PMCV Condition Monitoring Program (CMP) Guide for Health Service

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Purpose

The purpose of this guide is to outline the PMCV Condition Monitoring Program (CMP) for Health services, to provide an understanding of the process, governance and management involved.

Scope

The guide provides a consistent organisational approach to the CMP process in responding to concerns regarding training, supervision and welfare of prevocational doctors and patient safety identified during an accreditation survey visit, during accreditation work conducted by the PMCV AccreditationCommittee, or ad-hoc concerns reported directly to PMCV either by prevocational doctors, other health services staff or via other credible sources.

Key Outcomes

Ensure that concerns raised during survey visits or directly to the PMCV secretariat are dealt with transparently, with due process and ensure ongoing improvement in prevocational doctor training via theCMP process.

The CMP was endorsed by the PMCV Board because it was found that at the 4 yearly survey visits some conditions were still outstanding, many relevant to Prevocational doctor wellbeing. Moreover, it gives the clear message to Health services to be compliant with the National Standards of accreditation, and an opportunity for PMCV to work collaboratively with Health services to close the condition/s and fulfill our values of Agility, Collaboration and Equity – ACE.

Context

The Postgraduate Medical Council of Victoria Inc. (PMCV) has been entrusted by the Medical Board of Australia to oversee and carry responsibility for PGY1 accreditation In Victoria.

The Victorian Department of Health and Human Services has authorised PMCV to review postgraduate year two posts (PGY2).

PMCV is authorised to establish and monitor standards to ensure high quality clinical training for PGY1s and PGY2s.

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 Conditions Monitoring Process (CPM) as outlined in this document.

The Accreditation review includes examination of documentary evidence provided by the facility, analysis of prevocational doctor feedback and, for survey visits, meetings with key staff including prevocational doctors and senior medical staff.

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Accreditation Survey reports and conditions of accreditation

The survey report

On completion of the survey visit, the team prepares a report which will advise health service and immediate concerns and highlight areas for improvement – there should be 'no surprises' in the report, as key points will have been covered in the health service feedback session at the end of the visit.

1. Factual Review report completed by PMCV Accreditation Manager and Survey Team Leader and provided to Health service, with an invite to respond
2. Once response received the Survey Report is tabled at the Accreditation Committee for approval, with verbal report from Team Leader
3. Survey Visit Report provided to Health Service along with request to respond
4. HS accepts conditions of accreditation which include the risk rating per condition, as per the survey report.
5. Executive summary is published on PMCV website
6. PMCV sends letter regarding commencement of CMP
7. PMCV provides detailed CMP Action plan provided to Health Service within 30 days of receipt of the final Health Service Survey Report (including any further evidence supplied) and book the meetings required for the year (Ongoing meetings will be set up by PMCV, with ongoing progress monitored over a monthly, 3-month or 12-month period, as required by PMCV)
8. 48 hours prior to the first meeting, Health Service must submit a report to PMCV outlining strategies to address the conditions as part of the response to the survey report.
9. PMCV and Health Service establish regular meetings to discuss conditions and CMP Action Plan. The CMP is updated to reflect meeting updates
10. In the case a Health Service is not progressing, PMCV Accreditation Team will advise the MD/CEO who will review the CMP and discuss a course of action.

Rating scale

The following 4-point rating scale is used by the Accreditation Survey Team when reviewing the Domains and Standards of Accreditation.

Met with Merit (MM) – In addition to achievement of the requirements of the standard, there is a higher level of achievement evident – state-wide best practice is in place. PMCV will detail activity which is commended in the report.

Met (M) – There is sufficient evidence that the requirements of the standard have been achieved. Systems and processes to support prevocational doctor education and training are fully integrated and uniform.

Substantially Met (SM) – Systems and processes are in place to support prevocational doctor education andtraining, but these are not fully integrated and/or not universal. The requirements of the standard have been mostly achieved. The facility will likely be required to implement a recommendation for quality improvement relevant to the standard.

Not Met (NM) – Systems and processes to support prevocational doctor education and training are not evident. The requirements of the standard have not been achieved. The facility will be

required to undertake some follow-up activity which will be assessed within 12 months health service. This willbe accompanied by a condition or recommendation relevant to the standard.

Conditions and Recommendations

Condition applied to accreditation is a breach of the *Australian Medical Council* (*AMC) National Accreditation Standards for Prevocational Medical Trainees (PMTs)* and is applied by the survey team if one or other standard is considered to be **Not Met** by the survey team.

Conditions must be met to ensure ongoing accreditation, will be reviewed within the first 12 months as part of the CMP process.

Recommendations are suggestions by PMCV that may improve the overall quality of the prevocationaldoctor training program and are generally associated with items rated as **substantially met**.

Period of Accreditation

If there are no conditions of accreditation the health service is granted 4 years accreditation with a mid-cycle paper-based review in 2 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. Conditions to be addressed in order of criticality during this time until all conditions are closed, then reverting to the balance of the 4 years accreditation.

Condition Monitoring Program

A Condition Monitoring Program (CMP) is applied with the aim of a PMCV Taskforce working collaboratively with the health service 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, to ensure ongoing accreditation of the health service Prevocational doctor training program and posts.

The PMCV Taskforce

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)

Health service representatives

The Taskforce will meet with a Health service team to formulate an Action Plan to address the conditions specified in the survey report.

The Health service team may include:

- CMO/DMS
- DCT/SIT
- MWF Manager
- MEO
- CEO.

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

Structure of CMP meetings

An initial meeting to establish an CMP Action Plan will be set up by PMCV through the PMCV Accreditation team. PMCV will provide the Health service with a draft Action Plan prior to the meeting.

Ongoing progress monitored over a 3-month to 12-month period, with progress meetings held as required during this time. The Health service will provide updates to PMCV at these meetings, with requested documents and evidence provided in the week prior to the scheduled meeting, to allow for appropriate review.

At the monthly Accreditation Committee meetings, Health service progress reports against their CMP Action Plans are tabled until all conditions closed, and ongoing accreditation of the Health service approved. Progress with the CMP is tabulated and updated in the State Wide Monitoring Program, listing all Health service accredited by PMCV, and reviewed by the Accreditation Committee at each meeting.

Ad-hoc concerns

Where an ad-hoc concern (outside the usual accreditation program) is raised directly with PMCV, either by prevocational doctors, other health service staff or via other credible sources, the following process will apply.

1. The concern will be considered by the Chair, PMCV Accreditation Committee and PMCV CEO who will decide on the course of action, depending on the risk assessment of the concern.

2. Further investigation of the concern will involve escalation of the concern to the Director Medical Services (DMS) of the facility. The individual who raised the concern will also be kept informed.

3. Relevant documentation will be requested from the facility as well as seeking feedback from prevocational doctors and/or conducting a videoconference with relevant staff. An

extraordinary site visit may also be conducted.

4. The information gathered on the concern will then be reviewed by the PMCV Accreditation Committee (or a subset if necessary to avoid any conflict of interest). A decision will be made whether to initiate the CMP process.

Appeals process

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

Appendix 1: Glossary

Assessment	The systematic process for measuring and providing feedback on the PGY1s progress or level of achievement. This assessment occurs in each term against defined criteria.
Clinical supervisor	A medical practitioner who supervises the PGY1 while they are assessing and managing patients. The AMC defines a suitable immediate clinical supervisor as someone with general registration and at least three years' postgraduate experience. The Primary Clinical Supervisor should be a consultant or senior medical practitioner.
Director of Clinical Training (DCT)	A senior clinician with delegated responsibility for implementing the pre-vocational medical training program, including planning, delivery, and evaluation at the facility. The Director of Clinical Training also plays an important role in supporting all prevocational doctors (PDs) with special needs and liaising with term supervisors on remediation. Also known as the Director of Prevocational Education and Training (DPET). Other terms may be used in community or general practices.
Director of Medical Services / CMO	The senior medical administrator who leads the medical workforce at a facility. Also known as the Executive Director of Medical Services (EDMS)' or Director of Medical Service (DMS). In larger hospitals a DMS may report to the CMO. Other terms may be used in community or general practices.
HS	Health service
PGY1	A doctor in their first postgraduate year and who holds provisional registration with the Medical Board of Australia.
Prevocational Doctor	A doctor who is not a Fellow of a College / not a Senior Doctor. Includes PDs. May also be referred to as HMO or JMO.
MWU	Medical Workforce Unit
MEO	Medical Education Officer
PD	Prevocational Doctor (PGY1 & PGY2)
PGY2	A doctor in their second postgraduate year and who holds general registration with the Medical Board of Australia.
Supervisor of Intern Training (SIT)	A medical practitioner who oversees the training and education provided to PGY1s in the PGY1 training program provided by a training provider.
Term Supervisor	The person responsible for PGY1 orientation and assessment during a particular term. They may also provide clinical supervision of the PGY1 along with other medical colleagues.

Appendix 2: Risk Assessment

This chart provides guidance on risk assessment of conditions and concerns which will be reviewed under the CMP process.

PMCV applies a risk management framework to the overall health service accreditation survey report which indicates the level of engagement with the health service that will occur as a result of the survey report outcomes. This rating will be captured on the Statewide Monitoring report which is tabled with the Accreditation Committee (monthly) and the Deportment of Heath (ad hoc).

Accreditation Conditions – Health Service Overview			
Low	Moderate	High	Extreme
1-3 conditions	4-6 conditions	7-9 conditions	10+ conditions

The PMCV Accreditation Executive in collaboration with the Survey team will determine the risk rating for each individual condition based on the following risk matrix table.

Risk Matrix -

Risk Rating						
	Consequence					
		5	4	3	2	1
Likelihood	5	Extreme	Extreme	High	Medium	Medium
	4	Extreme	High	High	Medium	Low
	3	High	High	Medium	Medium	Low
	2	Medium	Medium	Medium	Low	Low
	1	Medium	Low	Low	Low	Low

Once the risk rating has been determined then the timeframe for resolution is applied according to the following table. The risk rating is captured in the CMP Action plan for ease of reference.

Risk Rating	Rectification Timeframe
Extreme	Within 3 months
High	3-6 months
Moderate	6-9 months
Low	6-9 months

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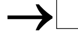
The following table provides guidance on the types of conditions and/or concerns and how they are likely to classified.

Condition / Concern	Description
Extreme Risk Condition / Concern → ☐	Any situation causing significant prevocational doctor distress and having the potential for detrimental impact on patient safety resulting from (but not limited to): • Inadequate supervision and support. • Excessive workload. • Prevocational doctors expected to undertake duties significantly outside scope of practice. • Inadequate clinical handover. • Inadequate clinical escalation procedures. • Supervision is inadequate and does not meet training requirements. • Inadequate access to personal or professional support and there are no pathways to raise concerns (either regarding patient care or prevocational doctor wellbeing). • Inadequate procedures to manage prevocational doctor performance below expected level which impacts on patient care and safety. • Significant governance or program management issues including inadequate medical education resources and prevocational doctor training documentation.
High Risk Condition / Concern → ☐	Prevocational doctors recommend training despite concerns and patient care is generally safe but quality could be improved. • Patient care impacted by limited time for interaction, lack of continuity in rosters and/or staff shortages. • Learning does not meet training requirements. • Rosters do not reflect work expectations (although levels of overtime worked are reportedly manageable). • Term Supervisors not identified and/or lack of awareness by prevocational doctors. • Clinical escalation procedures defined but prevocational doctors not aware. • Handover (between terms and shifts) occurs but is not supervised. • Limited personal or professional support and pathways to raise concerns. • Prevocational doctors reportedly not comfortable to raise concerns. • Limited procedures for identification and management of prevocational doctors in difficulty. • Prevocational doctors not assessed at end-term.
Moderate Condition / Concern → ☐	Prevocational doctors recommend training despite concern and patient care generally safe and high-quality. • There are pathways to raise concerns but prevocational doctors exhibit limited awareness (but reportedly would be comfortable to raise concerns). • Informal procedures in place for identification and management of unsatisfactory prevocational doctor performance. • Prevocational doctors not assessed at mid-term and feedback not face-to-face. • Issues in some units in regard rostering, workload, orientation. • Limited formal policies and procedures for prevocational doctor training.

Low Risk Condition / Concern



Prevocational doctors recommend training despite concern and patient care generally safe and high-quality.

- There are pathways to raise concerns but prevocational doctors exhibit limited awareness (but reportedly would be comfortable to raise concerns).
- Informal procedures in place for identification and management of unsatisfactory prevocational doctor performance.
- Prevocational doctors not assessed at mid-term and feedback not face-to-face.
- Issues in some units in regard rostering, workload, orientation.
- Limited formal policies and procedures for prevocational doctor training.

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Version Control

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