

POSTGRADUATE MEDICAL COUNCIL OF VICTORIA INC.

ACCREDITATION COMMITTEE

Terms of Reference¹

1. Purpose:

To develop, monitor and evaluate accreditation standards and processes that support education and training of JMOs and address any concerns about patient safety or JMO safety in a variety of clinical settings.

Domain Statement, PMCV Strategic Plan 2016-2018, Domain 1: Accreditation and Standards

2. Committee reports to:

PMCV Board.

3. Role, responsibilities and reporting:

The Postgraduate Medical Council of Victoria Inc. (PMCV) has delegated functions in relation to intern accreditation from the Medical Board of Australia, and the Department of Health and Human Services has authorised PMCV to review postgraduate year two posts (PGY2). Accreditation of intern and review of PGY2 training programs and posts in Victoria is undertaken by PMCV in a combined accreditation process which, in particular, involves concurrent accreditation survey visits at least every four years.

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

- 3.1 There are particular functions, expectations and reporting requirements defined by the Medical Board of Australia (MBA) in relation to intern accreditation (refer to *Contract for Services between AHPRA and PMCV, 2015*). PMCV has been approved as an intern training accreditation authority.

The accreditation services to be provided are:

1. Accreditation and monitoring of all intern training programs and posts in Victoria.
2. Review and revision of accreditation standards and tools/instruments which must align with *Intern training programs - National standards for programs*.
3. Training of surveyors.

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

- For existing training programs, at least three months before the program's accreditation expires or earlier if PMCV becomes aware that the program may not continue to meet the requirements of *Intern training programs - National standards for programs*.
- For new training programs, as soon as practicable and before interns are scheduled to commence in the program (This may be a paper-based assessment if it is not possible to assess the practical operation of the program).

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

¹ Incorporates *Delegation of accreditation decisions to the PMCV Accreditation Committee*, approved PMCV Board September 2013 (clause 4.3)

1. Development of a work plan that sets out Accreditation Services and related activities it expects to occur over the next four calendar years. The first work plan is due by 31 March in the first year of the Term, and further updated work plans are due on each anniversary of that date.
 2. On or before 31 March each year, PMCV must provide a report that sets out the number of positions occupied by PGY1s in accredited intern training programs in Victoria for that year.
 3. On or before 31 March and 30 September each year, PMCV must provide a six-monthly report that sets out the following things.
 - a. The accreditation programs and positions accredited in the preceding six months including the following details:
 - i. the parent health service associated with each program and position;
 - ii. location of the position accredited;
 - iii. department in which each term of the program is located;
 - iv. type of term(s) (i.e. emergency medical care, surgery, medicine or other – if other, specify discipline);
 - v. date program or position was accredited; and
 - vi. date program's or position's accreditation is due to expire.
 - b. Any other activities undertaken in relation to intern training program accreditation (e.g. training surveyors, reviewing accreditation documents etc).
 4. In addition to the reports set out above, PMCV representatives must also meet with representatives of AHPRA and the Board at least once annually, at a reasonable time and place to be specified.
- 3.2 The annual service agreement between PMCV and the Department of Health and Human Services (DHHS) is primarily focussed on PGY2 accreditation and the new Rural Community Intern Training (RCIT) programs.
- Reporting requirements include:
- Evaluation of provisionally accredited intern and PGY2 programs and posts by 31 December.
 - Report on PGY2 review visits by 31 March.
 - Annual report on accreditation activities by 30 June.
- 3.3 The Accreditation Committee prepares an annual work plan, with timelines for activities and reflecting the reporting requirements in previous clauses, and provides a report on accreditation activities, decisions and recommendations to each PMCV Board meeting.
- 3.4 Planned survey visits and accreditation decisions regarding facilities will be notified to the relevant parent health service or training program. PMCV will also advise relevant rotational sites should there be any major accreditation issues or intention to withdraw accreditation of prevocational medical training at the parent health service. All such correspondence will be copied to the surveyed health service.
- 3.5 Evaluation of survey team member performance and the accreditation process will be undertaken annually and a report on the accreditation program will be provided to the Committee by February of the following year. Any negative feedback received during the course of the year will be reviewed by the Chair, Accreditation Committee in the first instance.

4. Committee functions and decision-making

- 4.1 The PMCV Accreditation Committee makes decisions regarding accreditation of intern and PGY2 training programs and posts. These are endorsed by the PMCV Board and, in the case of intern programs, forwarded to the Victorian Board of the Medical Board of Australia.
- 4.2 The Accreditation Committee makes recommendations regarding a range of other Committee matters, which are also forwarded to the PMCV Board for consideration.
- 4.3 Following the adoption of a new set of PMCV Rules in February 2012, the PMCV Board at its meeting in August 2012 endorsed a proposal that for routine accreditation matters the Accreditation Committee has delegated responsibility from the Board to advise health services and training facilities, and the Victorian Board of the Medical Board of Australia of accreditation decisions, and the Board will be advised of the recommendations as part of regular PMCV management reports. This aligns with the strategic oversight role of the Board, and allows training facilities to be advised of accreditation of positions in a timely manner. Exceptions to this would include:
- Matters that require approval of the Board. For example new accreditation policies, procedures or initiatives would be referred specifically to the Board at its next meeting.
 - Matters that may affect the reputation of the PMCV. For example a health service lodging an appeal against an accreditation decision, or the Accreditation Committee recommending the withdrawal of accreditation of an intern training program at a health service. In such cases, the matter would be brought to the attention of the Chair of the PMCV Board by the Chair of the Accreditation Committee and/or by the PMCV Medical Director, either out of session or at a Board meeting, to ensure that the Board is aware of the situation and supportive of the decision, or in rare instances, it may request the Accreditation Committee to reconsider.
- 4.4 All accreditation decisions are made at a meeting of the Accreditation Committee. Exceptions to this are:
- Where PMCV is made aware of an urgent accreditation issue and action is required between meetings of the Committee, the Chair of the Accreditation Committee or PMCV Chief Executive Officer may provide an immediate response that must then be taken to the next meeting of the Accreditation Committee for endorsement/review.
 - For the period December-January during which there are no meetings of the Accreditation Committee scheduled, issues that arise that need to be progressed during this time may be determined by an Executive Group of the Accreditation Committee. This is a delegated process and decisions made during this period are provided at the next available meeting of the Accreditation Committee for endorsement. The Accreditation Executive Group consists of:
 - i. Chair, Accreditation Committee
 - ii. PMCV Chief Executive Officer and/or Medical Advisor
 - iii. Additional nominated member(s) of the Accreditation Committee
- 4.5 Many of the operations of the Accreditation Committee are undertaken between meetings by the Accreditation Committee secretariat, which consists of:
- Chair, Accreditation Committee
 - PMCV Chief Executive Officer
 - PMCV Medical Advisor
 - PMCV Accreditation Manager

5. Membership

5.1 Chair

The Role of the Chair includes:

- Chair meetings of the Accreditation Committee.
- Cast the deciding vote where agreement cannot be reached on accreditation decisions.
- Act as a member of the Accreditation Executive Group between meetings.
- Act as a representative of the Accreditation Committee in external committees and other forums as required.
- Should be a current or past (last 3 years) surveyor or undertake surveyor training within a 12 month period, and is expected to participate in at least one survey annually.

The Chair of the Accreditation Committee shall be appointed as follows:

- Existing members of the Committee are eligible to nominate for the Chair position. Where there are no nominees from within the Committee, expressions of interest may be sought from outside the Committee.
- Interested persons are required to lodge an *Expression of Interest* with the Chief Executive Officer of the PMCV by the advertised closing date either by email (cjordon@pmcv.com.au), facsimile (03 94191261) or mail (PO Box 2900 St Vincent's Hospital, Fitzroy Vic 3065).
- The *Expression of Interest* should:
 - State the applicants name and position;
 - Include a brief statement as to why you would be interested in taking this role; and
 - A brief CV should be included.
 - Where the applicant has not previously been a member of the Accreditation Committee, two referees will be required regarding the expertise and involvement of the applicant in prevocational education and training and/or accreditation.
- Each *Expression of Interest* will be considered by the PMCV Board who will determine the appointment of the Chair.
- Upon ratification by the PMCV Board, the Chief Executive Officer will notify all applicants.
- The outcomes of the Chair's appointment process will be advised by email to all members of the Committee and to the Victorian Board of the Medical Board of Australia.
- The Chair will be appointed by PMCV for a period of three years, renewable for three years.

The Chair will be subject to the annual performance process implemented by the PMCV Board.

5.2 Deputy Chair

Each Committee may nominate a Deputy Chair to preside over meetings in the absence of the Chair of the Committee. The nomination of the Deputy Chair will be referred to the PMCV Board for endorsement.

5.3 Members

5.2.1 *Duration of membership*

- A member of the Committee holds office for three years. After this time, the Chair may invite the member to continue for another three year period, or may open the position to other applicants.

- A member may hold office for up to six consecutive years, after which the position would normally be advertised.
- A member may request a leave of absence for up to 12 months from the Committee. A leave of absence longer than 12 months will require advertisement of the position.
- A person may resign from the Committee at any time by notifying the Chair or Secretary of the Committee.
- PMCV Office-bearers (Medical Advisor, Chief Executive Officer and Accreditation Manager) are members for the duration of their PMCV appointment.

5.2.2 *Nomination process for new members*

- Advertisement of the vacancy is via the PMCV newsletter/website and other appropriate groups (Colleges, DMS Group, HMO Managers, JMO Forum etc).
- Where there is more than one nomination for a vacancy, the Accreditation Committee secretariat may provide a recommendation to the Committee.
- Where there is one nominee, this will be endorsed by the Accreditation Committee.
- Nominations of persons to membership of the Accreditation Committee must be endorsed by the PMCV Board.

5.2.3 *Member representation:*

Member representation should aim to include representatives from a variety of health services and general practices.

- Junior Medical Staff including at least one nominee from the JMO Forum (at least two).
- Medical Education representatives such as Directors of Training, Medical Education Officers, Term Supervisors (at least four with at least two who are supervising consultants).
- Metropolitan Health Service representatives e.g. clinical/ administrative staff (at least two).
- Rural Health Service representatives (at least two).
- Medical Board of Australia (one nominee)
- University representative.
- College representatives/nominees including:
 - Australasian College for Emergency Medicine (ACEM).
 - Royal Australian College of General Practitioners (RACGP).
 - Australian College of Rural and Remote Medicine (ACCRM).
 - Royal Australasian College of Physicians (RACP).
 - Royal Australasian College of Surgeons (RACS).
- All members should be current or past (last three years) surveyors or have undertaken surveyor training within a 12 month period, and are expected to participate in at least one survey annually.

5.2.4 *Other membership:*

The Committee Chair can recommend to the PMCV Board an extension to an individual's membership for the benefit of the Committee for a further year.

The Committee can co-opt individuals to assist the Committee.

5.3 Secretary

The Accreditation Manager will act in this capacity.

- Secretary to prepare documentation in conjunction with the Accreditation Committee Secretariat for each meeting.
- Distribute documentation for each meeting.
- Liaise with members as required.
- Prepare the minutes for each meeting and relevant correspondence.

6. **Conduct of Meetings:**

6.1 Time

Third Monday of the month; 5.30-7.00pm.

6.2 Location

PMCV Offices or attendance by teleconference or videoconferencing.

6.3 Notice

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

6.4 Frequency and Length

- The Committee must meet at least five times per year.
- All meeting dates for the following year shall be determined by the Committee at its last scheduled meeting of the previous year.

6.5 Attendance

Members may attend in person or by teleconference. An annual review of membership attendance will be undertaken and members who attend fewer than 50% of meetings may be asked by the Committee Chair to step down from the Committee.

6.6 Quorum

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

6.7 Voting at meetings

6.7.1 *How determined*

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

6.7.2 *Method of voting*

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

6.7.3 *Casting vote*

- The Chairperson of any meeting has a casting vote.

6.8 Conflict of Interest

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

6.9 Business of the Meeting

- Standing Agenda Items:
 - Confirmation of Minutes
 - Declaration of Conflict of Interest
 - Matters Arising from Minutes
 - Accreditation Program
 - Correspondence
 - New Business
 - Other Business
 - Date of Next Meeting

6.10 Confirmation of Minutes

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

There shall be no discussion or debate on the minutes permitted except where their accuracy as a record of the proceedings is questioned. If a Committee member is dissatisfied with the accuracy of the minutes, they must state the item or items and propose a motion clearly outlining the alternate wording to amend the minutes.

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

6.11 Content of the Minutes

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

- i. The name of the Committee, meeting number, date, location and time at which the meeting was held.
- ii. The names of members and whether they are present, an apology or on leave of absence.
- iii. The names of any other persons in attendance and the organisation they represent or in what capacity.
- iv. Every motion and amendment moved.

- v. The outcome of every motion.
- vi. Where a division is called, a table of names of members present, showing the way they voted (FOR, AGAINST or ABSTAIN).
- vii. Details of any failure to maintain a quorum and any adjournment.
- viii. Time and reason for adjournment of the meeting or of the standing orders.
- ix. Disclosure of any declaration of direct or indirect interest of a member declared or identified to the meeting.
- x. Any other matter which the Secretary, in conjunction with the Chair, thinks should be recorded to clarify the intention of the meeting or the reading of the Minutes. .
- xi. Conclude with the official signing of the minutes by the Chair.

Except where a member requests, individual expressions of view, if recorded, do not identify the member.

6.12 Documentation

- The Secretary must ensure that all records of all relevant information from meetings of the Committee are maintained including agenda, attachments, minutes and correspondence for a period of 7 years.
- All incoming and outgoing correspondence to the Accreditation Committee should be addressed to or signed by the Chair, Accreditation Committee.

7. Publications

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

- Facilities granted PMCV accreditation.
- Accreditation standards, policies and guidelines.
- Annual survey visit schedule.

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

- i. The parent health service associated with each program and post
- ii. Location of the post being accredited
- iii. Department in which term is located
- iv. Type of term - emergency medical care, surgery, medicine or other (please specify discipline)
- v. Date of accreditation decision
- vi. Date of expiry of accreditation

8. Appeals Process

A facility may lodge an appeal against the accreditation status awarded by Council.

Please refer to the Appeals Policy.

Annual Accreditation Survey Visit and Reporting Process

Revised Jan 2015/ Approved Feb 2015

Task	When	What	Who	Comment
Survey visit date determination	December in year prior to scheduled visit - reply by end January (and as needed for new sites)	Letter to facility (emailed to DMS)	Accreditation Manager	Create an excel spreadsheet of visits and progress/mid-cycle reviews to be undertaken. Set up an electronic file for each facility on N: drive. Email Survey Visit Details Form with letter. Each facility to nominate a contact person for the visit.
FOR RE-ACCREDITATION: Accreditation instruments sent to facility. Completed accreditation documents due at least 2 months prior to visit.	send with letter regarding survey visit date preferences	Letter (email) to facility	Accreditation Manager	Send PMCV Accreditation Guide, Accreditation Submission including Standards, Timetable template, previous survey and response. Submission to be sent by facility electronically. Accreditation Manager reviews documents and sends on to team.
ACCREDITATION OF NEW SITES: Accreditation instruments sent to facility. For accreditation of a new site/posts - completed application due at least 6 months prior to recruitment to posts commencement.	as soon as advised of new program	Letter (email) to facility	Accreditation Manager	Send PMCV Accreditation Guide, Accreditation Submission including Standards; Application form for new posts Timetable template. Submission to be sent by facility electronically. Accreditation Manager reviews documents and sends on to team.
Dates proposed by facility discussed with Team Leaders	January-March	by email	Accreditation Manager	Re-accreditation visits usually occur between May and September during specified periods which avoid public holidays, school holidays and in latter part of JMS terms. Avoid any conflict of interest.
Visit date confirmed with facility and Team Leader(s)	January-March	by email	Accreditation Manager	Send confirmation email to facility with date and TL name when finalised.
Create survey teams	February to June	by email	Accreditation Manager	Email all surveyors with dates to seek volunteers. Survey teams to include a Team Leader, clinician, junior doctor, medical education representative and PMCV staff member (for large facilities arrange two teams for intern and PGY2). Avoid any conflict of interest.
Confirmation to Surveyors	3 months prior to survey visit	Letter to Surveyors (email)	Accreditation Manager	When confirm on team send PD-confidentiality agreement for review/sign. THEN Send facility submission (electronically using DropBox) expenditure claim forms/ /previous survey report and response/guidelines. Update Surveyor List. Organise flights and accommodation if applicable.
Confirmation of survey team to facility	3 months prior to survey visit	Letter	Accreditation Manager	Make contact with facility nominated representative to reconfirm dates, discuss timetable and plan visit.

JMS Survey (link sent to facility from <i>surveymonkey</i>) - responses due 1 month before visit and sent to survey team.	3 months prior to survey visit	by email to facility	Accreditation Manager	<i>See email template and link to questionnaire on surveymonkey.</i>
Confirm visit timetable	2 months prior to survey visit	by email to facility and Team Leader(s)	Accreditation Manager	<i>Include meetings with Med Admin (DMS/HMO Mgr), MEO, SIT/DCT, SMS, JMS. Ensure intended interviewees are informed of role of PMCV and expectations re: meetings.</i>
Pre-visit meeting	2-4 weeks prior to survey visit (<i>in consultation with Team Leader(s)</i>).	teleconference	Accreditation Manager to arrange	<i>AGENDA: 1) Review submission and identify points to be clarified and further information to be sought from facility; 2) Review conditions and recommendations from previous visit (if applicable); 3) Review intern/PGY2 survey results (if applicable); 4) Develop a plan for the visit including delegation of responsibilities to survey team members (team members not to communicate directly with facility to avoid conflict of interest or any possible appeals). Following meeting prepare 1) A set of questions and 2) The accreditation standards table completed with preliminary ratings and comment.</i>
Survey visit		in person	Survey team	<i>The visit involves meeting with a range of prevocational medical training staff; TL provides background on purpose of visit at each meeting; Surveyors to ensure matters pertaining to accreditation are kept confidential/ ask objective and open-ended questions pertaining to accreditation (see suggested list) take notes to assist with preparation of the report/ attend debrief: TL provide feedback on areas of excellence and any immediate concerns (team consensus) relating to JMO/patient welfare/safety and details on report timelines and review. Potential recommendations are not discussed at the debrief. AT each meeting, feedback on the performance of the survey team will be sought from attendees.</i>
Evaluation of survey team performance	send to facility the day after survey visit	link to survey sent to facility by email	Accreditation Manager	<i>Send link to surveymonkey questionnaire with email template day after visit. Save each response in a folder for that year and prepare a summary report at end year./ track responses.</i>
Survey report preparation	no later than 2 weeks following visit	draft report prepared by Accreditation Manager and review by Team Leaders and	Accreditation Manager/ Team Leaders and surveyors	<i>Accreditation Manager to prepare draft report and send to Team Leader(s) for review/comment then to Team. Save all comments and changes in 'archive' folder of Accreditation folder for each facility.</i>

		survey team members		
Survey report review	within four weeks of visit	email findings to facility inviting review for factual errors	Accreditation Manager	<i>See email template.</i>
Survey report finalisation	within four weeks of visit	Acceptance of survey report (or return to Team Leader(s) for review)	Accreditation Committee	<i>Team Leaders(s) attend Committee meeting when visit report discussed.</i>
Facility response to survey report	after report has been tabled at Committee meeting	Letter to facility seeking response to survey report recommendations	Signed by Chair	<i>See letter and report template.</i>
Endorsement of survey report recommendations	After facility response to survey report received	Recommendations endorsed at Accreditation Committee	Accreditation Committee	<i>Seek comments from team leader(s) of visit.</i>
	After endorsement by Accreditation Committee	Recommendations endorsed by PMCV Board	PMCV Board	<i>via reporting process.</i>
	After endorsement by PMCV Board	Advice to stakeholders	Signed by Chair	<i>See letter template.</i>
Confirmation of accreditation to facility/ advise parent health service/program (if applicable)	Following endorsement of survey team recommendations by Committee	Letter to facility	Signed by Chair	<i>Send Certificate of Accreditation with letter of confirmation (see template)/ Email survey team members of finalisation of process, thanking for participation and reminder to return hard copies of accreditation documents to PMCV for confidential destruction and/or to permanently delete any electronic version/ MBA advised via reporting process/ parent health service advised (if applicable)</i>
Between visits	mid-cycle	Progress report by facility	Accreditation Manager	<i>This involves a JMO survey, report on previous visit recommendation; review of intern allocation plan; changes update- Accreditation Mid-Cycle Progress Report Form</i>

	ongoing	November/ December (of year prior)	Facility	<i>Apart from the formal progress and mid-cycle reviews coordinated by PMCV, facilities are expected to monitor prevocational medical training programs and posts to ensure they continue to meet requirements between survey visits according to accreditation standard 8.2.2 and communicate any concerns, issues or changes to PMCV in accordance with accreditation standard 1.2.2. This includes: 1) continuous collection of evidence including collation of trainee surveys during cycle; and 2) review of intern annual allocation plans against the list of accredited intern posts published on the PMCV website.</i>
	during first year of new posts	Review of new intern/PGY2 posts	Accreditation Manager	<i>This involves a JMO survey and report in commencement year - New Post Progress Review Form</i>
Reporting	November/ December (of year prior)	Final list of all accredited intern posts to DHHS	Accreditation Manager	
	31 March and 30 September each year	List of intern posts and accreditation workplan for current year	Accreditation Manager	
	31 March and 30 September each year	Report to VicMBA on accreditation activities/decisions	Accreditation Manager	
	annual	Report to VicMBA on intern accreditation	Accreditation Manager	
	annual	Report to DHHS on intern and PGY2 accreditation	Accreditation Manager	
Evaluation	annual	of accreditation process and survey team performance	Accreditation Manager	<i>See Evaluation Plan - send surveymonkey link to each facility following each visit.</i>