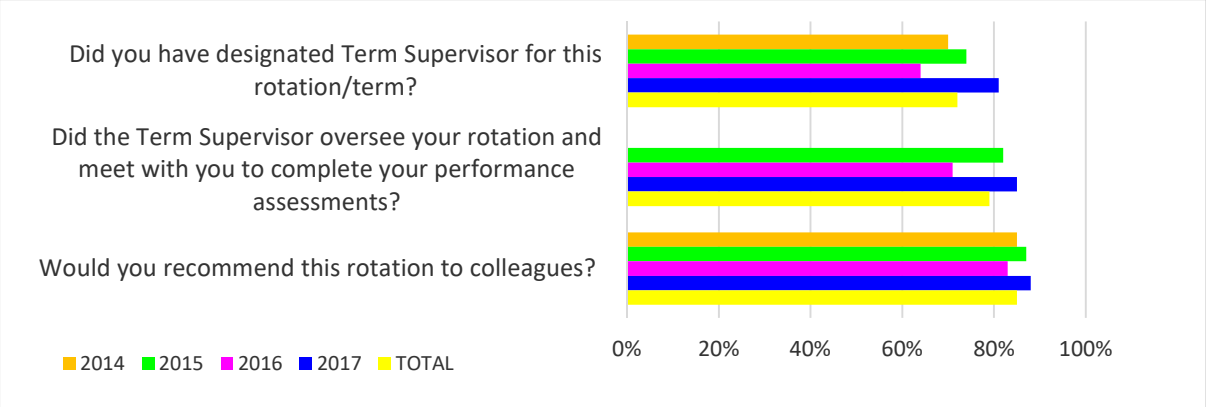


Chart 14: PGY2 feedback regarding term supervisors/recommend rotations (aggregate)



[24] Defined as a medical practitioner designated to be responsible for the coordination of clinical training of interns and PGY2s rotating to that unit including intern orientation, monitoring and assessment.

3.5 Accreditation standard ratings

In 2014, PMCV implemented a new set of accreditation standards and a new three-point rating scale[25] which have now been used to assess facilities for four years. From 2018, a new rating scale will be introduced with four levels.

Chart 15 provides aggregated rating outcome data for the full accreditation cycle 2014-2017 (represents all Victorian health services) as well as a total for the three years and demonstrates reasonable consistency in the ratings given across the facilities and across the years.

It is pleasing to note that, generally, facilities *satisfactorily met* or *met with merit* at least 90% of the accreditation standards. There are slightly more standards *met with merit* for intern training programs compared to PGY2 programs.

Chart 15: Ratings by survey teams for PGY1 and PGY2 assessment

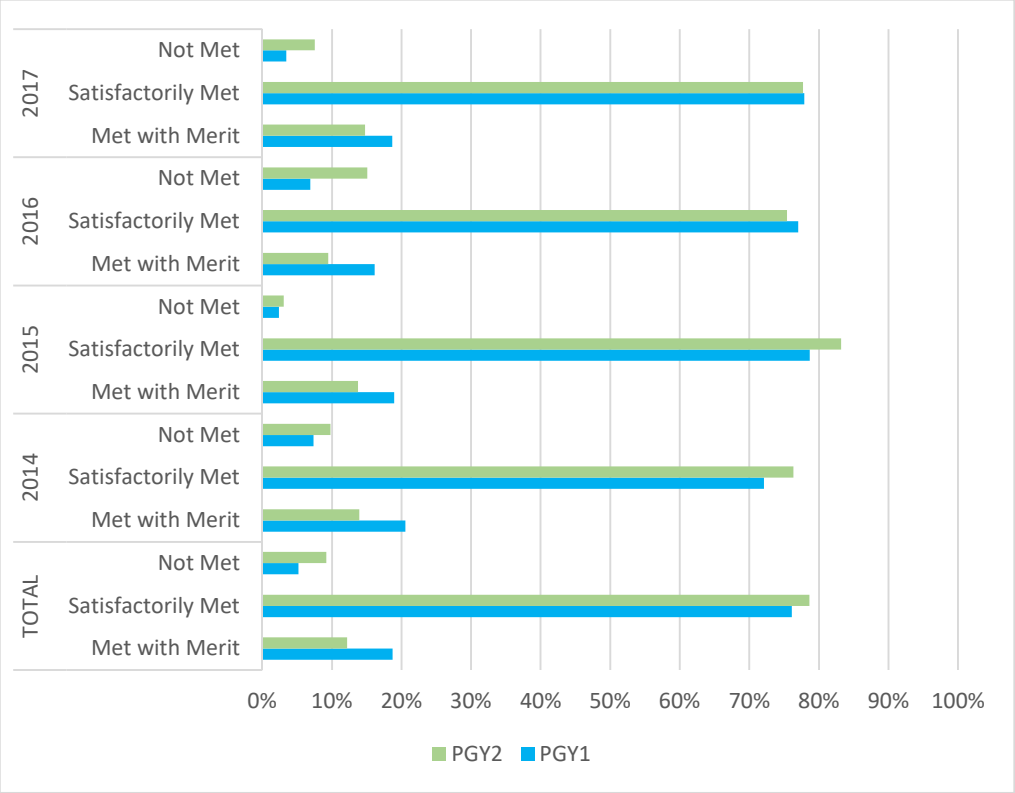


Chart 16 provides some other data resulting from an analysis of accreditation standard ratings across the four-year cycle. This chart clearly shows that the vast majority of standards are satisfactorily met overall for metropolitan and rural health services and that most health services have greater than 80% of their accreditation standards either satisfactorily met or met with merit. Generally, PGY2 programs and rural health services have less met with merit ratings overall.

[25] Met with merit, satisfactorily met and not met

Chart 16: Accreditation standard ratings analysis

	TOTAL (all facilities)		Metro (inner/outer)		Regional (all rural)	
	Intern	**PGY2**	**Intern**	**PGY2**	**Intern**	**PGY2**
Facilities with 100% MM/SM[26]	5 (17%)	4 (15%)	2 (18%)	1 (8%)	3 (16%)	3 (20%)
Facilities >95% MM/SM	70%	48%	91%	58%	58%	40%
Facilities>80% MM/SM	97%	89%	100%	100%	89%	80%
Met with Merit ratings	18%	13%	29%	19%	12%	7%
Not Met ratings	5%	9%	3%	6%	6%	11%

An analysis of the accreditation standards *not met* was undertaken and these points are consistent across the four-year cycle.

- Facilities mostly did not meet Standard 5.1.4 (using junior doctor assessment data to improve the program) which may reflect ongoing confusion in regards the intention of this standard.
- While standards which relate to JMO welfare and support and its impact on patient safety (Domain 7) are mostly met, survey teams consistently made recommendations which relate to this standard and also the standards which relate to the identification and management of doctors in difficulty (Domains 5 and 7), especially the need for documented procedures for management as well as appeals of decisions.
- The involvement of junior doctors in the governance of their training (Standard 7.3.1) is an ongoing issue. At some facilities this can be difficult to achieve in a formal way due to high numbers of rotating staff however it is important to engage junior doctors in providing feedback, both formally and informally, to improve their training programs.
- The need to improve unit orientation (Standard 3.1.3b) is still a common issue given that, while most facilities are still rated as satisfactorily met as some units do this well, this is not consistent.
- In regards to education (Domain 4), while intern education programs are very good, many facilities need to improve their PGY2 education. Further, while the majority of facilities do support junior doctors to attend education, with competing demands on their time, this support needs to be explicit, especially for interns.
- Ensuring appropriate clinical supervision arrangements (Standard 8.1.1) for all interns in all terms, and for PGY2s, particularly afterhours, is sometimes not consistent and survey teams have made recommendations specific to posts for improvements.
- Clinical learning training requirements are also a focus (Standards 3.1.1 and 8.2.1) especially for interns. Areas for review have been the establishment of medical and surgical admitting units, access to theatre, patient admissions, clinics and other learning activities.
- A new standard (1.5.1) was introduced by the AMC in 2017 which facilities mostly met.

Another area for improvement relates to Standard 1.2.2 where every year some facilities are identified as having not informed PMCV of the establishment of new PGY2 posts or changes to currently accredited intern training posts.

[26] MM: Met with Merit & SM: Satisfactorily Met

3.6 Commendations, conditions and recommendations

This section provides a thematic analysis of the commendations, conditions and recommendations outlined in the survey reports for facilities re-accredited in 2014-2017.

Commendations

The thematic analysis of commendations following survey visits across the four-year cycle correlate closely with JMO support and clinical learning being the areas most commended.

- Facilities generally exhibit a clear vision, supportive medical management and education organisational structures and a culture of teaching and education.
- Junior doctors feel supported and are engaged in service and program development.
- Facilities generally provide high quality education and teaching which is well regarded by junior doctors who are supported to attend.
- Junior doctors have access to good quality, hands-on clinical learning and broad clinical exposure. Performance management processes are reasonably robust.
- Senior consultants generally exhibit goodwill and engagement and ensure they are approachable to junior doctors.
- Many facilities continue to be engaged in roster redesign to address issues regarding the workload of junior doctors.

Conditions

Conditions to ensure compliance with the accreditation standards were identified for five of the facilities assessed in 2014, eight of the nine facilities in 2015, seven of the 11 facilities in 2016 and six of the seven facilities in 2017.

Thematic analysis of conditions (2014-2017) demonstrate that the vast majority of conditions are concerned with ensuring clinical learning and supervision of interns meets training requirements and that these do not compromise patient safety or JMO wellbeing. The main issues were:

- Seniority, capability and availability of senior supervisors for interns particularly in emergency departments;
- *Core* intern training posts must provide broad continuous experience and regular exposure to admissions (for *core* medicine) and theatre (for *core* surgery) where it is preferable that attendance at theatre is rostered. In 2017, specialty medical and surgical terms accredited for *core* intern training were identified as requiring more detailed review to ensure mandatory intern training requirements are met;
- Where admitting units (either surgery or medicine) exist, that facilities ensure that interns receive a broad exposure to general medicine or surgery experience and where short stay units exist in emergency, that interns are rostered for no more than 50% of their time in a *core* term in SSU. Further, roster restructures which have included establishment of evening rosters, have resulted in reductions in continuous experience and changes to *non-core* accreditation.
- That interns do not consent for surgical procedures. Further, that guidelines in regard the involvement of interns and PGY2s in Mental Health Tribunal processes and ECT during psychiatry terms are met.[27]

In addition, one facility in 2014, one facility in 2015 and three facilities in 2016 and two in 2017 were required to cease intern cover of units which were not accredited for intern training.

[27] Refer *PMCV Clinical Supervision of Junior Doctors Guidelines*

Recommendations

A comparison of the quality improvement recommendations made by survey teams in 2014, 2015, 2016 and 2017 demonstrate that the themes were again generally consistent as for commendations and conditions.

Junior doctor wellbeing and support has been a key focus especially bullying and harassment in the last couple of years. Management of doctors in difficulty is a recurring theme and survey teams have increasingly focussed on this issue in recent years particularly in relation to formal documentation of processes and outcomes.[28] In addition, career advice and opportunities have been of increasing interest as access to training programs becomes more competitive.

Clinical learning, workload and supervision are the main areas identified for improvement especially in regard to the impact of these on junior doctor wellbeing and patient safety.

- Aspects of clinical learning identified for improvement include: learning opportunities and accessibility (e.g. protected teaching time), and impact of clinical paperwork on clinical exposure.
- Workload issues include rostering (i.e. impact of consultant 'take' rosters, alignment of rosters with unit/supervisor expectations and volume of work (especially during after-hours shifts when staffing levels are reduced).
- Supervision issues include identification and interaction with term supervisors, after-hours supervision and support including clinical escalation and expectations of supervisors in regard the capabilities of junior doctors.

Other areas for improvement identified include:

- Governance and program management including junior doctor involvement.
- Orientation to units including processes and expectations of supervisors.
- Performance management including feedback processes with term supervisors and completion of mid-term assessments for junior doctors.
- Program evaluation and implementation of changes in response to feedback.

[28] This issue is also emphasised in the revised national accreditation standards for 2017.

4. 2014-2017 ACCREDITATION PROGRAM EVALUATION OUTCOMES

From 2014-2017 PMCV has made a significant effort to address suggestions for improvement arising from the evaluation process. An Action Plan for 2018 is provided on page 3 of this report which also includes any issues from previous years (in list below) not fully addressed.

Year identified	Issue	Outcome in following year
2016	Identify areas for survey teams to focus on during visits with a particular emphasis on the impact of these on junior doctor wellbeing and patient safety: • Support and welfare.[29] • Supervision and support.[30] • Clinical exposure and learning opportunities including alignment with training requirements.[31] • Workload and rosters.[32] • Orientation.[33] • Program governance and evaluation.[34]	This was implemented in 2017 and will be an ongoing focus for the next accreditation cycle 2018-2022.
2016	Survey visit and report process: • Improve awareness of the interview process and questions to be asked.[35] • Consider providing contact details to interviewees prior to visit so can raise issues in advance – *not specifically implemented.* • Monitor conduct of survey team members. • Where issues are flagged that have not been previously identified, survey team provide examples of the practice(s) causing concern to assist with informing further changes.	These were addressed in 2017 and will be an ongoing focus for the next accreditation cycle 2018-2022.
2016	Review the online format of and questions in the junior doctor survey.	Done for 2017. Further revision from 2018 (including specific feedback on *core* terms).
2016	Consider adapting the executive summary of each visit report for publication on PMCV website.	Plan to implement from 2018.
2014/ 2015/ 2016/ 2017	The pre-visit submission is time-consuming for facilities to complete and for survey team members to review and there is a fair degree of repetition in accreditation standards.[36]	Constrained by national accreditation standards structure. Submission document significantly revised for new cycle 2018-2022.
2014/ 2015/ 2016/ 2017	Response rates for intern and PGY2 surveys for both visits and mid-cycle reviews could be higher across the facilities.	Ongoing issue. Change data collection process from 2018.

[29] i.e. stress, distress, workload, defined work responsibilities, career and training guidance

[30] Interaction with consultants, seniority, capability, accessibility, term supervisors, performance feedback. Supervisors also highlighted this especially the management of doctors in distress. Also, career advice and support.

[31] This varies a little for interns and PGY2s.Interns value education, broad clinical exposure and development of clinical skills while PGY2s seek to manage patients more independently, further developing clinical skills and career development.

[32] Alignment of rosters with unit expectations; conflict between safe working hours and continuity of patient care.

[33] Especially to expectations of supervisors.

[34] Medical education resources, involvement of junior doctors in program governance, evaluation processes.

[35] Consider providing contact details to interviewees prior to visit so can raise issues in advance.

[36] Feedback from facilities is that the document is long, onerous to complete, time-consuming and repetitive in parts. Survey team members also suggested that it is time-consuming to review.

Year identified	Issue	Outcome in following year
2015 / 2014	Encourage and support both junior doctor and senior medical staff attendance and participation at survey visit meetings.	Improvement in attendance but an ongoing issue.
2015	Meetings procedures not always adhered to including timing of meetings and professional behaviours.	Discussed at team leader forum in 2016. No issues raised during 2016 or 2017 visits.
2015	Formulation of recommendations that are both achievable and can be justified.	Key consideration in preparation of survey reports. Issue not raised in 2016 or 2017.
2015	Reporting of changes to posts can be time-consuming.	For 2018 review.
2015	Facilities expressed some confusion in regards accreditation requirements for part-time internships.	Guideline and process developed in 2016 and revised in 2017.
2015	Staff interviewed (including junior doctors) should be advised of accreditation outcomes.	All facilities reported compliance with this requirement in 2016 and 2017 although this has not been audited.
2015	Survey team members indicated difficulties with accessing facility submissions via dropbox.	Implemented online portal for distribution of submissions from mid-2016. Will also implement online portal for facility submission from 2018.
2015	Survey team members were not clear of the objectives of the facility tour.	Objectives clarified. No issues raised in 2016 or 2017.
2015	Emphasise the mandatory intern training requirements and the importance of clinical learning and supervisor interaction for PGY2s.	Conditions applied in 2017.
2014	The same pre-visit document was used for applications for accreditation of new programs and re-accreditation which was confusing.	From 2015, submission documents were created specifically for each facility which addressed this issue.
2014	30-35% of junior doctors could not identify a term supervisor.	This is continually emphasised at visits.
2014	Facilities be provided with a longer timeframe to respond to the recommendations in the survey report.	Change implemented from 2015 (increased from two weeks to a month). No further issues in 2016 or 2017.
2014	First time surveyors feel supported but suggested that, in addition to surveyor training, new surveyors could attend their first visit as an observer.	This was successfully implemented in 2015 (assisted by a reduced number of annual visits) and continued in 2016 and 2017.
2014	A tool be developed that lists the various themes that often come up which surveyors could then insert comments into rather than scribbling notes and trying to piece these together later.	The question list was developed for 2015 and is reviewed for each facility following the pre-visit meeting. This issue was not raised in subsequent years. Revised for 2018-2022 cycle.
2014	Consideration be given to accreditation of the internship year to meet mandatory intern training requirements rather than being limited *core* terms.	The *PMCV Clinical Learning for Junior Doctors Guidelines* allow for this. Not raised in subsequent years.

APPENDIX A: 2017 SURVEY VISITS AND MID-CYCLE REVIEWS

2017 Survey Visits

- Alfred Health
- Austin Health
- Bass Coast Health
- Calvary Health Bethlehem
- Eastern Health
- Epworth Eastern
- Goulburn Valley Health
- Grampians Intern Training
- Northern Health

2016 Mid-cycle Reviews

- Bairnsdale Regional Health Service
- McLeod Street Medical Centre
- Bendigo Health
- Central Gippsland Health Service
- Clocktower Medical Centre
- Echuca Regional Health
- Echuca Moama Family Medical Practice
- Monash Health
- Royal Children's Hospital
- West Gippsland Healthcare Group

2016 Survey Visits

- Albury Wodonga Health / Mercy Health
- Barwon Health / St John of God Geelong
- Benalla Carrier Street Clinic and Kyabram Regional Clinic (M2M)
- Latrobe Regional Health
- Peter MacCallum Cancer Centre
- Portland District Health
- South West Health/ St John of God Warrnambool
- St Vincent's Health
- Swan Hill District Health
- Werribee Mercy Hospital
- Western District Health Service

2016 Mid-cycle Reviews

- Ballarat Health Services
- Peninsula Health
- Melbourne Health
- Mildura Base Hospital
- Murray to the Mountains Intern Training
- Royal Women's Hospital
- Western Health
- Wimmera Health Care Group

2015 Survey Visits

- Bairnsdale Regional Health Service/ MacLeod Street Medical Centre
- Bendigo Health/ St John of God Hospital Bendigo
- Central Gippsland Health Service and Clocktower Medical Centre (Sale)
- Central General Practice (Mansfield)/ Mansfield Medical Clinic (M2M)
- Echuca Regional Health/ Echuca Moama Family Medical Practice
- Latrobe Regional Hospital
- Monash Health
- Northeast Health Wangaratta
- Royal Children's Hospital
- West Gippsland Healthcare Group

2015 Mid-cycle Reviews

- Alfred Health
- Austin Health
- Bass Coast Regional Health
- Eastern Health
- Goulburn Valley Health
- Northern Health
- Werribee Mercy Hospital
- Western Health
- Wimmera Health Care Group

2014 Survey Visits

- Ballarat Health Services
- Mildura Base Hospital
- Murray to the Mountains
- Peninsula Health
- Royal Melbourne Hospital/Royal Women's Hospital
- Western Health
- Wimmera Health Care Group

2014 Mid-cycle Reviews

- Bendigo Health
- Latrobe Regional Hospital
- Peter MacCallum Cancer Centre
- Royal Children's Hospital
- Swan Hill District Health
- Werribee Mercy Hospital

APPENDIX B: EVALUATION METHOD 2014-2017

Three levels of evaluation of the accreditation process are undertaken:

i. Feedback from the facility.

ii. Feedback from survey team members.

iii. Timelines in relation to the accreditation process are monitored.

This is supplemented by an analysis of survey visit outcomes including:

iv. Analysis of feedback from junior doctors.

v. Analysis of accreditation standard ratings for each facility/ training program.

vi. Thematic analysis of commendations, conditions and recommendations in survey reports.

1. Feedback from the facility

Feedback from the facility is collated during the visit, immediately following the survey visit and at the completion of the entire accreditation process.

During the visit

A paper survey is distributed at the end of meetings during the visit to obtain feedback on the overall performance of the survey team from all those interviewed on the day with these questions. Note that three new questions were added in 2016.

VALUE OF ACCREDITATION

i. You were given adequate notice of the meeting.
ii. You were aware of the purpose of the visit.
iii. The time allocated for discussion was sufficient.

SURVEY TEAM CONDUCT

iv. Survey team members demonstrated awareness of facility pre-visit submission.
v. Survey team members exhibited knowledge of the accreditation process.
vi. Survey team members kept the visit process flowing appropriately.
vii. Survey team members demonstrated good interpersonal skills.
viii. Survey team member actions and behaviours were free from bias.
ix. Survey team provided feedback (process and content) that was appropriate to the facility.

Following the visit

A survey is sent using *surveymonkey* to the nominated contact/Director of Medical Services for the facility to complete immediately following the visit using these questions. In 2016, four new questions were added.

i. The PMCV support provided was useful and valued.
ii. The interactions between PMCV and your facility were satisfactory prior to the visit.
iii. The pre-visit submission was useful as a review of your training program.
iv. The time provided for discussion with various staff groups during the visit was sufficient.
v. Survey team members demonstrated knowledge of the facility accreditation submission.
vi. Survey team members exhibited knowledge of the accreditation process.
vii. Survey team members introduced themselves and the purpose of the accreditation process.
viii. Survey team members kept the visit process flowing appropriately (e.g. kept to time).
ix. Survey team members demonstrated good interpersonal skills.
x. Survey team members acted impartially.
xi. Questions asked by survey team members were 'in scope' e.g. relevant to accreditation assessment.
xii. Survey team members actions and behaviours were free from bias.

xiii. The survey team provided feedback during the debrief that was relevant and useful.

At the end of the accreditation process

Evaluation feedback is also sought from the facility at the end of the process using the *response to survey report form*.

i. Was the accreditation survey visit useful to your facility (e.g. was it a useful quality improvement exercise)?
ii. Do you have any suggestions for improvement in regards to the PMCV accreditation process/ standards?
iii. Did your involvement in the survey visit assist your understanding of the prevocational accreditation process and its purpose?
iv. Any other comments in regards to the PMCV accreditation process/ standards.

2. Feedback from survey team members

In November of the year of the accreditation program, a survey is conducted using *surveymonkey* to seek feedback from surveyors who participated in accreditation visits during the current year.

The survey questions in 2015 (revised from 2014) were:

i. The support provided by PMCV was sufficient.
ii. Are there any aspects of the accreditation survey visit process which could have been managed better or can you suggest any improvements to the overall process?

Pre-visit preparation

iii. The pre-visit documents provided by the facility were useful.
iv. The pre-visit documents provided by the facility were relevant.
v. The pre-visit meeting of the survey team was useful.
vi. The assessment template (to review the standards) was useful.
vii. The preparation process (ii – v) prepared you for the visit.
viii. The time required to prepare for the visit was acceptable.

The survey visit

ix. There was enough time for discussion on relevant issues during the visit.
x. The survey team was sufficiently skilled to undertake an impartial assessment of the facility.
xi. The survey team was appropriately prepared.
xii. The survey team members represented a broad range of interests/backgrounds.
xiii. The suggested question list provided by PMCV was useful.
xiv. The facility was dealt with fairly.

Conduct of team leader

xv. The team leader facilitated discussions with the facility representatives.
xvi. The team leader facilitated discussions with the survey team.
xvii. The team leader sought consensus with the survey team appropriately.
xviii. The team leader presented the preliminary findings of the survey team to the facility at the end of the visit appropriately.
xix. The team leader coordinated the report preparation appropriately.

3. Accreditation process timelines

The following accreditation process timelines are monitored:

i. Were the recommendations from the previous survey followed up on by PMCV at the visit?
ii. Was the accreditation submission received from the facility by deadline date?
iii. Was the accreditation submission sent out to the survey team (with JMO survey results and previous survey visit report) within two weeks of receiving submission from facility?
iv. Did a pre-visit meeting occur 2-3 weeks prior to the survey visit?

v. Was the survey team's report presented at the next possible Accreditation subcommittee meeting?
vi. Was the report and recommendations sent to the facility within two weeks of the subcommittee meeting?
vii. Was a response received from the facility to the next subcommittee meeting?
viii. What was the total length of time from the accreditation submission to the sending of the final report?
ix. If relevant, was the facility appeals process started within 14 days of report being sent and coordinated smoothly?

In general, for re-accreditation visits it is expected that:

- The pre-visit submission be received by PMCV two months prior to the visit and forwarded to the survey team within two weeks.
- The pre-visit meeting should occur 2-3 weeks prior to the visit.
- The draft report be prepared for review by the survey team within two weeks of the visit and that this report be tabled at the next available subcommittee meeting.
- The survey report then be forwarded to the facility for a response within two weeks of the subcommittee meeting where it was approved and a response be provided to the next subcommittee meeting.

For accreditation of new programs, it is expected that PMCV be notified six months in advance to begin the process of accreditation.

4. Junior doctor feedback

A survey of junior doctors is conducted using *surveymonkey* prior to the survey visit to obtain specific feedback in regards to terms:

i. The workload was reasonable with sufficient rostered hours to complete the work expected.
ii. There was sufficient clinical learning (including access to acute, undifferentiated patients and experience of admission, ongoing management and discharge).
iii. During the rotation you were able to access educational opportunities offered (e.g. tutorials, unit meetings, grand rounds, clinical skills training).
iv. There was satisfactory supervision provided during the rotation including afterhours (evenings/weekends).
v. At the beginning of the term, there was useful orientation to the unit provided.
vi. Did you have designated Term Supervisor(s) for this rotation/term (who was responsible for your assessments and interacted with you regularly)?
vii. Would you recommend this rotation to colleagues?

5. Accreditation standard ratings

During the re-accreditation process, the facility undertakes a self-assessment against the accreditation standards. Following the visit, the survey team then determines ratings against these standards. Assessment uses a three-point rating scale:

- *Not Met* – criteria have not been achieved within standard
- *Satisfactorily met* – criteria have been achieved
- *Met with merit* – in addition to achievement of the criteria, there is a higher level of achievement evident e.g. a culture that strongly supports education, supervision, evaluation and improvement in junior doctor training programs.

6. Commendations, conditions and recommendations

Following a survey visit, the survey team prepares a report which includes commendations, conditions and recommendations in relation to the prevocational medical training program.

Commendations arise from aspects of the training program which the survey team identifies as met with merit.

Conditions are generally applied to programs or posts to ensure minimum training requirements are met and are usually expected to be implemented within 3-6 months.

Recommendations made by the survey team encourage continuous improvement of junior doctor training and are reviewed during the mid-cycle review and at the next survey visit.