



# **PMCV submission to the AMC Prevocational Standards Accreditation Committee for accreditation as an intern training accreditation authority**

**April 2015**

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**Postgraduate Medical Council of Victoria Inc.**  
**SUBMISSION TO AUSTRALIAN MEDICAL COUNCIL FOR**  
**ACCREDITATION AS AN INTERN ACCREDITATION AUTHORITY**

**Identifying information**

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## INTRODUCTION

The Postgraduate Medical Council of Victoria Inc. (PMCV) was established as a not-for-profit organisation in August 1999 and has a broad role in education, welfare and professional development of junior medical officers (JMOs) and in supporting supervisors, educators and medical workforce managers working with JMOs.

PMCV has the delegated responsibility for intern accreditation and for the review of PGY2 posts across a range of clinical settings in Victoria. Accreditation of facilities that offer both intern and PGY2 training occurs conjointly to facilitate ongoing improvement in the overall quality of prevocational junior doctor education and training.

From 2015, intern and PGY2 training in Victoria will be provided by 22 parent health services/intern training programs and 15 rotation sites, including two rural private hospitals. Three of the parent health services are only accredited for intern training and seven receive interns on rotation while operating their own stand-alone training programs. Ten of the rotation sites are intern only, three are PGY2-only and two receive both interns and PGY2s on rotation. There have been four new rural community intern training (RCIT) programs accredited for 2015 (making a total of five such programs in Victoria from 2015).

Appendix 1 provides a list of all the facilities accredited for intern medical training.

Appendix 2 provides a list of accredited intern training programs in Victoria 2015.

Appendix 3 provides a list of all the intern posts accredited in Victoria.

There has been significant growth in intern posts in Victoria in recent years. In 2008 there were 462 intern posts. This number has increased steadily to 761 posts for 2015, a 65% increase. There has been a commensurate rise in the number of PGY2 posts.

In 2014 there were 36 general practices accredited for intern (24) or PGY2 (12) posts in Victoria, mostly in rural and regional Victoria. From 2015, with the cessation of funding via the Prevocational General Practice Placements Program (PGPPP), there are only 11 general practices participating in intern training and no general practice sites offering PGY2 posts.

PMCV has also facilitated accreditation of posts for interns who require part-time training or have had their training interrupted. This program, supported by funding from Victorian Department of Health and Human Services, allows these doctors to complete internship in a supernumerary capacity with a learning/training plan formally approved by the Accreditation subcommittee and managed by the PMCV's Medical Advisor.

PMCV has also accredited a limited number of innovative 'redesign' junior doctor rotations at Victorian health services, which are currently all at PGY2/PGY3 level. Applications for redesign posts are assessed using a specific application form developed for non-clinical posts. Feedback from JMOs via survey visits undertaken since commencement of these posts has been very positive.

The following pages of this submission address the five domains on which the PMCV will be assessed as an intern training accreditation authority.

### Appendices for this section:

*Appendix 1 - List of all accredited intern training facilities in 2015*

*Appendix 2 - List of accredited intern training programs in Victoria 2015*

*Appendix 3 - List of accredited intern posts in Victoria 2015*

## Domain 1: Governance

The intern training accreditation authority effectively governs itself and demonstrates competence and professionalism in performing its accreditation role.

**Attribute 1.1: The intern training accreditation authority is a legally constituted body subject to a set of external standards/rules related to governance, operation and financial management.**

The Postgraduate Medical Council of Victoria Inc. (PMCV) is an Incorporated Association registered by the Department of Justice, Victoria Consumer Affairs in accordance with the *Associations Incorporation Reform Act 2012*. The PMCV was registered as an Association on 17 August 1999 (Registration NO: A0038523M) and our ABN is 11296600377. The PMCV's mission is outlined in the Council's Statement of Purpose and Rules:

*The purpose of the Postgraduate Medical Council of Victoria (**the Council**) is to contribute to the development of a high quality medical workforce that meets the needs of the Victorian health system. The Council supports the education, training, welfare and career development of doctors who have recently graduated or commenced work in Victoria and works with the professional entry and specialist vocational training bodies and relevant national bodies to promote integration of medical education and training.*

The governing body of the PMCV is an 11 member Board established in July 2012 following a Board initiated review of governance. The PMCV Board meets at least four times per year and receives reports from Board established committees. The Board has established a Finance and Risk Committee, a Nomination Committee (as required for Board/senior appointments), and five subcommittees (Accreditation, Education, HMO Managers, Workforce and IMG). The PMCV also supports bi-annual meetings of the Victorian Clinical Deans Group and the Victorian JMO Forum (five meetings per annum).

The current governance structure has been in place since July 2012. The Board reviewed its Statement of Purposes and Rules during 2013 to ensure it was aligned with new provisions in the *Associations Incorporation Reform Act 2012* with minor changes approved by a special resolution of members in September 2013 and subsequently approved by the Victorian Department of Justice.

The organisational structure is shown in Appendix 4.

The PMCV's Statement of Purposes and Rules is included at Appendix 5.

**Attribute 1.2: The intern training accreditation authority's governance and management structures give appropriate priority to accrediting intern training programs relative to other activities.**

The PMCV 2013-2015 Strategic Plan (Appendix 6) is built around five domains with Domain 1 relating to Accreditation. The Plan sets out our key challenges, our previous successes and our strategic priorities for the three year period. A new strategic plan is currently under development.

The Board has delegated routine accreditation matters to the Accreditation subcommittee (refer Appendix 7, section 4.3) The subcommittee: reviews applications for new intern posts and programs; receives survey visit reports for accreditation and re-accreditation of facilities; makes recommendations on intern and PGY2 accreditation (duration and status of both programs and posts); and receives progress reports on new posts, mid-cycle re-accreditation reports and correspondence from facilities in relation to changes to posts or other matters relevant to accreditation. Progress reports are required within the first year of operation for all new intern posts and programs, as well as for posts and programs where recommendations have been made that

include a requirement for review. After receiving a report the subcommittee may recommend further monitoring or an additional survey visit to the facility.

The Board must approve all new accreditation policies, procedures or initiatives and be referred any matter that may affect the reputation of the PMCV. The Accreditation subcommittee provides a report on activities to each PMCV Board meeting.

The Accreditation subcommittee meets monthly from February to November and an Executive Committee is appointed to act during December and January with actions referred to the first meeting in February for endorsement.

The terms of reference of the Accreditation subcommittee were reviewed in early 2015 (Appendix 7) to reflect the Contract of Services between AHPRA and the PMCV (Schedule 2 - The Accreditation Services) and the Department of Health annual service agreement (Domain 1 - Accreditation).

There is an annual meeting with the Victorian Board of the Medical Board of Australia and, until the end of 2014, PMCV provided reports to the Board each quarter and an annual report on intern accreditation activity (Appendix 8, *2013/14 Annual Report to the Victorian Board of the MBA*). From 2015, in accordance with the reporting requirements in the contract between PMCV and the AHPRA, PMCV will provide reports on accreditation activities twice yearly (31 March and 30 September), an annual work plan and an annual report, and will also publish details on accreditation of intern training programs and posts on the PMCV website.

PMCV also provides an annual report on PGY2 accreditation activity to the Victorian Department of Health (Appendix 9, *2013/2014 Annual Report to Department of Health*).

**Attribute 1.3: The intern training accreditation authority is able to demonstrate business stability, including financial viability.**

The PMCV has been operating as an Incorporated Association for 15 years. During that time, the Council has maintained both business and financial stability and has enjoyed a good working relationship with the Department of Health (restructured to Department of Health and Human Services on 1 January 2015). The Department provides annual funding of approximately \$1 million for core activities, including PGY2 accreditation, which has been supported since 2003-2004. PMCV has also been successful in gaining additional funding from the Department to enable interns to complete internship (if they have not successfully completed all requirements for general registration) and to offer part-time internships for those who have had interruptions to their training (e.g. for health or family reasons).

PMCV also receives funding from the Australian Health Practitioner Regulation Agency /Medical Board of Australia for intern related accreditation functions. PMCV received additional funding of \$50,000 (GST inclusive) for 2012/2013 from the Medical Board in recognition of the significant increase in the number of intern positions reviewed and accredited by the PMCV. Recently, the funding model was reviewed and from 1 January 2015, PMCV will receive \$250 per accredited intern post (approximately \$135,432 in the 2014/2015 financial year, up from \$76,614 in the 2013/2014 financial period, GST exclusive).

PMCV has, in the past, been successful in obtaining project grants from both the State and Commonwealth governments and has a well-earned reputation for completion of projects on time and within budget.

A small number of fee-paying professional development programs have been offered since mid-2012 and it is anticipated that these offerings will expand.

The current financial position of the Council is sound, as demonstrated by the financial reports (Appendix 10, *PMCV Annual Report 2013/2014*, pp.33-48).

**Attribute 1.4: The intern training accreditation authority's accounts meet relevant Australian accounting and financial reporting standards.**

The PMCV is a Tier 3 organisation under the *Associations Incorporation Reform Act 2012* and is required to appoint a registered independent auditor. The Board approves the appointment of the independent external auditor at its Annual General Meeting and the accounts are prepared in accordance with statutory requirements (Appendix 10, *PMCV Annual Report 2013/2014*, pp.33-48).

**Attribute 1.5: There is a transparent process for selection of the governing body.**

The governing body of the PMCV is an 11 member Board established in July 2012 following a Board initiated review of governance. Membership comprises four nominated members (a nominee of each of the three Victorian medical schools and a nominee of the Victorian Minister of Health) and seven elected members (a general practitioner, an emergency medicine physician, a consultant surgeon, a consultant physician, a medical manager, a medical educator and a medical graduate with less than 3 years' experience). When an elected member vacancy arises stakeholders are formally invited to nominate and nominations are reviewed by the Board's Nomination Committee and recommendations provided to the Board for approval. Elected members may serve on the Board for a maximum of 6 years. The current membership of the Board is set out in Appendix 11.

There is a nomination and selection process for filling positions on all subcommittees including the Accreditation subcommittee:

- Vacancies are advertised in the PMCV e-newsletter, on the website and by direct email to appropriate groups depending on the vacancy (e.g. Colleges, Directors of Medical Services, Supervisors of Intern Training and clinical supervisors, JMO Forum and junior doctors).
- Where there is more than one nomination for a vacancy, the secretariat provides a recommendation to the subcommittee.
- Where there is one nominee he or she is be considered by the subcommittee and a recommendation referred to the Board.
- Nominations for membership of any subcommittee is endorsed by the PMCV Board.

Membership of both the PMCV Board and the Accreditation subcommittee is published on the PMCV website.

**Attribute 1.6: The intern training accreditation authority's governance arrangements provide input from stakeholders, including health services, intern supervisors, and interns.**

The membership of the PMCV Board reflects key stakeholder groups for intern training, including a medical educator, a junior medical officer, a medical manager, a nominee of the three Victorian medical schools, speciality craft groups (i.e. an Emergency Physician, a Surgeon, a Physician and a General Practitioner) and nominee of the Minister of Health.

Membership of the Accreditation subcommittee allows decision making by representatives of independent, expert stakeholder groups. The membership comprises health service representatives, including Directors of Medical Services, medical educators, HMO managers, intern supervisors, and senior and junior medical staff. When considering nominations for vacancies, broad representation of metropolitan, regional and rural health services is considered, as well as a mix of clinical, educational and administrative representatives.

The mix of clinical and non-clinical education representatives was reviewed by the subcommittee in early 2015, and subsequently the PMCV Board, endorsing a change to increase medical education representatives from three to four with at least two of these representatives to be clinical educators.

The current membership of the Accreditation subcommittee is attached as Appendix 12.

All other subcommittees of the PMCV (e.g. Education, Workforce and IMG (International Medical Graduate)) have Terms of Reference with a similar format to the Accreditation subcommittee and there is annual review of membership.

The Council supports quarterly meetings of medical educators and supervisors of prevocational doctors and uses these workshops to communicate new initiatives (e.g. National Intern Training Framework, Intern Assessment Form), to seek their feedback on policies, guidelines and resources and to seek feedback to inform our submissions (.e. National Medical Intern review, AHPRA consultations on standards and Supervision guidelines).

The Council supports 4-5 meetings of the Victorian JMO Forum annually which comprises PGY1 and PGY2 doctors nominated by Victorian health services.

*Appendices for this domain:*

*Appendix 4 - PMCV organisational structure*

*Appendix 5 – PMCV’s Statement of Purposes and Rules*

*Appendix 6 – PMCV Strategic Plan 2013-2015*

*Appendix 7 - Terms of Reference, Accreditation subcommittee*

*Appendix 8 - 2013/14 Annual Report to the Victorian Board of the Medical Board of Australia (MBA)*

*Appendix 9 -2013/14 Annual Report to Department of Health*

*Appendix 10 - PMCV 2013/14 Annual Report*

*Appendix 11 - Membership of PMCV Board*

*Appendix 12 - Membership of the Accreditation subcommittee*

## Domain 2: Independence

The intern training accreditation authority carries out independently the accreditation of intern training programs.

**Attribute 2.1: The intern training accreditation authority makes its decisions about accrediting programs independently. There is no evidence of undue influence from any area of the community, including government, health services, or professional associations.**

PMCV exists separately to the Department of Health and Human Services (DHHS) and retains independent decision making. PMCV consults widely with key stakeholders, but has processes in place to prevent undue influence by facilities being assessed for accreditation, professional associations, government or other community groups (refer also Attribute 2.2).

PMCV currently has interim approval as an intern training accreditation authority by the Medical Board of Australia (Appendix 13). The Victorian Department of Health and Human Services has authorised PMCV to review PGY2 posts in Victoria for the purposes of quality improvement

PMCV has structures in place to ensure a rigorous approach to accreditation recommendations.

Decision-making by the subcommittee is solely based on assessment against PMCV accreditation standards and guidelines and the AMC intern training requirements. Decisions are made by representatives of independent, expert stakeholders. The terms of reference of the Accreditation subcommittee (Appendix 7) set out the key objectives of the subcommittee including its annual work plan, guidelines for membership of the subcommittee, meeting procedures, the role of the Chair/Deputy Chair, delegations in relation to decision-making and how accreditation outcomes are to be reported.

Accreditation survey teams comprise members who have no recent association with the facility being accredited. The recruitment process for survey teams includes a declaration of any potential conflicts of interest. The *Accreditation Survey Team Member Position Description* (Appendix 14) was reviewed in early 2015. The previous surveyor and team leader position descriptions and the confidentiality agreement have been incorporated into a single document. All survey team members must sign the agreement to acknowledge and agree to fulfil the expectations of an accreditation survey team member in regards to confidentiality, conflict of interest and objectivity and survey visit responsibilities.

Facilities are given an opportunity to review the proposed membership of their survey team and can request a survey team member be replaced prior to the accreditation visit if they believe there is a conflict of interest.

There have been no situations in the last 12 months where the independence of decision making about accreditation of intern training programs or posts has been questioned.

**Attribute 2.2: The intern training accreditation authority's governing body has developed and follows clear procedures for identifying and managing conflicts of interest.**

PMCV decision-making processes involve stakeholders who hold multiple positions and perform a variety of roles. Some conflicts of interest are inevitable. PMCV has clear procedures for declaration and management of conflicts of interest at all levels of the organisation, including at Board level (required under the *Associations Incorporation Reform Act 2012*). These are outlined in the *Conflict of Interest Policy* (Appendix 15).

At the Board, Finance and Nomination Committee and subcommittee levels there is a standard agenda item on all committee meeting papers requiring members to declare any conflict of interest in relation to items on the agenda.

*Members having a direct or indirect material financial interest in any matter before this meeting must disclose that interest to the Chair or via the Secretary of the Committee prior to consideration of the matter, and must not be present during discussion on the matter.*

*The papers circulated as part of this agenda are for the information of members only and should not be circulated to any non-members without prior approval of the Chair/Secretary.*

Any conflict of interest declared at a meeting is recorded in the minutes of that meeting. A member may be required to leave the meeting during discussions that involve their interests.

The *PMCV Accreditation Guide* includes an explanation of conflict of interest for survey and team members for the information of facilities reflecting the *Accreditation Survey Team Member Position Description* (Appendix 14). The Guide is currently being revised following the review of policies and procedures and will be circulated once completed.

Refer also Attribute 4.3.

*Appendices for this domain:*

*Appendix 7 - Terms of Reference, Accreditation subcommittee*

*Appendix 13 - Approval of PMCV as an intern training accreditation authority*

*Appendix 14 - Accreditation Survey Team Member Position Description*

*Appendix 15 - Conflict of Interest Policy*

### Domain 3: Operational management

The intern training accreditation authority effectively manages its resources to perform functions associated with accrediting intern programs.

#### **Attribute 3.1: The intern training accreditation authority manages human and financial resources to achieve objectives in relation to accrediting intern training programs.**

Funding for PMCV accreditation activities is provided by the MBA and DHHS for intern accreditation and by DHHS for PGY2 accreditation. Other PMCV activities are funded by DHHS. The Board has been exploring ways to broaden the revenue base (e.g. an expansion of professional development programs on a fee-basis and computer matching for College training programs).

An annual work plan (Appendix 16) is prepared by the Accreditation Manager for review of the Chair, Accreditation subcommittee, CEO and the Accreditation subcommittee at its first meeting each year. The work plan is aligned with PMCV's strategic objectives, the service agreement with the Department of Health and Human Services and contractual reporting requirements of the Medical Board of Australia.

An annual budget is developed, which takes account of travel and accommodation, chair fees, team leader fees and support, staff salaries and administrative costs (rental, licences, legal and accounting, photocopying, internet and email, publications etc.). This budget is reviewed by the Finance and Risk Committee and then the PMCV Board.

The accreditation secretariat is staffed by a full-time Accreditation Manager who has been in the position for three years (Appendix 17, *Position Description, Accreditation Manager*) and a dedicated part-time administrative officer (2 days per week), since July 2014. This additional resource has enabled the Accreditation Manager to focus on policy development and process improvement.

All PMCV staff undergo annual performance reviews and are provided with career development opportunities. The CEO observes at least one survey visit annually which provides an opportunity to see the process and survey team at work and to assess the support the Accreditation Manager provides to the team.

The former Chair of the Accreditation subcommittee, who was appointed in July 2011 and resigned in December 2014, was an experienced Visiting Medical Officer (VMO) in general medicine and nuclear medicine at Northeast Health, Wangaratta and a VMO in general medicine at Echuca Regional Health. He had previously held senior roles in education and workforce development in the Royal Australasian College of Physicians and the Commonwealth Department of Health and Ageing.

The current Chair, appointed in December 2014, is a specialist in oncology and palliative care at Monash Health. He has been an active participant in accreditation visits, as a survey team member and more recently as a team leader, and has been a member of the Accreditation subcommittee since May 2010.

Formerly, the management of the accreditation function included a significant contribution from the then Medical Director (up to 40% of the allocated 0.8EFT). Following the Medical Director's resignation in December 2013, the Board reviewed the role and the newly appointed Medical Advisor (0.4EFT) focuses mostly on education and training and professional development of educators, supervisors and JMOs.

While the Medical Advisor is still responsible for providing independent advice on accreditation issues that may arise, the management of the accreditation function is now largely the responsibility of the Accreditation Manager reporting to the Chief Executive Officer.

There are currently 74 active surveyors, of whom 15 are team leaders and 7 specifically participate in general practice accreditation visits. The number of surveyors and team leaders has remained relatively stable over the last few years.

The accreditation load significantly increased in recent years with the growth in new intern posts and in the development of new intern training programs, largely in rural and regional areas (Refer also Introduction). The recent decision to transition to a four year accreditation cycle will reduce the number of visits per year from 10-12 to about 8, and there will be a significant reduction in accreditation of general practice posts (by at least 75%) following cessation of the PGPPP program at the end of 2014.

**Attribute 3.2: There are effective systems for monitoring and improving the intern training accreditation processes, and for identifying and managing risk.**

In 2014 the Accreditation subcommittee implemented a three level plan to evaluate the accreditation function and assess changes that needed to be made to the accreditation standards and process in order to align with the National Intern Training Framework. The three levels of evaluation were:

- i. Feedback from a facility immediately following a survey visit and also at the end of the accreditation process through the response to survey report form (refer also attribute 4.5).
- ii. Annual feedback from survey team members on the accreditation process and secretariat support.
- iii. Monitoring of timelines met. (refer Attribute 4.10 for more detail).

The 2014 evaluation report (Appendix 18, *Evaluation of 2014 PMCV Accreditation Program Report*) includes very positive findings on the performance of survey teams and the support provided by the accreditation secretariat and also makes a number of suggestions for improvement that will be reviewed during 2015.

An evaluation report will be prepared for the 2015 accreditation program.

PMCV recently undertook a comparison with the *Best Practice Principles* sourced from the NSW Health Education and Training Institute (HETI) accreditation review report (*A Review of Accreditation Standards for Prevocational Training within New South Wales, August 2013*) and was pleased to note that PMCV is generally compliant (Appendix 19).

The Accreditation Manager and the CEO participate in national meetings of the Prevocational Medical Accreditation Network (PMAN) under the auspices of the Confederation of Postgraduate Medical Education Councils (CPMEC). This allows for sharing of information and collaboration (e.g. interstate surveyors in survey visits)

The Board's Finance and Risk Committee monitors the Council's Risk Register which is reviewed by the Board at least annually (Appendix 20).

**Attribute 3.3: There are robust systems for managing information and contemporaneous records, including ensuring confidentiality.**

There are procedures to ensure the confidentiality of all accreditation documents (Appendix 14, *Accreditation Survey Team Member Position Description*, p. 2). Survey team members are required to destroy or return all paper copies and permanently delete all electronic documents. There is restricted access to those documents that are saved electronically. Paper copies held at the PMCV are destroyed through secure document destruction when no longer needed.

Subcommittee members are able to access meetings documents via a *Dropbox* link which is removed following the meeting. A similar process is in place for circulation of survey visit documentation to survey team members.

Accreditation documents are stored on a folder on the PMCV Server which has limited access rights (i.e. Accreditation Manager, CEO, Accreditation Officer and Medical Advisor.)

The Accreditation Manager manages three databases:

- The *survey visit database* lists current year visits, ensuring all steps in the accreditation process are completed within agreed timelines.
- The *facility database* includes information on numbers of intern and PGY2 posts, year of accreditation, expiry date of current accreditation, parent health service (if applicable) and university affiliation.
- The *intern post database* includes:
  - Data on the intern training program including facility, rotation description, number of posts, parent health service (if applicable).
  - Accreditation details of each post including type of term (core/non-core), status (full/provisional) and any conditions.
  - Assessment type including new, re-accreditation, change or review following visit.
  - Approval dates including Accreditation subcommittee, PMCV Board and MBA.
  - Post details including term supervisor, structure, staffing and rural/metropolitan.
  - Accreditation process details including year post commenced, month/year previously accredited, progress report due (if applicable) and accreditation expiry date.

A list of new intern posts accredited and changes to accredited intern posts during 2014 is included as Appendix 21. (See also Appendix 1 - *List of all accredited intern training facilities in 2015*, Appendix 2 - *List of accredited intern training programs in Victoria 2015* and Appendix 3 - *List of accredited intern posts in Victoria 2015*).

*Appendices for this domain:*

*Appendix 1 - List of all accredited intern training facilities in 2015*

*Appendix 2 - List of accredited intern training programs in Victoria 2015*

*Appendix 3 - List of accredited intern posts in Victoria 2015*

*Appendix 14 - Accreditation Survey Team Member Position Description*

*Appendix 16 - Accreditation subcommittee Annual Work Plan 2015*

*Appendix 17 - Position Description, Accreditation Manager*

*Appendix 18 - Evaluation of 2014 PMCV Accreditation Program Report*

*Appendix 19 - Best practice principles of accreditation*

*Appendix 20 - PMCV Risk Register*

*Appendix 21 - Intern posts – new, changes, review for the period: 1 October 2014 to 31 March 2015*

## Domain 4: Process for accreditation of intern training programs

The intern training accreditation authority applies the approved national standards for intern training in assessing whether programs will enable interns to progress to general registration in the medical profession. It has rigorous, fair and consistent processes for accrediting intern programs.

### **Attribute 4.1: The intern training accreditation authority ensures documentation on the accreditation requirements and procedures is publicly available.**

The PMCV website includes a section on accreditation which provides an overview of accreditation processes, policies and guidelines, information on the Accreditation subcommittee and a list of currently accredited facilities and posts.

Facilities planning to establish new intern training post(s) at a currently accredited or new facility are required to complete an application form for each post which provides unit specific information (Appendix 22, *Application Form - Provisional Accreditation of New Intern Post*).

Facilities that have not previously been accredited by PMCV are required to complete the *Accreditation Submission Including Standards* (Appendix 23), providing comments on how they intend to comply with the standards. A survey visit is undertaken for all new facilities/training programs.

All applications are reviewed by the Accreditation subcommittee. New facilities/training programs and posts receive provisional accreditation for 12 months if they meet the accreditation criteria. A paper-based review and an on-line junior doctor survey are conducted during the first 12 months to inform a decision on extension of provisional accreditation to the full period.

In 2015 PMCV introduced a guideline to assist facilities and survey teams accrediting intern programs and posts. The guideline is aligned with the AMC intern training requirements (Appendix 24, *Guidelines for Accreditation of Intern Terms*).

All accreditation documentation is available on the PMCV website: <http://www.pmcv.com.au/> and upon request; the Accreditation Manager who is also available for advice and clarification in regards to accreditation matters.

- The link to current accreditation procedures:  
<http://www.pmcv.com.au/accreditation/accreditation-process>
- Accreditation subcommittee (including membership):  
<http://www.pmcv.com.au/accreditation/accreditation-subcommittee>
- Accreditation appeals:  
<http://www.pmcv.com.au/accreditation/accreditation-appeals>
- Accredited facilities and intern posts in Victoria:  
<http://www.pmcv.com.au/accreditation/accredited-facilities-in-victoria>

**Attribute 4.2: The intern training accreditation authority has policies on selecting, appointing, training and reviewing performance of survey team members. Its policies result in survey teams with an appropriate mix of skills, knowledge and experience to assess intern training programs against the accreditation standards.**

Selecting, appointing, training and reviewing the performance of survey members

The major consideration for training of surveyors and selection of survey teams is to ensure that survey teams have the appropriate mix of skills, knowledge and experience to undertake the accreditation assessment process.

The *Accreditation Survey Team Member Position Description* (Appendix 14) outlines the criteria used for the appointment of accreditation surveyors and the roles and responsibilities of team leaders and survey team members during survey visits. Survey team members are required to review this position description and acknowledge in writing the responsibilities outlined in the position description for each survey visit they attend.

Surveyors are sourced from the following groups:

- Medical administration including Directors of Medical Services and Medical Workforce Managers.
- Directors of Clinical Training/Supervisors of Prevocational Training/Supervisors of Intern Training/Term Supervisors.
- Clinical educators and Medical Education Officers.
- Junior doctors (years 1-4).
- Senior medical staff/general practitioners with experience in junior doctor supervision.

Surveyors (other than junior doctors) will generally have had a minimum of two years' experience in their professional role and their nomination as a surveyor should be supported by their facility's Director of Medical Services or equivalent.

All surveyors are required to:

- Attend an initial training workshop (usually held in March each year).
- Participate in at least two survey visits over a two-year period (or one visit per year) which may include involvement in preparing for a survey visit to their own facility. Surveyors who do not attend two visits in a two year period may be required to re-attend training to maintain competency.
- Update themselves annually on changes to standards, policies and guidelines. Information is provided on the PMCV website in a presentation and surveyors are advised and reminded to review this information.
- Survey team members must exhibit integrity, professionalism, objectivity and impartiality, and must ensure that all comments, questions and observations align with PMCV guidelines. Survey team members must keep all information acquired during a visit strictly confidential and avoid any conflict of interest.

A survey team normally comprises 2-4 people with medical administration, medical education, senior clinician and junior doctor representation. Each team has a nominated team leader and is supported by the Accreditation Manager.

Survey team members are expected to participate fully in survey visits, including a pre-visit briefing, and to read all available documentation. They are required to identify relevant issues, lead a specific section of a visit as appropriate, ask questions during the visit and contribute to ratings and the survey report.

The *Accreditation Survey Team Member Position Description* (Appendix 14) also sets out the role of the team leader and the additional responsibilities prior to, during and following survey visits. Team leaders are required to attend an annual half-day workshop (usually in February) to discuss proposed changes to the accreditation process and receive updates. An experienced team leader mentors the first survey visit of any new team leader.

#### *Surveyor training workshop*

PMCV's surveyor training manual was reviewed and updated prior to the 2015 surveyors' workshop held on 19 March 2015. The workshop attracted 13 attendees, including 5 junior doctors and 9 health service staff from medical administration and education. An interstate surveyor from Tasmania attended the workshop.

The annual workshop is structured in two parts:

- A plenary session which outlines the role of PMCV, the accreditation process and the role and responsibilities of survey team members.
- An interactive session involving group discussion of a simulated survey visit, which incorporates a DVD of simulated meetings of the survey team with facility staff and interns, and simulated pre-visit documentation. Attendees are required to complete assessments against the accreditation standards, including completion of ratings and comments.

Following the workshop, all attendees are asked to complete an evaluation questionnaire. Fourteen responses were received after the 2015 workshop (95%). The Evaluation Report is attached (Appendix 25).

PMCV intends to review the surveyor training process during 2015. As part of this review, the Accreditation Manager will attend training sessions run by Health Education and Training Institute (HETI NSW) and South Australian Medical Education and Training (SA MET).

#### *Team Leader workshop*

The annual team leader workshop was held on 26 February 2015, with eleven attendees, including one new team leader.

The agenda in 2015 included discussion on the following topics:

- *Evaluation of the PMCV 2014 Accreditation Program Report* (Appendix 18).
- Discussion and update on revised accreditation documents.
- AMC review of PMCV in 2015.
- Plan for 2015 accreditation survey visits.

During and immediately following a survey visit, facility staff are asked to rate the following aspects of the performance of the survey team:

- i. Survey team members demonstrated awareness of the facility's pre-visit submission.
- ii. Survey team members exhibited knowledge of the accreditation process.
- iii. Survey team members kept the visit process flowing appropriately.
- iv. Survey team members demonstrated good interpersonal skills.
- v. Survey team members' actions and behaviours were free from bias.
- vi. The survey team provided feedback that was appropriate to the facility.

At the conclusion of the annual round of visits, the Chair of the Accreditation subcommittee may ask team leaders for an indication of the performance of team members; whether the individual members should continue as accreditation surveyors, should be encouraged to become team leaders, or should be counselled about their performance.

The *Evaluation of the PMCV 2014 Accreditation Program Report* (Appendix 18) demonstrates generally positive feedback on the performance of survey teams. A selection of comments from facilities regarding 2014 visits is included with the Evaluation report.

**Attribute 4.3: The intern training accreditation authority has developed and follows procedures for identifying, managing and recording conflicts of interest in the accreditation work of survey teams and working committees.**

PMCV has a *Conflict of Interest Policy* (Appendix 15) and there is a standard agenda item on all committee meeting papers requiring members to declare any conflict of interest in relation to items on the agenda. Meeting minutes record any potential or actual conflict of interest declared by a member (refer also Attribute 2.2).

Conflicts of interest for accreditation surveyors are discussed in the *Accreditation Survey Team Member Position Description* (Appendix 14) and an extract from this document, is reproduced below:

*'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. Examples of conflict of interests include:*

- *Current or previous employment (< 3 years) at the parent or rotation health service to be surveyed (this excludes immediate previous hospital experience for junior doctors).*
- *Professional or financial involvement in the facility.*
- *Current application for employment at the facility.*

Expressions of interest to participate in an accreditation survey are reviewed by the Accreditation Manager and the team leader to eliminate surveyors with potential conflicts of interest. Proposed survey teams are then forwarded to the facility for review to identify any specific conflicts of interest.

Survey team members are required to disclose any actual, potential or apparent conflict of interest affecting their work as a surveyor for the PMCV. All survey team members must sign an agreement (Appendix 14) to acknowledge and agree to fulfil the expectations of an accreditation survey team member as set out in the position description in regards to confidentiality, conflict of interest, objectivity and survey visit responsibilities and provide this to the Accreditation Manager either before or at the commencement of a survey visit.

**Attribute 4.4: The accreditation process includes self-evaluation, assessment against the standards, site visits where appropriate, and a report assessing the program against the standards. In the process, the intern training accreditation authority uses standards that comply with the approved national standards for intern training.**

#### Development of new Victorian intern accreditation standards

PMCV accreditation of intern and PGY2 training programs is based on the national accreditation standards. The PMCV accreditation standards are listed in the *PMCV Submission Including Standards* (Appendix 23) along with guidelines on demonstrating compliance and a rating scale.

Following the release of the National Intern Training Framework, the Accreditation subcommittee considered two options - to demonstrate alignment of existing PMCV standards with AMC standards by a mapping process or to adopt the new standards.

Following a mapping process and stakeholder consultation, it was evident that there were some gaps and the subcommittee agreed to adopt the new standards. A National Intern Training Framework (NITF) Working Party was established, comprising members of the Accreditation subcommittee and experienced survey team leaders. The working party developed documents and recommendations for the Accreditation subcommittee (Appendix 26, *Project Plan for Implementation of the National Intern Training Framework (NITF)*). Activities undertaken by the NITF Working Party included:

- i. Developing of a set of PMCV accreditation standards based on the AMC national standards but with minor revisions (see below).
- ii. Developing documentation for the facility pre-visit submission, which included self-evaluation (Appendix 23).
- iii. Developing a new survey report template (Appendix 28).
- iv. Making recommendations on AMC's recommended four-year accreditation cycle.
- v. Making recommendations on communication of the new standards and revisions to the process to facilities, particularly those due for accreditation in 2014.

There were some minor changes made to the national standards to use as the new PMCV accreditation standards:

- AMC 3.1.3 was split into three PMCV standards - 3.1.3a, facility orientation; 3.1.3b, unit orientation and 3.1.3c, handover - to facilitate survey team assessment at each of the three levels of orientation.
- AMC 4.1.1 was split into two PMCV standards - 4.1.1, facility wide education and 4.1.2b, unit level education - to allow survey teams to assess clinical learning opportunities at both levels.
- AMC 7.2.2 was split into two PMCV standards - 7.2.2a, career advice and 7.2.2b, personal counselling.

The outcomes of this work were endorsed by the PMCV Accreditation subcommittee, and the PMCV Board at its meeting on 29 November 2013.

#### Application of the PMCV accreditation standards

PMCV has a robust process for assessing intern training programs and posts for accreditation, against national standards for intern training. PMCV assesses facilities for:

- Re-accreditation of intern training programs and posts.
- Accreditation of new intern training programs or posts.
- Accreditation of changes to intern training programs or posts.

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 in a reasonable timeframe.

Duration of accreditation is recommended for the overall prevocational training program provided by the facility, as well as for individual training posts if necessary. Essentially the options are accreditation for four years or for 12 months with possible extension up to three years following review. It is possible for an intern training program to be accredited for the full period, but for individual posts to be either accredited for a shorter period or not accredited.

The *Duration of Accreditation, Applications, Communication and Monitoring Guidelines* (Appendix 27) provide guidance to survey teams and the PMCV Accreditation Guide (currently being updated) provides guidance to facilities on the application for accreditation, assessment and monitoring. These guidelines also assist survey teams and the PMCV Accreditation subcommittee in recommending duration of accreditation following assessment of new or existing prevocational medical training programs/posts and assessment of major changes.

PMCV accreditation standards are used by the facilities for self-evaluation and by survey teams for assessment at the program level.

Compliance with each standard is rated on a three-point scale (met with merit, satisfactorily met and not met) for re-accreditation (only) and demonstrated by commentary for each standard for both re-accreditation and accreditation of new programs.

Accreditation of new individual intern posts is based on information provided in the *Application Form - Provisional Accreditation of New Intern Post* (Appendix 22) on clinical unit structure and staffing, supervision, education, roster, support, performance assessment and facilities.

In 2015, PMCV released *Guidelines for Accreditation of Intern Terms* (Appendix 24). These guidelines define the principles of the intern year, key considerations for intern training and the criteria to be met for accreditation of intern training programs and posts. They have been developed to assist training facilities and survey teams to assess new and existing intern terms and can also be used by interns to review their training to ensure they meet Australian Medical Council (AMC) requirements. From 2015, these guidelines are being used as the basis of the application process for new intern terms and are expected to be used by facilities to continually monitor their existing accredited intern terms. The guidelines are mapped to the AMC intern training outcome statements and intern training guidelines for terms.

In particular, the key considerations for intern training are based on accreditation standard 8.2.2 where, when identifying and monitoring terms for intern training, facilities are expected to consider:

- i. Complexity and volume of the unit workload
- ii. The intern workload
- iii. The experience interns can expect to gain
- iv. How the intern will be supervised, and by whom

Re-accreditation of intern posts and terms is assessed via junior doctor surveys (see Appendix 18, *Evaluation of 2014 PMCV Accreditation Program Report* section 2.4) prior to an accreditation survey visit and at meetings with junior doctors during a visit. During this process, the survey team seeks to identify any deficiencies or gaps in the intern training provided, to confirm that these deficiencies or gaps exist by confirmation by a number of sources, and to develop conditions recommendations for improvement as appropriate. All effort is made on the survey visit day to meet with interns from all accredited units, particularly core medicine, surgery and emergency medicine terms, and with a broad cross-section of PGY2s. The combination of a pre-visit survey and meetings with junior doctors is designed to allow the survey team to review a wide sample of terms.

If there are concerns about individual posts, the Accreditation subcommittee may implement a monitoring process whereby regular updates are provided by the facility until the subcommittee is satisfied that the post meets the standards. As outlined in the *Duration of Accreditation*,

*Applications, Communication and Monitoring Guidelines* (Appendix 27) accreditation of individual posts or of a training program may be withdrawn in situations where significant issues have been identified that the facility has been unable to address or acknowledges cannot be rectified.

Prior to withdrawal of accreditation, PMCV considers all possible options for addressing shortcomings, ensures that prevocational trainees are not disadvantaged and takes consideration of facility recruitment and rotation timelines. A decision to withdraw accreditation will only be made by the PMCV Board following recommendation from the Accreditation subcommittee. The PMCV notifies the facility in writing, outlining the reasons for the decision and the procedures available for review of the decision.

If issues are raised about the training at a particular facility outside scheduled survey visits, PMCV will investigate and if appropriate will schedule an extraordinary survey visit.

#### Processes for applying for accreditation

Refer for detail to the *Duration of Accreditation, Applications, Communication and Monitoring Guidelines* (Appendix 27). A number of documents assist facilities applying for accreditation:

- a) Facilities applying for accreditation of new programs are asked to complete both the *PMCV Accreditation Submission including Standards* (Appendix 23) and the *PMCV Application Form- Provisional Accreditation of New Intern Post* (Appendix 22) for each new intern post. They are asked to submit the documents to PMCV six months prior to recruitment.
- b) Accreditation of new posts involves a paper-based assessment if the facility is already accredited. A site visit may be required if the facility is not accredited. Facilities are required to complete the *PMCV Application Form - Provisional Accreditation of New Intern Post* (Appendix 22) and forward to the Accreditation subcommittee at least two months prior to recruitment.
- c) For re-accreditation of programs and posts, facilities must complete the *Accreditation Submission Including Standards* (Appendix 23) which includes an overview of the programs, an update on implementation of recommendations from the previous visit and a self-evaluation of compliance with the accreditation standards (including ratings). This process will usually be initiated by the Accreditation Manager early in the year when the facility is due for re-accreditation with the submission due two months prior to the survey visit.
- d) For accreditation of a change in circumstances that may significantly affect the education and training of junior doctors or for a significant period of time, facilities are asked to forward a letter to the Chair of the Accreditation subcommittee describing the change, the impact on junior doctors, especially on supervision and clinical learning, and any plans to address adverse impacts. The request is considered by the Accreditation subcommittee and further information sought if required

Facilities are encouraged to liaise with the Accreditation Manager prior to application to facilitate the process.

A survey visit is normally required prior to the commencement of any new prevocational program or posts at facilities that have not been previously accredited. For rotation sites the parent health service is normally invited to the initial site visit. The parent site is notified of subsequent visits but is not invited to attend the visit.

#### Survey visits

Each accreditation survey visit has three stages:

*Pre-accreditation* - arranging the date of the site visit, finalising the membership of the survey team, completion of the pre-visit submission by the facility and collection of feedback from junior doctors about the terms they have completed. Survey teams are expected to participate in a pre-visit

meeting 2-3 weeks prior to the visit to discuss the facility's submission and prepare for the survey visit.

*The survey visit* - examination of documentary evidence provided by the facility, analysis of junior doctor feedback, and meetings with key staff, including junior doctors and senior medical staff. There is usually a site tour.

*Report and recommendations* - Following the visit the survey team prepares a draft survey report (Appendix 28, *Survey Report Template*), which is sent to the facility for factual review. The report includes an evaluation by the survey team (using the same rating scale used by the facility) against the accreditation standards, as well recommendations for addressing deficiencies and for quality improvement. The report also contains commendations on strengths and areas of excellence. The final report is considered by the Accreditation subcommittee, resulting in recommendations on the duration and status of accreditation of the training program and individual posts. The facility is given the opportunity to respond to the report and the recommendations (Appendix 29, *Facility response to survey report template*).

A framed certificate of accreditation is provided to each facility at the end of the process (Appendix 30).

#### **Attribute 4.5: The accreditation process facilitates continuing quality improvement in delivering intern training.**

PMCV's accreditation process follows clearly articulated accreditation standards which are designed to promote junior doctor education and training in supportive learning environments.

Quality improvement is a major focus for survey teams during facility visits and is incorporated in survey reports through commendations for strengths and areas of excellence and recommendations for improvement. The focus on quality improvement is included in the *Accreditation Survey Team Member Position Description* (Appendix 14) and in descriptions of the functions of Supervisors of Intern Training and term supervisors (Appendix 33, *Supervision of Junior Doctors Guidelines*). Victorian health services have adopted a constructive approach to quality improvement, for both intern and PGY2 accreditation processes.

Evidence of PMCV's commitment to quality improvement is demonstrated by monitoring of the standards of prevocational medical training in Victorian facilities and by the annual review of processes, documentation and evaluation feedback to improve the overall accreditation process.

Involvement in the National Prevocational Accreditation Network (under the auspices of the Confederation of Postgraduate Medical Education Councils), consideration of published interstate and international reviews of postgraduate education and training also provide ideas regarding quality improvement.

During the reporting period, there were a small number of facilities identified as at risk of not meeting the accreditation standards:

- In 2011, a visit to a major rural health service resulted in a recommendation by the survey team for two years accreditation (under the previous three year cycle) as a result of serious concerns raised by both senior and junior medical staff in regards to clinical learning, workload and rostering. Following extensive work by the facility, extensive communication between the PMCV and the facility, satisfactory feedback from junior doctors on the changes, and support by senior medical staff, accreditation was extended by 12 months in 2013. A re-accreditation visit conducted in 2014, indicated that there has been significant improvements since the previous visit.

- In 2012, a visit to a small rural health service resulted in re-accreditation of an intern post from core emergency to non-core general practice with conditions in regards to working at the hospital. This recommendation was accepted by the facility.
- During 2011, concerns were raised by the parent health service regarding the supervision and clinical learning in rotations at a small rural facility. This culminated in an extraordinary visit being conducted by a PMCV survey team in 2011 (the facility was due for re-accreditation in 2012). A series of recommendations were made which the facility accepted and ultimately addressed in the required timeframe. At the re-accreditation visit in 2012, the facility was accredited for three years and has since established a stand-alone intern training program in collaboration with regional partners. The PMCV was advised at the time of the visit in 2011 and 2012 that the recommendations made by the survey team and the subsequent monitoring by the Accreditation subcommittee were crucial to prompting the changes at the organisation which needed to occur.
- In 2012, a small metropolitan health service was visited with the survey team recommending a report be sought within 12 months. The report was received in 2013 and the facility has continued to be monitored with a further review in 2014. The Accreditation subcommittee was satisfied with both progress reports and, despite some ongoing issues, the facility has clearly demonstrated its commitment to ongoing improvement.
- In 2013, a small rural health service was visited and recommendations were made by the survey team to address some major issues in relation to supervision of the interns at the hospital. The facility addressed these issues by 2014 to the satisfaction of the subcommittee.

Attached are sample survey reports for the visit to Western District Health Service conducted in 2013 (Appendix 31) and Mildura Hospital conducted in 2014 (Appendix 32).<sup>1</sup> These reports further demonstrate the changes that have occurred in the format of the survey reports to align with the new accreditation standards and provide as much information on survey team decision-making to facilities.

Ongoing review of PMCV accreditation standards, policies and guidelines also facilitates continuing quality improvement. The Accreditation subcommittee's terms of reference and accreditation documentation are reviewed annually. Policies and guidelines are reviewed on a three-year cycle.

In early 2015, a review was conducted resulting in streamlined policies and better aligned documents which are described below:

- *Guidelines for Accreditation of Intern Terms* (Appendix 24) Sections on application processes, including for changes to intern training programs/posts, and publication and communication of accreditation outcomes, were revised.
- *Supervision of Junior Doctors Guidelines* (Appendix 33) combines the previous Supervision Policy and Supervision Guideline.
- *Accreditation Survey Team Member Position Description* (Appendix 14) combines the previous surveyor and team leader position descriptions and confidentiality agreement.
- *Accreditation Submission including Standards* (Appendix 23) was revised to include evidence required to comply with accreditation standards.

The following documents were repealed:

- *Delegation of Accreditation Decisions to the PMCV Accreditation Subcommittee Policy*. A new clause 4.3 was included in the Accreditation subcommittee's terms of reference (Appendix 7).

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<sup>1</sup> Note that these reports are only provided to the facilities and are not published on the PMCV website. They are provided *in confidence* to the AMC review team.

- *Communication of Accreditation Decisions to Third Parties* - included in the *Duration of Accreditation, Applications, Communication and Monitoring Guidelines* (Appendix 27).
- *Change of Circumstances Policy* - included in the *Duration of Accreditation Guidelines* (Appendix 27).
- *Health Service and General Practice Accreditation Policy* - included in PMCV accreditation standard 1.1.2.

The Accreditation Policies and Guidelines Register is included as Appendix 34.

#### Evaluation of the accreditation process

Three levels of evaluation of the accreditation process are undertaken:

- Feedback from the facility during each visit (interviewees), immediately following the survey visit and at the end of the entire accreditation process using the *Facility Response to Survey Report template* (Appendix 29).
- Feedback at the end of the accreditation process from survey team members who had participated in accreditation visits in relation to process and secretariat support.
- Monitoring of compliance with accreditation process timelines.

Evaluation is supplemented by an analysis of survey visit outcomes including:

- Analysis of accreditation standard ratings for each facility/ training program.
- Thematic analysis of commendations, conditions and recommendations in survey reports.

It was pleasing to note from the evaluation that facilities felt well-supported during the accreditation process: *'The actual process and support offered by the PMCV staff and surveyors is at a high standard and a credit to those involved.'*

Further, interviewees appreciated the opportunity to provide feedback on the training programs in a structured confidential process. Some suggestions for improvement were provided and an *Issues and Action* table developed (Appendix 18, *Evaluation of 2014 PMCV Accreditation Program Report*, section 4) and reviewed at the 2015 Team Leader workshop.

Facilities re-accredited in 2014 *satisfactorily met* or *met with merit* 90% of the accreditation standards.

Junior doctor feedback indicates that facilities are generally performing well from their perspective.

In regards to the accreditation process, surveyors were generally satisfied, although there were some suggestions for improvement, and timelines were generally met.

A comment from one of the facility respondents is concise:

*'All in all a positive experience especially concerning the feedback we received from the survey team which will really help us improve the (training) program. Thank-you'*.

Another quality improvement initiative is the Chief Executive Officer attending 1-2 visits per year, either with or as a replacement for the Accreditation Manager.

**Attribute 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 Training- National Standards for programs.**

The PMCV accreditation program is based on the national guidelines. Facilities are regularly reviewed on a cycle of up to four years with mid-cycle reviews, and by progress reviews of new posts during their first year (see 'monitoring' section for further detail). If the PMCV is advised of a change in an accredited program or if a concern is raised these are followed up before the period of accreditation expires.

An extensive database on accredited intern training posts and programs, and the facilities that host them, assists in monitoring (refer Attribute 3.3).

Implementation of four year accreditation cycle

Prior to the release of the NITF, PMCV accredited facilities in a three year cycle (see Table 1). A discussion paper prepared in November 2013, and revised in December 2013 and July 2014, (Appendix 35) recommended that existing periods of accreditation be extended to 4 years based on the following principles:

- Facilities were invited to apply for extension of accreditation.
- Only facilities that had no significant issues with core rotations at the previous survey visit were considered.
- PMCV would attempt to align parent and rotation site accreditation.

In 2014, three facilities due for re-accreditation were offered extension to 2015:

- Latrobe Regional Health (to align with Central Gippsland Health Service and West Gippsland Healthcare Group)
- Bendigo Health (To align with Echuca Regional Health and St John of God Hospital)
- One rotation site (Djerriwarrh Health Services) was brought forward one year to 2014 to align with its parent site (western Health).

Changes to the 2015 and 2016 programs were approved at the July 2014 meeting of the Accreditation subcommittee.

*Changes to 2015 accreditation program*

- Addition of Latrobe, Bendigo and Royal Children's Hospital (from 2014).
- Extension of Werribee Mercy Hospital and Swan Hill District Hospital accreditation to 2016 to align with their parent health service, St Vincent's Health.
- Extension of Peter MacCallum Cancer Centre (PGY2 site) accreditation to 2016.

*Changes to 2016 accreditation program*

- Barwon Health will be surveyed in 2016 to align with South West Healthcare and Western District Health Service rotation sites.
- St Vincent's Health will be surveyed in 2016 to align with Swan Hill District Health and Werribee Mercy Hospital rotation sites.
- Albury-Wodonga Health will be surveyed in 2016 to align with the NSW Health Education and Training Institute (HETI) program.
- Extension of Austin Health, Alfred Health, Calvary Health Bethlehem, Bass Coast Health, Eastern Health, Epworth Eastern, Goulburn Valley Health and Northern Health accreditation to 2017.

**Table 1: PMCV intern accreditation survey visits 2012-2014 – 3 year accreditation cycle<sup>2</sup>**

2012	2013	2014
Bairnsdale Regional Health Service	Alfred Health	Ballarat Health Services
Central Gippsland Health Service	Albury Wodonga Health	East Gippsland – <i>NEW Intern Training Program (ITP) from 2015</i>
Clocktower Medical Centre (GP)	Austin Health	Echuca Regional Health – <i>NEW ITP from 2015</i>
Echuca Regional Health Service	Barwon Health	Epworth Healthcare ( <i>did not commence in 2015</i> )
Kyneton District Health Service ( <i>discontinued from 2013</i> )	Bass Coast Health/Wonthaggi Medical Group	Grampians Health Service – <i>NEW ITP from 2015</i>
Maffra Medical Group (GP)	Calvary Health Bethlehem	Heyfield Medical Centre (GP)
Nathalia Medical Centre (GP)	Church Street and Carrier Street Medical Centres, Benalla (GP)	Maffra Medical Group ( <i>brought forward to align with RTP</i> )
Northeast Health Wangaratta	Goulburn Valley Health	Melbourne Health
Southern Health	Eastern Health	Mildura Base Hospital
Swan Hill District Health	Korumburra Medical Centre (GP)	Murray to the Mountains
Werribee Mercy Hospital	Leongatha Medical Clinic (GP)	Peninsula Health
West Gippsland Healthcare Group	Northern Health	Royal Women's Hospital
	St Vincent's Health	South West Healthcare – <i>NEW ITP from 2015</i>
	South West Healthcare	Western Health
	Victorian Institute of Forensic Medicine ( <i>discontinued from 2015 due to funding</i> )	Wimmera Health Care Group
	Western District Health Service	

<sup>2</sup> Does not include survey visits to facilities which only host PGY2s (Peter MacCallum Cancer Centre in 2012, St John of God Bendigo in 2013 and various general practices).

Survey visits planned for 2015-2018 are shown in Table 2.

**Table 2: PMCV accreditation survey visits 2015-18 – 4 year accreditation cycle<sup>3</sup>**

2015	2016	2017	2018
Northeast Health Wangaratta	Albury Wodonga Health/ Mercy Health	Austin Health	Ballarat Health Services /Queen Elizabeth Centre
Bendigo Health/ Anne Caudle Centre/ St John of God Bendigo	South West Healthcare/ St John of God Warrnambool - <i>NEW</i>	Bass Coast Health	Murray to the Mountains (and 6 GPs)
Echuca Regional Health/ Echuca Moama FMP	Barwon Health / Grace McKellar Centre	Alfred Health	Mildura Base Hospital
Monash Health (5 sites)	Western District Health Service	Calvary Health Bethlehem	Melbourne Health
East Gippsland Community intern program, Bairnsdale and Sale/ 2 GPs (McLeod St and Clocktower) - <i>NEW</i>	St Vincent's Health / St George's Hospital, Caritas Christi Hospice, St Vincent's Private	Goulburn Valley Health	The Women's Hospital
Latrobe Regional Health (Gippsland Rural Intern Training)	Swan Hill and District Hospital	Eastern Health/ Epworth Eastern	Wimmera Healthcare Group
West Gippsland Healthcare Group	Werribee Mercy Hospital	Northern Health	Peninsula Health
Royal Children's Hospital – <i>NEW intern posts</i>	Peter MacCallum Cancer Centre ( <i>PGY2 only</i> )	Grampians Health Services/ St John of God Ballarat/ 3 GPs (Ararat, Nightingale, Clarendon) - <i>NEW</i>	Western Health/ Djerriwarrh Health Services

Table 3 shows the visits that occurred in 2014 and Table 4 shows the visits scheduled for 2015.

Four new rural community intern training (RCIT) programs commenced in 2015 (a fifth RCIT program had previously been accredited). Programs in the Grampians, South West Victoria and Gippsland were surveyed in early 2014 before the intern computer match. The program based at Echuca Regional Health was provisionally accredited as the facility had hosted interns on rotation from parent sites for a number of years and there were no new sites in the proposal. A visit to assess preparation for the Echuca program was conducted in August 2014 after the computer match.

<sup>3</sup> There are no visits to general practices listed (except as part of the new Department of Health Rural Community Intern Training (RCIT) program) as funding under PGPPP was discontinued from 2015.

**Table 3: 2014 PMCV accreditation survey visits schedule**

<b>Facility/ Intern Training Program</b>	<b>Intern Training program (parent health services)</b>	<b>Date of visit</b>
Grampians Health Service (Ararat), Maryborough District Health Service, St John of God Ballarat, general practices in Ararat (1) and Maryborough (2).	Grampians Health Service - <i>NEW</i>	29 - 30 April 2014
Warrnambool Base Hospital (and rotation site of St John of God Warrnambool)	South West Healthcare - <i>NEW</i>	6 May 2014
Bairnsdale Regional Health Service, Central Gippsland Health Service, McLeod Street Medical Centre, and Clocktower Medical Centre	East Gippsland community based internship - <i>NEW</i>	26 June 2014
Wimmera Health Care Group	Melbourne Health	5 August 2014
Echuca Hospital (and GP rotation site, Echuca Moama Medical Centre)	Echuca Regional Health - <i>NEW</i>	22 August 2014
Frankston Hospital (and rotation site Rosebud Hospital)	Peninsula Health	26 - 27 August 2014
Ballarat Hospital (and the rotation site of Queen Elizabeth Centre)	Ballarat Health Services	8 September 2014
M2M governance group and general practices in Yarrawonga, Cobram, Benalla, Bright and Mt Beauty	Murray to the Mountains program	9 - 11 September 2014
Mildura Base Hospital	Monash Health, Austin Health, Western Health	18 September 2014
Royal Melbourne Hospital	Melbourne Health	9 October 2014
Royal Women's Hospital	Melbourne Health	13 October 2014
Western Hospital (Footscray), and rotation sites at Sunshine Hospital and Djerriwarrh Health Services)	Western Health	16 - 17 October 2014
Epworth HealthCare ( <i>to assess potential new ITP</i> )	Epworth HealthCare	13 - 14 November 2014

**Table 4: 2015 PMCV accreditation survey visit schedule**

Facility/ Intern Training Program	Intern Training program (parent health services)	Date of visit
Royal Children's Hospital <i>(new intern posts from 2015)</i>	St Vincent's Health	20 May 2015
Northeast Health Wangaratta	Northeast Health Wangaratta, Melbourne Health, Murray to the Mountains	15 July 2015
Monash Health	Monash Health	21 July, 29 July and 5 August 2015
Latrobe Regional Health	Gippsland Rural Intern Training, Monash Health	Thursday 30 July 2015
Bendigo Health/ St John of God Bendigo	Bendigo Health	11 - 12 August 2015
West Gippsland Healthcare Group	Monash Health, Peninsula Health	20 August 2015
Echuca Regional Health/ Echuca Moama Medical Centre	Echuca Regional Health, Bendigo Health, Austin Health	26 - 27 August 2015
Bairnsdale Regional Health Service/ McLeod Street Medical Centre	East Gippsland Community Based Internship <i>(new from 2015)</i> / Bairnsdale Regional Health/ Eastern Health	8-10 September 2015
Central Gippsland Health Service, Sale/ Clocktower Medical Centre	East Gippsland Community Based Internship <i>(new from 2015)</i> / Alfred Health	8-10 September 2015

The following facilities will be expected to complete a mid-cycle review in 2015 (described below) which will be conducted August/September:

- Alfred Health
- Calvary Health Bethlehem
- Austin Health
- Bass Coast Health
- Eastern Health
- Goulburn Valley Health
- Grampians Health Service
- Northern Health

### Monitoring of accredited prevocational medical training programs and posts

As outlined in the *Duration of Accreditation, Applications, Communication and Monitoring Guidelines* (Appendix 27), PMCV monitors accredited training programs and posts to ensure they continue to meet accreditation standards. Monitoring takes place through progress review of new posts, mid-cycle reviews and survey visits at least every four years.

The mid-cycle review occurs two years after the survey visit and focuses on conditions and recommendations arising from the visit, and changes to the program or posts since the visit. Feedback is obtained from junior doctors. The facility is provided with a mid-cycle review template four months prior to the due date for the report. Self-evaluation against the accreditation standards is only required for standards that were not met at the previous survey visit.

Progress reviews are conducted by PMCV to assess all new prevocational training posts in the year of commencement, which are provisionally accredited for 12 months. Extension of accreditation for up to three years is dependent upon completion of the self-assessment form by the facility and satisfactory feedback from junior medical staff (PMCV online survey). The facility is provided with a progress report template four months prior to the due date for the report.

In addition to the formal progress and mid-cycle reviews, facilities are required to monitor prevocational training programs and posts to ensure they continue to meet standards between survey visits, as outlined in accreditation standard 8.2.2 and the *PMCV Guidelines for Accreditation of Intern Terms* (Appendix 24). They are required to communicate any concerns, issues or changes to PMCV in accordance with accreditation standard 1.2.2. PMCV also seeks further follow up from a facility if it receives any information that has the potential to affect accreditation status.

Standard 8.2.2 requires review of posts in relation to the following criteria:

- Complexity and volume of the unit's workload
- The intern/PGY2's workload
- The experience interns/PGY2s can expect to gain
- How the intern/PGY2 will be supervised, and by whom

This monitoring should be undertaken by the facility and should include (but is not limited to):

- i. Continuous collection of evidence including collated trainee survey during the cycle; and
- ii. Review of intern annual allocation plans against the list of accredited intern posts published on the PMCV website to ensure compliance with training requirements.

**Attribute 4.7: The intern training accreditation authority applies national guidelines in determining if changes to posts, programs and institutions will affect the accreditation status. It has clear guidelines on how the institution reports on these changes, and how these changes are assessed.**

Victorian facilities accredited for prevocational medical training are required to notify the PMCV of changes in programs or individual posts that may materially affect the education and training of junior doctors in these positions. The nature of the changes that are to be reported and the process for reporting are set out in the *Duration of Accreditation, Applications, Communication and Monitoring Guidelines* (Appendix 27).

The options available for accreditation of changes to existing prevocational training programs and posts are the same as those available for re-accreditation of programs and posts (refer also Attribute 4.4).

**Attribute 4.8: The intern training accreditation authority follows documented processes for accreditation decision-making and reporting that enable decisions to be free from undue influence by any interested party.**

As discussed above, the PMCV *Duration of Accreditation, Applications, Communication and Monitoring Guidelines* (Appendix 27) clearly describe the process for accreditation decision-making and reporting.

The purposes of these guidelines are to:

- Assist survey teams and the PMCV Accreditation subcommittee in recommending duration of accreditation following assessment of new prevocational medical training programs/posts, assessment for re-accreditation, or major changes.
- Provide guidance to facilities on the accreditation application, assessment and monitoring processes; and
- Advise the process to be followed for communication of accreditation outcomes.

These guidelines apply to all Victorian facilities which provide training programs for interns and PGY2s.

All applications for accreditation are reviewed by the Accreditation subcommittee. (Refer also Attribute 2.1 for commentary on independence of accreditation decision-making).

**Attribute 4.9: The intern training accreditation authority communicates the accreditation status of programs to employers, interns and other stakeholders, including regulatory authorities. It communicates accreditation outcomes to the relevant health services facility and other stakeholders.**

The communication of accreditation outcomes to facilities is addressed by clause 34 of the Accreditation subcommittee Terms of Reference, (Appendix 7) reproduced below:

*'Planned survey visits and accreditation decisions regarding facilities will be notified to the relevant parent facility 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.'*

The following information is available to all stakeholders including junior doctors on the PMCV website:

- Facilities/programs granted PMCV accreditation.
- Accreditation standards, policies and guidelines.
- Annual survey visit schedule.
- Details on all the posts accredited for intern training including:
  - 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. Type of term (emergency medical care, surgery, medicine or other)
  - v. Date of accreditation decision.
  - vi. Date of expiry of accreditation.

PMCV provided its first 6 monthly report to the AHPRA/Victorian Board of the Medical Board of Australia (Appendix 36, Report submitted 31 March 2015) in accordance with the Contract of Services between AHPRA and the PMCV.

As previously stated, the PMCV also provides an annual report to the Victorian Board of the Medical Board of Australia (Appendix 8) and to the Victorian Department of Health and Human Services (Appendix 9) on accreditation decisions, outcomes and activities.

**Attribute 4.10: There are published processes for complaints, review and appeals that are rigorous, fair and responsive.**

The PMCV accreditation process provides a number of opportunities for feedback from facilities on survey reports and recommendations, as well as on the performance of survey teams and the accreditation process generally.

Facilities can provide feedback on a survey report through comments on:

- i. The debriefing provided by the Team Leader at the conclusion of the survey visit which highlights areas of achievement, any areas needing improvement and any major concerns in relation to the training and education program.
- ii. The draft survey report (excluding recommendations) which is generally forwarded to facilities within two weeks of the survey visit and invites the facility to comment on factual errors.
- iii. The final survey report which includes accreditation status and improvement recommendations. Facilities are invited to respond to the recommendations and any conditions. On occasions, further dialogue between PMCV and the facility may be required to clarify the recommendations, the timing of their review and any implications for accreditation status. Any further correspondence is reviewed by the Accreditation subcommittee.

Facilities are able to provide feedback on the accreditation process and the performance of survey teams through:

- An online survey on the accreditation visit, which can be completed by the Director of Medical Services immediately following the survey visit (refer 2014 Evaluation Report, Appendix 18, section 3.1, page 8). Those completing the survey are asked to respond to the following statements and questions:
  - i. Survey team members demonstrated awareness of facility pre-visit submission.
  - ii. Survey team members exhibited knowledge of the accreditation process.
  - iii. Survey team members kept the visit process flowing appropriately.
  - iv. Survey team members demonstrated good interpersonal skills.
  - v. Survey team member actions and behaviours were free from bias.

- vi. The survey team provided feedback during the debriefing to the facility that was appropriate to the facility.
  - vii. Was the PMCV support provided to facility useful and valuable?
  - viii. Were you satisfied with the interactions between PMCV and your facility prior to the visit (e.g. selection of dates, timetable)?
  - ix. Was the pre-visit submission reasonable to complete in terms of workload and expectations?
  - x. Any other comments.
- The health service response to the draft survey visit report (refer 2014 Evaluation Report, Appendix 29). Those completing the survey are asked to respond to the following questions:
    - i. Was the accreditation survey visit useful to your facility (e.g. was it a useful quality improvement exercise)?
    - ii. Do you have any suggestions for improvement in regards to the PMCV accreditation process/ standards?
    - iii. Did your involvement in the survey visit assist your understanding of the prevocational accreditation process and its purpose?
    - iv. Any other comments in regards to the PMCV accreditation process/ standards.

A facility may formally appeal against the following decisions or recommendations:

- Less than full term accreditation of an intern post(s).
- Withdrawal of accreditation of an intern or PGY2 program or post(s).
- Specific condition(s) associated with intern/PGY2 programs and/or posts.
- Improvement recommendation(s).

If a facility contests a specific accreditation recommendation the Accreditation subcommittee determines the significance of the recommendation, and whether it has a bearing on accreditation status. Should it be deemed to be of material significance, the facility will be advised that failure to comply with the recommendation will impact on accreditation status. This may result in the facility either accepting the recommendation, or seeking a formal review

The Policy *Appeals of Accreditation Decisions Policy* (Appendix 37) provides guidance on the process, decision-making, timelines and costs of appeals against accreditation decisions.

Grounds for appeal by a facility include but are not limited to:

- Relevant and significant information which was made available to the survey team was not considered in the making of the recommendations;
- The report of the survey team was inconsistent with the information provided;
- Irrelevant information was considered in the survey team decision;
- Perceived bias of a surveyor or surveyors;
- Information provided by the survey team was not duly considered in the recommendations of the Accreditation subcommittee;
- Conduct of the accreditation process.

There has only been one appeal lodged against an accreditation decision since the PMCV has been involved in intern accreditation since 2000 and the appeal was unsuccessful. In general the PMCV has received generally very positive feedback on the accreditation process as a valuable quality improvement tool. (Appendix 18 - *Evaluation of 2014 PMCV Accreditation Program Report*, section 3.1).

Appendices for this domain:

*Appendix 7 – Terms of Reference, Accreditation subcommittee*

*Appendix 8 - 2013/14 Annual Report to Victorian Board of the MBA*

*Appendix 9 - 2013/14 Annual Report to Department of Health*

*Appendix 14 - Accreditation Survey Team Member Position Description*

*Appendix 15 – Conflict of Interest Policy*

*Appendix 18 - Evaluation of 2014 PMCV Accreditation Program Report*

*Appendix 22 - Application for provisional accreditation of an intern post*

*Appendix 23 – Accreditation Submission Including Standards*

*Appendix 24 - Guidelines for the Accreditation of Intern Terms*

*Appendix 25 – Surveyor Training Workshop 2015 - Evaluation Report*

*Appendix 26 - Project Plan for Implementation of the National Intern Training Framework (NITF)*

*Appendix 27 - Duration of Accreditation, Applications, Communication and Monitoring Guidelines*

*Appendix 28 - Survey Report template*

*Appendix 29 – Facility response to survey report template*

*Appendix 30 – Certificate of accreditation*

*Appendix 31 – Survey Team Visit Report 2013*

*Appendix 32 – Survey Team Visit Report 2014*

*Appendix 33 – Supervision of Junior Doctor Guidelines*

*Appendix 34 – Accreditation Policies and Guidelines Register*

*Appendix 35 - Discussion Paper, Transition to Four Year Accreditation Cycle*

*Appendix 36 - Report to AHPRA on PMCV accreditation activities 1 October 2014 to 31 March 2015*

*Appendix 37 - Appeals Against Accreditation Decisions Policy*

## Domain 5: Stakeholder collaboration

The intern training accreditation authority works to build stakeholder support and collaborates with other intern training accreditation authorities and medical education standards bodies.

Prevocational training is based on a partnership between the accreditation authority and the health services that employ junior doctors in supervised clinical positions and provide supervisors, work-based education and training, and educational resources and facilities for interns. There is scope for community input in setting standards, training delivery, and ongoing evaluation and periodic review.

**Attribute 5.1: The intern training accreditation authority has processes for engaging with stakeholders, including health departments, health services, junior doctors, doctors who supervise and assess junior doctors, the Medical Board of Australia, professional organisations, and health consumers/community.**

The PMCV negotiates an Annual Service Plan with the Victorian Department of Health and provides an annual report on its activities to the Department. There are regular informal interactions throughout the year in relation to the broad range of PMCV activities (accreditation, computer matching, workforce planning etc). During the annual expression of interest process for new intern positions PMCV works closely with the Department to assess the expressions of interest and provide provisional accreditation of new positions prior to the intern computer match.

PMCV is also represented on key Victorian Departmental committees, such as the Medical Workforce Development Reference Group and the Rural Community Intern Training Reference Group and is able to provide input into the Victorian Clinical Training Council through the PMCV Board Chair.

As previously discussed, members of the PMCV Board include nominees of the three Victorian medical schools, specialty craft groups, a junior doctor and a ministerial nominee. Membership of PMCV's subcommittees includes representatives of health services and general practices from metropolitan Melbourne and regional Victoria. One member of the Accreditation subcommittee is a nominee of the Victorian Board of the Medical Board of Australia. Many Board and subcommittee members supervise interns and JMOs and others have had extensive experience of supervision.

PMCV hosts and supports meetings of the Victorian JMO Forum.

The Board Chair is a member of the AMC Prevocational Accreditation Committee. Several Victorian surveyors are also contributing to the AMC review of other jurisdictional Accreditation authorities.

The PMCV has provided representatives to various roundtables (e.g. VMIA – Junior doctors contribution to Patient Safety and Quality Improvement, Melbourne, August 2012; Australian Medical Association/beyondblue, Roundtable: The Mental Health of Doctors and Medical Students, Melbourne, 6 June 2014; Department of Health, National Review of Intern Training, March 2015) .

The PMCV has endeavoured in the past to involve a person on its key governance committee who could provide a consumer perspective on issues, including the Victorian Health Services Commissioner for 3 years, and later a health service patient advocate (for 3 years), but feedback from both was that they felt they could only make a limited contribution to the discussion. We are exploring what might be possible in relation to tapping in to existing Departmental advisory participation committees to keep informed about patient safety or communication or cultural safety issues.

**Attribute 5.2 The intern training accreditation authority has a communications strategy, including a website providing information about the intern training accreditation authority's roles, functions and procedures.**

PMCV has an extensive website ([www.pmcv.com.au](http://www.pmcv.com.au)) (which is regularly updated) and includes information on all facilities accredited by PMCV for prevocational training. A recent development has been the publication of accreditation post data on website as required by clause 12 of the contract for services between MBA and PMCV. The PMCV also publishes a monthly e-newsletter which includes a report on accreditation related activities.

Refer to Attributes 4.1 and 4.9 for information on accreditation resources and communication of accreditation outcomes.

Since 2013 there have been significant changes to PMCV's accreditation process and standards. Consultation with stakeholders and communication of these changes, particularly to health services and surveyors, was critical to the success of the introduction of the new changes. This was achieved by email, information on the website and by direct contact with stakeholders through their representative bodies, including JMOs, survey team leaders, Medical Education Officers and HMO Managers. These interactions continue on a frequent basis, for example, the Accreditation Manager addressed the Medical Educators' and HMO Managers' forums in March/April 2015.

Samples of communiques in relation to intern accreditation are attached:

- Notice re: NITF implementation from 2014 (Appendix 38).
- Letter re: publication of intern posts data 2015 (Appendix 39)

PMCV has also, for a number of years, published *A Guide for Interns in Victoria* (Appendix 40) which aims to provide interns with comprehensive information on internship. Every new intern in Victoria is provided with the Guide in January.

**5.3 The intern training accreditation authority collaborates with other relevant accreditation organisations.**

PMCV has reached agreement with the NSW Health Education and Training Institute (HETI) to streamline accreditation of Albury Wodonga Health. Formerly PMCV accredited posts at Wodonga Hospital and HETI or its predecessors accredited Albury Base Hospital posts. As clinical services became more integrated a joint accreditation visit was undertaken in November 2013. Following this visit it has been agreed that PMCV will take responsibility for accreditation of AWH with regular reports to HETI and joint visits every four years. PMCV's policy on *Cross-border Prevocational Placement Accreditation* (Appendix 41).

PMCV is assisting both the South Australian Medical Education and Training (SA MET) and the Postgraduate Medical Council of Tasmania (PMCT) by facilitating Victorian surveyors to participate in survey visits to health services in both South Australia and Tasmania in 2015 and it is anticipated that a Postgraduate Medical Education Council of Tasmania (PMCT) representative(s) will attend one of the 2015 PMCV survey visits.

The Accreditation Manager will attend surveyor training workshops offered by HETI and SAMET in 2015 as part of a review of the PMCV's surveyor training process.

#### **5.4 The intern training accreditation authority works within overarching national and international structures of quality assurance and accreditation.**

The PMCV Board Chair is a director of the Confederation of Postgraduate Medical Education Councils (CPMEC) and a member of the AMC Prevocational Accreditation Committee. The Accreditation Manager and CEO participate in meetings of the national Prevocational Medical Accreditation Network (PMAN). As discussed in the previous section, PMCV has worked closely with the NSW Health Education and Training Institute (HETI) on collaborative approaches to accreditation of intern and PGY2 positions at Albury Wodonga Health (AWH).

PMCV provides input into a range of national and Victorian projects and consultations, including a submission to the National Review of Medical Intern Training (2015) and feedback from the Accreditation subcommittee into the recent Feasibility of Intern Training in Community Health (FITCH) study. PMCV is a member of the National Intern Data Management Work Group and has also participated in national initiatives in relation to intern allocation and professional development of supervisors.

##### *Appendices for this domain:*

*Appendix 38 - Notice re: NITF implementation 2014*

*Appendix 39 - Letter re: publication of intern post data 2015*

*Appendix 40 – A Guide for Interns in Victoria*

*Appendix 41 - Cross-border prevocational placement accreditation*

### PMCV Supporting document checklist

Appendix	Name of Document	Domain/ attribute Reference
1	List of all accredited intern training facilities in 2015	Introduction/3.3
2	List of accredited intern training programs in Victoria 2015	Introduction/3.3
3	List of accredited intern posts in Victoria 2015	Introduction/3.3
4	PMCV organisation structure	1.1
5	PMCV's Statement of Purposes and Rules	1.1
6	PMCV Strategic Plan 2013-2015	1.2
7	Terms of Reference, Accreditation subcommittee	1.2/ 2.1/4.5/4.9
8	2013/14 Annual Report to Victorian Board of the MBA	1.2/4.9
9	2013/14 Annual Report to Department of Health	1.2/4.9
10	PMCV Annual Report 2013/14	1.3/1.4
11	Membership of PMCV Board 2015	1.5
12	Membership of the Accreditation subcommittee 2015	1.6
13	Approval of PMCV as an intern training accreditation authority	2.1
14	Accreditation Survey Team Member Position Description	2.1/2.2/3.3/4.2/ 4.3/4.5
15	Conflict of Interest Policy	2.2/4.3
16	Accreditation subcommittee Annual Work Plan 2015	3.1
17	Position Description Accreditation Manager	3.1
18	Evaluation of 2014 PMCV Accreditation Program Report	3.2/4.2/4.4/4.5/ 4.10
19	Best practice principles of accreditation	3.2
20	PMCV Risk Register	3.2
21	Intern posts – new, changes, review for the period: 1 October 2014 to 31 March 2015	3.3
22	Application Form - Provisional accreditation of new intern post	4.1/4.4
23	Accreditation Submission including Standards	4.1/4.4/4.5
24	Guidelines for Accreditation of Intern Terms	4.1/4.4/4.5/4.6
25	Surveyor Training Workshop 2015 – Evaluation Report	4.2
26	Project Plan for implementation of NITF	4.4
27	Duration of Accreditation, Applications, Communication and Monitoring Guidelines	4.4/4.5/4.6/4.7/ 4.8
28	Survey report template	4.4
29	Facility response to survey report template	3.2/4.4/4.5/4.10
30	Certificate of accreditation	4.4
31	Survey Team Visit Report 2013	4.5
32	Survey Team Visit Report 2014	4.5
33	Supervision of Junior Doctors Guidelines	4.5
34	Accreditation Policies and Guidelines Register	4.5
35	Discussion Paper- Transition to four year accreditation cycle	4.6
36	Report to AHPRA on PMCV accreditation activities 1 October 2014 to 31 March 2015	4.9
37	Appeals of Accreditation Decisions Policy	4.10
38	Notice re: NITF implementation 2014	5.2
39	Letter re: publication of intern post data 2015	5.2
40	A Guide for Interns in Victoria 2015	5.2
41	Cross-border prevocational placement accreditation	5.3