



22 December 2017

Ms Carol Jordon
Chief Executive Officer
Postgraduate Medical Council of Victoria
PO Box 13330
LAW COURTS VIC 8010

Dear Ms Jordon

Re: Outcome of the Postgraduate Medical Council of Victoria's 2017 progress report

Thank you for submitting the Postgraduate Medical Council of Victoria's 2017 progress report and report on conditions. The AMC reviews progress reports by intern training accreditation authorities as part of its monitoring to ensure that accredited providers and authorities continue to meet the relevant standards and domains.

PMCV's 2017 report and reviewer commentary were considered by the 10 November 2017 meeting of the Prevocational Standards Accreditation Committee.

The Committee accepted the report and commended the quality of the report presented.

The AMC has found that PMCV continues to meet the domains for assessing accreditation authorities. It has also satisfied the following condition on accreditation:

- 3.1 In view of the heavy workload and limited resources, monitor and advise the AMC of any changes to capacity to achieve objectives in relation to accrediting intern training programs.

The AMC noted the following conditions as progressing:

- 4.5 Provide information about mechanisms for dealing with concerns for patient care and safety if evidence of this is identified during a survey visit.
- 4.11 Develop more effective mechanisms for distribution of outcomes of accreditation to junior doctors within health services to assure them that their concerns and commendations have heard and that are being addressed.
- 5.1 Engage health consumers and community members in PMCV accreditation functions.

The AMC will advise the Medical Board of Australia of this decision.

The Committee's detailed feedback on the report is at **Attachment 1**.

Thank you for submitting the 2017 progress report. The AMC will seek a report for next year by **2 October 2018**.

If you wish to discuss the outcome of the 2017 report, please do not hesitate to contact Sarah Vaughan, Manager, Prevocational Standards Accreditation at sarah.vaughan@amc.org.au.

Yours sincerely

A handwritten signature in cursive script that reads "Theanne Walters".

Theanne Walters
Deputy Chief Executive Officer



AMC Prevocational Standards Accreditation Committee's consideration of the Postgraduate Medical Council of Victoria's 2017 progress report

Explanation of findings:

Accreditation Condition

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| Unsatisfactory | The intern accreditation authority may not meet the related Domain and AMC should investigate further. |
| Not Progressing | No progress or overly slow progress. |
| Progressing | Indicates satisfactory progress against the recommendation, with further reporting necessary. |
| Satisfied and closed | The intern accreditation authority has satisfied all requirements and can cease reporting against the Condition. Condition is closed. |

Quality Improvement Recommendation

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| No Rating | Insufficient information to make a judgement. |
| Progressing | Indicates satisfactory progress against the condition or recommendation, with further reporting necessary. |
| Satisfied and closed | The intern accreditation authority has satisfied all requirements and can cease reporting against the Quality Improvement Recommendation. Recommendation is marked as closed. |

Statistics and annual updates

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| No Rating | Insufficient information to make a judgement. |
| Progressing | Indicates satisfactory progress against recommendation, with further reporting necessary. |
| Satisfied and closed | The intern training accreditation authority has satisfied all requirements and can cease reporting against this information request. |

The summary that follows records an overall finding for each Domain. The findings against specific attributes are listed only where the finding has changed or this is a finding of substantially met or not met.

Domain 1: Governance

| Accreditation status in 2017 | | |
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| Domain 1 | Status remains: Met | |
| Report on new domains | Finding | Commentary |
| 1.2 The intern training accreditation authority's governance and management structures give appropriate priority to accrediting intern training programs including the impact of these programs on patient safety. This should also include the way these programs address the wellbeing of junior doctors. (Updated for 2017) | Met | Noted that revisions to the national standards related to patient safety and junior doctor wellbeing have been incorporated into PMCV's accreditation standards and processes from 2017. In 2018 please describe how the recognition of the impact of PMCV's accreditation program on patient safety and junior doctor wellbeing is reflected within the governance and management structures. For example if this is reflected in the governing body's terms of reference and procedural documents. |
| Conditions: Nil | | |
| Quality improvement recommendations | Finding | Commentary |
| 1.3 Continue efforts to enhance resources to further develop the website and educational resources. <u>In the 2017 report the AMC requested:</u> Noted a number of developments including enhancements to the PMCV website, a monthly accreditation newsletter and work on developing and distributing professionalism resources. Noted the plans to improve the branding of the JMO forum and raise awareness of their work and role. In 2017, PMCV is requested to provide an update on progress in this area. | Satisfied and closed | Noted the further development of the website and face to face workshops as well as additional material for supervisors. |
| Summary of significant developments | | |
| No significant developments reported. | | |
| Summary against Domain 1 | | |
| The AMC considered progress against this domain as satisfactory, with the quality improvement recommendation now satisfied and closed. | | |

Domain 2: Independence

| Accreditation status in 2017 | | |
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| Domain 2 | Status remains: Met | |
| Conditions: Nil | | |
| Quality improvement recommendations: Nil | | |
| Summary of significant developments | | |
| No significant developments reported. | | |
| Statistics and annual updates | Finding | Commentary |
| <p><u>In the 2017 report the AMC requested:</u> In 2017, PMCV is requested to provide an update on the implementation and any evaluation of the new conflict of interest policy and of the online meeting portal, with regard to managing conflicts of interest.</p> | Progressing | <p>Noted that the conflict of interest policy was not revised but aligned in response to inconsistencies identified across the accreditation activities.</p> <p>In the 2018 report provide an evaluation of the online meeting portal, with regard to managing conflicts of interest.</p> |
| <p>Summary against Domain 2 The AMC considered progress against this domain as satisfactory. Please report on the item marked as progressing in the 2018 report.</p> | | |

Domain 3: Operational management

| Accreditation status in 2017 | | |
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| Domain 3 | Status remains: Met | |
| Conditions | Finding | Commentary |
| <p>3.1 In view of the heavy workload and limited resources, monitor and advise the AMC of any changes to capacity to achieve objectives in relation to accrediting intern training programs.</p> <p><u>In the 2017 report the AMC requested:</u> Noted that PMCV does not anticipate any changes to capability to achieve intern accreditation objectives during the accreditation period. In 2017, PMCV is requested to provide an update on the implications for PMCV's workload as a result of changes to international medical graduate (IMG) registration and requests for additional accredited posts for IMGs.</p> | Satisfied and closed | Noted that the changes to IMG registration have had minimal impact on workload. |
| Quality improvement recommendations | Finding | Commentary |
| <p>3.2 Publicise the outcomes of PMCV's evaluations more widely as a mechanism for highlighting strengths of the processes.</p> <p><u>In the 2017 report the AMC requested:</u></p> | Satisfied and closed | Noted that the PMCV Accreditation Program Quality Review Report was revised in 2017 and widely disseminated by email and on the website. Noted that |

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| Noted that PMCV completed an evaluation in 2015 and developed the <i>PMCV Accreditation Program Quality Review Report</i> . The report includes an action plan for 2016 and comparison of evaluation data and outcomes from 2014. This report has been published on the website. | | all 2016 action items have now been addressed. |
| 3.3 Consider storage of intern related records, for the purposes of confidentiality, in PMCV's overarching records management policy. <u>In the 2017 report the AMC requested:</u> Noted that the <i>Records Management Policy and Storage Guidelines Policy</i> was approved at the August meeting of the Board. Note: the condition relates to management of the confidential aspects of interns' records, given PMCV's multiple roles in junior doctor education, welfare and assessment. In 2017, PMCV is requested to provide further information with regard to the management of the confidential aspects of interns' records. | Satisfied and closed | Noted that intern records are stored confidentially on the PMCV server and "only available to relevant staff". |
| Summary of significant developments | | |
| No significant developments reported. | | |
| Statistics and annual updates | Finding | Commentary |
| Please report on any changes resulting from the PMCV Accreditation Program Quality Review Report and updates on the implementation and evaluation of the risk management framework. | Progressing | A concise and comprehensive table of changes. Note some are still in progress and/or for review in 2018. Please provide an update in 2018. |
| Summary against Domain 3 The AMC considered progress against this domain as satisfactory, with the condition now satisfied and closed. Please report on the item marked as progressing in the 2018 report. Noted there is evidence of operational management responsiveness to feedback and changing external environment. | | |

Domain 4: Process for accreditation of intern training programs

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| Accreditation status in 2017 | | |
| Domain 4 | Status remains: Met | |
| Report on new domains | Finding | Commentary |
| 4.6 The accreditation process is cyclical, in line with national guidelines and standards, and provides regular monitoring, and assessment of intern programs to ensure continuing compliance with the approved Intern | Met | Noted that PCMV standards have been updated to reflect new standards. The new standards were specifically discussed at all survey visits in 2017. |

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| <p>training – National standards for programs.</p> <p>Please describe how the revised Intern training – National standards for programs were incorporated into the authority’s accreditation standards and implemented in 2017.</p> | | |
| <p>4.7 The intern training accreditation authority has mechanisms for dealing with concerns for patient care and safety identified in its accreditation work, including accreditation assessment, monitoring and complaints processes</p> | <p>Substantially met</p> | <p>Noted that current mechanisms are case by case and will be incorporated into Accreditation guide. The mechanisms do appear to be general and not specific to the issue of patient care safety. In the 2018 report provide information on how mechanisms will deal specifically with concerns for patient care and safety.</p> |
| <p>4.8 The intern training accreditation authority has mechanisms for identifying and dealing with concerns about junior doctor wellbeing or environments that are unsuitable for junior doctors in its accreditation work including accreditation assessment, monitoring and complaints processes.</p> | <p>Substantially met</p> | <p>Noted the mechanism for feedback and identification of major factors that may affect junior doctor wellbeing. While the issues of sexual harassment and bullying have extensive resources on the website under education, there appears to be no specific recognition of these issues in this accreditation. Provide an update on this in the 2018 report.</p> |
| <p>Conditions</p> | <p>Finding</p> | <p>Commentary</p> |
| <p>4.5 Provide information about mechanisms for dealing with concerns for patient care and safety if evidence of this is identified during a survey visit.</p> <p><u>In the 2017 report the AMC requested:</u></p> <p>Noted that PMCV indicates that if patient safety concerns arise during a site visit the mechanisms for dealing with this include conditions and recommendations with monitoring processes and timelines dependent on the issue. PMCV guidelines have been reviewed and modified to emphasise safety of patient care.</p> <p>PMCV queried the intent of this condition. The AMC team received different responses from stakeholders (including surveyors) about how patient safety issues would be addressed if identified as part of a survey visit (even if it wasn’t specifically the term being accredited), including the immediate response of the survey team. The condition concerns an organisational approach to these issues. This links to revisions to the Domains for assessing authorities. All intern training accreditation authorities will be asked to specifically address the new standards</p> | <p>Progressing</p> | <p>As per 4.7 above.</p> |

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| regarding patient safety and junior doctor wellbeing in 2017. | | |
| <p>4.11 (Previously 4.9) Develop more effective mechanisms for distribution of outcomes of accreditation to junior doctors within health services to assure them that their concerns and commendations have heard and that are being addressed.</p> <p><u>In the 2017 report the AMC requested:</u></p> <p>Noted the mechanisms used by PMCV for distribution of outcomes of accreditation. This now includes a mechanism for distribution of conditions and recommendations in the survey report to those who participated in the survey visit meetings (particularly junior doctors). Health facilities will now also be asked to provide details of how these outcomes were distributed. This process will be evaluated at the end of 2016. In 2017, PMCV is requested to provide an update on the evaluation of this process.</p> | Progressing | <p>Noted that all facilities accredited in 2016 have provided information on outcomes to junior doctors and supervisors. In the 2018 report please provide information about the planned evaluation of this process.</p> <p>Noted work on website publication is progressing.</p> |
| Quality improvement recommendations | Finding | Commentary |
| <p>4.3 Consider issues of subtle conflicts of interest or perceived bias in selection of surveyors, particularly lead surveyors.</p> <p><u>In the 2017 report the AMC requested:</u></p> <p>Noted PMCV's processes for managing conflict of interest which include self-selection and oversight by the subcommittee.</p> <p>This recommendation related to issues of 'subtle conflict' or 'perceived bias' in selection of surveyors, not necessarily to declared conflicts. The accreditation report refers to an example of subtle conflicts with two team leaders being responsible for accrediting each other's facilities.</p> <p>PMCV is requested address how it manages subtle conflicts or perceived bias in the selection of surveyors in 2017.</p> | Satisfied and closed | <p>Noted that there is at least a two stage process of review of teams, and at the accreditation subcommittee review the issue of perceived bias is specifically addressed.</p> |
| <p>4.5 Consider how PMCV might disseminate more widely information about innovations and good practice in intern training and education in health services.</p> <p><u>In the 2017 report the AMC requested:</u></p> <p>Noted that PMCV has set up a monthly newsletter. The PMCV Symposium is seen as another opportunity for PMCV to disseminate information about</p> | Progressing | <p>Noted that the monthly newsletter is ongoing and that there is significant PMCV contribution to the National Forum. In the 2018 report provide an update on any proposed additional mechanisms for sharing good practice.</p> |

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| innovations and good practice. PMCV notes there is an opportunity to identify innovative practices during accreditation visits and share this more widely. In 2017, PMCV is requested to provide an update on any proposed additional mechanisms for sharing good practice. | | |
| Summary of significant developments | | |
| Noted the PMCV has now completed a full cycle of accreditations 2013-17 and will be undertaking a review of guidelines and tools for the next cycle from 2018 onwards. | | |
| Statistics and annual updates | | |
| Standard information is requested for each progress report. The AMC noted this information was provided. | | |
| Summary against Domain 4 | | |
| The AMC considered progress against this domain as satisfactory. Please report on the item marked as progressing and substantially met in the 2018 report. | | |

Domain 5: Stakeholder collaboration

| Accreditation status in 2017 | | |
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| Domain 5 Attribute 5.1 | Status remains: Met Status remains: Substantially met | |
| Conditions | Finding | Commentary |
| 5.1 Engage health consumers and community members in PMCV accreditation functions. <u>In the 2017 report the AMC requested:</u> Noted PMCV has been exploring options for engagement of consumer and community members including piloting the use of trained community members on survey visits. In the 2017 report please provide an update on PMCV's mechanisms to engage health consumers and community members in PMCV accreditation functions, including the results of the pilot. | Progressing | Note that two community surveyors have been trained and involved in visits last year and that a guideline regarding participation in the process has been developed. In the 2018 report please provide the results of the planned evaluation. |
| Quality improvement recommendations | Finding | Commentary |
| 5.1 Consider opportunities to engage junior doctors and term supervisors more broadly, rather than largely through the accreditation process. <u>In the 2017 report the AMC requested:</u> PMCV outlined a number of mechanisms for engaging junior doctors in functions that are broader than the accreditation process for example, the PMCV | Progressing | Noted that there are regular forums and resources being developed. In the 2018 report provide an evaluation of activities in this area. |

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| <p>Symposium and involvement in educational related project groups.</p> <p>This quality improvement recommendation related to engaging a broader group of junior doctors and term supervisors (other than those directly involved in PMCV processes) rather than mechanisms to engage that already engaged group in broader activities.</p> | | |
| <p>Summary of significant developments</p> | | |
| <p>Noted the increased strategic involvement with DHS, the improved engagement with the DMS group and significant activity at the National Forum.</p> | | |
| <p>Summary against Domain 5</p> <p>The AMC considered progress against this domain as satisfactory, with conditions and quality improvement recommendations both progressing.</p> | | |