

Composition of Accreditation Survey Teams Policy

1. Purpose

The purpose of this policy is to ensure:

- There is a broad mix of surveyors on the survey teams
- Representatives are from both clinical and non-clinical roles

2. Scope

The PMCV Accreditation survey visits are required, where practicable, to have minimum survey team composition requirements. All surveyors will have completed the mandatory surveyor training prior to attending a visit.

This policy operates in conjunction with existing PMCV policies and procedures.

3. Policy

Minimum survey team composition requirements as follows:

Role	Minimum required	Description
Team Leader	1	Team leaders are selected and trained from the existing surveyor group. Must adhere to the PMCV Accreditation Survey Team Leader Position Description and be designated as such.
Co-Team Leader	As required	As required for larger survey visits where the team is required to split in two for some interviews
PD Representative	1	Prevocational Doctor Representative from a Victorian health service
Medical Management Representative	1	This will usually be a Senior Medical Staff member currently working at a Victorian health service.
Medical Education Representative	1	This is a Senior Medical Staff member or a non-clinical staff member currently working in the medical education unit at a Victorian health service.
Medical Workforce Representative	1	This will be a non-clinical staff member currently working in medical workforce unit at a Victorian health service.
Community Representative	1	Community Representatives are members who are non-clinical and who do not currently work within a Victorian health service.
Medical/Hospital Administration	As required	This will usually be a non-clinical staff member who is currently working at a Victorian health service.
University	As required	This could be a Senior Medical Staff member or a non-clinical staff member currently working at a Victorian university.
Interstate Representative	As required	This could be any representative from the above areas (except for the Team Leader) in addition to, or in place of a Victorian team member.
PMCV Representative	1	PMCV Accreditation team member. This team member acts as a secretariat and is not a voting member of the panel.

Survey Team Composition

1. All visits will have teams that consist of at least the above named representatives. Should the survey team be required to split up at any stage during the visit to attend multiple sites, then a minimum of two (2) Prevocational doctor representatives are required.
2. All survey teams will include a PMCV employee. The PMCV representative participates in the survey process and provides health service liaison, logistics and administrative support. The PMCV representative is supernumerary to the core team and holds no voting rights for the visit.
3. In the instance where additional expertise or PMCV regulatory body knowledge is required the team may also include the PMCV Chief Executive Officer or PMCV Medical Director, in addition to the PMCV secretariat role. This additional role is a voting member of the survey team.
4. A survey team will have a trained and experienced Team Leader who will be either the Clinician or the Medical Administrator representative.
5. A survey team of less than six (6) must not contain more than one Administrator representative.
6. Whenever possible, PMCV will include at least one surveyor on a survey team who is from a similar type or sized health service as the health service being surveyed. For example: a) If accrediting a rural training site, one team member will be from a rural health service.
7. Whenever possible, a surveyor from the health service's previous survey will participate on the health service's current survey.
8. In addition to the above points, the health service type, total accredited term capacity, location of the health service, transport options and timetables will determine the length of a survey, the number of surveyors and the survey team composition.
9. All surveyor conflicts of interest will be managed through the 'Confidentiality and Conflict of Interest' Accreditation Procedure and must be declared at the time of submitting response to the EOI process for the following survey program year.
10. The composition of the survey team will be reviewed by the PMCV CEO and Medical Director to ensure adequate team members are available to assess the 'offsite terms' where present.
11. Once the survey team members have been finalised, PMCV will write to the Chief Medical Officer or Director of Medical Services of the health service, a minimum of two (2) months prior to the survey, informing them of the names of the survey team.

Conflict of interest

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

Any committee member, surveyor, or PMCV staff member having a direct or indirect material financial interest in any matter before the Committee must immediately disclose that interest to the other Survey Team Leader and/or PMCV delegate as soon as they become aware of a potential conflict of interest.

The committee members should seek direction from the Survey Team Leader in relation to the management of the conflict during the committee discussions. This may include 'stepping out' of committee discussions (both online and in person) to prevent participation in the matter.

Survey team members must disclose any actual, potential, or apparent conflict of interest as required that may become apparent after the allocation to a survey team. Survey team members should not indicate availability for a survey visit if they have a known or potential conflict of.

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.

In instances where a conflict of interest is a more delicate nature and not for a wider audience, the committee member, surveyor or PMCV staff member should contact the CEO directly to disclose the potential conflict of interest to discuss their relevance and future involvement.

In the instance where a conflict of interest is raised during a survey visit, the survey team leader and the PMCV Leadership team will deliberate to determine if the conflict is significant and may impact on the continued involvement of the member with the survey visit.

Examples of conflict of interests include:

- Current or previous employment (< 5 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 training provider.
- Current application for employment at the training provider, (this may not apply to Doctors in Training, due to the employment application process).

Survey Team Creation Conflict of Interest Procedure

1. Accreditation Team to circulate Conflict of Interest definition/policy at time of Expressions of interest to surveyors to invite all potential surveyors to disclose any known or potential Conflict of interest with any Health Service/ survey visit.
2. On advice of known or potential conflict, the Team Leader and Accreditation Executive discuss and deliberate on the following:
 - a. If the conflict exists (is substantiated) or not;
 - b. If the conflict exists (is substantiated), should the member step out from the survey visit/meeting/discussion, or despite the conflict, is there benefit from the member to remain and potentially participate in discussions;
 - c. Any other action needed include allowing the member to remain in the survey visit/meeting, allowing the member to deliberate and potentially asking the member to speak on the issue.
3. The COI should be identified on the Survey Visit run sheet with mention of the COI and the need for the specific team member to ‘Step Out’ during discussion of the item
4. During the survey visit and just prior to the COI discussion, the Team Leader to advise the member when they are required to ‘Step Out’ of the meeting/discussion.

4. Version approved along with date of next review.

Version	Amendments by	Changes	Date
1	Natalie Ward	Created	16/04/2025

Approved by: Accreditation Committee

Date of Approval: 19/05/2025

Next Review: 02/2026
