

Accreditation Committee Terms of Reference

Purpose

The purpose of the PMCV Accreditation Committee (hereafter 'the Committee') is:

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.

The Committee reports to:

PMCV Board

Role, functions, and reporting

The Postgraduate Medical Council of Victoria Inc. (PMCV) are accredited by the Medical Board of Australia as the prevocational training accreditation authority for Victoria. All PGY1 and PGY2 training programs and posts must be accredited by PMCV. The purpose of PMCV accreditation is to ensure accreditation standards are met for the provision of prevocational medical education and training to promote prevocational doctor wellbeing and safe, high quality patient care.

Accreditation of PGY1 and PGY2 training programs and posts in Victoria is undertaken by PMCV in a combined accreditation process which involves concurrent accreditation survey visits at least every four years.

Essentially, the Committee's role is to promote excellence in clinical training, appropriate educational and learning experiences and effective supervision quality and safety in patient care and appropriate support for prevocational doctors.

1.1 There are expectations and reporting requirements defined by the Medical Board of Australia (MBA) in relation to PGY1 accreditation (refer to *Contract for Services between AHPRA and PMCV*).

The accreditation services to be provided are:

- Accreditation and monitoring of all prevocational training programs and posts in Victoria.
- Review and revision of accreditation standards and tools/instruments which must align with the revised [National Framework for Prevocational \(PGY1 and PGY2\) Medical Training \(2024+\)](#).
- Training of surveyors.

The MBA expects PMCV to assess PGY1 training programs for accreditation at the following times:

- For existing training programs, at least three months before the program's accreditation expires or earlier if PMCV becomes aware that the program may not continue to meet the requirements of [revised National Framework for Prevocational \(PGY1 and PGY2\) Medical Training \(2024+\)](#).

- For new training programs, as soon as practicable and before PGY1s are scheduled to commence in the program

MBA has also defined the following reporting requirements (to be submitted to the Victorian Branch of the MBA/ AHPRA on or before the due dates):

- 1) By 31 March each year, PMCV must provide a work plan of accreditation activities.
- 2) By 31 March each year, PMCV must provide a report that sets out the number of positions occupied by PGY1s in accredited PGY1 training programs in Victoria for that year.
- 3) By 31 March and 30 September each year, PMCV must provide a six-monthly report that sets out:
 - a. The accreditation programs and positions accredited in the preceding six months including the following details:
 - i. the parent health service associated with each program and position.
 - ii. location of the position accredited.
 - iii. department in which each term of the program is located.
 - iv. type of term(s) (i.e., emergency medical care, surgery, medicine or other – if other, specify discipline).
 - v. date program or position was accredited; and
 - vi. date programs or positions accreditation is due to expire.
 - b. Any other activities undertaken in relation to PGY1 training program accreditation (e.g. training surveyors, reviewing accreditation documents etc).
- 4) In addition to the reports set out above, PMCV representatives must also meet with representatives of AHPRA and the Victorian Board at least once annually, at a reasonable time and place to be specified.

1.2 The service level agreement between PMCV and the Department of Health (DH) is primarily focussed on PGY2 accreditation.

Reporting requirements include a quarterly report on progress against deliverables.

1.3 The Committee's functions include:

- Receive and assess applications (using the national accreditation standards) for accreditation of prevocational medical training programs and all prevocational 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 as appropriate.

Decision-making

- 2.1 The Committee makes decisions regarding accreditation of PGY1 and PGY2 training programs and posts in Victoria including new posts, changes to posts and re-accreditation (survey visits and mid-cycle reviews) and establishment of survey teams.
- 2.2 The Committee makes recommendations regarding a range of other Committee matters including but not limited to review of accreditation standards, processes and guidelines, to ensure ongoing relevance, effectiveness and alignment with the National Framework for Prevocational Medical Trainees (NFPMT).
- 2.3 Decisions made at Committee meetings cannot be challenged by absent members.
- 2.4 The Committee provides a report on accreditation activities, decisions and recommendations to each PMCV Board meeting (usually quarterly).
- 2.5 Planned survey visits and accreditation decisions regarding facilities will be notified to the relevant parent health service or training program. PMCV will also advise relevant rotational sites should there be any major accreditation issues or intention to withdraw accreditation of prevocational medical training at the parent health service. All such correspondence will be copied to the surveyed health service.
- 2.6 The Committee has delegated authority from the PMCV Board to make accreditation decisions. The PMCV Board will be advised of accreditation findings and decisions as part of regular PMCV management reports. Exceptions to this would include:
 - Matters that require approval of the PMCV Board. For example, new accreditation policies, procedures or initiatives would be referred specifically to the PMCV Board at its next meeting.
 - Matters that may affect the reputation of the PMCV. For example, a health service seeking review of an accreditation decision, or the Accreditation Committee recommending the withdrawal of accreditation of an PGY1 or PGY2 training program at a health service. In such cases, the matter would be brought to the attention of the Chair of the PMCV Board by the Chair of the Accreditation Committee, either out of session or at a PMCV Board meeting, to ensure that the PMCV Board is aware of the situation and supportive of the decision. In rare instances, the Board it may request the Accreditation Committee to reconsider.
- 2.7 Accreditation decisions are usually made at a meeting of the Committee. Exceptions to this are:
 - Routine applications for new PGY1/PGY2 posts or changes to posts may be assessed out of session, referred to Out of Session Applications (OOSAs). OOSAs are reviewed by the committee members of the allocated cluster to which the health service belongs. A quorum (including one prevocational doctor representative) is required to progress a cluster decision out of session, which must then be endorsed at the next Committee meeting. The Accreditation Executive also has the power to approve OOSAs.
 - Where PMCV is made aware of an urgent or extraordinary accreditation issue and action is required between meetings of the Committee, the Chair (or Deputy Chair) of the Accreditation Committee or PMCV Chief Executive Officer may provide an immediate response that must then be taken to the next meeting of the Accreditation Committee for review and endorsement.
 - For the period December-February during which there are no meetings of the Committee scheduled, issues that arise that need to be progressed during this time may be determined by an Executive Group of the Committee, the so-called Summer Executive. This is a delegated process and decisions made during this period are provided at the next available meeting of the Accreditation Committee for endorsement. The Accreditation Executive Group consists of:

- i. Chair, Accreditation Committee
- ii. Deputy Chair, Accreditation Committee
- iii. PMCV Medical Director or delegate
- iv. Additional nominated member(s) of the Accreditation Committee

2.8 The Committee advises health services and training facilities of accreditation outcomes and reports to the PMCV Board on accreditation findings and decisions. The PMCV Board informs the Victorian Board of the Medical Board of Australia of accreditation decisions.

Membership

Members

Member representation should aim to include representatives from a diverse range of clinical placement settings.

The Committee must comprise a minimum of ten members.

The Committee will receive and assess nominations for membership and seek endorsement from the PMCV Board.

3.1 *Membership categories:*

- Junior Medical Staff (at least two) including at least one nominee from the JMO Victoria (2-4).
- Medical Education representatives such as Directors of Training (SIT/DCT), Medical Education Officers, Term Supervisors (at least four with at least two who are senior medical staff of a health service with PDs).
- Senior Medical Workforce representatives with one each from metropolitan and rural health services (2)
- Metropolitan Health Service representatives e.g., Director of Medical Services but can be other with appropriate experience (at least three).
- Rural Health Service representatives e.g., Director of Medical Services but can be other with appropriate experience (at least two).
- Medical Board of Australia (one nominee)
- University representative (1-2)
- Health Consumer/ Community representative (at least 2)
- College representatives (at least 2)

Chair

The Chair must:

- Be a medical practitioner.
- Have been on PMCV Accreditation Committee for at least 24 months (either current or previous) and be a current or past (last 3 years) surveyor or undertake surveyor training within 12 months.
- Have participated in at least three AMC or PMCV Accreditation Teams.
- Have relevant Health Service experience with prevocational medical staff and organisational development in a leadership role.
- An understanding or the ability to rapidly acquire:
 - The Victorian health system including rural health services.
 - Working knowledge of the governance and operational management of PMCV in its capacity as the PGY1 and PGY2 training accreditation authority in Victoria.
 - A sound knowledge of national accreditation standards, PMCV accreditation processes and key risks.
 - An understanding of complaint resolution and management of issues.

3.2 *Role of the Chair:*

- Chair meetings of the Committee.
- Act as a member of the Accreditation Executive Group between meetings.
- Cast the deciding vote where agreement cannot be reached on accreditation decisions.
- Represent the Committee and report on accreditation activities at PMCV Board meetings.

- Act as a representative of the Committee and of PMCV in national and jurisdictional external committees and other forums as required (e.g., including any process initiated under the PMCV Accreditation Appeals Policy).
- Be available to respond to urgent matters of accreditation at short notice (i.e., within 3 days) via email, phone, or videoconference.
- Communicate effectively and work cooperatively with stakeholders.
- Provide expert advice on prevocational doctor training and accreditation.
- Contribute to strategic thinking and goal setting for prevocational medical training within Victoria.
- Review and approve the agenda and relevant documentation for each meeting.
- Approve the minutes and correspondence from meetings within 10 working days of meeting.
- Strategic oversight of the surveyor group.
- Participate in at least one survey visit annually.
- Support the CEO as Clinical Lead of the Accreditation Team in the Condition Monitoring Program (CMP) Taskforce

3.3 Appointment of the Chair:

- Existing members of the Committee are eligible to nominate for the Chair position. Where there are no nominees from within the Committee, expressions of interest may be sought from outside the Committee.
- Interested persons are required to lodge an *Expression of Interest* with the Chief Executive Officer of the PMCV by the advertised closing date either by email or mail.
- The *Expression of Interest* should:
 - State the applicants name and position.
 - Include a brief statement as to why you would be interested in taking this role; and
 - A brief CV should be included.
 - Where the applicant has not previously been a member of the Accreditation Committee, two referees will be required regarding the expertise and involvement of the applicant in prevocational education and training and/or accreditation.
- Each *Expression of Interest* will be considered by the PMCV Board who will determine the appointment of the Chair.
- Upon ratification by the PMCV Board, the Chief Executive Officer will notify all applicants.
- The outcomes of the Chair's appointment process will be advised by email to all members of the Committee and to the Victorian Board of the Medical Board of Australia.
- The Chair will be appointed by PMCV for a period of three years, renewable for three years.
- The Chair will be subject to the annual performance process implemented by the PMCV Board.

Deputy Chair

The Deputy Chair role may be filled by one person or two (maximum) co-Deputy Chairs.

The Deputy Chair must be a medical practitioner; if there are two co-Deputy Chairs, at least one must be a medical practitioner. The Deputy Chair(s) must also:

- Have been on PMCV Accreditation Committee for at least 12 months (either current or previous) and be a current or past (last 3 years) surveyor or undertake surveyor training within a 12-month period.
- Have been part of at least three AMC or PMCV Accreditation Teams.
- Have relevant Health Service experience with prevocational medical staff.

3.4 Role of the Deputy Chair:

- The Deputy Chair must stand in for the Chair at any time the Chair is not available.
- Act as a member of the Accreditation Executive Group between meetings.
- Be available to respond to urgent matters of accreditation at short notice (i.e., within 3 days) via email, phone or videoconference.
- Act as a representative of the Committee and of PMCV in national and jurisdictional external committees and other forums as required.
- Communicate effectively and work cooperatively with stakeholders and provide expert advice on prevocational doctor training and accreditation.
- Participate in at least one PMCV survey visit annually.

3.5 Appointment of Deputy Chair:

- Existing members of the Committee are eligible to nominate for the Deputy Chair position(s). Where there are no nominees from within the Committee, expressions of interest may be sought from outside the Committee.
- The nomination of the Deputy Chair will be referred to the PMCV Board for endorsement.

Members

3.6 Responsibilities of members:

- Be fully prepared (particularly with regards to review and comment on allocated agenda items on SharePoint/Teams, the PMCV online portal) and actively contribute to discussions at meetings.
- **If unable to attend a meeting, review allocated agenda items and provide your comments on SharePoint/Teams (online agenda portal).**
- Be mindful of conflict of interest and confidentiality and demonstrate fairness and impartiality in regards matters being discussed.
- All members should be current surveyors.
- Members should attend, or provide comments in SharePoint/Teams, for a minimum of 8 of the 10 meetings per year.

3.7 Duration of membership:

- A member of the Committee holds office for three years. After this time, the Chair may invite the member to continue for another three-year period or may open the position to other applicants.
- A member may hold office for up to six consecutive years, after which the position would normally be advertised.
- A member may request a leave of absence for up to 12 months from the Committee. A leave of absence longer than 12 months will require advertisement of the position.
- A person may resign from the Committee at any time by notifying the Chair or Secretary of the Committee.
- Nominees have unlimited membership as long as nominated by their representative organisation.
- PMCV Office-bearers include Chief Executive Officer, Accreditation Manager and Accreditation Support Officer) are members for the duration of their PMCV appointment.

3.8 Election process for new members:

- Advertisement of the vacancy is via the PMCV newsletter/website and other appropriate groups (Colleges, DMS Group, HMO Managers, JMO Forum etc).

- Where there is more than one nomination for a vacancy, the Accreditation Committee secretariat may provide a recommendation to the Committee.
- Where there is one nominee, this will be endorsed by the Accreditation Committee.
- Nominations of persons to membership of the Accreditation Committee must be endorsed by the PMCV Board.

3.9 Other membership matters:

- A membership vacancy may occur if:
 - A membership term expires.
 - A member resigns.
 - A member is absent for >3 consecutive meetings without informing the Chair; or
 - A member has been appointed to the Committee in a particular membership category and they are no longer in that position.
- **Members must give three months' notice of intention to resign from the Committee.**
- Should a Current committee member change their substantive role, that their ongoing membership will be considered on a case-by-case basis depending on the role they are moving to.
- The Committee Chair can recommend to the PMCV Board an extension to an individual's membership for the benefit of the Committee for a further year.
- The Committee can co-opt individuals to assist the Committee.
- Alternate attendance is not authorised for this Committee.
- 'Guests' may be invited at the request of the Committee to attend all or part of a committee meeting to discuss items (e.g., PMCV Medical Advisor; Survey Team Leaders). 'Guests' attending a committee meeting are under the same confidentiality obligations (refer Clause 6) as members and do not participate in decision-making.
- An annual review of membership attendance will be undertaken and members who attend fewer than 50% of meetings may be asked by the Committee Chair to step down from the Committee.
- A special payment (honorarium) will be paid to members appointed to the Accreditation Executive Group annually and for adhoc, unplanned requests/ applications to the Committee which are outside normal operations.

Secretary

The Accreditation Manager will act in this capacity.

- Prepare documentation in conjunction with the Committee Chair for each meeting.
- Distribute agenda and documentation for each meeting (5-8 working days prior).
- Liaise with members as required.
- Prepare the minutes for each meeting and relevant correspondence for approval by the Chair, and coordinate actions as required.

Committee Structure and Hospital Clusters

To distribute the work of the Accreditation committee equitably, for a range of duties detailed below, committee members are allocated, taking into account potential conflicts of interest, into four (4) geographical regions for the relevant health services and VRGP posts: North-East (NE), South-East (SE), North-West (NW) and South-West (SW). Each cluster must include at least one JMO.

A cluster lead will be appointed to provide leadership for the cluster and form part of the Accreditation Executive.

The duties expected of members of each cluster, for health services in that cluster include:

1. Review and approve OOSAs, as posted on SharePoint/Teams. A quorum for decisions being 4 including Lead + 1.
2. Participate as surveyors for accreditation visits.
3. Provide input to mid-cycle reviews.
4. Provide input to CMPs.
5. Any other duty as requested by the chair.

Confidentiality and Conflict of Interest

Conflict of Interest

Any member of the Committee who has direct or indirect material personal interest in any matter brought before the Committee for discussion must immediately disclose that interest to the other Committee members and must not be present during discussion on this matter nor vote on that matter. This statement must appear on the agenda.

The Secretary may withhold agenda items for members with known conflict of interest (e.g draft survey reports).

When a declaration of real or perceived conflict of interest is made, this disclosure will be recorded in the minutes of the meeting.

[COI Guidelines AC Meetings 2024 DRAFT v1](#)

Confidentiality

Members shall take all steps necessary to protect and preserve the confidentiality of information pertaining to the Committee's deliberations.

Members shall not disclose committee discussions or decisions outside the Committee unless there is explicit agreement during a meeting and it is noted in the minutes that this is appropriate.

Members must maintain confidentiality of information after their membership of the committee ceases.

Conduct of Meetings

Time

Third Monday of the month; 5.30-7.00pm.

Location

PMCV Offices or attendance by teleconference or videoconferencing.

Notice

The Secretary must give reasonable notice of every meeting of the Committee (but not less than five working days).

Frequency and Length

The Committee meets 10 times per year. Monthly except January and April.

All meeting dates for the following year shall be determined by the Committee at its last scheduled meeting of the previous year.

Quorum

A quorum is six members including the Chair

If, during a meeting, a quorum cannot be maintained, the meeting can be adjourned at the request of the Chair and resolution of the members present or the meeting can continue and any recommendations or suggested actions can be circulated by email to non-attending members, seeking endorsement of the suggested recommendations or actions to progress important business. Any actions taken following the meeting shall be reported to the next meeting of the Committee.

Voting at meetings

4.1 How determined:

- In determining a question before a meeting of the Committee, the Chair will ask if any member is opposed to the motion before the Chair. If no members dissent or object, the motion shall be carried.
- If any member indicates that they are opposed to the motion, the Chair shall call for those in favour of the motion and then those against the motion and will declare the result to the meeting.

4.2 Method of voting

- Every question put to the Committee is determined by a majority of votes.
- If a member of the Committee requests it, a question requiring a vote will be determined by a ballot and otherwise is by show of hands. The Chair will determine the conduct of the ballot.
- A member of the Committee has one vote. A majority of votes is sufficient to pass a resolution.
- A vote may be given personally or by proxy if it is in the format prescribed.

4.3 Casting vote

- The Chair of any meeting has a casting vote.

Business of the Meeting

Standing Agenda Items:

- Confirmation of Minutes
- Declaration of Conflict of Interest
- Matters Arising from Minutes
- Accreditation Program
- Correspondence/ Applications
- New Business
- Other Business
- Date of Next Meeting

Confirmation of Minutes

Minutes of each meeting are to be submitted to the next appropriate meeting of the Committee for confirmation.

There shall be no discussion or debate on the minutes permitted except where their accuracy as a record of the proceedings is questioned. If a committee member is dissatisfied with the accuracy of

the minutes, they must state the item or items and propose a motion clearly outlining the alternate wording to amend the minutes.

The Chair will sign the minutes once confirmed by the members.

Content of the Minutes

In keeping the minutes of the Committee meeting, the Secretary must arrange the recording of the minutes to show:

- The name of the Committee, meeting number, date, location, and time at which the meeting was held.
- The names of members and whether they are present, an apology or on leave of absence.
- The names of any other persons in attendance and the organisation they represent or in what capacity.
- Every motion and amendment moved.
- The outcome of every motion.
- Where a division is called, a table of names of members present, showing the way they voted (FOR, AGAINST or ABSTAIN).
- Details of any failure to maintain a quorum and any adjournment.
- Time and reason for adjournment of the meeting or of the standing orders.
- Disclosure of any declaration of direct or indirect interest of a member declared or identified to the meeting.
- Any other matter which the Secretary, in conjunction with the Chair, thinks should be recorded to clarify the intention of the meeting or the reading of the Minutes.
- Conclude with the official signing of the minutes by the Chair.
- Except where a member requests, individual expressions of view, if recorded, do not identify the member.

Documentation

The Secretary must ensure that all records of all relevant information from meetings of the Committee are maintained including agenda, attachments, minutes, and correspondence for a period of 7 years.

All incoming and outgoing correspondence to the Accreditation Committee should be addressed to or signed by the Chair, Accreditation Committee.

Publications

The following will be made available on the PMCV Website under **Accreditation**:

- Facilities granted PMCV accreditation.
- Accreditation standards, policies, and guidelines.
- Annual survey visit schedule.
- Reports of outcomes of accreditation survey visits (and mid-cycle reviews).

Further, the MBA requires that PMCV publish on its website all the programs and posts accredited for PGY1 training. Information to be included is:

- 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. Date of accreditation decision
- v. Date of expiry of accreditation

Appeals Process

A facility may commence a process pursuant to the PMCV Accreditation Appeals Policy.

Refer to the PMCV Accreditation Appeals Policy for more detail.

Version Control

Version approved along with date of next review.

Version	Amendments by	Changes	Date
1	PMCV Accreditation Committee	Inclusion of out of session review of applications and health consumer member	May 2020
2	PMCV Board	Revision of roles of Chair and Deputy Chair	August 2020
3	PMCV Board	Revised delegation of authority for accreditation decision-making	19 November 2020
4	PMCV Accreditation Committee	Revision of the membership into clusters and the addition of the Conditions Monitoring Program	10 March 2023
5	PMCV Accreditation Committee	Minor revisions to incorporate new standards	20 May 2024

Approved by: PMCV Accreditation Committee

Next Review: May 2025

Date: 21 May 2024

Annual Accreditation Process

Identify health services due for survey visit, mid cycle review and conditions reviews	Prior year (Oct/Nov)	Create monitoring spreadsheets	Accreditation Secretariat
Survey visit date determination including nomination of Team Leader(s)	Prior year (Oct/Nov)	Letter to facility (emailed to DMS)	Accreditation Secretariat
Applications/ Submissions	New applications due 6 months prior/ Re-accreditation submissions due TWO months prior to visit	Letter (email) to facility	Accreditation Secretariat
Create survey teams; nominate AC members to review mid cycle reports	February to June	Seek EOI from surveyors; Committee approval; advise facilities of their survey teams; Advise AC members	Accreditation Manager
JMS Survey link sent	February/ March for survey visits and midcycle reviews	Send to facility for distribution and reminders; links available on PMCV website	Accreditation Secretariat
Confirm Survey Visit timetable	February/ March year of visit	Seek approval from Team Leader(s) and facility	Accreditation Secretariat
Conditions Reviews and Mid Cycle Reports	DUE 30 June; To AC meetings July-Nov	Summary report by nominated AC members; Letter with revised Website Report to Facility	Accreditation Manager
Pre-visit meeting	2-4 weeks prior to survey visit	Consult with Team Leaders on dates; arrange	Accreditation Secretariat
Survey visit	as scheduled	refer visit Timetable	Survey Team
Evaluation of survey team performance	Seek from attendees (e.g. JMO/SMS) on day of visit; send to facility the day after survey visit; Surveyor questionnaire (send after each visit)	hard copy forms on day; link to surveys sent to facility/ surveyors by email	Accreditation Secretariat
Survey report preparation and facility review of findings	within four weeks of visit	draft report prepared by Accreditation Manager and review by Team Leaders and survey team members; email findings to facility inviting review for factual errors	Accreditation Manager/ Team Leaders and surveyors
Survey report finalisation	within 4-6 weeks of visit	Acceptance of survey report (or return to Team Leader(s) for review)	Accreditation Committee

Facility response to survey report	after report has been tabled at Committee meeting	Letter to facility seeking response to survey report recommendations	Signed by Chair, Accreditation Committee
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Publish Accreditation Outcomes	After facility response to survey report received	Recommendations endorsed at Accreditation Committee	Accreditation Committee
	After endorsement by Accreditation Committee	Recommendations noted by PMCV Board	PMCV Board
	After informing PMCV Board	Advice to stakeholders	Signed by Chair
Confirmation of accreditation to facility/ advise parent health service (if applicable)	Following endorsement of survey team recommendations by Committee	Letter to facility/ certificate of accreditation	Signed by Chair
Between visits	mid-cycle	Progress report by facility	Accreditation Manager
	ongoing	November/ December (of year prior)	Facility
	during first year of new posts	Review of new PGY1/PGY2 posts	Accreditation Manager
Reporting	November/ December (of year prior)	Final list of all accredited PGY1 posts to DHHS	Accreditation Manager
	31 March and 30 September each year	List of PGY1 posts and accreditation workplan for current year	Accreditation Manager
	31 March and 30 September each year	Report to VicMBA on accreditation activities/ decisions	Accreditation Manager
	annual	Report to VicMBA on PGY1 accreditation	Accreditation Manager
	annual	Report to DHHS on PGY1 and PGY2 accreditation	Accreditation Manager
Evaluation	annual	of accreditation process and survey team performance	Accreditation Manager