

# PMCV ACCREDITATION GUIDE

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## 1. PURPOSE AND GOVERNANCE OF ACCREDITATION

The purpose of the PMCV Accreditation 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 Postgraduate Medical Council of Victoria (PMCV) are accredited by the Australian Medical Council as the prevocational training accreditation authority for Victoria. All PGY1 and PGY2 training programs and posts must be accredited by PMCV inclusive of direct recruitment positions prior to commencement.

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.

### Postgraduate Medical Council of Victoria

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

PMCV has a Board and professional team who engages with stakeholders through various committees and a range of projects and professional development activities.

#### 1.1 Medical Board of Australia

There are particular functions, expectations and reporting requirements defined by the Medical Board of Australia (MBA) in relation to PGY1 accreditation with which PMCV must comply. These are:

1. Accreditation and monitoring of all PGY1 training programs and posts in Victoria.
2. Review and revision of accreditation standards and tools/instruments, which must align with the *Registration standard: Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of postgraduate year one training*
3. Training of surveyors.

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

#### 1.2 Victorian Department of Health

There is an annual service level agreement between PMCV and the Victorian Department of Health (DH). Reporting requirements include quarterly deliverables in relation to the PMCV accreditation program.

#### 1.3 Principles of prevocational medical training accreditation

PMCV administers a consistent approach to the accreditation of PGY1 and PGY2 training programs and posts in Victoria, which is independent, reliable, impartial, transparent, and

demonstrates a commitment to quality improvement. For PGY1s, PMCV accreditation processes align with the *Medical Board of Australia (MBA) Intern Registration Standard*

The following principles underpin the PMCV accreditation process:

- Promote the safety and wellbeing of prevocational doctors and safe, high-quality patient care.
- Ensure all PGY1 and PGY2 posts are accredited. Accredited PGY1 training programs will enable PGY1s to progress to general medical registration.
- Promote an appropriate balance between service and training elements and fosters quality education, training and support for prevocational doctors.
- Undertake global assessments of the PGY1 and/or PGY2 training program provided by a training provider/training provider and review at a training provider, site and unit level.
- A regular accreditation cycle with specified reporting between visits for continuous quality improvement in educational programs, supervision and service delivery.
- Utilise documented procedures and assess standards consistently. Decision-making based on documented evidence.
- Review the accreditation standards and process on a regular basis.

#### 1.4 PMCV Accreditation Committee

Essentially, the Accreditation Committee's role is to promote excellence in clinical training, appropriate educational and learning experiences and effective supervision through accreditation of PGY1 and PGY2 posts to ensure the highest standards of patient safety and medical care. The overall objectives are:

- Align program and processes to the revised National Framework for Prevocational Medical Training and maintain Australian Medical Council (AMC) approval as a prevocational training accreditation authority.
- Ensure PGY1 and PGY2 posts are accredited at all Victorian training providers.
- Ensure that accreditation processes remain timely, relevant and transparent and emphasise quality improvement.
- Develop and build expertise in accreditation through ongoing training and support of prevocational doctors, surveyors and health service representatives.

The Committee reviews all accreditation survey reports and applications for new PGY1 and PGY2 posts and makes recommendations which are advised to training providers.

The Committee reports accreditation findings and decisions to the PMCV Board and regularly informs the Victorian Board of the Medical Board of Australia of accreditation outcomes.

The Committee also makes recommendations regarding a range of other matters such as the development and review of policies and guidelines to support prevocational medical training and accreditation.

Conflict of interest, confidentiality and impartiality are important considerations for the Committee. Members are excluded from decision-making on items for which they declare a conflict of interest.

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

## 1.5 Survey teams

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

Each survey team will include one PMCV staff member to act as a non-voting secretariat, with expertise in the National Accreditation Standards. 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 would be a voting member of the survey team.

The main objective of the survey team is to conduct a comprehensive review of the supervision and training of PGY1s and PGY2s at the training provider being assessed. The survey team evaluates the training provider as an effective training site, evaluates each prevocational doctor post and recommends improvements in education and training for prevocational doctors.

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

In representing PMCV, survey team members must exhibit the following values: integrity, professionalism, objectivity and impartiality and must ensure that all comments, questions and observations align with PMCV guidelines. Survey team members must also keep all information acquired during a visit strictly confidential and continually avoid any conflict of interest.

Refer to the *PMCV Accreditation Survey Team Member Position Description* and the *PMCV Survey Team Composition Policy* on the PMCV website ([www.pmcv.com.au](http://www.pmcv.com.au)).

## 1.6 PMCV secretariat

The Accreditation Manager is the main point of contact for all prevocational medical training accreditation matters including any matters pertaining to a specific survey visit, rather than Committee members, survey team leaders or surveyors. **It is suggested you contact the Accreditation Manager to discuss any matters in relation to PGY1 and PGY2 training in the first instance.**

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

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

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

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

### 1.7 Prevocational medical staff participation in accreditation

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

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

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

- Completing the online survey distributed by email prior to the survey visit. This survey asks specific questions regarding terms they have undertaken. The results of the survey are shared with survey team members but not the training provider being assessed.
- Participating in the confidential meetings of the survey team with PGY1s and PGY2s at the survey visit.
- Prevocational doctor focus groups outside the survey visit
- JMO Victoria Committee member or Health Service Representative

### 1.8 Review of PMCV as an accrediting body

Under the National Registration and Accreditation Scheme, the Australian Medical Council (AMC) is responsible for review and accreditation of authorities that accredit PGY1-training programs in each jurisdiction against the *Procedures for assessment and accreditation of PGY1 training accreditation authorities*

(<https://www.amc.org.au/accredited-organisations/accreditation-standards-and-procedures/>)

In Victoria, the PGY1 accreditation function is undertaken by the PMCV, which has been approved by the AMC as an PGY1 training accreditation authority for five years to 31 March 2028. PMCV submits progress reports annually.

## 2. THE PMCV ACCREDITATION PROCESS

PMCV accreditation of a training provider involves assessment from a *program perspective*, using the AMCs accreditation standards, as well as assessment of *each* PGY1 and PGY2 post in regard to clinical supervision, clinical content/workload and educational value.

The accreditation process essentially involves:

1. Submission of an application for a new post or for re-accreditation (which includes self-assessment against the accreditation standards and evidence) by the training provider.
2. Review of the new application by the PMCV Accreditation Committee, or review of the re-accreditation submission including pre-visit prevocational doctor survey data, by a survey team.
3. A survey visit is conducted to assess a new training provider or for re-accreditation of a currently accredited program, at least every four years.
4. A survey report is prepared with duration of accreditation recommendations, and conditions for compliance or recommendations for improvement as appropriate (for a survey visit). The training provider has the opportunity to review the findings.

5. Review and approval of the new application or of the survey team report, by the PMCV Accreditation Committee.
6. Provision of further information in regard a new application or response to the survey report by the training provider.
7. Final approval of accreditation by the PMCV Accreditation Committee.
8. Ongoing reporting by training provider to PMCV including review of new posts and/or progress or mid-cycle reviews of accreditation which includes ongoing self-reflection by the training provider in regard to standards.
9. Ongoing monitoring by training provider including notification of changes to PMCV.

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

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

## 2.1 Patient Safety and Prevocational Doctor Wellbeing

Patient safety and prevocational doctor wellbeing are critical considerations of accreditation supported by the *PMCV Concern Escalation Process (regarding patient care or prevocational doctor wellbeing)*.

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

The guideline provides a consistent organisational approach to 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 Accreditation Committee or by direct report by prevocational doctors or other training provider's staff.

This guideline is available on the website: [www.pmcv.com.au](http://www.pmcv.com.au)

## 2.2 AMC accreditation standards

The AMC accreditation standards explicitly outline the requirements to be met by training providers in the delivery of PGY1 and PGY2 education and training.

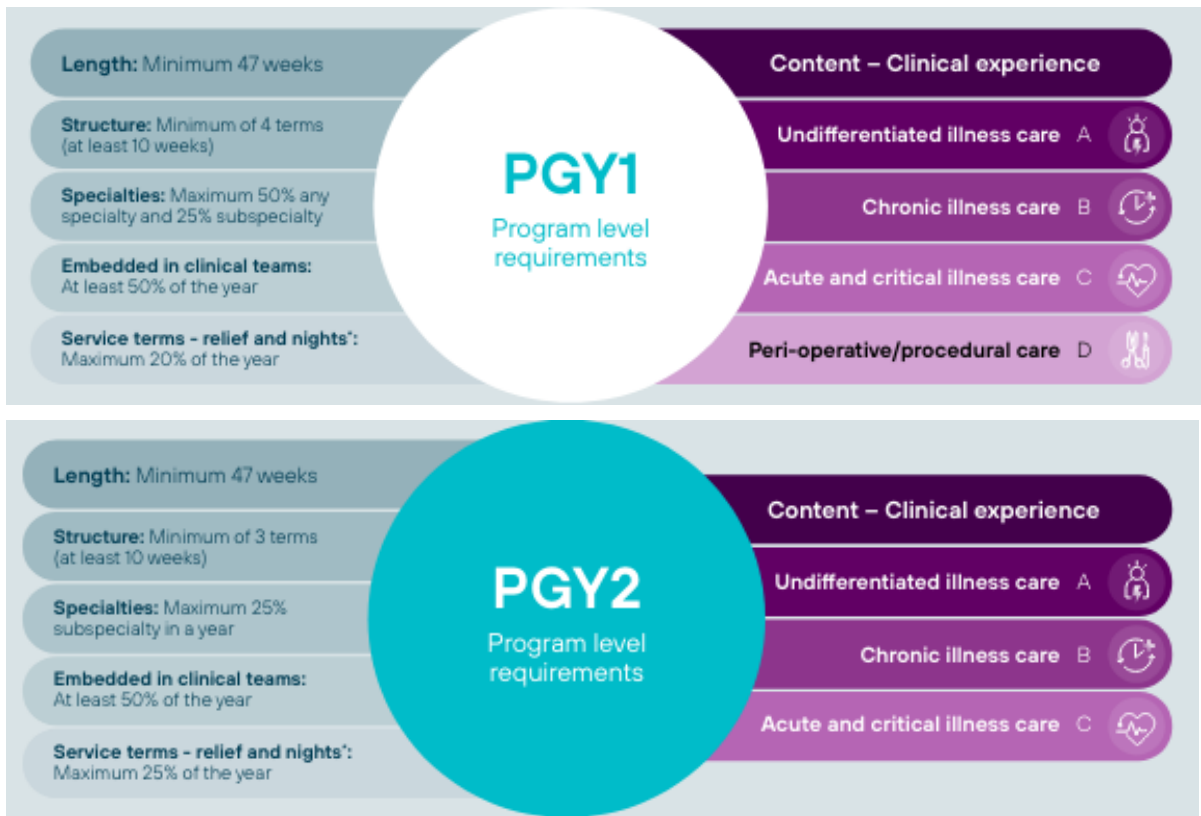
Prevocational training is a longitudinal program of supervised work-based learning over two years (PGY1 & PGY2) and is designed to support the development of broad generalist skills.

General Registration is still achieved at the satisfactory completion of PGY1, and a Certificate of Completion is achieved at the satisfactory completion of PGY2.

The below infographic provides an overview of the PGY1 and PGY2 program structure.

For more information refer to:

- [PMCV PGY1 and PGY2 Program Guidelines](#)
- [AMC Requirements for Programs and Terms](#)



Prevocational doctor training programs are assessed against the standards across these domains:

1. Organisational purpose
2. The Prevocational training program – Structure and Content
3. The Prevocational training program – Delivery
4. The Prevocational training program – Prevocational Doctors
5. Monitoring, evaluation and continuous improvement

In preparation for assessment for accreditation, training providers are expected to rate themselves against each standard using a four-point rating scale and provide evidence to demonstrate their compliance with each standard by completing the *Accreditation Submission* (available from the Accreditation Team).

### 2.3 Duration of accreditation decisions

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

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

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

- a) Accreditation for a period of four years subject to satisfactory progress reports as required.

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

Accreditation of new posts may be refused or accreditation of individual posts if PMCV considers that the training provider cannot meet the accreditation standards or in situations where significant issues have been identified that the training provider has been unable to address or acknowledges cannot be rectified to satisfactorily meet the accreditation standards.

In instances where withdrawal of accreditation is considered, PMCV will review all possible options for addressing the deficiencies. PMCV will ensure that such a decision does not disadvantage prevocational doctors and, where possible, will take into consideration recruitment and rotation timelines. Failure to demonstrate compliance with a specific condition following a survey visit may also result in accreditation of a post being withdrawn.

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

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

For training providers to be accredited to offer new PGY1 training programs (as a parent training provider) and/or PGY1 terms, the usual model is for the training provider to be involved in medical training across the continuum (e.g. medical students and vocational registrars). Training providers wishing to establish stand-alone PGY1 training programs have usually already been accredited for PGY1 training as a rotation site. Consideration for accreditation of new stand-alone programs (e.g. PGY1 training) will also include assessment of ongoing training pathways.

## 2.4 Changes to prevocational medical training programs and posts

All Victorian training providers accredited for prevocational medical training must ensure that PMCV is advised of any changes to PGY1 and PGY2 posts or rotations between accreditation visits that may significantly affect the education and training of prevocational doctors in accredited posts for a significant period of time (greater than one month) or are intended to be permanently implemented.

For new terms or posts, the PMCV Accreditation Committee should be notified early so that they can be assessed against the accreditation standards and approved prior to prevocational doctors working in the new posts. **It is advisable to contact the Accreditation Manager in the first instance to discuss.**

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

Circumstances which would normally prompt a review of a training program may include (but are not limited to):

- Training provider is no longer able to meet PGY1 training requirements.
- Absence of senior training provider staff with a significant role in prevocational medical training for an extended period with no replacement (e.g. absence of Director Medical Services or Supervisor of Intern Training for greater than one month).
- Significant redesign or restructure of the training provider that impacts on prevocational doctors (for example, a significant change to clinical services provided or a ward closure causing change to caseload and case mix for the term).
- Change to overall accreditation status of training provider (e.g. ACHS accreditation).
- Resource changes that significantly reduce administrative support, training providers or educational programs available.
- Proposal to change (acquire/remove) a prevocational doctor term including external rotations, or a change to the number of prevocational doctors in a rotation.

Circumstances which would normally prompt a review of individual posts may include (but are not limited to):

- Absence of a Term Supervisor for an extended period (e.g. greater than one month) with no replacement.
- Rostering changes that significantly alter access to supervision or exposure to learning opportunities. NOTE: training providers planning to trial changes should still advise PMCV prior to the trial being commenced.
- Change in structure of supervision that will impact on the supervision of prevocational doctors significantly and for an extended period.
- Changes to unit medical staffing resulting in prevocational doctors, particularly PGY1s, undertaking higher/ alternative clinical duties than as described in the accredited rotation term description for an extended period.
- Significant changes to patient case mix or clinical activity that impact on prevocational doctor patient load, and clinical learning, for an extended period.
- Changes to clinical experiences allocated to the term

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

## 2.5 Processes for applying for accreditation.

The PMCV Accreditation Committee reviews all applications for accreditation.

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

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

- a) Re-accreditation of programs and posts: Re-accreditation involves a survey visit. Training providers must complete the *PMCV Accreditation Submission*. This process is usually initiated by the Accreditation Manager in the year prior to the scheduled survey visit with the submission due **two months prior to the survey visit**.
- b) Accreditation of new posts an online form is to be filled in (if the training provider itself is already accredited) or a visit may be required if this is a new rotation site. Training providers should complete the online form which will be reviewed for completeness prior to being forward to the PMCV Accreditation Committee for review **at least two months prior to the proposed recruitment period**.

- c) Accreditation of new programs: This process is a combination of those outlined in points a) and b). **All application forms should be submitted to PMCV at least six months prior to the proposed recruitment period.** The proposal to establish a new training program should initially be discussed with the Accreditation Manager.

Survey visits are normally required prior to the commencement of any new prevocational programs or posts at training providers that have not been previously accredited. For rotation sites, the parent health service is invited to the initial site visit but not to subsequent visits.

- d) Accreditation of a change to program or posts: Initial notification can be in the form of an email to the Accreditation Manager to determine the documentation requirements and process for review depending on the impact on prevocational doctors, especially in terms of clinical supervision or clinical learning. In most cases, training providers will be required to complete the online form. **This notification should be received by PMCV at least 6 weeks prior to commencement of the change or as soon as possible.**

## 2.6 Training post accreditation – supervision and learning requirements.

All PGY1 and PGY2 training programs and posts must be accredited by PMCV. Terms are accredited according to the following (Standard 3.1.3):

- Complexity and volume of the unit's workload
- The prevocational doctor's workload
- The experience prevocational doctors can expect to gain
- How the prevocational doctors will be supervised, and who will supervise them

Posts (and terms) for PGY1s are specifically accredited by unit and number of posts.

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

- *PMCV Clinical Supervision of Prevocational Doctors Guidelines*
- *PMCV Clinical Learning for Prevocational Doctors Guidelines*
- *Guidelines for Prevocational Medical Training in the GP Setting*

These guidelines form the basis of the application process for new PGY1 and PGY2 posts (or terms) and accredited posts must continually meet these requirements. It is crucial that training providers regularly review these guidelines to ensure ongoing compliance at both the training program (governance) and individual post level (particularly for PGY1 terms).

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

### *PGY1 Training*

The intern/PGY1 year is a period of mandatory supervised general clinical experience (provisional registration). It allows medical graduates to consolidate and apply clinical knowledge and skills while taking increasing responsibility for the provision of safe, high quality patient care. Diagnostic skills, communication skills, management skills, including therapeutic and procedural skills, and professionalism are developed under appropriate supervision. PGY1ship also informs career choices for many graduates by providing experience in different medical specialties including general practice and providing a grounding for subsequent vocational (specialist) training. Completion of the Internship

leads to general registration where the doctor has been assessed as having the skills, knowledge and experience to work as a safe entry level medical practitioner.

The *MBA Intern Registration Standard* specifically describes the training requirements for completion of the PGY1 year which should comprise 47 weeks including terms across the four clinical experiences A, B, C and D.

There are some specific learning and supervision requirements which apply to PGY1s:

- PGY1s cannot work in units not accredited for PGY1 training.
- Rotations must be continuous, involve direct patient care and generally not involve travel between multiple sites.
- PGY1s must consult a primary clinical supervisor or day-to-day supervisor regarding management plans for all patients, and all patients should undergo review by a more senior doctor (at some point during presentation/ admission) prior to discharge.
- Their immediate primary clinical supervisor must be awake and onsite at all times and at no time should PGY1s be the sole doctor in the emergency department/Urgent Care Centre
- PGY1s should not be expected to manage obstetric patients or children less than two years of age without direct supervision.
- PGY1s should not be expected to consent patients for surgical procedures.

#### *PGY2 Training*

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

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

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

#### *Evaluation*

Training providers are expected to regularly evaluate PGY1 and PGY2 posts in regards, but not limited to, these parameters:

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

## **2.7 Monitoring of accredited prevocational medical training programs**

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

The formal monitoring tool is the PMCV driven Conditions Monitoring Program that initiated at the finalisation of the health services survey report. For additional information regarding the Conditions Monitoring Program processes, please see PMCVs *CMP Guide for Health Services*

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

#### *Mid-cycle reviews*

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

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

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

## **2.8 Communication of accreditation processes and outcomes**

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

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

These reports are available on the PMCV Website:

- Training providers/programs granted PMCV accreditation.
- Accreditation standards, policies, guidelines and application forms.
- Annual survey visit schedule.
- Detail on all the posts accredited for prevocational doctor training including:
  - i. The parent health service
  - ii. Location of the post being accredited
  - iii. Department in which term is located
- A summary of the outcomes of the accreditation survey visit providing only Section 1: Executive Summary is published with approval of the health service
- A section of the mid-cycle review outlining the progress of the CMP is published with approval of the health service.

## **2.9 Appeals against accreditation decisions.**

A training provider may appeal against the accreditation outcomes determined by PMCV.

The PMCV appeal process has three tiers: first, a reconsideration by the original decision maker; second, an PGY1al review by senior members of the organisation; and

third, a formal appeal by an independent panel. Refer to *PMCV Appeals of Accreditation Decisions Policy* available on the PMCV website ([www.pmcv.com.au](http://www.pmcv.com.au)).

### 3. THE ACCREDITATION SURVEY VISIT

Site visits are a key aspect of the accreditation process.

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

#### 3.1 The survey visits process

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

##### Pre-survey visit (preparation)

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

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

##### The survey visit

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

##### Report and accreditation decision.

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

The final report includes recommendations by the survey team in regards compliance with PGY1 training requirements and the accreditation standards as well as recommendations for improvement. The report also includes an evaluation by the survey team (using the same rating scale used by the training provider) against the accreditation standards.

This report is considered by the PMCV Accreditation Committee, resulting in a recommendation on the duration and status of accreditation awarded to a training provider in regards the training program as well individual posts.

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

#### 3.2 Timelines for the survey visit

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

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

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

### 3.3 Preparation for the survey visit

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

The training provider must allocate a dedicated staff member to work with the PMCV Accreditation Manager to facilitate the survey visit throughout the whole process. PMCV organises forums annually to discuss the survey visit preparation process with training providers due for re-accreditation in that year. Relevant staff are strongly encouraged to attend these forums.

Prior to the survey visit, the following is required:

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

This work should be completed no later than **two months prior** to the survey visit and can be uploaded into the SharePoint platform folders provided by PMCV.

### 3.4 The survey team

PMCV accreditation relies on volunteer team leaders and surveyors drawn from medical education and training in health service, general practices and other settings. Refer *Accreditation Survey Team Member Position Description* for an outline of the role and responsibilities of survey team members along the *PMCV Survey Team Composition for additional details*.

The performance of survey team members is assessed by the team leader, through feedback from team members, the team leader/s and through feedback from the training provider following the survey visit.

Where a survey team has any concerns about the performance of any of the members of the team, whilst on a survey visit those concerns should be raised immediately with the Team Leader and the PMCV representative. Should the concern be raised outside of survey visit, this concern should be raised with the PMCV Accreditation Manager in the first instance. These concerns will subsequently be raised with the Chair, Accreditation Committee.

### 3.5 Pre-visit meeting of survey team

A meeting of the survey team, virtually, occurs four weeks prior to the visit to discuss the following points:

- i. Review submission and identify points to be clarified and further information sought from training provider. This is supported by the *Surveyor Guide* which is continually updated throughout the process to reflect the team's evolving views.
- ii. Review of conditions and recommendations from previous visit.
- iii. Review PGY1/PGY2 survey results.
- iv. Review of the MTS survey results (if available)
- v. Develop a plan for the visit including delegation of responsibilities to survey team members (team members not to communicate directly with the training provider to avoid conflict of interest or any possible appeals).

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

### 3.6 Timetable of the survey visit

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

The timetable for the survey visit includes the following:

- An introductory meeting of the survey team with the training provider executive including the Chief Executive Officer, the Director of Medical Services (or delegates), Medical Education and Workforce Units including the Supervisor of Intern Training and Directors of Clinical Training. This meeting sets the scene in terms of the governance and strategic direction of the training provider as well as addressing issues from the previous survey visit and any that are current.
- A meeting with the Supervisor of Intern Training and/or Director of Clinical Training and the Medical Education Team
- A meeting or meetings, preferably immediately after the introductory meeting, separately with PGY1s and PGY2 staff. It is preferred if the survey team obtains feedback from multiple sources (including online survey and interview) for all PGY1 and PGY2 posts.
- A meeting with term supervisors and other senior medical staff responsible for prevocational supervision. This meeting should include the term supervisors of the PGY1 positions to be accredited.
- A meeting with registrars and nurse unit managers who work with prevocational doctors.
- A meeting with the Aboriginal Liaison Unit, or equivalent who work with and/or provide education to the prevocational doctors.
- A tour of the training providers including HMO lounge, 1-2 wards (review of HMO workspace)/ storage of belongings/ library and education/ simulation centre.
- A debriefing session of the survey team with relevant staff of the training provider.

### 3.7 Feedback to the training provider

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

The focus of the feedback session will be on the positives and any major issues identified. The issues list may not be exhaustive so recommendations may appear in the report which the training provider was not initially made aware of the given time constraints.

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

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

### 3.8 Report and recommendations

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

After response from the health service, any factual updates will be made along with the addition of the commendations, conditions, recommendations and a risk rating per condition. The survey report is then considered by the PMCV Accreditation Committee.

Once approved by the Accreditation Committee, the full report is forwarded to the training provider, and a response is sought from the training provider in relation to the condition and recommendations in the report within a specified timeframe.

After the PMCV Accreditation Committee has made its decision in regards duration of accreditation, it reports its decisions to the PMCV Board, and the Medical Board of Australia is also informed.

An accreditation certificate is sent to the training provider at the end of the process.

A portion of the report including a summary of the accreditation outcomes is published on the PMCV website.

### 3.9 Conditions Monitoring Program

A Condition Monitoring Program (CMP) is applied with the aim of a PMCV Taskforce working 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, 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 Statewide Monitoring Program, listing all Health service accredited by PMCV, and reviewed by the Accreditation Committee at each meeting.

## **3.10 Confidentiality**

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

In order to discharge its accreditation function, the PMCV requires training providers undergoing assessment and accreditation to provide considerable information in accreditation submissions and in subsequent progress reports. This may include sensitive information, such as strategic plans, staff plans, budgets, honest appraisal of strengths and weaknesses and commercial-in-confidence material. Information related to an accreditation visit, such as the training provider submission, contents of previous survey reports or associated material or data, must be treated by the survey team members in confidence and not disclosed either directly or indirectly. Matters concerning the accreditation should only be discussed with the training provider staff and other survey team members.

Survey team members should also treat with confidence all information and discussions provided by other team members during the review.

Survey team members must ensure that:

- All confidential information accessed for their work as a surveyor for the PMCV including information provided by the training provider, documents relating to any previous survey visit and any report authored or co-authored in this capacity is confidential and will be used for the sole purpose of fulfilling the role as a surveyor and member of the PMCV.

- Take all reasonable steps to ensure that any unauthorised person does not have an opportunity to inspect or otherwise have access to the confidential information where "unauthorised person" means any person other than those persons permitted by the PMCV to have access to the information.
- At the completion of the accreditation process, forward all hard copy material to the Accreditation Manager for confidential disposal and *make all reasonable efforts to permanently delete all electronic information pertaining to the visit.*

The PMCV retains the following materials (electronically):

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

The PMCV securely destroys the following materials:

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

### 3.11 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 Committee Chair and/or PMCV delegate as soon as they become aware of a potential conflict of interest.

The committee members should seek direction from the Committee Chair 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).

### **Committee Meeting Conflict of Interest Procedure (AC)**

1. The Chair to formally invite all members at the start of each Committee meeting to declare any conflict or potential conflict of interest.
2. On advice of known or potential conflict, the Chair to motion for committee agreement on:
  - a. If the conflict exists (is substantiated) or not as the item be for noting only
  - b. If the conflict exists (is substantiated), the member should step out from the meeting/discussion and noted in the agenda and the minutes.
3. Substantiated conflicts declared must be recorded in the minutes, any action needs to be recorded clearly and transparently.
4. For ongoing matters where a committee member has a conflict, the Chair to confirm appropriate arrangements with the member and advise the committee to ensure there is no impact from the conflict. The COI should be identified in the agenda and/or minutes with mention of the COI and the need for the specific team member to 'Step Out' during discussion of the item.
5. During the meeting and just prior to the COI agenda item, the Chair to advise the member when they are required to 'Step Out' of the meeting.
6. This is recorded in the minutes each time.
7. If a conflict of interest involves the Chair, then the Deputy Chair or delegate will take over and manage the discussion. This should be noted in the agenda and minutes.

### **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. REVIEW OF PMCV ACCREDITATION STANDARDS AND PROCESS**

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

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

A feedback survey is also distributed to all team members at the end of each visit to provide feedback on both the overall visit logistics and other team members in a confidential process. This information is collated and evaluation presented to both the Accreditation Committee for review and the Survey Team Leaders at the annual meeting to address any changes/learnings.

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

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

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

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