

# AMC Assessment of Intern Training Accreditation Authorities

## Postgraduate Medical Council of Victoria (PMCV)

2023 Accreditation Submission



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## Intern training accreditation authority details

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<b>PMCV Board Executive</b>	
Board Chair	Professor Michelle Leech
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Endorsed by	Professor Michelle Leech, April 2023

## PART ONE - EXECUTIVE SUMMARY

Since the Comprehensive Report to the Australian Medical Council (AMC), submitted by PMCV in 2015 there have/has been several changes including:

- Retirement of longstanding CEO with current incumbent in situ for the past three years.
- Development of a new Strategic Plan 2021 -2024.
- Review of the PMCV governance structure and associated Committees in 2022.
- Significant growth in the overall PMCV team due to a new Service Level Agreement with the Victorian Department of Health.
- Introduction of Clinical Leads positions per Strategic Pillar.
- Creation of JMO Victoria Committee which has replaced the JMO Forum in 2021.
- Introduction of the Conditions Monitoring Program to maintain closer monitoring and collaboration with health services.
- Significant planning for the implementation of the revised National Framework for Prevocational Medical Training (NFPMT) with a dedicated Statewide Project Manager appointed in November 2022.
- A detailed marketing strategy was introduced to increase stakeholder engagement at all levels due to the engagement required for the Framework which included collaboration with JMO Victoria to increase awareness of the Accreditation function. This was known as Demystifying Accreditation.
- A 110% increase in the number of Junior Medical Officer (JMO) posts.
- Accreditation of less traditional terms (community residency program, afterhours, rural generalist etc.) with the outcome of the Victorian Royal Commission into Mental Health.
- Increased opportunities to host virtual events and surveys due to the impact of COVID-19.

The Postgraduate Medical Council of Victoria Inc. (PMCV) was established as a not-for-profit organisation in August 1999 and plays a broad role in the education, welfare, and professional development of prevocational doctors (PDs), as well as supporting supervisors, educators and medical workforce managers working with PDs. This strategic role incorporates three Pillars within PMCV: Accreditation, Education & Training and Workforce. This submission will cover the accreditation of the Accreditation Pillar for intern training.

PMCV has the delegated responsibility by the Australian Medical Council (AMC) for intern accreditation across a range of clinical settings in Victoria whereas the review of PGY2 posts has been delegated by the Victorian Department of Health. Accreditation of facilities that offer both intern and PGY2 training occurs conjointly to facilitate ongoing improvement in the overall quality of prevocational doctor education and training.

From 2023, intern and PGY2 training in Victoria will be provided by 34 parent health services/intern training programs and over 40 rotation sites, including three rural private hospitals.

Appendix 1 provides a list of all the facilities accredited for intern medical training.

Appendix 2 provides a list of accredited intern training programs in Victoria 2023

Appendix 3 provides a list of all the intern posts accredited in Victoria.

There has been significant growth in intern posts in Victoria in recent years. In 2008 there were 462 intern posts. This number has increased steadily to 972 posts for 2023, a 110% increase. There has been a commensurate rise in the number of PGY2 posts.

In 2023 there were 24 general practices accredited for intern posts in Victoria, mostly in rural and regional Victoria.

PMCV facilitates accreditation of posts for interns who require part-time training or have had their training interrupted. This program is supported by funding from the Victorian Department of Health, which allows these doctors to complete internship in a supernumerary capacity with a learning/training plan formally approved by the Accreditation Committee and managed by PMCV's Clinical Lead – Education and Workforce.

The following pages of this submission address the five domains on which PMCV will be assessed as an intern training accreditation authority.

## **Victoria's planning for the National Framework for Prevocational Medical Training**

### **Governance:**

**National Framework Steering Committee (NFSC):** Established November 2022, the NFSC provides leadership, expert guidance and supports the statewide coordination of the implementation of the NFPMT, with strong links to the Accreditation team through the Clinical Lead Accreditation.

Membership includes individuals with significant experience and knowledge related to the prevocational ecosystem, as well as representatives from key stakeholder groups such as JMO Victoria, Medical Student Council of Victoria (MSCV), Australian Indigenous Doctors Association (AIDA) and the Victorian Department of Health.

PMCV has engaged AIDA to provide guidance and support for Victorian Health services with the implementation of the revised Aboriginal and Torres Strait Islander standards. This is a new relationship in which we are keen to develop and strengthen over time.

NFSC Terms of Reference attached as Appendix 4.

**NFPMT Project Manager:** In August 2022, PMCV employed a full time NFPMT Project Manager tasked with leading the Victorian implementation of the NFPMT.

### **Communication and Engagement Strategy:**

**NFPMT Health Service Readiness Survey:** Early 2022, PMCV surveyed all Victorian health services to establish what progress (if any) had been made in relation to the implementation of the NFPMT, as well as to identify and analyse areas of concern. Collated data informed PMCV's NFPMT Implementation Roadmap – attached as Appendix 5.

**NFPMT Health Service Leads:** PMCV tasked all health services to nominate a NFPMT Lead. This role has three key responsibilities:

- A) To drive positive change (Champion)
- B) To provide Subject Matter Expertise
- C) To be a source of truth

PMCV sends regular (every four to eight weeks or as required) email updates to nominated NFPMT Leads.

**NFPMT Webpage:** PMCV developed a dedicated NFPMT webpage – a central source of easy to digest information and resources. This webpage is updated as new updates become available (both PMCV and AMC). Webpage visitors can subscribe to be notified of the latest updates. PMCV is working on the next iteration of the webpage which includes resources on cultural safety and final year medical students.

**NFPMT Webpage link -** <https://www.pmcv.com.au/nfpmt/>

**Webinars and workshops:** To ensure stakeholders are engaged, informed and supported, PMCV facilitates regular webinars and workshops centered around the implementation of the NFPMT.

- A) **PMCV ACE Forum (December 2022):** The ACE (Agility, Collaboration and Excellence are key value of PMCV) Forum was centered around feedback received via the NFPMT Readiness Survey. Outputs from the 2022 ACE Forum informed Victoria's 2023 Implementation Roadmap.
- B) **NFPMT Final Year Medical Student Webinar (February 2023):** As part of the wider Final Year Medical Student Engagement Project (Appendix 6), PMCV delivered a webinar to inform final year medical students what to expect in 2024 and 2025. PMCV consulted with the Medical Student Council of Victoria (MSCV) on this project. PMCV will deliver a second webinar to this cohort in the later part of 2023.

*The webinar can be viewed here:*

<https://www.youtube.com/watch?v=cZFGctjRdz4&feature=youtu.be>

- C) **PMCV Program for Prevocational Supervision (March 2023):** PMCV delivered a national webinar showcasing the proposed PMCV Program for Prevocational Supervision – a series of self-directed eLearning modules.

*Webinar can be viewed here -* <https://www.youtube.com/watch?v=qkDpgX-5Hd8>

- D) **NFPMT Health Service Leads Workshop (April 2023):** Quarterly workshop specifically designed for NFPMT Health Service Leads. The purpose of the workshop is for Health Services Leads to discuss and contribute to the development of statewide guidelines and guide the implementation of the NFPMT.
- E) **2023 PMCV Symposium (July 2023):** The theme for the 2023 Symposium is 'Success in a Constantly Evolving Environment'. We will be discussing the process of implementing positive cultural change in an organisation in lieu of the introduction to the NFPMT across the nation in 2024.

**Jurisdictional collaboration:** PMCV actively collaborates with other jurisdictions on the implementation of the NFPMT.

- A) Quarterly virtual touch-point meeting
- B) PMCV Project Manager attended PMAQ NFPMT Workshop (February 2023)
- C) PMCV Project Manager met in-person with Lynn Hemmings, Deputy Chair, PMCT. (April 2023)
- D) PMCV engaged with other jurisdictions regarding the development of the Program for Prevocational Supervision
- E) PMCV has encouraged other jurisdictions with limited resources to utilize PMCV Templates and Guidelines (e.g., Term Description)

**PMCV Resources**

**NFPMT Health Service Readiness Survey:** Early 2022, PMCV surveyed all Victorian health services to establish what progress (if any) had been made in relation to the implementation of the NFPMT, as well as to identify and analyse areas of concern. Collated data informed PMCVs NFPMT Implementation Roadmap – attached as Appendix 5.

Complete:

1. **PMCV Quarterly NFPMT Implementation Roadmap:** The purpose of this resource is to break down the implementation of the NFPMT into manageable segments.
2. **Term Description Template and Guideline:** In collaboration with the NFPMT Health Service Leads, PMCV developed a statewide Term Description Template and Guideline - attached as Appendix 7.
3. **PMCV Implementation Checklist:** PMCV developed the Implementation Checklist, a digital mechanism designed to streamline the process of NFPMT document validation. Health services have the ability to upload completed documents (Term Descriptions, Intern rotation planners, Assessment Review Panel ToR) for PMCV review and validation.

**PMCV Implementation Checklist instructional video can viewed here -**  
<https://vimeo.com/804933836>.

In progress:

1. **PMCV Program for Prevocational Supervision:** A series of self-directed learning modules developed to improve prevocational supervision. The modules target specific roles within the prevocational ecosystem (Term Supervisor, Clinical Supervisor, DCT, MEO, Prevocational Doctor) and are broken down into three segments (beginning of term, mid-term and end-of-term).
2. **Assessment Review Panel (ARP) Terms of Reference:** PMCV is currently working on developing an ARP Terms of Reference for a newly established Committee and amended existing Committee.
3. **Document Validation:** PMCV are in the process of establishing a Document Validation Panel (Accreditation Sub-committee) to review and endorse documents submitted to PMCV via the Implementation Checklist.

Future:

1. **Observed practice:** To support health services with the formal introduction of EPAs in 2025, PMCV is introducing observed practice in 2024 by utilizing an interim EPA solution.

Appendices for this section:

<i>Item #</i>	<i>Document Name</i>
<i>Appendix 1</i>	<i>List of accredited intern training facilities in 2023</i>
<i>Appendix 2</i>	<i>PMCV accredited intern training programs in 2023</i>
<i>Appendix 3</i>	<i>List of accredited intern posts in Victoria in 2023</i>
<i>Appendix 4</i>	<i>NFSC Terms of Reference</i>
<i>Appendix 5</i>	<i>PMCV NFPMT Quarterly Implementation Roadmap</i>
<i>Appendix 6</i>	<i>Medical Student Engagement Poster</i>
<i>Appendix 7</i>	<i>PMCV Term Description Template and Guideline</i>



## PART TWO – ADDRESSING ACCREDITATION DOMAINS

### Domain 1: Governance

The intern training accreditation authority effectively governs itself and demonstrates competence and professionalism in performing its accreditation role.

**Attribute 1.1: The intern training accreditation authority is, or operates within, a legally constituted body subject to a set of external standards/rules related to governance, operation and financial management.**

The Postgraduate Medical Council of Victoria Inc. (PMCV) is an Incorporated Association registered by the Department of Justice, Victoria Consumer Affairs in accordance with the *Associations Incorporation Reform Act 2012*. PMCV was registered as an Association on 17 August 1999 (Registration NO: A0038523M) and our ABN is 11296600377. PMCV's mission is outlined in the Council's Statement of Purpose and Rules:

*The purpose of the Postgraduate Medical Council of Victoria (PMCV) is to contribute to the development of a high-quality medical workforce that meets the needs of the Victorian health system. PMCV supports the education, training, welfare and career development of doctors who have recently graduated or commenced work in Victoria and works with the professional entry and specialist vocational training bodies and relevant national bodies to promote integration of medical education and training.*

The governing body of PMCV is an 11-member Board which was established in July 2012 following a Board initiated review of governance. The PMCV Board meets at least four times per year and receives reports from Board established Governance Committees covering the three Pillars. The Board has established a Finance and Risk Committee, a Nomination Committee (as required for Board/senior appointments), and five Governance Committees (Accreditation, Education, Medical Workforce, Graduate Nurse and Midwifery Program and NFPMT Steering Committee). PMCV also supports an annual meeting of the Victorian Clinical Deans Group as well as Prevocational Supervision and Medical Education Officer Networks who meet on a quarterly basis. The HMO Managers Reference Group also meets on a quarterly basis to share information.

The current governance structure was reviewed in 2022 due to the review of the PMCV deliverables by the Victorian Department of Health. Each of the five Governance Committees has a Board representative either as the Chair or as a member of the Committee.

#### Appendices for this section:

<i>Item #</i>	<i>Document Name</i>
<i>Appendix 8</i>	<i>PMCV Board Composition 2022</i>
<i>Appendix 9</i>	<i>The PMCV governance chart</i>
<i>Appendix 10</i>	<i>PMCV Annual report (2021/22)</i>
<i>Appendix 11</i>	<i>PMCV organisational structure</i>
<i>Appendix 12</i>	<i>The PMCV's Statement of Purposes and Rules</i>

**Attribute 1.2: The intern training accreditation authority's governance and management structures give appropriate priority to accrediting intern training programs including the impact of these programs on patient safety. This should also include the way these programs address the wellbeing of junior doctors.**

The Board continues to delegate routine accreditation matters to the Accreditation Committee (refer Appendix 13, section 2.6)

The Committee functions include:

- Receive and assess applications (using the national accreditation standards) for accreditation of prevocational medical training programs and intern posts and for review of PGY2 posts in Victoria.
- Prepare an annual work plan (and a four-year plan), with timelines for activities and reflecting the reporting requirements in previous clauses.
- Undertake an annual review of the composition and capability of the Accreditation Committee and Surveyor group to ensure sustainability.
- Undertake annual evaluation of the accreditation program, including survey team member performance and stakeholder feedback, and prepare a report. Any negative feedback received during the year will be reviewed by the Chair, Accreditation Committee in the first instance.
- Maintain a risk register of concerns and escalate any high risks to the PMCV Board.
- Consider National and State reforms that are relevant to prevocational medical training and implement them as appropriate.

The Board must approve all new accreditation policies, procedures or initiatives and be referred to any matter that may affect the reputation of the PMCV. The Accreditation Committee provides a report on activities to each PMCV Board meeting.

The Accreditation Committee meets monthly from February to November, except for April, and a Summer Executive Committee is appointed to act during December and January with actions referred to the first meeting in February for endorsement. The Terms of Reference of the Accreditation Committee were reviewed in early 2023 to reflect the newly introduced Cluster management system. Clusters of all health services requiring accreditation were formed into four groups – Northeast, Northwest, Southeast and Southwest, which includes both metropolitan and rural/regional centers. Members of the Accreditation Committee were then allocated to these clusters to even the workload across the membership.

As part of this review, PMCV welcomed the interest of prevocational doctors that had participated in leadership roles for JMO Victoria in the previous year to join the Committee. The Accreditation Committee now has eight junior doctors, with four being prevocational doctors, as members.

PMCV is considering inviting Dr Glenn Harrison, Emergency Physician from the Royal Melbourne Hospital to become the first indigenous member on the Accreditation Committee. Glenn oversees the indigenous intern program at the Royal Melbourne Hospital.

PMCV has established a collaborative and supportive relationship with the JMO Victoria Committee to ensure that areas of concern may be raised and addressed as a priority. Please see Attribute 4.5 for a more detailed explanation of the role and function of JMO Victoria.

In accordance with the reporting and contractual requirements between PMCV and the Australian Health Practitioner Regulation Agency (AHPRA), PMCV provides reports on accreditation activities twice yearly (31 March and 30 September), with an annual work plan and the most recent annual report (See Appendix 10) and will also publish details on accreditation of intern training programs and posts on the PMCV website.

Appendices for this section:

<i>Item #</i>	<i>Document Name</i>
<i>Appendix 13</i>	<i>PMCV Accreditation Committee terms of reference (March 2023)</i>
<i>Appendix 14</i>	<i>PMCV Accreditation Committee structure (2023)</i>
<i>Appendix 15</i>	<i>Statewide Monitoring of Victorian Health Services</i>
<i>Appendix 16</i>	<i>PMCV AHPRA March 2023</i>

**Attribute 1.3: The intern training accreditation authority can demonstrate business stability,**

**including financial viability.**

PMCV has been operating as an Incorporated Association for 23 years. During that time, PMCV has maintained both business and financial stability and has enjoyed a good working relationship with the Victorian Department of Health

The Department provides annual funding of approximately \$2.1million for core activities, including PGY2 accreditation, which has been supported since 2003-2004. PMCV has also been successful in gaining additional funding from the Department to enable interns to complete internship (if they have not successfully completed all requirements for General Registration) and to offer part-time internships for those who have had interruptions to their training (e.g., for health or family reasons).

PMCV also receives funding from the Australian Health Practitioner Regulation Agency and the Medical Board of Australia for intern related accreditation functions. PMCV received additional funding of \$231,968 (GST inclusive) for 2022/23 from the Medical Board in recognition of the significant increase in the number of intern positions reviewed and accredited by PMCV.

In summary, 25% of the overall PMCV budget is allocated to Accreditation activities which is equally distributed between Intern and PGY2.

A growing number of fee-paying professional development programs have been offered since mid-2012. PMCV is currently developing the Program for Prevocational Supervision, that will be implemented in September 2023, to ensure our supervisors are prepared for the changes with the implementation of the National Framework for Prevocational Medical Training (NFPMT) in 2024.

The current financial position of PMCV is sound, as demonstrated by the financial reports (Appendix 10, *PMCV Annual Report 2021/2022*, pp.57-72).

**Attribute 1.4: The intern training accreditation authority's accounts meet relevant Australian accounting and financial reporting standards.**

PMCV is a Tier 3 organisation under the *Associations Incorporation Reform Act 2012* and is required to appoint a registered independent auditor. The Board approves the appointment of the independent external auditor at its Annual General Meeting and the accounts are prepared in accordance with statutory requirements (Appendix 10, *PMCV Annual Report 2021-2022*)

**Attribute 1.5: There is a transparent process for selection of the governing body.**

The governing body of PMCV is an 11-member Board established in July 2012 following a Board initiated review of governance. (See Appendix 9)

Board membership comprises of four nominated members (a nominee of each of the three Victorian medical schools and a nominee of the Victorian Minister of Health) and seven elected members (a general practitioner, an emergency medicine physician, a consultant surgeon, a consultant physician, a medical manager, a medical educator and a medical graduate with less than three years' experience).

PMCV is also seeking nominations from a consumer to join the Board to provide rich and robust consideration of the strategic priorities.

When an elected member vacancy arises, stakeholders are formally invited to nominate, and nominations are reviewed by the Board's Nomination Committee and recommendations provided to the Board for approval. Elected members may serve on the Board for a maximum of six years. The current membership of the Board is set out in Appendix 8.

There is a nomination and selection process for filling positions on all Committees including the Accreditation Committee:

- Vacancies are advertised on PMCV's social media platforms and by direct email to appropriate

groups depending on the vacancy (e.g., Colleges, Directors of Medical Services, Supervisors of Intern Training and Term Supervisors, JMO Victoria, and prevocational doctors).

- Where there is more than one nomination for a vacancy, the secretariat (Accreditation Manager) provides a recommendation to the Committee via the Chair
- Where there is one nominee, they are considered by the Committee and a recommendation referred to the Board.
- Nominations for membership of any Committee are endorsed by the PMCV Board.

Membership of both the PMCV Board and the Governance Committees is published on the PMCV website.

**Attribute 1.6: The intern training accreditation authority's governance arrangements provide input from stakeholders, including health services, intern supervisors, and interns.**

The membership of the PMCV Board reflects key stakeholder groups for intern training, including a medical educator, a Junior Medical Officer, a medical manager, a nominee of the three Victorian medical schools, specialty groups (i.e., an Emergency Physician, a Surgeon, a Physician and a General Practitioner) and a nominee of the Minister of Health.

Membership of the Accreditation Committee allows decision making by representatives of independent, expert stakeholder groups. The membership comprises health service representatives, including Directors of Medical Services, medical educators, HMO managers, intern supervisors, and senior and junior medical staff. When considering nominations for vacancies, broad representation of metropolitan, regional and rural health services is considered, as well as a mix of clinical, educational and administrative representatives.

There has been little change to the Committee membership since 2015 except for an increase in rural JMO and community representatives; the current membership of the Accreditation Committee is attached as Appendix 9.

All other PMCV Governance Committees (e.g., Education, Workforce and JMO Victoria) have Terms of Reference with a similar format to the Accreditation Committee’s and there is an annual review of membership.

PMCV supports quarterly meetings of medical educators and supervisors of prevocational doctors and uses these networks to communicate new initiatives (e.g.), to seek their feedback on policies, guidelines and resources and to seek feedback to inform our submissions.

PMCV supports five JMO Victoria meetings annually, a group which is comprised of PGY1 and PGY2 doctors nominated by the prevocational doctors and then supported by Victorian health services. JMO Victoria was established in 2021 to provide a platform for prevocational doctors to collaborate and innovate with the support of PMCV.

Appendices for this section:

<i>Item #</i>	<i>Document Name</i>
<i>Appendix 17</i>	<i>JMO Victoria Terms of Reference 2023</i>

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<i>Appendix 16</i>	<i>PMCV AHPRA March 2023</i>
<i>Appendix 17</i>	JMO Victoria Terms of Reference 2023

## Domain 2: Independence

The intern training accreditation authority carries out independently the accreditation of intern training programs.

**Attribute 2.1: The intern training accreditation authority makes its decisions about accrediting programs independently. There is no evidence of undue influence from any area of the community, including government, health services, or professional associations.**

PMCV is a funded agency of the Victorian Department of Health but retains independent decision making. PMCV consults widely with key stakeholders but has processes in place to prevent undue influence by facilities being assessed for accreditation (refer also Attribute 2.2).

PMCV is approved as an intern training accreditation authority by the Medical Board of Australia. The Victorian Department of Health has authorised PMCV to review PGY2 posts in Victoria for the purposes of quality improvement.

PMCV has structures in place to ensure a rigorous approach to accreditation recommendations.

The decisions of the Committee are based on assessment of AMC accreditation standards and PMCV guidelines, as well as the AMC intern training requirements. Decisions are made by independent, expert stakeholder representatives. The Terms of Reference of the Accreditation Committee (Appendix 13) set out the key purpose of the Committee concerning these decisions.

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

Accreditation survey teams comprise members who have no recent association with the facility being accredited. The recruitment process for survey teams includes a declaration of any potential conflicts of interest. The *Accreditation Survey Team Member Position Description* (Appendix 16) was reviewed in 2022. All survey team members must sign the agreement to acknowledge and agree to fulfil the expectations of an accreditation survey team member regarding confidentiality, conflict of interest and objectivity and survey visit responsibilities.

Additionally, a new resource has been created to assist surveyors in preparation for and during a survey visit – see Appendix 21 *PMCV Accreditation survey visit - Guide for surveyors*. This document outlines responsibilities and practicalities of being a survey team member, as well as providing sample questions for use during the visit, and a section for recording their findings during the visit (to be returned to PMCV at the conclusion of the visit).

Facilities are given an opportunity to review the proposed membership of the allocated PMCV survey team and can request that a member be replaced prior to the accreditation visit if they believe there is a conflict of interest.

If a facility contests a specific accreditation condition, the Accreditation Committee determines the significance of the condition, and whether it has a bearing on accreditation status. Should it be deemed to be of material significance, the facility will be advised that failure to comply with the condition will impact on accreditation status. This may result in the facility either accepting the condition or seeking a formal review.

The *Policy Appeals of Accreditation Decisions Policy* (Appendix 59) provides guidance on the process, decision-making, timelines and costs of appeals against accreditation decisions.

Grounds for appeal by a facility include but are not limited to:

- Relevant and significant information which was made available to the survey team was not

considered in the making of the conditions;

- The report of the survey team was inconsistent with the information provided;
- Irrelevant information was considered in the survey team decision;
- Perceived bias of a surveyor or surveyors;
- Information provided by the survey team was not duly considered in the recommendations of the Accreditation Sub-committee;
- Conduct of the accreditation process.

In December 2022, Alfred Health responded following the receipt of the PMCV survey report that was endorsed by the Accreditation Committee in the same month citing that they disagreed with some content and conclusions in the report. PMCV initiated the Appeals of Accreditation decisions process.

PMCV established an Internal Review Panel comprising of the PMCV CEO and two Board members – A/Prof Michael Franco and A/Prof Wanda Stelmach. The internal review panel suggested changes to wording in the body of the report and minor adjustments to one condition of accreditation which will be modified to better reflect specific items of contention. Overall, the findings of the visit remain unchanged. The recommendations have not been contested and are expected to remain unchanged.

The Accreditation Committee endorsed the findings of the Internal Review Panel. The final report is being compiled to reflect the outcome of the review.

Appendices for this section:

<i>Item #</i>	<i>Document Name</i>
<i>Appendix 18</i>	<i>PMCV &amp; AHPRA Agreement</i>
<i>Appendix 19</i>	<i>PMCV DH Service Level Agreement FY23</i>
<i>Appendix 20</i>	<i>Accreditation Survey Team Member Position Description</i>
<i>Appendix 21</i>	<i>PMCV Accreditation survey visit - Guide for surveyors</i>
<i>Appendix 22</i>	<i>Email to health services re survey team and COI</i>
<i>Appendix 23</i>	<i>Conflict of Interest Policy</i>
<i>Appendix 24</i>	<i>Alfred Health – Response to Survey Report</i>
<i>Appendix 25</i>	<i>PMCV Response to Alfred Health Appeal</i>

**Attribute 2.2: The intern training accreditation authority's governing body has developed and follows clear procedures for identifying and managing conflicts of interest.**

PMCV decision-making processes involve stakeholders who hold multiple positions and perform a variety of roles. Some conflicts of interest are inevitable. PMCV has clear procedures for declaration and management of conflicts of interest at all levels of the organisation, including at Board level (required under the *Associations Incorporation Reform Act 2012*). These are outlined in the *Conflict-of-Interest Policy* (Appendix 23)

At the Board, Finance and Nomination Committees and the Governance Committee levels there is a standard agenda item on all Committee meeting papers requiring members to declare any conflict of interest in relation to items on the agenda.

*Members having a direct or indirect material financial interest in any matter before this meeting must disclose that interest to the Chair or via the Secretary of the Committee prior to consideration of the matter and must not be present during discussion on the matter.*

Any conflict of interest declared at a meeting is recorded in the minutes of that meeting. A member may be required to leave the meeting during discussions that involve their interests.

The *PMCV Accreditation Guide* includes an explanation of conflict of interest for survey and team members for the information of facilities reflecting the *Accreditation Survey Team Member Position Description* (Appendix 20).

Appendices for this section:

<i>Item #</i>	<i>Document Name</i>
<i>Appendix 26</i>	<i>PMCV Accreditation Guide</i>

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<i>Appendix 26</i>	<i>PMCV Accreditation Guide</i>

### **Domain 3: Operational management**

The intern training accreditation authority effectively manages its resources to perform functions associated with accrediting intern programs.

#### **Attribute 3.1: The intern training accreditation authority manages human and financial resources to achieve objectives in relation to accrediting intern training programs.**

The funding for PMCV Accreditation activities is provided by the Medical Board of Australia (MBA) for intern accreditation and by the Victorian Department of Health (DH) for PGY2 accreditation. Other PMCV activities are also funded by DH through an annual Service Level Agreement.

An annual work plan (Appendix 27) is prepared by the Accreditation Manager for review of the Chair, CEO and the Accreditation Committee at its first meeting each year (February 2023). The work plan is aligned with PMCV’s strategic objectives, the Service Level Agreement with the Department of Health and contractual reporting requirements of the Medical Board of Australia.

An annual budget (Appendix 28) is developed, which takes account of survey travel and accommodation, Chair fees, Team Leader fees and support, staff salaries and administrative overhead costs (rental, licenses, legal and accounting, photocopying, internet and email, publications etc.). This budget is reviewed by the PMCV Board Finance and Risk Committee and then endorsed by the PMCV Board in May of each year.

The PMCV Accreditation team consists of three (3) personnel who are dedicated to the Accreditation Pillar. PMCV has recently reviewed and refined the contribution of the clinical members of the team which has led to distribution of the allocated 0.4EFT clinical resources as follows:

- (a) 0.2EFT Clinical Lead – Accreditation

The position of Clinical Lead of Accreditation was introduced in February 2022 who currently is also the Chair of the Accreditation Committee. The management of the Accreditation function is the



responsibility of the Clinical Lead – Accreditation in concert with the Accreditation Manager reporting to the Chief Executive Officer. (Appendix 29, Position Description, Clinical Lead - Accreditation)

(b) 0.2EFT Clinical Lead – Education and Workforce

The position of Clinical Lead of Education and Workforce provides clinical oversight and input to the merit-based intern recruitment cycle as well as determine eligibility of intern extensions in collaboration with Accreditation. (Appendix 31, Position Description, Clinical Lead – Education and Workforce)

The two clinical roles are members of their respective Governance Committees as well as attending the PMCV Board.

(c) 1.0EFT Manager – Accreditation

The Accreditation secretariat is staffed by a full-time Accreditation Manager who has recently joined the organisation due to the departure of the incumbent in April 2023. (Appendix 32, Position Description, Accreditation Manager)

(d) 0.8EFT Accreditation Support Officer

A dedicated part-time Accreditation Support Officer role has been a part of the team since November 2022, with a recently appointed member joining the team in unison with the new manager. This additional resource has enabled the Accreditation Manager to focus on policy development and process improvement. (Appendix 33, Position Description, ASO)

All PMCV staff undergo annual performance reviews and are provided with career development opportunities. The CEO actively participates in survey visits annually which provides an opportunity to see the process and survey team at work and to assess the support the Accreditation Manager provides to the team.

The current Clinical Lead - Accreditation, appointed in February 2022, is a retired colorectal surgeon. He has been an active participant in accreditation visits, as a survey team member and more recently as a Team Leader and has been a member of the Accreditation Committee since May 2010.

There are currently 94 active surveyors, of whom 13 are Team Leaders with 29 prevocational doctors who participate in the annual survey program. The number of Team Leaders has remained relatively stable over the last few years. PMCV holds surveyor training workshops on a bi-annual basis with the last workshop held on 27 March 2023 when 30 surveyors were credentialled for this important role.

The accreditation load has steadily increased in recent years with the growth in new intern posts, in the development of new intern training programs, largely in rural and regional areas (Refer also Executive Summary), the introduction of the Conditions Monitoring Program, as well as the consequences of the COVID-19 pandemic on the Victorian public health system.

Appendices for this section:

<i>Item #</i>	<i>Document Name</i>
<i>Appendix 27</i>	<i>PMCV Accreditation Annual Workplan 2023</i>
<i>Appendix 28</i>	<i>PMCV Accreditation Annual Budget FY23</i>
<i>Appendix 29</i>	<i>Position Description, Clinical Lead - Accreditation</i>
<i>Appendix 31</i>	<i>Position Description, Clinical Lead – Education and Workforce</i>
<i>Appendix 32</i>	<i>Position Description, Accreditation Manager</i>
<i>Appendix 33</i>	<i>Position Description, ASO</i>
<i>Appendix 30</i>	<i>CV, Clinical Lead Accreditation</i>

**Attribute 3.2: There are effective systems for monitoring and improving the intern training accreditation processes, and for identifying and managing risk.**

PMCV monitors the education and training provided to prevocational doctors across a four-year accreditation cycle. The structured Accreditation review processes include survey visits (every four years), mid-cycle reviews (every two years) and the newly introduced Conditions Monitoring Program (CMP).

In February 2023, PMCV endorsed the following accreditation outcomes on the advice of the Accreditation Committee:

- If there are no conditions of accreditation the health service is granted four years accreditation with a mid-cycle paper-based review in two years.
- If one or more conditions have been applied by the survey team in their report then the health service will be provisionally accredited for 12 months until the condition/s is/are closed, then reverting to the balance of the four years accreditation. This outcome initiates the Conditions Monitoring Program (CMP) (Refer also to See 1.2)

The CMP is a formalised process of collaboration with health services to address conditions and recommendations as raised in Accreditation survey visits, as well as ad-hoc concerns raised by prevocational doctors or health services. *(Refer to Appendix 34 for a detailed overview of the CMP.)* A snapshot of this process is captured in the State-wide Monitoring document which is reviewed by the Accreditation Committee monthly when in session. *(Refer to Appendix 15: PMCV State-wide Monitoring)*

The Accreditation Manager participates in national meetings of the Prevocational Medical Accreditation Network (PMAN) under the auspices of the Confederation of Postgraduate Medical Education Councils (CPMEC). This allows for the sharing of information and collaboration (e.g., interstate surveyors in survey visits) with other jurisdictions.

The PMCV Accreditation team as well as other senior members of the organisation actively participate in the National Prevocational Medical Education Forum which is held annually with attendance and abstract submissions.

The Board’s Finance and Risk Committee monitors the PMCVs Risk Register which is reviewed by the Board at least annually in concert with the recently introduced Department of Health Service Level Agreement quarterly report. *(Refer to Appendix 35, PMCV Quarterly report to the DH)*

Appendices for this section:

<i>Item #</i>	<i>Document Name</i>
<i>Appendix 34</i>	<i>Conditions Monitoring Program – Guide for Health Services</i>
<i>Appendix 35</i>	<i>PMCV Q2 report to the DH</i>

**Attribute 3.3: There are robust systems for managing information and contemporaneous records, including ensuring confidentiality.**

There are procedures to ensure the confidentiality of all accreditation documents (Appendix 20, *Accreditation Survey Team Member Position Description*, p. 2). Survey team members are required to destroy or return all paper copies and permanently delete all electronic documents. There is restricted access to those documents that are saved electronically. Paper copies held at PMCV are destroyed through secure document destruction as per the Medical Record Act.

All shared Accreditation documentation is held in a secure portal, *Sympose*, that has been introduced for all PMCV Governance Committees. *Sympose* is utilised for the following Accreditation functions:

- Accreditation Committee agenda and documentation
- Accreditation Executive agendas and documentation
- Survey Visits
- Mid Cycle Reviews
- Out of Session approvals for new or changes to existing Intern and PGY2 positions
- Survey Appeals

All Accreditation documentation are stored in the PMCV Microsoft SharePoint folder which has limited access rights (i.e., Clinical Lead, Accreditation Manager, CEO, Accreditation Officer)

The Accreditation team manages three tracking documents:

- *PMCV Statewide Monitoring of Health services* (see Appendix 15) which provides a summary level of the current activity with each health service highlighting the current risk level which is monitored by the Accreditation Committee under the direction of the Clinical Lead, Accreditation and the CEO.
- The *PMCV Accreditation plan and tracker* lists current year visits, ensuring all steps in the accreditation process are completed within agreed timelines.
- The *PMCV Application Tracker* includes:
  - Data on the intern training program including facility, rotation description, number of posts, parent health service (if applicable).
  - Accreditation details of each post including type of term (core/non-core), status (full/provisional) and any conditions.
  - Assessment type including new, re-accreditation, change or review following visit.
  - Approval dates including Accreditation Committee, PMCV Board and MBA.
  - Post details including supervisor of intern training, term supervisor, structure, staffing and rural/metropolitan.
  - Accreditation process details include year post commenced, month/year previously accredited, progress report due (if applicable) and accreditation expiry date.

A list of new intern posts accredited and changes to accredited intern posts during 2023 is included as Appendix 3. (See also Appendix 1 - *List of all accredited intern training facilities in 2023*, Appendix 2 - *List of accredited intern training programs in Victoria 2023* and Appendix 3 - *List of accredited intern posts in Victoria 2023*).

Appendices for this section:

<i>Item #</i>	<i>Document Name</i>
<i>Appendix 36</i>	<i>PMCV Accreditation plan and tracker</i>
<i>Appendix 37</i>	<i>PMCV Application Tracker</i>

Appendices for this domain:

<i>Item #</i>	<i>Document Name</i>
<i>Appendix 27</i>	<i>PMCV Accreditation Annual Workplan 2023</i>
<i>Appendix 28</i>	<i>PMCV Accreditation Annual Budget FY23</i>
<i>Appendix 29</i>	<i>Position Description, Clinical Lead - Accreditation</i>
<i>Appendix 30</i>	<i>CV, Clinical Lead Accreditation</i>
<i>Appendix 31</i>	<i>Position Description, Clinical Lead – Education and Workforce</i>
<i>Appendix 32</i>	<i>Position Description, Accreditation Manager</i>

<i>Appendix 33</i>	<i>Position Description, Accreditation Support Officer</i>
<i>Appendix 34</i>	<i>Conditions Monitoring Program – Guide for Health Services</i>
<i>Appendix 35</i>	<i>PMCV Q2 report to the DH</i>
<i>Appendix 36</i>	<i>PMCV Accreditation plan and tracker</i>
<i>Appendix 37</i>	<i>PMCV Application Tracker</i>

#### **Domain 4: Process for accreditation of intern training programs**

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

##### **Attribute 4.1: The intern training accreditation authority ensures documentation on the accreditation requirements and procedures is publicly available.**

The PMCV website includes a section on accreditation which provides an overview of accreditation processes, policies and guidelines, information on the Accreditation Committee and a list of currently accredited facilities and posts.

Facilities planning to establish new intern training post(s) at a currently accredited or new facility are required to complete an application form for each post which provides unit specific information (*Appendix 38 Application Form - Accreditation of New Intern Post*). This form is available on the PMCV website which enables completion online by the health service with the CMO/DMS approval of the post as the final step.

Facilities that have not previously been accredited by PMCV are required to complete the *Accreditation Submission Including Standards* (Appendix 39), providing comments on how they intend to comply with the standards. A survey visit is undertaken for all new facilities/training programs.

All applications are reviewed by the Accreditation Committee through the Out of Session Approvals workflow (*Refer to Appendix 40 for a detailed overview*). New facilities/training programs and posts receive provisional accreditation for 12 months if they meet the accreditation criteria. A paper-based review and an online prevocational doctor survey is conducted during the first 12 months to inform a decision on extension of provisional accreditation to the full four-year period.

In 2015, PMCV introduced a guideline to assist facilities and survey teams accrediting intern programs and posts. The guideline is aligned with the AMC intern training requirements (Appendix 41, *Guidelines for Accreditation of Intern Terms*).

All accreditation documentation is available on the PMCV website: <http://www.pmcv.com.au/> as well as upon request. The Accreditation Manager is also available for advice and clarification regarding accreditation matters.

##### *Appendices for this section:*

<i>Item #</i>	<i>Document Name</i>
<i>Appendix 38</i>	<i>Application Form - Accreditation of New Intern Post</i>
<i>Appendix 39</i>	<i>Accreditation Submission Including Standards</i>
<i>Appendix 40</i>	<i>PMCV Out of Session Workflow 2022</i>
<i>Appendix 41</i>	<i>Guidelines for Accreditation of Intern Terms</i>

**Attribute 4.2: The intern training accreditation authority has policies on selecting, appointing, training and reviewing performance of survey team members. Its policies result in survey teams with an appropriate mix of skills, knowledge and experience to assess intern training programs against the accreditation standards.**

Selecting, appointing, training, and reviewing the performance of survey members

The major consideration for training of surveyors and selection of survey teams is to ensure that survey teams have the appropriate mix of skills, knowledge, and experience to undertake the accreditation assessment process.

The *Accreditation Survey Team Member Position Description* (Appendix 20) outlines the criteria used for the appointment of accreditation surveyors and the roles and responsibilities of Team Leaders and survey team members during survey visits. Survey team members are required to review this position description and acknowledge in writing the responsibilities outlined in the position description for each survey visit they attend.

Surveyors are sourced from the following groups:

- Medical administration including Directors of Medical Services and Medical Workforce Managers.
- Directors of Clinical Training/Supervisors of Prevocational Training/Supervisors of Intern Training/Term Supervisors.
- Clinical educators and Medical Education Officers.
- Prevocational doctors (years one to four).
- Senior medical staff/general practitioners with experience in Prevocational doctor supervision.
- Community representatives who have had an association in health.

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

All surveyors are required to:

- Attending an initial training workshop (usually held in March and November each year).
- Participate in at least two survey visits over a two-year period (or one visit per year) which may include involvement in preparing for a survey visit to their own facility. Surveyors who do not attend two visits in a two-year period may be required to re-attend training to maintain competency.
- Update themselves annually on changes to standards, policies and guidelines. Information is provided on the PMCV website in a presentation and surveyors are advised and reminded to review this information.
- Survey team members must exhibit integrity, professionalism, objectivity and impartiality, and must ensure that all comments, questions and observations align with PMCV guidelines. Survey team members must keep all information acquired during a visit strictly confidential and avoid any conflict of interest.

A survey team normally comprises four to six people, depending on the size of the health service being surveyed, with medical administration, medical education, senior clinician and prevocational doctor representation. Each team has a nominated Team Leader and is supported by the Accreditation Manager or their delegate and the Clinical Lead - Accreditation.

Survey team members are expected to participate fully in survey visits, including a pre-visit briefing, and to read all available documentation. They are required to identify relevant issues, lead a specific section of a visit as appropriate, ask questions during the visit and contribute to ratings and the survey report.

The *Accreditation Survey Team Member Position Description* (Appendix 20) also sets out the role of the Team Leader and the additional responsibilities prior to, during and following survey visits. Team Leaders are required to attend an annual meeting (usually in May before the first survey visit for the year) to discuss proposed changes to the accreditation process and receive updates. An experienced Team Leader mentors the first survey visits of any new Team Leader.

*Surveyor Training workshop*

PMCV’s Surveyor Training manual was reviewed and updated prior to the 2023 Surveyor Training workshop held on 27 March 2023. The workshop attracted 30 attendees, including six prevocational doctors and 23 health service staff from medical administration and education. The bi-annual workshops are structured in two parts:

- A plenary session which outlines the role of PMCV, the accreditation process and the role and responsibilities of survey team members.
- An interactive session involving group discussion of a simulated survey visit, which incorporates a DVD of simulated meetings of the survey team with facility staff and interns and simulated pre-visit documentation. Attendees are required to complete assessments against the accreditation standards, including completion of ratings and comments, each group is facilitated by an experienced surveyor or member of the PMCV Accreditation Team or CEO.

Following the workshop, all attendees are asked to complete an evaluation questionnaire. Fourteen responses were received after the November 2022 workshop (67%). The PMCV Surveyor Training Workshop report is attached (Appendix 42).

PMCV intends to review the surveyor training process during 2023. As part of this review, the Accreditation Manager will attend training sessions run by Health Education and Training Institute (HETI NSW) and South Australian Medical Education and Training (SA MET).

*Team Leader workshop*

The annual Team Leader workshop will be held in late May 2023 in preparation for the forthcoming survey program from June 2023.

The agenda will include discussion on the following topics:

- Discussion and update on revised accreditation documents.
- AMC review of PMCV in 2023.
- Plan for 2023 accreditation survey visits.

At the conclusion of the annual round of visits, the Chair of the Accreditation Committee will ask Team Leaders for an indication of the performance of team members; whether the individual members should continue as accreditation surveyors, should be encouraged to become Team Leaders, or should be counselled about their performance.

The notes from the Team leader forum in 2022 are attached for reference, (Appendix 43).

Appendices for this section:

<i>Item #</i>	<i>Document Name</i>
<i>Appendix 42</i>	<i>PMCV Surveyor Training Workshop Report (March 2023)</i>
<i>Appendix 43</i>	<i>PMCV Team Leader Forum Notes 2022</i>

**Attribute 4.3: The intern training accreditation authority has developed and follows procedures for identifying, managing and recording conflicts of interest in the accreditation work of survey teams and working committees.**

PMCV has a *Conflict-of-Interest Policy* (Appendix 23) and there is a standard agenda item on all Committee meeting papers requiring members to declare any conflict of interest in relation to items on the agenda. Meeting minutes record any potential or actual conflict of interest declared by a member (refer also Attribute 2.2).

Conflicts of interest for accreditation surveyors are discussed in the *Accreditation Survey Team Member Position Description* (Appendix 20) and an extract from this document, is reproduced below:

*‘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 Prevocational doctors).*
- *Professional or financial involvement in the facility.*
- *Current application for employment at the facility.*

Expressions of interest to participate in an accreditation survey are reviewed by the Accreditation Manager and the Team Leader to eliminate surveyors with potential conflicts of interest. Proposed survey teams are then forwarded to the facility for review to identify any specific conflicts of interest.

Survey team members are required to disclose any actual, potential, or apparent conflict of interest affecting their work as a surveyor for PMCV. All survey team members must sign an agreement (Appendix 44) to acknowledge and agree to fulfil the expectations of an accreditation survey team member as set out in the position description regarding confidentiality, conflict of interest, objectivity and survey visit responsibilities and provide this to the Accreditation Manager either before or at the commencement of a survey visit.

Appendices for this section:

<i>Item #</i>	<i>Document Name</i>
<i>Appendix 44</i>	<i>Surveyor Confidentiality and COI Agreement</i>

**Attribute 4.4: The accreditation process includes self-evaluation, assessment against the standards, site visits where appropriate, and a report assessing the program against the standards. In the process, the intern training accreditation authority uses standards that comply with the approved national standards for intern training.**

Implementation of the National Framework for Prevocational Medical Training (NFPMT)

PMCV’s accreditation of intern and PGY2 training programs is based on the national accreditation standards. The PMCV Accreditation standards are listed in the *PMCV Submission Including Standards* (Appendix 39) along with guidelines on demonstrating compliance and a rating scale.

In 2023, survey visits will focus on the implementation of Term Descriptions for all intern posts and the creation of an Assessment Review Panel in preparation for the implementation of the National Framework for Prevocational Medical Training (NFPMT) in 2024.

In 2024, PMCV will be adopting the new National Standards in-line with the NFPMT for all intern posts in the state of Victoria. Facilities who are scheduled for re-accreditation will receive a revised

submission template (currently in development) that will incorporate the current standards for PGY2 and the new standards for intern training.

i. Application of the PMCV Accreditation standards

PMCV has a robust process for assessing intern training programs and posts for accreditation, against national standards for intern training. PMCV assesses facilities for:

- Re-accreditation of intern training programs and posts.
- Accreditation of new intern training programs or posts.
- Accreditation of changes to intern training programs or posts.

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 timeframe.

Duration of accreditation is recommended for the overall prevocational training program provided by the facility, as well as for individual training posts if necessary. Essentially the options are accreditation for four years or for 12 months with possible extension up to three years following review. It is possible for an intern training program at the same facility to be accredited for the full period, but for individual posts to be either accredited for a shorter period or not accredited.

PMCV Accreditation standards are used by the facilities for self-evaluation and by survey teams for assessment at the program level.

Compliance with each standard is rated on a three-point scale (met with merit, satisfactorily met and not met) for re-accreditation (only) and demonstrated by commentary for each standard for both re-accreditation and accreditation of new programs.

Accreditation of new individual intern posts is based on information provided in the *Application Form - Provisional Accreditation of New Intern Post* (Appendix 38) on clinical unit structure and staffing, supervision, education, roster, support, performance assessment and facilities.

In 2015, PMCV released *Guidelines for Accreditation of Intern Terms* (Appendix 41). These guidelines define the principles of the intern year, key considerations for intern training and the criteria to be met for accreditation of intern training programs and posts. They have been developed to assist training facilities and survey teams to assess new and existing intern terms and can also be used by interns to review their training to ensure they meet Australian Medical Council (AMC) requirements. These guidelines are being used as the basis of the application process for new intern terms and are expected to be used by facilities to continually monitor their existing accredited intern terms. The guidelines are mapped to the AMC intern training outcome statements and intern training guidelines for terms.

In particular, the key considerations for intern training are based on accreditation standard 8.2.2 where, when identifying and monitoring terms for intern training, facilities are expected to consider:

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

Re-accreditation of intern posts and terms is assessed via prevocational doctor surveys prior to an accreditation survey visit and at meetings with prevocational doctors during a visit. During this process, the survey team seeks to identify any deficiencies or gaps in the intern training provided, to confirm that these deficiencies or gaps exist by confirmation by several sources, and to develop conditions or recommendations for improvement as appropriate. All effort is made on the survey visit day to meet with interns from all accredited units, particularly core medicine, surgery, and emergency medicine terms, and with a broad cross-section of PGY2s. The combination of a pre-visit



survey and meetings with prevocational doctors is designed to allow the survey team to review a wide range of terms.

If there are concerns about individual posts, the survey team may implement a Conditions Monitoring Process (CMP) whereby regular updates are provided by the facility until PMCV is satisfied that the post meets the standards. As outlined earlier, the accreditation of individual posts or of a training program may be withdrawn in situations where significant issues have been identified that the facility has been unable to address or acknowledges cannot be rectified.

Prior to withdrawal of accreditation, PMCV considers all possible options for addressing shortcomings, ensures that prevocational trainees are not disadvantaged and takes consideration of facility recruitment and rotation timelines. A decision to withdraw accreditation will only be made by the PMCV Board following recommendation from the Accreditation Committee on recommendation from the CMP taskforce. The PMCV notifies the facility in writing, outlining the reasons for the decision and the procedures available for review of the decision.

If issues are raised about the training at a particular facility outside scheduled survey visits, PMCV will investigate and if appropriate will schedule a visit of the CMP Taskforce (comprising the CEO and Clinical Lead - Accreditation) to conduct an onsite visit and report back to the Accreditation Committee and Board as was the case with two regional hospitals in 2022.

#### Processes for applying for accreditation.

Several documents assist facilities applying for accreditation as stated below:

- a) Facilities applying for accreditation of new programs are asked to complete both the *PMCV Accreditation Submission including Standards* (Appendix 39) and the *PMCV Application Form- Provisional Accreditation of New Post* (Appendix 38) for each new intern post. They are asked to submit the documents to PMCV six months prior to recruitment. This has not occurred in the last 12 months.
- b) Accreditation of new posts involves an online assessment form completed by the facility if they are already accredited. A site visit may be required if the facility is not accredited. Facilities are required to complete the *PMCV Application Form - Provisional Accreditation of New Post* (Appendix 38) which will be reviewed through the out of session workflow process that is managed by the Accreditation Committee (see Appendix 40)
- c) For re-accreditation of programs and posts, facilities must complete the *Accreditation Submission Including Standards* (Appendix 39) which includes an overview of the programs, an update on implementation of recommendations from the previous visit and a self-evaluation of compliance with the accreditation standards (including ratings). This process will usually be initiated by the Accreditation Manager early in the year when the facility is due for re-accreditation with the submission due two months prior to the survey visit.
- d) For accreditation of a change in circumstances that may significantly affect the education and training of Prevocational doctors or for a significant period of time, facilities are asked to forward a letter to the Chair of the Accreditation committee describing the change, the impact on Prevocational doctors, especially on supervision and clinical learning, and any plans to address adverse impacts. The request is considered by the Accreditation committee and further information sought if required.

Facilities are encouraged to liaise with the Accreditation Manager prior to application to facilitate the process.

A survey visit is normally required prior to the commencement of any new prevocational program or posts at facilities that have not been previously accredited. For rotation sites, the parent health service is normally invited to the initial site visit. The parent site is notified of subsequent visits but is not invited to attend the visit.

### Survey visits

Each accreditation survey visit has three stages:

*Pre-accreditation* - arranging the date of the site visit, finalising the membership of the survey team, completion of the pre-visit submission by the facility and collection of feedback from prevocational doctors about the terms they have completed. Survey teams are expected to participate in a pre-visit meeting two to three weeks prior to the visit to discuss the facility's submission and prepare for the survey visit.

PMCV has introduced a comprehensive health service survey information pack to assist in the preparations for the reaccreditation of their facility which also includes a virtual session with the PMCV Accreditation manager to go over the detail and answer any questions. (Refer to Appendix 45)

*The survey visit* - examination of documentary evidence provided by the facility, analysis of Prevocational doctor feedback, and meetings with key staff, including prevocational doctors and senior medical staff. There is also usually a site tour as part of the visit.

*Report and recommendations* - Following the visit the survey team prepares a draft survey report (Appendices 46 and 47, *Survey Report Template*).

The report includes an evaluation by the survey team (using the same rating scale used by the facility) against the accreditation standards, as well conditions and recommendations for addressing deficiencies and for quality improvement. The report also contains commendations on strengths and areas of excellence. The final report is considered by the Accreditation Committee, resulting in recommendations on the duration and status of accreditation of the training program and individual posts. The facility is given the opportunity to respond to the report and the recommendations (Appendix 48, *Facility response to survey report template*).

PMCV has reviewed the report template in the last 12 months as there was duplication of information throughout the report.

### Conditions Monitoring Program

A Conditions Monitoring Program (CMP) is initiated automatically if the survey report outlines one or more conditions of accreditation. The aim of the CMP PMCV Taskforce is to work collaboratively with the health service to close the condition/s. The CMP provides a forum for the PMCV Taskforce to liaise with the health service on a regular basis, usually quarterly. The condition/s applied must be met, or satisfactorily progress towards this status, within a reasonable timeframe to ensure ongoing accreditation of the health service Prevocational doctor training program and posts.

The Taskforce representatives for PMCV will include PMCV CEO, Clinical Lead of the Accreditation Team (or their nominated representative) with or without the Accreditation Manager (AM). The Taskforce will meet with a health service team (CMO, DCT, MWF, MEO) to formulate an Action Plan to address the conditions specified in the survey report.

Included, at about the same time, usually just before these meetings with health service representatives, the PMCV CMP Taskforce will meet with a focus group of the prevocational doctors 'relevant to the condition/s.

A shared action plan created and updated after each meeting of the PMCV Taskforce with the Health Service team. (Refer to Appendix 49 for a sample of the action plan)

Appendices from this section:

<i>Item #</i>	<i>Document Name</i>
<i>Appendix 45</i>	<i>Health Service Survey Information Session and pack</i>
<i>Appendix 46</i>	<i>Template – 2022 Health Survey Report</i>
<i>Appendix 47</i>	<i>Template – 2023 Health Survey Report</i>
<i>Appendix 48</i>	<i>Template – Facility Response to Survey Report</i>
<i>Appendix 49</i>	<i>Template – CMP Action Plan</i>

**Attribute 4.5: The accreditation process facilitates continuing quality improvement in delivering intern training.**

PMCV has a collegial approach to accreditation and has good relationships with key stakeholders. Members of medical education units and JMO Victoria openly communicate with PMCV, formally and informally, on accreditation related matters.

PMCV’s accreditation process follows clearly articulated accreditation standards which are designed to promote prevocational doctor education and training in supportive learning environments.

Quality improvement is a major focus for survey teams during facility visits and is incorporated in survey reports through commendations for strengths and areas of excellence and recommendations for improvement. The focus on quality improvement is included in the *Accreditation Survey Team Member Position Description* (Appendix 20) and in descriptions of the functions of Supervisors of Intern Training and Term Supervisors (Appendix 50, *PMCV Clinical Supervision of Prevocational doctors Guidelines*). Victorian health services have adopted a constructive approach to quality improvement, for both intern and PGY2 accreditation processes.

Evidence of PMCV’s commitment to quality improvement is demonstrated by monitoring of the standards of prevocational medical training in Victorian facilities by the introduction of the Conditions Monitoring Program (CMP) (Refer to Attribute 2.2 and Appendix 34) and by the annual review of processes, documentation and evaluation feedback to improve the overall accreditation process.

Involvement in the National Prevocational Accreditation Network (under the auspices of the Confederation of Postgraduate Medical Education Councils), consideration of published interstate and international reviews of postgraduate education and training also provide ideas regarding quality improvement.

COVID-19 has had a significant impact on the delivery of the intern programs across Victoria, as the state that was most impacted by the virus. The workforce challenges include but are not limited to the furlough of staff, inability to fully recruit to all positions and the necessary re-deployment to COVID wards. This coupled with the temporary cessation of the Accreditation program in 2020 that was directed by the Medical Board of Australia resulted in small cracks in the delivery of intern training programs becoming more challenging issues.

During the reporting period, there were facilities identified as at risk of not meeting the accreditation standards which included Latrobe Regional Hospital, Wimmera Health Care Group – ED post, and Goulburn Valley Health. These examples were the predecessor to review and update the paper-based Conditions Monitoring process that only occurred on an annual basis. It became apparent that the health services were not addressing the conditions of accreditation in a timely manner or at all. The Conditions Monitoring Program (Refer to Appendix 34) is now initiated at the conclusion of the

survey visit for reaccreditation if the survey team has identified any conditions of accreditation through standards either not being met or previous recommendations not being addressed during the reporting period.

### JMO Victoria

In 2021, PMCV reviewed and completely overhauled the JMO Forum structure to create JMO Victoria (Refer to JMO Victoria ToR, Appendix 17). Through this community of over 4000 prevocational doctors, PMCV received notifications from prevocational doctors raising concerns about their experience of medical education being delivered at their current health service. JMO Victoria established Health Service Representative (HSR) roles that have become the conduit between PMCV, JMOs and the medical administration to investigate and resolve these concerns in a non-punitive collaborative manner.

The JMO Victoria Accreditation Committee collaborated with PMCV in 2022 to de-mystify the accreditation program for all prevocational doctors. The “Swing Tag” project is currently underway with the objective of raising the awareness for all prevocational doctors of the standards of accreditation in an easy and digestible way. PMCV created the WE SAY SO slogan which outlines the core components of accreditation which will be represented in the following ways:



- Swing Tags created with a QR code distributed to all PGY1 and PGY2 prevocational doctors (May 2023) (Appendix 51)
- Updated JMO Victoria web page that displays more detailed information about the WE SAY SO slogan with examples (Website: <https://www.pmcv.com.au/jmo-victoria/accreditation>)
- PMCV Demystifying Accreditation presentation held annually to JMO Victoria Committee (Appendix 52)
- JMO Victoria Accreditation led presentation to Interns prior to a survey visit to encourage completion of surveys and attendance at survey interviews. (Appendix 53)
- Oral presentation at the National Prevocational Forum in Adelaide, November 2022

## Survey Reports

The accreditation survey reports both in the content and the process has been reviewed, refined and implemented during the reporting period. There are sample survey reports for the visit to Austin Health Service conducted in October 2022 (Appendix 54) and Northern Health conducted in June 2022 (Appendix 55). These reports further demonstrate the changes that have occurred in the format of the survey reports.

Ongoing review of PMCV accreditation standards, policies and guidelines also facilitates continuing quality improvement. The Accreditation Committee's Terms of Reference and accreditation documentation are reviewed annually. Policies and guidelines are reviewed on a three-year cycle.

## Evaluation of the accreditation process

There are four levels of evaluation of the accreditation process undertaken:

- Feedback from the facility during each visit (interviewees), immediately following the survey visit and at the end of the entire accreditation process using the *Facility Response to Survey Report template* (Appendix 48)
- Feedback at the end of the accreditation process from survey team members who had participated in accreditation visits in relation to process and secretariat support.
- Monitoring of compliance with accreditation process timelines.
- Evaluation is supplemented by an analysis of accreditation standard ratings for each facility/training program (Appendix 56)

### Appendices from this section:

<i>Item #</i>	<i>Document Name</i>
<i>Appendix 50</i>	<i>PMCV Clinical Supervision of Prevocational doctors Guidelines v13</i>
<i>Appendix 51</i>	<i>PMCV Swing Tag</i>
<i>Appendix 52</i>	<i>PMCV Demystifying Accreditation presentation</i>
<i>Appendix 53</i>	<i>JMO Victoria Accreditation presentation</i>
<i>Appendix 54</i>	<i>Austin Health Service Survey Report</i>
<i>Appendix 55</i>	<i>Northern Health Service Survey Report</i>
<i>Appendix 56</i>	<i>Domain Assessment Summary - Template</i>

**Attribute 4.6: The accreditation process is cyclical, in line with national guidelines and standards, and provides regular monitoring and assessment of intern programs to ensure continuing compliance with the approved Intern Training- National Standards for programs.**

The PMCV Accreditation program is based on the national guidelines with facilities being regularly reviewed on a four-year cycle with mid-cycle reviews at the two-year point, and through the conditions monitoring program in the first twelve months directly after the survey report is finalised. If PMCV is advised of a change in an accredited program or if a concern is raised these are followed up before the period of accreditation expires.

An extensive database on accredited intern training posts and programs, and the facilities that host them, assists in monitoring (refer to Appendix 3).

PMCV's Accreditation cycle remains as up to four years with mid-cycle reviews being completed at the two-year mark via a paper-based report.

**Table 1 - PMCV accreditation survey visits 2022 - 2025 (four-year accreditation cycle)**

2022	2023	2024	2025
Eastern Health/ Epworth Eastern	Royal Melbourne Hospital/Royal Women's	Monash Health	St Vincent' Hospital
Austin Health	Western Health	Royal Children's Hospital	Peter MacCallum Cancer Centre
Alfred Health / Calvary Health	Grampians Health	Bendigo Health	Barwon Health
Northern Health	Peninsula Health	Echuca Regional Health	Werribee Mercy Hospital
Bass Coast Health	Mildura Base Hospital	Bairnsdale Regional Health Service	Albury Wodonga Health
East Grampians Health Service	Hume Rural Generalist Program	Central Gippsland Health Service	Southwest Healthcare/Portland Health
	Northeast Health Wangaratta	Latrobe Regional Hospital	Western District Health Service
		West Gippsland Health Care Group	Swan Hill and District Health

**Table 2: 2023 PMCV accreditation survey visits schedule**

Health Service/Facility	Sites inclusive of rotational	Cluster	Visit Dates
<b>Royal Melbourne Hospital</b>	Royal Melbourne Hospital The Womens Hospital Northwest Mental Health	<b>NW</b>	5-7 June
<b>Mildura Base Hospital</b>	Mildura Base Public Hospital	<b>NW</b>	13-14 June
<b>Grampians Health</b>	Ballarat Health Services Wimmera Health Care Group Queen Elizabeth Centre	<b>SW</b>	17-19 July
<b>Peninsula Health</b>	Frankston Hospital Rosebud Hospital	<b>SE</b>	8-10 Aug

<b>Western Health</b>	Footscray Hospital Sunshine Hospital Joan Kerner Djerriwarrh Health Services)	<b>SW</b>	12-14 Sept
<b>Northeast Health Wangaratta</b>		<b>NE</b>	2-3 Oct
<b>Hume Rural Generalist Program</b>	X6 General Practices in Yarrawonga, Cobram, Benalla, Bright and Mt Beauty	<b>NE</b>	4-5 Oct

**Table 3: Mid-Cycle Reviews 2023**

The following facilities will be expected to complete a mid-cycle review in 2023 (described below) which will be initiated in April 2023 and concluded by September 2023 (refer to PMCV PMCV Accreditation Annual Workplan 2023, Appendix 27) See 1.2 for explanation of clusters.

<b>Health Service</b>	<b>Cluster</b>	<b>Date of Completion</b>
Swan Hill District Health	<b>NW</b>	July 2023
Peter MacCallum Centre	<b>NW</b>	July 2023
Western District Health Service	<b>SW</b>	July 2023
Werribee Mercy	<b>SW</b>	July 2023
St Vincent's Hospital Melbourne	<b>NW</b>	August 2023
Barwon Health	<b>SW</b>	August 2023
Albury Wodonga	<b>NE</b>	September 2023
Southwest Health Care	<b>SW</b>	September 2023
Portland Health	<b>SW</b>	September 2023

#### Monitoring of accredited prevocational medical training programs and posts

PMCV monitors accredited training programs and posts to ensure they continue to meet accreditation standards. Monitoring takes place through progress review of new posts, mid-cycle reviews and survey visits at least every four years.

The mid-cycle review occurs two years after the survey visit and focuses on conditions and recommendations arising from the visit, and changes to the program or posts since the visit. Feedback is obtained from Prevocational doctors through JMO focus groups specifically targeted at the conditions and recommendations of accreditation. The facility is provided with a mid-cycle review template three months prior to the due date for the report. Self-evaluation against the accreditation standards is only required for standards that were not met at the previous survey visit.

In addition to the formal progress and mid-cycle reviews, facilities are required to monitor prevocational training programs and posts to ensure they continue to meet standards between survey visits, as outlined in accreditation standard 8.2.2 and *PMCV Guidelines for Accreditation of Intern Terms* (Appendix 41). They are required to communicate any concerns, issues or changes to PMCV in accordance with accreditation standard 1.2.2. PMCV also seeks further follow up from a facility if it receives any information that has the potential to affect accreditation status.

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 monitoring should be undertaken by the facility and should include (but is not limited to):

- 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.

## COVID-19

In early 2020, the PMCV Accreditation Committee determined that the role of PMCV as an accrediting body must change during 2020. The principles agreed were to ensure intern placements are appropriate AND minimise the impact on health services to maximise their ability to deal with COVID-19. The health services were communicated with the following:

1. Formal accreditation processes in 2020 will likely have to be postponed.
2. That MBA/AHPRA be requested to support extension of accreditation for 12 months for all health services not just for 2020 as PMCV cannot undertake double the visits in 2021.
3. That accreditation processes in regards new/changes to posts be scaled back.
4. Advocate for JMOs with health services to ensure appropriate training and actively engage with JMOs via Forum etc. to provide advice/support if have concerns regarding training.
5. Communicate the changes to role of PMCV to health services emphasizing expectations in regards monitoring clinical supervision and learning and welfare.
6. Survey visits would be online not face-to-face

PMCV maintained constant contact with our stakeholders through our website and direct email communication in what was a very challenging and evolving environment. At the commencement of the pandemic, PMCV Accreditation introduced a six-monthly report (Appendix 58) for health services of their status of their response. PMCV remained vigilant but also lenient at times due to the ever-changing landscape.

### Appendices from this section:

<i>Item #</i>	<i>Document Name</i>
<i>Appendix 57</i>	<i>PMCV Guideline Duration of Accreditation</i>
<i>Appendix 58</i>	<i>Barwon Health COVID 19 Report May 2020</i>



**Attribute 4.7: The intern training accreditation authority has mechanisms for dealing with concerns for patient care and safety identified in its accreditation work, including accreditation assessment, monitoring and complaints processes.**

PMCV accreditation standards include a criterion related to patient safety and this is assessed during accreditation reviews. Concerns raised in relation to patient safety are marked in the accreditation report as *unmet* and a condition for continued accreditation is stated.

Health sites are expected to address any conditions listed; this is actioned by the initiation of the Conditions Monitoring Program which commences within a month of the final report being provided to the health service/facility.

Concerns relating to patient safety may also be raised by JMOs directly utilising PMCV 'contact us' form on the PMCV website. In the event of a concern being raised, PMCV will investigate the concerns by organising a JMO focus group to determine the depth of the problem and initiate a concerns actions plan with the medical administration of the facility. This process runs in parallel to the Conditions Monitoring Program. Depending on the nature of the concern, PMCV may undertake a site visit to explore and confirm the details. In some instances, this has led to disaccreditation of a post which is endorsed by the PMCV Board.

**Attribute 4.8: The intern training accreditation authority has mechanisms for identifying and dealing with concerns about junior doctor wellbeing or environments that are unsuitable for junior doctors in its accreditation work including accreditation assessment, monitoring and complaints processes.**

PMCV accreditation standards include a criterion related to JMO wellbeing which is assessed during accreditation survey visits. Concerns raised in relation to JMO wellbeing are marked in the accreditation report as *unmet* and a condition for continued accreditation is stated. Health sites are expected to address any conditions listed within twelve months which occurs through the collaborative Conditions Monitoring Program.

The PMCV JMO questionnaire forms, which are available on the PMCV website, also cover areas related to supervision, workloads, and support, all of which would give the surveyors a good indication of the JMO experience and whether the department/health site promotes a good workplace culture conducive to JMO wellbeing and training.

**Attribute 4.9: The intern training accreditation authority applies national guidelines in determining if changes to posts, programs and institutions will affect the accreditation status. It has clear guidelines on how the institution reports on these changes, and how these changes are assessed.**

Victorian facilities accredited for prevocational doctor training are required to notify PMCV of changes in programs or individual posts that may materially affect the education and training of prevocational doctors in these positions.

PMCV has a newly developed form available on the PMCV website specifically for change requests. <https://www.pmcv.com.au/accreditation/accreditation-application-change/>

Once submitted the Accreditation team will review for completion then allocate to the relevant Accreditation Committee Cluster for appraisal of the change. If further information is required, then this is requested by the Accreditation Team prior to review by the Cluster. The Cluster Lead will determine if the change can be endorsed. This process has oversight and input from the Accreditation Executive (Chair and Deputy Chair) as required. This process is usually completed

within a four-week period.

The options available for accreditation of changes to existing prevocational training programs and posts are the same as those available for re-accreditation of programs and posts (refer also Attribute 4.4).

**Attribute 4.10: The intern training accreditation authority follows documented processes for accreditation decision-making and reporting that enable decisions to be free from undue influence by any interested party.**

PMCV *Duration of Accreditation Guideline* (Appendix 57) clearly describes the process for accreditation decision-making and reporting.

The purposes of these guidelines are to:

- Assist survey teams and the PMCV Accreditation committee in recommending duration of accreditation following assessment of new prevocational medical training programs/posts, assessment for re-accreditation, or major changes.
- Provide guidance to facilities on the accreditation application, assessment and monitoring processes; and
- Advise the process to be followed for communication of accreditation outcomes.

These guidelines apply to all Victorian facilities which provide training programs for interns and PGY2s.

All applications for accreditation are reviewed by the Accreditation committee through an out of session workflow which is divided into four geographical clusters. (Refer also Attribute 2.1 for commentary on independence of accreditation decision-making).

**Attribute 4.11: The intern training accreditation authority communicates the accreditation status of programs to employers, interns and other stakeholders, including regulatory authorities. It communicates accreditation outcomes to the relevant health services facility and other stakeholders.**

The communication of accreditation outcomes to facilities is addressed by clause 34 of the Accreditation committee Terms of Reference, (Appendix 13) reproduced below:

*'Planned survey visits and accreditation decisions regarding facilities will be notified to the relevant parent facility 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.'*

The following information is available to all stakeholders including Junior Doctors on the PMCV website:

- Facilities/programs granted PMCV accreditation.
- Accreditation standards, policies and guidelines.
- Details 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)
  - v. Date of accreditation decision.
  - vi. Date of expiry of accreditation.

PMCV provides a six-monthly report to AHPRA and the Victorian Board of the Medical Board of Australia (Appendix 12, Report submitted 31 March 23) in accordance with the Contract of Services between AHPRA and the PMCV.

As previously stated, the PMCV also provides a quarterly report to the Victorian Department of Health (Appendix 31) on accreditation decisions, outcomes, and activities.

**Attribute 4.12: There are published processes for complaints, review and appeals that are rigorous, fair and responsive.**

The PMCV accreditation process provides several opportunities for feedback from facilities on survey reports and recommendations, as well as on the performance of survey teams and the accreditation process generally.

Facilities can provide feedback on a survey report through comments on:

- i. The debriefing provided by the Team Leader at the conclusion of the survey visit which highlights areas of achievement, any areas needing improvement and any major concerns in relation to the training and education program.
  - ii. The draft survey report (excluding recommendations) which is generally forwarded to facilities within two weeks of the survey visit and invites the facility to comment on factual errors.
  - iii. The final survey report which includes accreditation status and improvement recommendations. Facilities are invited to respond to the recommendations and any conditions. On occasions, further dialogue between PMCV and the facility may be required to clarify the recommendations, the timing of their review and any implications for accreditation status. Any further correspondence is reviewed by the Accreditation committee.
- The health service response to the draft survey visit report (refer 2020 Alfred Health Response to Survey Report, Appendix 20). Those completing the survey are asked to respond to the following questions:
    - 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 regard 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 regard to the PMCV Accreditation process/ standards.

A facility may formally appeal against the following decisions or recommendations:

- Less than full term accreditation of an intern post(s).
- Withdrawal of accreditation of an intern or PGY2 program or post(s).

- Specific condition(s) associated with intern/PGY2 programs and/or posts.
- Improvement recommendation(s).

If a facility contests a specific accreditation condition or commentary, the Accreditation Committee determines the significance of the recommendation, and whether it has a bearing on accreditation status. Should it be deemed to be of material significance, the facility will be advised that failure to comply with the recommendation will impact on accreditation status. This may result in the facility either accepting the recommendation or seeking a formal review.

The Policy *Appeals of Accreditation Decisions Policy* (Appendix 59) provides guidance on the process, decision-making, timelines, and costs of appeals against accreditation decisions.

Grounds for appeal by a facility include but are not limited to:

- Relevant and significant information which was made available to the survey team was not considered in the making of the recommendations;
- The report of the survey team was inconsistent with the information provided;
- Irrelevant information was considered in the survey team decision;
- Perceived bias of a surveyor or surveyors;
- Information provided by the survey team was not duly considered in the recommendations of the Accreditation subcommittee;
- Conduct of the accreditation process.

Appendices for this domain:

<i>Item #</i>	<i>Document Name</i>
<i>Appendix 38</i>	<i>Application Form - Accreditation of New Intern Post</i>
<i>Appendix 39</i>	<i>Accreditation Submission template Including Standards</i>
<i>Appendix 40</i>	<i>PMCV Out of Session Workflow 2022</i>
<i>Appendix 41</i>	<i>Guidelines for Accreditation of Intern Terms</i>
<i>Appendix 42</i>	<i>PMCV Surveyor Training Workshop Report (March 2023)</i>
<i>Appendix 43</i>	<i>PMCV Team Leader Forum Meeting Notes 2022</i>
<i>Appendix 44</i>	<i>Surveyor Confidentiality and COI Agreement</i>
<i>Appendix 45</i>	<i>HS Accreditation Information _Presentation and Information pack</i>
<i>Appendix 46</i>	<i>Template – 2022 Health Service Survey Report</i>
<i>Appendix 47</i>	<i>Template – 2023 Health Service Survey Report</i>
<i>Appendix 48</i>	<i>Template - Facility Response to Survey Report</i>
<i>Appendix 49</i>	<i>PMCV CMP Action Plan 2022 - Template</i>
<i>Appendix 50</i>	<i>PMCV Clinical Supervision of Junior Doctors Guidelines v13</i>
<i>Appendix 51</i>	<i>PMCV Swing Tag</i>
<i>Appendix 52</i>	<i>PMCV Demystifying Accreditation presentation</i>
<i>Appendix 53</i>	<i>JMO Victoria Accreditation Awareness Presentation – Austin Health</i>
<i>Appendix 54</i>	<i>Austin Health Survey Report 10 22</i>
<i>Appendix 55</i>	<i>Northern Health Survey Report 06 22</i>
<i>Appendix 56</i>	<i>Domain Assessment Summary – template</i>
<i>Appendix 57</i>	<i>PMCV Duration of Accreditation Guideline</i>
<i>Appendix 58</i>	<i>Barwon Health COVID 19 Report May 2020</i>
<i>Appendix 59</i>	<i>PMCV Appeals of Accreditation Decisions Policy</i>

## Domain 5: Stakeholder collaboration

The intern training accreditation authority works to build stakeholder support and collaborates with other intern training accreditation authorities and medical education standards bodies.

Prevocational training is based on a partnership between the accreditation authority and the health services that employ prevocational doctors in supervised clinical positions and provide supervisors, work-based education and training, and educational resources and facilities for interns. There is scope for community input in setting standards, training delivery, and ongoing evaluation and periodic review.

**Attribute 5.1: The intern training accreditation authority has processes for engaging with stakeholders, including health departments, health services, Prevocational doctors, doctors who supervise and assess Prevocational doctors, the Medical Board of Australia, professional organisations, and health consumers/community.**

PMCV negotiates an Annual Service Level Agreement with the Victorian Department of Health and provides a quarterly report on its activities to the Department. There are regular informal interactions throughout the year in relation to the broad range of PMCV activities (Accreditation, Workforce planning etc.).

As previously discussed, members of the PMCV Board include nominees of the three Victorian medical schools, specialty groups, a prevocational doctor, and a ministerial nominee. Membership of PMCV's Governance Committees includes representatives of health services and general practices from metropolitan Melbourne and regional Victoria. One member of the Accreditation Committee is a nominee of the Victorian Board of the Medical Board of Australia. Many Board and Committee members supervise interns and prevocational doctors and others have had extensive experience of supervision.

PMCV hosts and supports meetings of JMO Victoria which is a community of almost 4000 prevocational doctors. PMCV collaborates with JMO Victoria to develop and deliver innovative programs whilst PMCV receives invaluable feedback from the doctors on our services and programs.

As from 2022, all survey teams for the Accreditation program have a community surveyor as part of the team. The PMCV surveyor question list has identified the types of questions that a community surveyor may wish to ask of the health service teams. Two of the six community surveyors are members of the Accreditation Committee. PMCV future accreditation survey workplan schedules six full survey visits per year.

PMCV recently released an expression of interest for community representatives for the PMCV Board. There is one position available. Unfortunately, a nominee was not successful from this campaign. One of the applicants has subsequently completed surveyor training and will be joining survey visits in the future.

PMCV has been able to finally fill the longstanding vacancy for the ministerial representative position on the PMCV Board with the appointment of Professor Mike Roberts, CEO, SaferCare Victoria. Since his appointment, SaferCare Victoria has formed the Victorian Quality and Safety Advisory Committee. This committee, whilst in its infancy will be a mechanism for PMCV to raise patient safety concerns that have either been brought to our attention through our annual accreditation survey cycle or ad hoc concerns that have been communicated directly to PMCV. Conversely, PMCV will be privy to other areas of concern that may have an indirect impact on JMO wellbeing.

**Attribute 5.2 The intern training accreditation authority has a communications strategy, including a website providing information about the intern training accreditation authority's roles, functions and procedures.**

PMCV has a newly refurbished website ([www.pmcv.com.au](http://www.pmcv.com.au)) which was launched in January 2022 after extensive review and refresh on a new platform that enables PMCV team members to maintain the content.

The Accreditation Pillar includes information on all facilities accredited by PMCV for prevocational training and the publication of accreditation post data on website as required by clause 12 of the contract for services between MBA and PMCV. This page is currently under review after discussions with JMO Victoria about how to provide information about health services in a more digestible format. The PMCV Board has also discussed that the Executive Summary of the survey reports required refinement to be able to display this information. This is now completed with the template in Appendix 43 reflective of the work undertaken collaboratively with JMO Victoria. The Executive Summary for 2023 will be added to the website once the report is finalised. This is a key priority of the Accreditation team in 2023.

PMCV's Marketing team implements a variety of tools and techniques as part of PMCV's communication and engagement strategy.

In addition to the website, PMCV maintains consistent communications with our stakeholders across social media. PMCV posts across three platforms: Facebook, LinkedIn and Twitter, with each platform growing organically month-on-month. As of the 4<sup>th</sup> of April 2023, the audience for each platform is:

- Facebook: 1,193 followers
- LinkedIn: 719 followers
- Twitter: 314 followers

Engagement on these platforms is strong, particularly on Facebook with our prevocational doctor and medical student audiences.

To measure and track engagement over time, PMCV has a tool called the Engagement Dashboard. The dashboard collects information from the PMCV's website, email software and social media profiles, with each activity having a unique 'score' that determines the quality of the interaction.

This scoring system allows PMCV to see how and where stakeholders are engaging with us, which ultimately allows for greater visibility over any gaps in engagement that can then be filled.

**Attribute 5.3: The intern training accreditation authority collaborates with other relevant accreditation organisations.**

There is PMCV representation on several national committees and groups where information sharing, and collaboration take place. These include:

- Confederation of Postgraduate Medical Education Councils (CPMEC)
- Prevocational Standards Accreditation Committee (PreVAC)
- Prevocational Medical Accreditation Network (PMAN)
- National Medical Intern Data Management Working Group
- National E-portfolio Project Board
- Medical Training Survey Consultative Forum

- AMC National Framework for Prevocational Medical Training Review Working Party
- Program for Prevocational Supervision Working Party (NFPMT)

PMCV has an agreement with the NSW Health Education and Training Institute (HETI) to streamline accreditation of Albury Wodonga Health with PMCV taking responsibility for accreditation of AWH with regular reports to HETI and joint visits every four years. PMCV’s policy on *Cross-border Prevocational Placement Accreditation* (Appendix 60).

PMCV is currently considering how to connect with other jurisdictions outside of the formal meetings that are coordinated by the CPMEC. PMCV is considering approaching jurisdictions to join the PMCV Accreditation Committee and /or our survey visits in the future. With the work involved with the introduction of the NFPMT, PMCV has developed and strengthened relationships with all jurisdictions through our lead in the development of the Program for Prevocational Supervision.

The PMCV Board Chair is a director of the Confederation of Postgraduate Medical Education Councils (CPMEC) and coopted to accreditation panels as required. The Accreditation Manager and CEO participate in meetings of the national Prevocational Medical Accreditation Network (PMAN) and NFPMT Working Party. As discussed in the previous section, PMCV has worked closely with the NSW Health Education and Training Institute (HETI) on collaborative approaches to accreditation of intern and PGY2 positions at Albury Wodonga Health (AWH).

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

PMCV works within the national structures of quality assurance and accreditation. As mentioned above, work is being undertaken to prepare for the implementation of the revised Framework (refer to Executive Summary), including adopting the revised accreditation standards.

##### Appendices for this domain:

<i>Item #</i>	<i>Document Name</i>
<i>Appendix 60</i>	<i>Cross-border prevocational placement accreditation</i>

### PART THREE – Response to Medical Training Survey

The Medical Training Survey (MTS) was developed by the Medical Board of Australia (the Board) and Australian Health Practitioner Regulation Agency (Ahpra). It has now been run on four occasions, in 2019, 2020, 2021 and 2022.

The AMC is considering how the results of the MTS can be used in accreditation and monitoring processes. The AMC is asking the intern training accreditation authority to comment on how it has used, or has plans to use the results from the MTS. Can the authority please provide comment in the table below to the following questions?

Your feedback on the survey will be shared with the Medical Board and Ahpra for survey evaluation purposes. Please let the AMC know if you do not want your responses shared.

The Medical Training Survey
<p>Please advise if the intern training accreditation authority has investigated or is planning to investigate the results of the Medical Training Survey.</p> <p>If yes, please provide details.</p>
<p>Yes – this data is primarily utilised by accreditation survey teams in their assessment of the health service, and in the subsequent health service report by PMCV.</p> <p>In the inception of this survey, PMCV reviewed the outcomes against those of the Accreditation program. Overall, the issues raised in the report are known to PMCV through the accreditation cycle.</p>
<p>Please advise if the intern training accreditation authority has explored the survey results with stakeholders, and if so, provide an overview of the engagement.</p>
<p>There have been no specific engagement activities where PMCV has utilised the MTS survey.</p>
<p>Please provide an update on initiatives undertaken in response to previous survey results, and if any further changes are planned on investigation of the 2022 survey results.</p>
<p>MTS data will be made available for review by the Prevocational Supervisors Reference Group in the development of the Program for Prevocational Supervision.</p>



## PMCV Supporting Document Checklist

Ref	Appendix #	Document	Page	Attribute
		<b>Introduction</b>		
0.1	1	List of accredited intern training facilities in 2023	6	ES
0.2	2	PMCV accredited intern training programs in 2023	6	ES
0.3	3	List of accredited intern posts in Victoria in 2023	6	ES
0.4	4	NFSC Terms of Reference	6	
0.5	5	PMCV NFPMT Quarterly Implementation Roadmap	6	
0.6	6	Final Year Medical Student Engagement Project	7	
0.7	7	PMCV Term Description Template and Guideline	8	
		<b>Domain One</b>		
1.8	8	PMCV Board Composition November 2022	11,12	1.1; 1.5
1.9	9	The PMCV governance structure 2023	11,12	ES; 1.1
1.10	10	PMCV Annual report (2021/22)	10,11	1.1;1.3; 1.4
1.11	11	PMCV organisational chart 2023	9, 12	1.1
1.12	12	The PMCV's Statement of Purposes and Rules Oct 2022	9, 12	1.1
1.13	13	PMCV Accreditation Committee terms of reference (March 2023)	9,14	1.2
1.14	14	PMCV Accreditation Committee Structure 2023	10, 13	1.2
1.15	15	PMCV Statewide Monitoring of Victorian Health Services	10, 13, 18, 19	1.2
1.16	16	PMCV AHPRA April 2023	10, 14	1.2
1.17	17	JMO Victoria Terms of Reference 2023	12, 13, 28	1.6
		<b>Domain Two</b>		
2.18	18	PMCV & AHPRA Agreement	15, 16	2.1
2.19	19	PMCV DH Service Level Agreement FY23	15, 16	2.1
2.20	20	Accreditation Survey Team Member Position Description	15, 16 ,18, 21 - 23, 27, 31	2.1
2.21	21	PMCV Accreditation survey visit - Guide for surveyors	14-16	2.1
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