

Postgraduate Medical Council Of Victoria Inc.

ACCREDITATION GUIDE

Procedures for assessment and accreditation
of prevocational medical training programs
and posts in Victoria



Postgraduate Medical Council of Victoria Inc.

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PMCV ACCREDITATION GUIDE

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1. PURPOSE AND GOVERNANCE OF ACCREDITATION

The Postgraduate Medical Council of Victoria Inc. (PMCV) is approved as an intern training accreditation authority by the Medical Board of Australia. The Department of Health and Human Services has authorised PMCV to review postgraduate year two posts (PGY2).

The purpose of prevocational medical training is:

To develop, monitor and evaluate accreditation standards and processes for the provision of prevocational medical education and training and for promotion of junior doctor wellbeing and safe quality patient care.

In Victoria, all Intern training programs and posts must be accredited by PMCV, and all PGY2 programs and posts must be reviewed by PMCV. PMCV is also required to report on accreditation activities to regulatory authorities.

1.1 Postgraduate Medical Council of Victoria Inc.

The Postgraduate Medical Council of Victoria (PMCV) is the lead organisation in Victoria that supports state and national initiatives in relation to junior doctor training in Victoria. PMCV supports the development of a high-quality junior doctor workforce by providing a range of programs and services to support effective training outcomes, and promote safe patient care and junior doctor wellbeing.

PMCV has an 11-member Board and a secretariat and engages its stakeholders through various committees and a range of projects and professional development activities.

1.2 Medical Board of Australia

There are particular functions, expectations and reporting requirements defined by the Medical Board of Australia (MBA) in relation to intern accreditation with which PMCV must comply. These are:

1. Accreditation and monitoring of all intern training programs and posts in Victoria.
2. Review and revision of accreditation standards and tools/instruments, which must align with *Intern training programs - National standards for programs*.
3. Training of surveyors.

The relationship between PMCV and the MBA is both interactive and formal. There is a nominee of the Victorian Board of the Medical Board of Australia on the PMCV Accreditation Committee. Reporting requirements include six-monthly reports on accreditation decisions and activities to AHPRA and an annual meeting with the Victorian Board.

1.3 Victorian Department of Health and Human Services

There is an annual service agreement between PMCV and the Victorian Department of Health and Human Services (DHHS) which is primarily focused on PGY2 quality review and the Rural Community Intern Training (RCIT) programs.

Reporting requirements include evaluation of the PMCV accreditation program and an annual report on accreditation activities.

1.4 Principles of prevocational medical training accreditation

PMCV administers a consistent approach to the accreditation of intern and PGY2 training programs and posts in Victoria which is independent, reliable, impartial, transparent, and demonstrates a commitment to quality improvement. For interns, PMCV accreditation processes align with the National Intern Training Framework.

The following principles underpin the PMCV accreditation process:

- Promotes safe and high-quality patient care and promotes the safety and welfare of the junior doctors.
- All intern training posts will be accredited and all PGY2 posts will be reviewed. Accredited intern training programs will enable interns to progress to general medical registration.
- Promotes an appropriate balance between service and training elements and fosters quality education, training and support for junior doctors.
- Involves a global assessment of the intern and/or PGY2 training program provided by a facility/training provider and review at a facility, site and unit level.
- Involves a regular cycle with specified reporting between visits to support continuous quality improvement in educational programs, supervision and service delivery.
- Utilises documented procedures and consistently applies standards. Decision-making is based on documented evidence collected as part of a facility application for accreditation submission.
- The accreditation standards and process are reviewed on a regular basis.

1.5 PMCV Accreditation Committee

Essentially, the Accreditation Committee's role is to promote excellence in clinical training, appropriate educational and learning experiences and effective supervision through accreditation of intern and PGY2 posts to ensure the highest standards of patient safety and medical care. The overall objectives are:¹

- Align our program and processes to the National Intern Training Framework and maintain Australian Medical Council (AMC) approval as an intern accrediting organisation.
- Ensure intern posts are accredited and PGY2 posts are reviewed at all Victorian health services.
- Ensure that accreditation processes remain timely, relevant and transparent and emphasise quality improvement.
- Develop and build expertise in accreditation through ongoing training and support of prevocational doctors, surveyors and health service representatives.

The Committee reviews all accreditation survey reports and applications for new intern and PGY2 posts and makes recommendations for endorsement by the PMCV Board. Decisions in regards to intern accreditation are then forwarded to the MBA.

The Committee also makes recommendations regarding a range of other matters such as the development and review of policies and guidelines to support prevocational medical training and accreditation, which are forwarded to the PMCV Board for endorsement.

Conflict of interest, confidentiality and impartiality are important considerations for the Committee. In particular, members are required to complete a standard conflict of interest agreement prior to their first meeting and are also required to declare potential conflict of interest in relation to any item at every meeting. Members are excluded from decision-making on that item by absenting themselves during discussion of that item.

The *Terms of Reference of the PMCV Accreditation Committee* and current membership of the Committee are available on the PMCV website (www.pmcv.com.au).

¹ PMCV Strategic Plan 2019-2021 Domain 1: Accreditation and Standards

1.6 Survey teams

PMCV accreditation visits are conducted by survey teams using defined and clearly articulated accreditation standards (refer Section 3). Members of survey teams are selected from the pool of trained PMCV surveyors depending on their interest, expertise and the survey team requirements.

The main purpose of the survey team is to conduct a comprehensive review of the supervision and training received by interns and PGY2s at the facility being assessed. The survey team evaluates the facility as an effective training site, evaluates each junior doctor post and recommends improvements in education and training for junior doctors.

Such visits should be constructive with the main objective being the promotion of junior doctor education and training in a supportive learning environment. While the survey team is responsible for ensuring compliance with the accreditation standards, it also continually emphasises quality improvement as a major focus of 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 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.

Refer to the *PMCV Accreditation Survey Team Member Position Description* on the PMCV website (www.pmcv.com.au).

1.7 PMCV secretariat

The Accreditation Manager is the single point of contact for all prevocational medical training accreditation matters including any matters pertaining to a specific survey visit, rather than Committee members, survey team leaders or surveyors. **It is recommended that you contact the Accreditation Manager to discuss any matters in relation to intern and PGY2 training in the first instance.**

The Accreditation Manager provides secretariat support to the Accreditation Committee, relevant working groups and survey teams.

The Accreditation Manager also coordinates the processes for accreditation of new training programs and posts (as required) and re-accreditation of facilities that provide junior doctor training programs and posts. This role includes management of the following:

- Annual re-accreditation schedule including communication with the facilities during the entire process;
- Application process of accreditation for new facilities and posts;
- Training of new surveyors and the establishment of appropriate survey teams;
- Development, review and implementation of policies, guidelines and forms, in consultation with stakeholder groups; and
- Preparation of reports for the MBA and DHHS and as required.

While the Accreditation Manager will provide as much assistance and advice as possible in regards the accreditation process, facilities/ training program providers are solely responsible for their preparation for accreditation.

1.8 Junior medical staff participation in accreditation

The involvement of junior doctors in the PMCV accreditation process is vital.

Junior doctors can contribute to the overall accreditation process by membership of the PMCV Accreditation Committee and participation on survey teams.

Junior doctors can also contribute to the assessment of their own training program and the terms they have undertaken by:

- Completing the online survey distributed by email prior to the survey visit. The facility is asked to forward an electronic link to a confidential questionnaire to all intern and PGY2 junior doctors currently working at the facility. This survey asks specific questions regarding terms they have undertaken. The results of the survey are provided to survey team members; however, the facility does not see these results.
- Participating in the confidential meetings of the survey team with interns and PGY2s at the survey visit.

1.9 Review of PMCV as an accrediting body

Under the National Registration and Accreditation Scheme, the Australian Medical Council (AMC) is responsible for review and accreditation of authorities that accredit intern-training programs in each jurisdiction against the *Procedures for assessment and accreditation of intern training accreditation authorities*².

In Victoria, the intern accreditation function is undertaken by the PMCV, which has been approved by the AMC as an intern training accreditation authority for five years to 31 March 2021. PMCV submits progress reports annually.

1.10 Glossary

Accreditation Committee: A committee established by the Board of the PMCV which is responsible for promoting excellence in clinical training, appropriate educational and learning experiences and effective supervision through accreditation of intern and PGY2 posts to ensure the highest standards of patient safety and medical care.

Appeal: A request by a facility for review of accreditation recommendations made by a survey team or a recommendation of the Accreditation Committee.

Appeals Committee: An independent group established by PMCV responsible for reviewing the accreditation recommendations regarding the facility making the appeal.

Clinical Learning: Refer to *PMCV Clinical Learning for Junior Doctors Guidelines*.

Clinical Supervision: Refer to *PMCV Clinical Supervision of Junior Doctors Guidelines*.

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. (Refer to PMCV's Conflict of Interest Policy and the Accreditation Survey Team Member Position Description)

Director of Clinical Training (DCT): A medical practitioner who oversees the training and education provided to junior doctors (intern and/or PGY2) at a facility.

Director of Medical Services: The senior medical administrator who leads the medical workforce at a facility.

² Available on AMC Intern Training Framework website (<http://www.amc.org.au/index.php/ar/psa>)

Facility (parent health service): The organisation (usually a hospital or health service) which coordinates the junior doctor training program. Training programs can include rotations to other hospitals or clinical settings which have met PMCV accreditation requirements for prevocational medical training.

Facility (rotation site): Junior doctor training posts which are on rotation from a parent health service. This definition could apply to hospitals, general practices and other community settings.

Junior Doctor: A medical practitioner in their first two years of prevocational medical training (intern or PGY2). Junior doctors are also referred to as junior medical officers (JMOs) or hospital medical officers (HMOs).

Intern: Junior doctors in their first year of prevocational medical training. Internship enables medical graduates to begin to take supervised responsibility for patient care and consolidate the skills that they have learnt at medical school. Interns must consult a clinical supervisor regarding management plans for all patients, and all patients should undergo review by a more senior doctor (at some point during presentation/ admission) prior to discharge. At the end of the internship year, following completion of training requirements outlined in the Intern Registration Standard, the intern should be eligible for full registration. **The internship year must enable interns to acquire a broad range of knowledge and skills through the achievement of explicit learning objectives to ensure they meet the requirements for general registration.**

PGY2: Junior doctors in their second year of prevocational medical training. PGY2 doctors (2nd year junior doctors) remain under clinical supervision but take on increasing responsibility for patient care. They begin to make management decisions as part of their progress towards independent practice, particularly towards the end of each term, and towards the end of the PGY2 year. As a general rule, PGY2s should consult their clinical supervisor regarding patient admissions, discharges, and significant changes in patient clinical condition or management. **For PGY2s, accreditation assessment seeks to ensure the provision of appropriate prevocational medical training to enable transition to vocational training programs.**

Prevocational training program: Refers to period of training time undertaken by a junior doctor prior to entering into a specialist-training program. For the purposes of PMCV accreditation, the first two years of this period are the focus.

Supervisor of Intern Training (SIT): A medical practitioner who oversees the training and education provided to interns in the intern training program provided by a facility.

Survey team: Established to undertake an assessment for accreditation at new facilities or re-accreditation of existing training programs and posts. The team, via the Team Leader, reports to the PMCV Accreditation Committee.

Survey visit: The purpose of the survey visit is for the survey team to review the facility which includes examination of evidence as documented by the facility, analysis of junior doctor feedback provided prior to visit, a tour of the prevocational training facilities, and meetings with key staff to discuss previous visit recommendations and discuss the current prevocational training program. Usually undertaken every four years.

Survey Visit Outcomes - Conditions: Conditions generally relate to compliance, must be met to ensure ongoing accreditation, will be reviewed at least within the first 12 months (although a shorter timeline may be applied) and will either be closed or subject to ongoing review annually. Conditions may be general (apply to the whole program) or specific (apply to individual posts). **Failure to demonstrate compliance of a specific condition may result in accreditation of the post being withdrawn.**

Survey Visit Outcomes - Recommendations: Survey reports include recommendations that may improve the quality of the junior doctor training program. A response in relation to recommendations is required following the survey visit and would be part of the usual progress reporting process (mid-cycle).

Survey Visit Rating Scale: Facility self-assessment and Survey Team assessment will be against a four-point rating scale:

- *Met with Merit* – In addition to achievement of the requirements of the standard, there is a higher level of achievement evident (e.g. best practice programs). PMCV will detail activity which is commended in the report.
- *Met* – There is sufficient evidence that the requirements of the standard have been achieved. Systems and processes to support junior doctor education and training are fully integrated and uniform.
- *Substantially Met* – Systems and processes are in place to support junior doctor education and training but these are not fully integrated and/or not universal. The requirements of the standard have been mostly achieved. The facility will likely be required to implement a condition and/or recommendation for quality improvement relevant to the standard.
- *Not Met* – Systems and processes to support junior doctor education and training are not evident. The requirements of the standard have not been achieved. The facility will be required to undertake some follow-up activity which will be assessed within 12 months. This will be accompanied by a condition or recommendation relevant to the standard.

Term: The specific rotation undertaken by the junior doctor. Each term involves a clinical team, service or unit attachment where the junior doctor works and where clinical training takes place. All terms must be accredited.

Term Supervisor: A medical practitioner designated to be responsible for the coordination of clinical training of interns and PGY2s rotating to that unit including orientation, monitoring and assessment.

2. THE PMCV ACCREDITATION PROCESS

PMCV assessment for accreditation of a facility occurs from a *program perspective*, using the PMCV accreditation standards and, also, involves assessment of *each* intern and PGY2 post with the key considerations being clinical supervision, clinical content/workload and educational value.

The accreditation process essentially involves:

1. Submission of an application for a new post or for re-accreditation (which includes self-assessment against the accreditation standards and evidence) by the facility.
2. Review of the new application by the PMCV Accreditation Committee or review of the re-accreditation submission, including pre-visit junior doctor survey data, by a survey team.
3. A survey visit is conducted for assessment of a new facility or for re-accreditation of a currently accredited program.
4. A survey report is prepared with duration of accreditation recommendations, and conditions for compliance or recommendations for improvement as appropriate³ (for a survey visit). Facility has the opportunity to review the findings.
5. Review and approval of the new application or of the survey team report, by the PMCV Accreditation Committee.
6. Provision of further information in regard a new application or response to the survey report by the facility.
7. Final approval of accreditation by the PMCV Accreditation Committee.
8. Ongoing reporting by facility to PMCV including review of new posts and/or progress or mid-cycle reviews of accreditation which includes ongoing self-reflection by facility in regard to standards.
9. Ongoing monitoring by facility including notification of changes to PMCV.
10. Back to step 1.

It is essential that accreditation assessments are impartial and fair and free from bias hence conflict of interest is an important consideration for both the PMCV Accreditation Committee and survey teams (Section 3.10).

Confidentiality is also an important consideration and PMCV requires all members of the Committee and survey teams to keep material provided through the accreditation process confidential and to only use such information for the purpose of accreditation assessment (Section 3.9)

2.1 Patient Safety and Junior Doctor Wellbeing

In 2018, the Accreditation Committee approved a new guideline: *Procedures to Address a Concern (regarding patient care or junior doctor wellbeing)*

The purpose of this guideline is to ensure the PMCV's governance and management structures give appropriate priority to the impact of junior doctor training, supervision and support programs on patient safety and junior doctor wellbeing.

The guideline provides a consistent organisational approach to responding to concerns regarding training, supervision and welfare of junior doctors and patient safety identified during an accreditation survey visit, during accreditation work conducted by the PMCV Accreditation Committee or by direct report by junior doctors or other health services staff.

³ Refer to Glossary (page 8) for definitions of conditions and recommendations

Any concerns directly reported to PMCV by an identified individual will be investigated by seeking further information from the facility and further feedback from junior doctors. It is essential that the individual consent to further investigation being undertaken and the individual's identity will be kept confidential by PMCV.

Concerns regarding patient or junior doctor safety may be identified at an accreditation survey visit, during the mid-cycle review or be directly reported to PMCV. All concerns will be monitored by the PMCV Accreditation Committee.

Concerns arising from survey visits will be discussed with the health service as part of the debrief or directly with the Director of Medical Services (or equivalent).

In regards issues reported anonymously to PMCV, the Accreditation Manager will gain as much information as possible from the complainant and seek further information from the facility, prior to taking action, according to the flow chart in Appendix A. If it is decided not to investigate the concern, it may still be noted and used in future accreditation reviews (e.g. survey visits, mid-cycle reviews)

The investigation of all concerns will be undertaken with discretion and respect for junior doctors and health services and the parties will be kept informed of progress and outcomes.

The assessment and risk classification of a concern is dependent on the impact of the concern on patient safety or junior doctor wellbeing according to these considerations:

- Junior doctors have the time, support and supervision to provide good quality and safe care to patients.
- Clinical learning and clinical supervision training requirements are met.
- Junior doctors should be informed of the pathways and procedures for clinical handover and to escalate deteriorating patients, including who to contact.
- Junior doctors should be supported to raise concerns and feel comfortable to do so.
- Junior doctors should have access to professional and personal support which is confidential.
- Junior doctors whose performance is impaired or below expected level are adequately managed, supervised and supported.
- The facility must have formal documentation in regards these considerations.

The facility will be formally notified of timelines to address the concern and advised of potential outcomes if concern not addressed.

The accreditation outcomes and monitoring timelines will ensure that no junior doctor is disadvantaged (particularly in regards interns completing their internship).

The individual who raised the concern (if raised directly with PMCV) will be directly advised of the outcome. If the concern was raised during the conduct of an accreditation survey visit, outcomes will be advised to the health service with request that all relevant staff involved in accreditation, including junior doctors, are informed.

The PMCV Accreditation Committee will monitor resolution of the concern and either close the concern once resolved or take necessary steps if the concern is not addressed.

2.2 PMCV accreditation standards

The PMCV accreditation standards explicitly outline the requirements to be met by facilities in the delivery of intern and PGY2 education and training.

PMCV may accredit a program or posts if it is reasonably satisfied that they meet the accreditation standards. PMCV may also accredit a program or posts that substantially meet the accreditation standards where conditions or recommendations are set which must be met in a reasonable time period.

The junior doctor training programs provided by facilities are assessed against the standards across these domains:

1. The context in which prevocational medical training is delivered.
2. Organisational purpose.
3. The intern/PGY2 training program.
4. The training program - Teaching and learning.
5. Assessment of learning.
6. Monitoring and evaluation.
7. Implementing the education and training framework - junior doctors.
8. Implementing the training framework -Delivery of educational resources.

In preparation for assessment for accreditation, facilities are expected to rate themselves against each standard using a four-point rating scale⁴ (for re-accreditation) and provide evidence to demonstrate their compliance with each standard by completing the *Accreditation Submission* (available on the PMCV website). Close liaison with the Accreditation Manager during this process is encouraged.

2.3 Duration of accreditation decisions

PMCV may accredit a program or posts if it is reasonably satisfied that they meet the accreditation standards. PMCV may also accredit a program or posts that substantially meet the accreditation standards where conditions or recommendations are set which must be met in a reasonable time period in order to meet the standards.

The recommended duration of accreditation will be determined for the overall prevocational medical training program provided by the parent facility or rotation site, as well as individual prevocational medical training posts.

PMCV has a four-year accreditation cycle supported by mid-cycle reviews and new post progress reviews. The options available for re-accreditation of prevocational medical training programs and posts are:

- a) Accreditation for a period of **four years** subject to satisfactory progress reports as required.
- b) Accreditation for a period of **four years subject to certain conditions** being met within a defined timeframe and to satisfactory progress reports as required.
- c) Accreditation for a period of **12 months** with an extension for up to a further three years **subject to certain conditions** being met. This applies to all **new** programs and posts which will be approved provisional accreditation subject to a review in the year of commencement.

⁴ Met with Merit, Met, Substantially Met, Not Met. See Glossary (page 8)

Accreditation of new posts may be **refused** or accreditation of individual posts or for a facility training program may be **withdrawn** if PMCV considers that the facility cannot meet the accreditation standards or in situations where significant issues have been identified that the facility has been unable to address or acknowledges cannot be rectified to satisfactorily meet the accreditation standards. Prior to withdrawal of accreditation, PMCV will consider all possible options for addressing deficiencies and will ensure that such a decision does not disadvantage junior doctors and, where possible, will take into consideration recruitment and rotation timelines. Failure to demonstrate compliance with a specific condition following a survey visit may also result in accreditation of a post being withdrawn.

A decision to withdraw accreditation will only be made by the PMCV Board following recommendation from the PMCV Accreditation Committee and, in these instances, PMCV will notify the facility in writing of the decision, the reasons and the procedures available for review of this decision.

The accreditation of a term will **lapse** when the facility no longer wishes to have the term accredited; when the term is discredited by PMCV or if no junior doctors have worked in the term for two years. Once accreditation of a post has lapsed the facility will need to re-apply for new accreditation.

For facilities to be accredited to offer **new intern training programs** (as a parent facility) and/or intern terms, the usual model is for the facility to be involved in medical training across the continuum (e.g. medical students and vocational registrars). Facilities wishing to establish stand-alone intern training programs have usually already been accredited for intern training as a rotation site. Consideration for accreditation of new stand-alone programs (e.g. intern training) will also include assessment of ongoing training pathways.

2.4 Changes to prevocational medical training programs and posts

All Victorian facilities accredited for prevocational medical training must ensure that PMCV is advised of any changes to intern and PGY2 posts or rotations between accreditation visits that may significantly affect the education and training of junior doctors in accredited posts for a significant period of time (greater than one month) or are intended to be permanently implemented.

If new terms or posts are planned the PMCV Accreditation Committee should be notified early so that they can be assessed against the accreditation standards and approved prior to junior doctors working in the new posts. **NOTE:** while new intern posts in units which already have accredited intern posts must complete an application for a new post, new PGY2 posts in an already accredited unit would be regarded as a change, *where notification by email will in most cases be sufficient*. **It is advisable to always contact the Accreditation Manager in the first instance to discuss a course of action.**

Such changes will be reviewed by the PMCV Accreditation Committee on a case by case basis and facilities are encouraged to discuss proposed changes with the Accreditation Manager in the first instance.

Circumstances which would normally prompt a review for a parent facility/ training program may include (but are not limited to):

- Facility is no longer able to meet *core* term intern training requirements.
- Absence of senior facility staff with a significant role in prevocational medical training for an extended period with no replacement (e.g. absence of Director Medical Services or Supervisor of Intern Training for greater than one month).

- Plans for significant redesign or restructure of the facility that impacts on junior doctors (for example, a significant change to clinical services provided or a ward closure causing change to caseload and casemix for the term).
- Change to overall accreditation status of facility (e.g. ACHS accreditation).
- Resource changes that significantly reduce administrative support, facilities or educational programs available.
- Proposal to change (acquire/remove) a junior doctor term including external rotations, or a change to the number of junior doctors in a rotation.

Circumstances which would normally prompt a review for individual terms (including general practice terms) may include (but are not limited to):

- Absence of a Term Supervisor for an extended period (e.g. greater than one month) with no replacement.
- Rostering changes that significantly alter access to supervision or exposure to learning opportunities. NOTE: health services planning to trial changes should still advise PMCV prior to the trial being commenced.
- Change in structure of supervision where change will impact on the supervision of junior doctors significantly and for an extended period.
- Changes to unit medical staffing resulting in junior doctors, particularly interns, undertaking higher/ alternative clinical duties than as described in the accredited rotation term description for an extended period.
- Significant changes to patient casemix or clinical activity that impact on junior doctor patient load, and clinical learning, for an extended period.

Depending on the nature of the change, it may be assessed using a paper-based process or may require a site visit. **Contact the Accreditation Manager to discuss a course of action.**

2.5 Processes for applying for accreditation

The PMCV Accreditation Committee reviews all applications for accreditation.

Facilities are strongly encouraged to contact the Accreditation Manager prior to completing any applications to ensure the process adopted is appropriate.

Accreditation documents, which must be completed to apply for accreditation, are:

- a) Re-accreditation of programs and posts: Re-accreditation involves a survey visit. Facilities must complete the *PMCV Accreditation Submission*. This process will usually be initiated by the Accreditation Manager in the year prior to the scheduled survey visit with the submission due **two months prior to the survey visit**.
- b) Accreditation of new posts involves a paper-based assessment (if the facility itself is already accredited) or a visit may be required if this is a new rotation site. Facilities should complete the *PMCV Application form for accreditation of new intern post* or the *Application form for quality review of new PGY2 post* and forward to the PMCV Accreditation Committee for review **at least two months prior to the proposed recruitment period**.
- c) Accreditation of new programs: This process is a combination of those outlined in points a) and b). **All application forms should be forwarded to PMCV at least six months prior to the proposed recruitment period**. The proposal to establish a new training program would initially be discussed with the Accreditation Manager.

Survey visits are normally required prior to the commencement of any new prevocational programs or posts at facilities that have not been previously accredited.

For rotation sites, the parent health service is invited to the initial site visit but not to subsequent visits.

- d) Accreditation of a change to program or posts: Initial notification can be in the form of an email to the Accreditation Manager to determine the documentation requirements and process for review depending on the impact on junior doctors especially in terms of clinical supervision or clinical learning. **This notification should be received by PMCV at least 6 weeks prior to commencement of the change or as soon as possible.** Refer to Appendix B which provides detail on changes to be notified and potential consequences.

While new intern posts in units which already have accredited intern posts must still complete an application for a new post, new PGY2 posts in an already accredited unit would be regarded as a change, *where notification by email will in most cases be sufficient.*

2.6 Processes following accreditation decisions

All applications for accreditation are reviewed by the PMCV Accreditation Committee.

Following a survey visit, a survey report including duration of accreditation recommendations, any conditions associated with the prevocational medical training program or posts and recommendations for improvement is forwarded to the facility and a response is sought from the facility in relation to the recommendations in the report within a specified timeframe.

After the PMCV Accreditation Committee has made its decision in regards duration of accreditation, it seeks endorsement of its recommendations from the PMCV Board and decisions are forwarded to the Victorian Branch of the MBA (for intern programs and posts).

For accreditation of new programs or posts, or changes, PMCV will advise of the accreditation outcomes by letter.

During the accreditation period awarded to the facility, PMCV will monitor the prevocational medical training programs and posts through regular progress reports.

Further, if issues are raised regarding individual posts, the PMCV Accreditation Committee may implement a monitoring process whereby regular updates are provided by the facility until such time as the PMCV Accreditation Committee is satisfied that the post meets intern training requirements

Parent health services will be advised of accreditation outcomes following survey visits to relevant rotation sites.

2.7 Training post accreditation – supervision and learning requirements

Interns can only work in terms accredited by PMCV and PGY2s should only work in terms approved by PMCV. Terms are accredited according to the following (Standard 8.2.2):

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

Posts (and terms) for interns are specifically accredited by unit and number of posts.

PMCV has developed guidelines intended to ensure that facilities and supervisors are aware of the clinical supervision and clinical learning requirements for junior doctors to **promote the provision of safe patient care and junior doctor wellbeing.** The guidelines are available on the PMCV website.

- *PMCV Clinical Supervision of Junior Doctors Guidelines*
- *PMCV Clinical Learning for Junior Doctors Guidelines*

These guidelines form the basis of the application process for new intern and PGY2 posts (or terms) and are expected to be used by facilities to continually monitor their existing accredited posts. **It is crucial that facilities regularly review these guidelines to ensure ongoing compliance** at both the training program (governance) and individual post level (particularly for *core* intern terms).

Assessment of the clinical supervision and clinical learning provided to junior doctors are also key components of prevocational medical training accreditation.

Facilities wishing to establish stand-alone intern training programs have usually already been accredited for intern training as a rotation site. The usual model is for the facility to already be involved in medical training across the continuum (e.g. medical students and vocational registrars).

There are a range of general learning and supervision requirements for junior doctor training posts which apply to both interns and PGY2s.

Learning

- Rotation allocations ensure the achievement of defined training requirements, learning objectives and career aspirations.
- Junior doctors are provided opportunities to develop skills and increasing independence in clinical management, skills and procedures, communication and professionalism.
- The duties, rostering, working hours and supervision of junior doctors are consistent with the delivery of high-quality, safe patient care and with intern/PGY2 welfare.
- Rosters reflect a balance between service provision and training and rostered hours reflect the unit expectations and provide sufficient time to complete the work.
- The number of patients in the care of the junior doctor, and the severity of their conditions, is at a level at which the junior doctor can provide safe continuing care.
- Junior doctors are provided with a term description, unit orientation, an education program and their performance is assessed at mid-term and end-term with formal feedback by the Term Supervisor.

Supervision

- There is a nominated term supervisor responsible for orientation, monitoring and performance assessment.
- There is a designated clinical supervisor responsible for day to day supervision.
- Junior doctors are supervised at all times at a level appropriate to their experience.
- The process for contacting clinical supervisors and escalating clinical concerns is clear at all times.
- Teaching time is provided and protected.
- The performance of all junior doctors is assessed and feedback, formal and informal, is provided.
- There are also some specific requirements for supervision of interns and PGY2s in psychiatry (e.g. with regard Mental Health Tribunals) and general practice terms (e.g. parallel consulting).

Intern Training

Internship is a period of mandatory supervised general clinical experience (provisional registration). It allows medical graduates to consolidate and apply clinical knowledge and skills while taking increasing responsibility for the provision of safe, high quality patient care.

Diagnostic skills, communication skills, management skills, including therapeutic and procedural skills, and professionalism are developed under appropriate supervision. Internship also informs career choices for many graduates by providing experience in different medical specialties including general practice and providing a grounding for subsequent vocational (specialist) training. Completion of the internship leads to general registration where the doctor has been assessed as having the skills, knowledge and experience to work as a safe entry level medical practitioner.

The *MBA Intern Registration Standard* specifically describes the training requirements for completion of internship which should comprise 47 weeks including terms in *core* medicine, surgery and emergency care.

There are some specific learning and supervision requirements which apply to interns:

- Interns cannot work in units not accredited for intern training.
- *Core* terms in emergency, medicine and surgery must meet the mandatory intern training requirements and allocations fulfil the requirements for general registration.
- Rotations must be continuous, involve direct patient care and generally not involve travel between multiple sites.
- Interns must consult a clinical supervisor regarding management plans for all patients, and all patients should undergo review by a more senior doctor (at some point during presentation/ admission) prior to discharge.
- Their immediate clinical supervisor must be awake and onsite at all times and at no time should interns be the sole doctor in the emergency department
- Interns should not be expected to manage obstetric patients or children less than two years of age without direct supervision.
- Interns should not be expected to consent patients for surgical procedures.

PGY2 Training

PGY2 doctors (2nd year junior doctors) remain under clinical supervision but take on increasing responsibility for patient care. They begin to make management decisions as part of their progress towards independent practice, particularly towards the end of each term, and towards the end of the PGY2 year.

As a general rule, PGY2s should consult their clinical supervisor regarding patient admissions, discharges, and significant changes in patient clinical condition or management.

Clinical learning provided should ensure the provision of appropriate prevocational medical training to support their professional development needs and enable transition to vocational training programs.

Evaluation

Facilities are expected to regularly evaluate intern and PGY2 posts in regards, but not limited to, these parameters:

- Adequacy and effectiveness of supervision
- Unit specific orientation, including explanation of expectations, learning objectives and term description
- Safe and effective handover
- Education offered – facility wide program/ unit specific teaching
- Access to education (at least one hour protected)
- Duties, rostering and work hours consistent with high quality safe patient care and junior doctor wellbeing

2.8 Monitoring of accredited prevocational medical training programs

During the accreditation period awarded to the facility, PMCV will monitor the prevocational medical training programs and posts through regular progress reports. Further, if issues are raised regarding individual posts, the PMCV Accreditation Committee may implement a monitoring process whereby regular updates are provided by the facility until such time as the PMCV Accreditation Committee is satisfied.

The formal monitoring tools are structured progress reports at specified times and full accreditation survey visits every four years.

It is also expected that facilities will report at any time on matters which may affect the accreditation status of prevocational medical training posts including changes to posts or any other relevant issues. If PMCV has reason to believe that changes are planned, are occurring or have occurred to prevocational medical training programs or posts which may affect accreditation status, PMCV will seek further information from the facility.

Mid-cycle reviews

A mid-cycle review occurs two years after the survey visit.

The mid-cycle review process focuses on conditions and recommendations, changes to the program or posts since the previous visit and involves junior doctor feedback. Self-evaluation against the accreditation standards is not part of this process although feedback is sought in regards to those that were not met at the previous survey visit.

The facility will be provided with a mid-cycle review template four months prior to the due date for the report.

Progress reports

All new prevocational medical training posts will be provisionally accredited for 12 months. Extension of accreditation up to three years is dependent upon two factors:

- i. Completion of the self-assessment form by the facility; and
- ii. Satisfactory feedback from junior medical staff (PMCV survey).

The facility will be provided with a progress report template, four months prior to the due date for the report.

Decisions on progress reports

Following receipt of the progress report from the facility, the PMCV Accreditation Committee will:

- i. Determine whether the report indicates that the facility continues to meet accreditation standards and may recommend ongoing accreditation with or without further conditions;
- ii. Determine whether further information is needed to make a decision. In these instances, the Committee will write to the facility defining the information required and providing a deadline for submission.
- iii. Determine whether, due to significant concerns, the facility is at risk of not satisfying the accreditation standards. In relation to points ii) and iii) PMCV may determine that an extraordinary survey visit is required.

Ongoing monitoring by facilities

Apart from the formal progress and mid-cycle reviews coordinated by PMCV, facilities are expected to monitor prevocational medical training programs and posts to ensure they continue to meet requirements between survey visits according to accreditation standard 8.2.2 and communicate any concerns, issues or changes to PMCV in accordance with accreditation standard 1.2.2.

In particular, Standard 8.2.2 requires review of posts in relation to the following criteria:

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

This includes:

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

2.9 Communication of accreditation processes and outcomes

Planned survey visits and accreditation decisions regarding facilities will be notified to the relevant parent health service or training program.

PMCV will also advise relevant rotational sites should there be any major accreditation issues or intention to withdraw accreditation of prevocational medical training at the parent health service. All such correspondence will be copied to the surveyed health service.

These reports are available on the PMCV Website:

- Facilities/programs granted PMCV accreditation.
- Accreditation standards, policies, guidelines and application forms.
- Annual survey visit schedule.
- Detail on all the posts accredited for intern training including:
 - i. The parent health service associated with each program and post
 - ii. Location of the post being accredited
 - iii. Department in which term is located
 - iv. Type of term - emergency medical care, surgery, medicine or other (please specify discipline)
 - v. Date of accreditation decision
 - vi. Date of expiry of accreditation
- **A summary of the outcomes of the accreditation survey visit.** This *Accreditation Assessment Report* uses a template developed in conjunction with health services during 2016/2017.

2.10 Appeals against accreditation decisions

A facility may appeal against the accreditation outcomes determined by PMCV following a survey visit or seek reconsideration and review of PMCV accreditation recommendations. Refer to *PMCV Appeals of Accreditation Decisions Policy* available on the PMCV website (www.pmcv.com.au).

3. THE ACCREDITATION SURVEY VISIT

Site visits are a key aspect of the accreditation process.

An accreditation survey visit is conducted every four years for re-accreditation and for assessment of new facilities or prevocational medical training programs. In addition, if issues are raised in regards the prevocational medical training offered at a facility outside scheduled survey visits, PMCV will investigate and may undertake an extraordinary survey visit to review.

3.1 The survey visit process

This survey visit process, which involves assessment of the overall training program as well as individual posts, has three stages:

Pre-survey visit (preparation)

This includes arranging the date of the site visit, determining the membership of the survey team, completion of the *Accreditation Submission* by the facility (self-assessment against the accreditation standards) and collection of feedback from junior doctors in regards the terms they have completed.

Survey teams are also expected to participate in a pre-visit meeting, two to three weeks prior to the visit to discuss the submission and prepare for the survey visit.

The survey visit

This includes examination of documentary evidence provided by the facility, analysis of junior doctor feedback and meetings with key staff, including junior doctors and senior medical staff. This process usually includes a tour of the training facilities.

Report and accreditation decision

Following the visit, the survey team prepares a survey report, the findings of which are sent to the facility for factual review.

The final report, which includes recommendations by the survey team in regards compliance with intern training requirements and the accreditation standards as well as recommendations for improvement, is then considered by the PMCV Accreditation Committee, resulting in a recommendation on the duration and status of accreditation awarded to a facility in regards the training program as well individual posts.

The report also includes evaluation by the survey team (using the same rating scale used by the facility) against the accreditation standards.

A summary of the PMCV survey visit process is shown in Appendix A.

3.2 Timelines for the survey visit

In general, survey visits for re-accreditation are conducted between May and September each year and the facilities to be assessed by survey visit are contacted in the year prior to commence the process.

Visits outside this period are scheduled on an 'as required' basis and are generally the result of applications for new training programs, for posts at facilities not previously accredited or when specific issues or concerns are raised at an accredited site.

Facilities are expected to seek accreditation of new programs or posts *at least 6 months prior to the expected recruitment period.*

3.3 Preparation for the survey visit

When preparing for the survey visit, the facility should allow sufficient time to complete the required documentation and arrange the meetings to ensure maximum attendance.

The facility must allocate a dedicated staff member to work with the PMCV Accreditation Manager to facilitate the survey visit throughout the whole process. **Note that PMCV conducts a forum in mid-February annually to discuss the survey visit preparation process with health services due for re-accreditation in that year. Relevant staff are strongly encouraged to attend this forum** and others who are seeking more information on the accreditation processes are also welcome to attend.

Prior to the survey visit the following is required:

- Arrangement of the date for the survey visit with the PMCV Accreditation Manager and Team Leader(s).
- Completion of the *PMCV Accreditation Submission*, including collation of documentary evidence, by the required deadline (usually two months prior to the visit date). This includes a self-assessment of the facility in relation to the accreditation standards.
- Completion of application for any new posts to be assessed at the visit.

This work should be completed no later than **two months prior** to the survey visit and can be forwarded to the Accreditation Manager electronically.

3.4 The survey team

Refer *Accreditation Survey Team Member Position Description* for an outline of the role and responsibilities of survey team members.

PMCV accreditation relies on volunteer team leaders and surveyors drawn from medical education and training in health service, general practices and other settings.

A survey team normally comprises four people with **medical management, medical education** (with specific knowledge of junior doctor education and support), **senior clinician** (with experience in supervising junior doctors) and **junior doctor** representation. A member who has **expertise in the type of facility** being assessed will also be included and more recently **health consumer/ community representatives** have been included. 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). A community surveyor may also participate in the visit as an additional member.

Every year, PMCV organises a surveyor training workshop in March and sends a general invitation to all health services and other stakeholder groups to seek volunteer surveyors. There is also a Team Leader Forum held each year and PMCV invites experienced surveyors to become part of this group (their first 1-2 visits are conducted with a mentor who is an experienced team leader).

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

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.

The Chair of the PMCV Accreditation Committee and the Team Leader determine the composition and membership of survey teams for the visit, following expressions of interest

from surveyors to participate. Facilities have the opportunity to review and approve the proposed members of a survey team.

The performance of survey team members is assessed by the team leader, through feedback from attendees at interviews during the visit and through feedback from the facility following the survey visit.

3.5 Pre-visit meeting of survey team

A meeting of the survey team, usually by teleconference, occurs 2-3 weeks prior to the visit to discuss the following points:

- i. Review submission and identify points to be clarified and further information to be sought from facility. This is supported by the *Surveyor Assessment Template* which is continually updated throughout the process to reflect the teams evolving views.
- ii. Review conditions and recommendations from previous visit.
- iii. Review intern/PGY2 survey results.
- iv. Develop a plan for the visit including delegation of responsibilities to survey team members (team members not to communicate directly with facility to avoid conflict of interest or any possible appeals).

Facilities may be requested to provide further information or clarification, following this meeting.

3.6 Timetable of the survey visit

It is essential to the assessment process that the survey team meets with both junior and senior medical staff and the facility should make every effort to ensure that they are available to meet with the team on the survey visit day.

For the visit the facility is requested to provide one room for the whole day from around 8am to 5pm to allow the team time for discussion pre- and post the survey visit meetings with facility staff. Car parking may also need to be provided and, should the visit require visits to multiple sites adequate travel time must be allowed.

The timetable for the visit should be finalised two months prior to the visit. A template is provided for preparation of the timetable from the PMCV Accreditation Manager.

The timetable for the survey visit should include the following:

- An introductory meeting of the survey team with the facility executive including the Chief Executive Officer, the Director of Medical Services (or delegates), Medical Administration staff and Medical Education staff including the Supervisor of Intern Training and Directors of Clinical Training. This meeting sets the scene in terms of the governance and strategic direction of the facility as well as addressing issues from the previous survey visit and any that are current.
- A meeting with the Supervisor of Intern Training and/or Director of Clinical Training following the meetings with junior and senior medical staff.
- A meeting or meetings, preferably immediately after the introductory meeting, separately with interns and PGY2 staff. **As a minimum the team must obtain feedback from multiple sources (including online survey and interview) for all intern posts and for 50% of PGY2 posts.**
- A meeting with term supervisors and other senior medical staff responsible for prevocational supervision. This meeting should include the term supervisors of the intern positions to be accredited. **As a minimum the team must meet with one term supervisor per core intern term and the term supervisors for all new terms.**
- A meeting with registrars and nurse unit managers who work with junior doctors.

- A tour of the facilities including HMO lounge, 1-2 wards (review of HMO workspace)/ storage of belongings/ library and education/ simulation centre.
- A debriefing session of the survey team with relevant senior staff of the facility.
- Time must be allocated in the day for the survey team to prepare at the start of the day, in the middle of the day for an update and prior to the de-briefing, and to write the report at the end of the day.

3.7 Feedback to the facility

The feedback session, or debrief, is an important component of the survey visit. This session provides the facility with a sense of the overall outcomes of the visit, although specific duration of accreditation recommendations will not be discussed.

The focus of the feedback session will be on the positives, but the team will also briefly advise facility representatives about the issues identified so that there are no unexpected recommendations in the final survey report.

The facility is encouraged to respond to any issues that the survey team may raise at the debrief.

If there are difficulties between the views of the facility and the survey team during the feedback session, the team leader may decide to further investigate to verify the information received and explore possible solutions.

3.8 Report and recommendations

Following the visit, the survey team prepares a comprehensive survey report within one month of the visit. The findings (not including outcomes or recommendations) are sent to the facility to review for factual errors.

The survey report is then considered by the PMCV Accreditation Committee resulting in recommendations in regards the duration of accreditation awarded to the facility for its intern and PGY2 training programs and specific posts.

The findings of the survey team (draft report excluding accreditation outcomes and recommendations) is provided to the facility to review for 'factual errors' prior to submission of the final report to the PMCV Accreditation Committee.

The full report is forwarded to the facility and a response is sought from the facility in relation to the recommendations in the report within a specified timeframe.

After the PMCV Accreditation Committee has made its decision in regards duration of accreditation, it seeks endorsement of its recommendations from the PMCV Board and from the Victorian Branch of the MBA (for intern posts).

An accreditation certificate (framed) is sent to the facility at the end of the process.

A summary of the accreditation outcomes are published on the PMCV website.

3.9 Confidentiality

"Confidential Information" made available during the course of the PMCV Accreditation Committee or survey team member's duties means all information made available to the committee or survey team member, whether orally or in writing, or otherwise made available by any means whatsoever, whilst the committee or survey team member is performing the duties as a committee or survey team member.

In order to discharge its accreditation function, the PMCV requires facilities undergoing assessment and 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:

- All confidential information accessed for 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 the role as a surveyor and member of the PMCV.
- 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.
- 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.*

The PMCV retains the following materials (electronically):

- Accreditation submission with a complete set of supporting material (evidence).
- Additional documents gathered which contributed to the survey team's assessment.
- A copy of final logistics information, including the budget, travel schedule, the assessment visit program.
- Official correspondence with team members.
- The final reports on surveys undertaken and stakeholder submissions, definitive drafts of the accreditation report, including the draft report sent to the facility for comment, their response, the draft version sent to the PMCV Accreditation Committee and the final report endorsed by the Committee to be sent to the facility, and their formal response to the recommendations.
- Relevant Committee meeting agendas and minutes concerning the assessment.
- Correspondence about the assessment with the facility being accredited.
- Post-assessment evaluation and feedback information.

The PMCV securely destroys the following materials:

- Documents or correspondence that contains team members' interim ideas or views in relation to the assessment findings, other hand-written or electronically stored notes.
- Aside from official correspondence, any draft information relating to substantive aspects of the assessment.

3.10 Conflict of interest

Survey team members must ensure that they disclose any actual, potential or apparent conflict of interest as required as a result of their work as a surveyor for the PMCV.

'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.

4. REVIEW OF PMCV ACCREDITATION STANDARDS AND PROCESS

The PMCV Accreditation Committee reviews the accreditation process annually in order to ensure continuous improvement of the process.

After each survey visit the facility is given the opportunity to provide feedback on the survey team performance and on the accreditation process. This data is collated into a de-identified report at the end of each year for consideration by the PMCV Accreditation Committee and the team leader group. Proposed changes arising from this feedback are considered by the PMCV Accreditation Committee and if appropriate, recommendations for change are forwarded to the PMCV Board for endorsement.

PMCV also monitors the timelines of the accreditation program and undertakes a thematic analysis of junior doctor feedback, conditions and recommendations annually.

PMCV will review the accreditation standards at least every five years⁵. This review will be undertaken by the PMCV Accreditation Committee or a delegated working party and will involve consultation with key stakeholders.

Policies and guidelines relevant to accreditation are reviewed every three years.

All revisions to the accreditation standards, policies and guidelines recommended by the PMCV Accreditation Committee are forwarded to the PMCV Board for approval.

ACKNOWLEDGEMENTS

The PMCV gratefully acknowledges the following organisations, whose literature was researched in developing this document.

1. Australian Medical Council (AMC) - *Procedures for Assessment and Accreditation of Specialist Medical Education Programs and Professional Development Programs by the Australian Medical Council 2013*
2. Medical Board of Australia (MBA)
3. Health Education and Training Institute (HETI)
4. Postgraduate Medical Council of Queensland (PMCQ)
5. Postgraduate Medical Council of Western Australia (PMCWA)

⁵ The AMC will review the national accreditation standards every five years.

APPENDIX A Flow chart of the PMCV accreditation process

