CPMEC
CONFEDERATION OF POSTGRADUATE MEDICAL EDUCATION COUNCILS

ACN 144 489 038 ABN 49 144 489 038

ACT Health
Postgraduate Medical Council of Victoria
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Clinical Education and Training Institute, NSW
Northern Territory Postgraduate Medical Council
Postgraduate Medical Council of Western Australia
Medical Council of New Zealand Education Committee
South Australian Institute of Medical Education and Training

3 April 2011

Professor Robin Mortimer
Chair Intern Working Party
Australian Medical Council
PO Box 4810,
Kingston ACT 2604.

Dear Professor Mortimer,

Re: National Framework for Intern Training Accreditation Process

The Confederation of Postgraduate Medical Education Councils (CPMEC) thanks you for updating us on the work being undertaken by AMC on behalf of the Medical Board of Australia (MBA) to develop national standards and processes for accreditation of intern training posts, and a process for assessment of PMCs/intern accreditation authorities.

We have noted that you will take into account standards and criteria used by Postgraduate Medical Councils or equivalent agencies (PMCs) as well as the *Prevocational Medical Accreditation Framework* (PMAF which you refer in your letter as the 'Postgraduate Medical Accreditation Framework'). You also advised us that you intend to use the AMC accreditation standards for specialist training to develop accreditation requirements for internship.

In writing to you, we would like to bring to the attention and consideration of the AMC Working Party the work already done under the auspices of the CPMEC to promote nationally consistent standards and processes for prevocational medical accreditation through the implementation of the PMAF, and also raise some pertinent issues. We would also like to invite a senior AMC representative to attend a meeting of CPMEC's Prevocational Medical Accreditation Network (PMAN) in Melbourne on 20 April, 2012.

Issues for Consideration by the AMC Intern Working Party

Development and Implementation of the PMAF

The Prevocational Medical Accreditation Framework (PMAF) was developed under a project funded by the Australian Government Department of Health and Ageing which aimed to provide a national framework for prevocational medical accreditation standards, policies and practices. The project took into account AMC standards on specialist training accreditation and involved extensive consultations with all state and territory prevocational accreditation authorities and

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other key stakeholders in prevocational accreditation processes. A project reference group was set up in 2007 to work towards this goal. Unanimous agreement was finally reached on the PMAF in October 2009 with all PMCs signing up to the framework. A copy of the PMAF is included as an attachment. You will note that the PMAF incorporates the principles, standards and policies that should underpin the accreditation of prevocational medical training in Australia as agreed to by all PMCs.

All PMCs began to use the PMAF immediately to evaluate and review their accreditation standards and policies. Implementation is reported regularly through PMAN meetings and at the annual Prevocational Forum. In some states the PMAF has been used to completely revise existing prevocational standards and policies. Across the Tasman, the Education Committee of the New Zealand Medical Council also undertook a gap analysis on relevant aspects of the PMAF to review NZ standards and policies.

Demonstrated Utility of the PMAF

In highlighting the practical usefulness of the PMAF as a national framework, CPMEC would reiterate that **all** PMCs are already using the PMAF to help develop new standards and policies, revise existing policies, map their existing standards and policies, and identify gaps. A 2011 survey of PMCs undertaken by CPMEC has reinforced the value of PMAF as a unifying national framework to guide prevocational medical accreditation processes in Australia. PMCs have noted the following benefits:

- Retaining PMAF as a central aspect of nationalised intern accreditation seems a logical use of this valuable tool, and would avoid the need for PMCs to restart what has been a time consuming but very worthwhile process of reviewing accreditation standards and policies. Use of the PMAF would ensure that transition to a national process would proceed smoothly. Adopting an alternative national framework could pose significant additional administrative and cost burden that would require funding.

- PMAF has demonstrated practical utility in reviewing prevocational accreditation practices across states. This has been supported by a strong culture of active knowledge sharing amongst PMCs through the PMAN.

- PMAF is being used as a mapping tool by PMCs to assist in the development and/or modification of accreditation processes by identifying gaps in existing processes.

- PMAF has the flexibility to be adapted to specific jurisdictional settings and approaches. Under the current model, PMCs use a 2-level approach:
    - They undertake accreditation based on uniformly adopted national principles, giving national consistency

They then develop accreditation processes appropriate for their local settings, much as the various Colleges have done for their differing specialties. The benefits of these diverse approaches are multiple.

- A particular premise of the PMAF is that it focuses on outcomes and does not limit diversity by being prescriptive of any particular model. This extends to development of individual standards appropriate for particular settings within a jurisdiction consistent within a broad national framework.

Differences between College and PMC Accreditation Approaches

We agree the specialist standards provide 'high level requirements' but we note that these standards are developed for the College setting and the rationale in applying this model over others is, for the prevocational setting, not immediately apparent to PMCs. We would highlight differences in supervisory and registration requirements, curriculum, welfare and orientation requirements and the need for assumption of graded autonomy as just some of the differentiating factors between the prevocational and vocational phases. The prevocational phase is also a time when significant welfare and support is required as medical students are transitioning into doctors and confidence and competence is generally lower compared to vocational trainees.

The AMC specialist education accreditation standards also have a different emphasis to that required for PMCs. The specialist standards concentrate on 'education providers' which is appropriate as Colleges often have significant education roles. By contrast, the major role of most PMCs is to undertake accreditation - although some are beginning to assuming some educational roles.

Finally, College systems are nationally (or bi-nationally) governed, whilst PMCs are locally based. This geographical difference has been seen by PMCs as having a distinct advantage in allowing much closer interaction with those delivering education in local facilities. Many PMCs have implemented substantial supportive structures locally for both its education and accreditation activities. These significant benefits could be lost through application of a national governance model.

Integration of Accreditation Processes

Whilst mindful of addressing the specific needs of prevocational trainees, PMCs have nevertheless indicated a willingness to work with other sectors in postgraduate training to reduce the accreditation burden on health services. In this regard, it is pertinent to note that CPMEC is currently working with General Practice Education and Training Ltd to pilot streamlined and integrated prevocational and vocational training practice accreditation processes for general practices, while individual PMCs have made significant progress in developing an information sharing process across accrediting bodies to improve efficiency and effectiveness of accreditation.

Independence of Accreditation Process

Most PMCs have closer relationships with their jurisdictional health departments than do the Colleges. These relationships have special advantages in enabling much closer understanding of workforce, governance, funding and health service issues relevant to education and training within each jurisdiction.

However, this relationship can sometimes create perceived or real conflicts of interest especially regarding the independence of the accreditation process. Most PMCs have, so far, developed processes appropriate to their own situations to manage these conflicts so that the relationship is, overall, seen as beneficial and relatively independent. Junior doctor groups have been generally quite pleased with the manner in which prevocational accreditation has been occurring to date. A major contribution that AMC and the MBA can make is to reinforce the need to maintain the perceived independence of the prevocational accreditation process.

Funding and Costs

PMCs do not attract independent funding and are therefore at a significant financial disadvantage as compared with universities and Colleges. Current funding of PMC accreditation processes largely depends on grants from the Medical Board of Australia with supplements by individual State and Territory Health Departments in some cases. With uncertainty over future arrangements for prevocational accreditation, a number of our member PMCs have been very anxious that there is some resolution on future directions and funding commitments.

PMCs do not currently charge for accreditation. In contrast, we understand the cost of accreditation by the AMC for Colleges is substantial. The funding of any new AMC approach to prevocational accreditation will need to be carefully scoped and costed. This extends to the reporting requirements. We would be interested in comparing current prevocational and specialist accreditation costs as well as the implications if a new model is to be proposed.

Consultation with PMCs and CPMEC

CPMEC would be pleased to work further with the AMC in developing a model for overseeing the accreditation functions of PMCs as members would favour a purpose-built process within the AMC, based on:

- Oversight of PMCs by the AMC, which might include an AMC accreditation committee similar to those for undergraduate and vocational accreditation processes. This committee might oversee development, maintenance and implementation of a set of national standards to guide and assess the accreditation processes of individual jurisdictional bodies. It might be expected that these standards would include many items included in the PMAF. The number of jurisdictional bodies that will require accreditation in the prevocational space is not likely to exceed eight.

- Continuation of the accreditation functions of the individual PMCs under this AMC oversight, all submitting to scheduled accreditation visits by the AMC. It would be

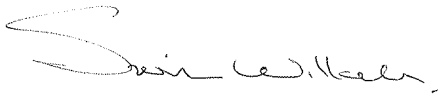
expected that the AMC would use teams skilled in assessment of prevocational accreditation processes.

Invitation to PMAN Meeting

As noted earlier, CPMEC also has developed a strong culture of sharing knowledge about accreditation policies and practices through the Prevocational Medical Accreditation Network (PMAN). Our next face-to-face meeting is scheduled to be held at the Melbourne Airport Park Royal Hotel on Friday 20 April, 2012 and we would like to invite yourself or another senior AMC accreditation expert working on this task to attend this meeting. As the PMAN group involves all state and territory PMC Accreditation Committees, it will provide an excellent opportunity for a bidirectional conversation on the issues that we have raised.

For any queries in relation to this letter please contact Dr Jagdishwar Singh at CPMEC (jsingh@cpmec.org.au).

Yours sincerely



Prof Simon Willcock
Chair, CPMEC

PREVOCATIONAL MEDICAL ACCREDITATION FRAMEWORK

for the

Education and Training of Prevocational Doctors

'Accreditation is a formal process by which a recognised body, usually a non-governmental organisation, assesses and recognises that a health care organisation meets applicable pre-determined and published standards.'
(Rooney & van Ostenberg)

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GOALS OF THE PMAF

The goals of the Prevocational Medical Accreditation Framework (PMAF) are to increase consistency, transparency and efficiency in prevocational medical accreditation processes in all Australian States and Territories, and to align prevocational accreditation with the best local and international accreditation processes.

PURPOSE OF ACCREDITING PREVOCATIONAL MEDICAL EDUCATION & TRAINING

The aim of prevocational clinical training is to further the general professional development of recently graduated doctors and prepare them for vocational (specialty) training programs. During this period, the prevocational doctor acquires practical experience and develops increasing responsibility for delivery of safe patient care under supervision. Prevocational training posts should enable graduates to acquire general clinical knowledge and skills, and to develop the confidence and maturity of judgment necessary for safe, competent, independent medical practice. It is a phase of moving from 'knowing about' to 'doing'.

Accreditation is a quality assurance process that establishes and monitors standards for prevocational training positions to assist in the attainment of a high standard of clinical training for junior doctors. Accreditation helps health services to create the best possible working environment for the supervision and training of prevocational doctors by ensuring that they receive appropriate orientation, clinical experience, education, training, supervision, assessment, evaluation, and support (including resources), to enable them to meet the objectives of their training program in a safe manner.

Robust and independent accreditation processes ensure that the education and training received by junior doctors allows them to meet the requirements of Medical Registration Boards for general registration and to progress to vocational training. Accreditation promotes an appropriate balance between service and training requirements for prevocational doctors, who play a key role in the delivery of health care.

During an accreditation visit a survey team formally evaluates a unit, facility, health service, network, or practice that employs prevocational doctors, using clearly defined and established standards. Accreditation teams usually comprise a diverse range of professionals to ensure a wide perspective, including senior clinicians, hospital managers, non-medical educators and prevocational trainees.

Continuous quality improvement is a fundamental component of the accreditation process to enhance the quality of learning, educational programs, supervision, and service delivery. It also assists in the development and support of new training opportunities. This requires a regular cycle of accreditation with specified reporting between accreditation visits.

BACKGROUND TO THE PMAF

Accreditation of Postgraduate Year 1 (PGY1) internship training positions is a key responsibility of all Postgraduate Medical Councils (PMCs) or the equivalent body. All graduates are required to complete an accredited intern year as a prerequisite for general registration with Medical Boards. In most jurisdictions PMCs also accredit PGY2 positions.

This accreditation function is delegated to PMCs by State and Territory Medical Boards or Health Departments to ensure that prevocational doctors receive comprehensive training and that they are appropriately supervised. These standards are integral to the provision of high quality, safe patient care.

Each PMC has an Accreditation Committee to oversee prevocational accreditation. Before 2006, representatives of these committees met as the National Accreditation Network (NAN), an informal group which was established to exchange information on accreditation practices in Australia and New Zealand. Whilst each State and Territory has its own system of accreditation, preliminary analysis indicated substantial commonality. In 2006 the Confederation of Postgraduate Medical Education Councils (CPMEC) agreed to work towards a national Prevocational Medical Accreditation Framework (PMAF). Project funding was provided by the Commonwealth Department of Health and Ageing. The PMAF was also recognised as a priority project by the Medical Training Review Panel.

To develop the PMAF, a National Technical Group (NTG) was established by CPMEC that included representation from the Accreditation Committees of each PMC. The NTG also had representation from junior doctors, a Director of Clinical Training and a Medical Education Officer with accreditation experience. The NTG was supported by a Project Team and two part-time project staff.

The NTG utilised the new accreditation system adopted by the Postgraduate Medical Council of Queensland (PMCQ) as a starting point for a draft PMAF. PMCQ had reviewed a number of national and international medical and educational accreditation processes (see references) to identify best practice. The draft PMAF was then subjected to an extensive consultation process involving key stakeholders in medical education and accreditation. Consultation was also invited through the CPMEC website. A significant amount of feedback was received, much of which has been incorporated into the version of PMAF presented in this document.

CONSIDERATIONS IN THE DEVELOPMENT OF THE PMAF

The PMAF builds on work undertaken previously by CPMEC to promote a more systematic national approach to the education, training, supervision and assessment of prevocational doctors. Some of the specific issues that have been considered in the development of the PMAF are listed below.

Safe & High Quality Patient Care

Safe, quality patient care is a key driver for prevocational accreditation which ensures appropriate clinical experience, training and supervision of junior doctors.

Australian Curriculum Framework for Junior Doctors

To promote a systematic national approach to the education and training of prevocational doctors, the PMAF ensures that each prevocational position incorporates learning objectives from the *Australian Curriculum Framework for Junior Doctors* (ACF). It is anticipated that linkage with the ACF will strengthen as national assessment processes are developed.

Scope of PMAF to Cover All Prevocational Training Positions

CPMEC believes that prevocational accreditation should encompass all units staffed by doctors who have not entered a vocational training program. This includes those prevocational positions filled by International Medical Graduates (IMGs), who are responsible for a significant proportion of health care delivery, particularly in outer metropolitan, rural and regional settings. A number of PMCs make substantial contributions to the assessment and training of IMGs entering the hospital-based medical workforce.

Maintaining Balance

One of the major challenges in developing the PMAF was to strike a balance between setting national standards whilst simultaneously addressing the demands of the local context. The NTG has endeavoured to establish a framework which incorporates essential generic principles while allowing adaptation to regional requirements and circumstances.

Reducing Accreditation Fatigue

CPMEC and all PMCs are also cognizant of the need to develop an accreditation system which balances the need to maintain standards without becoming overly burdensome to the organisations being accredited as well as the accreditation team surveyors.

National Accreditation Process

As noted earlier, the goals of the PMAF are to increase national consistency, transparency and efficiency in prevocational accreditation processes. Development of the PMAF is also consistent with Council of Australian Governments (COAG) plans for national registration and accreditation for the health professions.

Role of Australian Medical Council

Prevocational training is an intermediate step between university based medical courses and the vocational training programs delivered by Colleges. CPMEC has argued that the quality, continuity and integration of medical training would be improved if prevocational education and accreditation processes were subject to accreditation by the Australian Medical Council (AMC). It is CPMEC's view that the AMC, which already accredits universities and Colleges, should also be asked to accredit PMCs. The PMAF could form the basis of prevocational accreditation by the AMC.

Expanded Training Settings

Each State and Territory is currently expanding its prevocational training positions to accommodate the increased numbers of students who will graduate over the next 5 years as a result of the expansion of Australian medical schools. This will necessitate some innovation in the design and delivery of prevocational training terms and programs. It is critical that the new positions will allow all graduates to complete an accredited intern year and gain sufficient experience to allow them to enter vocational training programs. Many of these new positions will be developed in diverse health care settings, including specialty rotations, private hospitals and community and Indigenous health services. A robust accreditation framework is critical to ensure that accreditation instruments developed for these settings promote high quality training.

Funding

Continued funding of prevocational accreditation is essential to support this crucial phase in the development of the medical workforce across all jurisdictions. Funding in several jurisdictions is provided by State Medical Boards supplemented by contributions from State health departments. The increased medical graduate numbers highlighted above will require additional funding to accredit new prevocational training positions. It is critical that funding for PMCs reflects these additional demands.

STRUCTURE OF THE PMAF

The PMAF incorporates the principles, standards and policies that should underpin the accreditation of prevocational medical training in Australia.

Principles are general statements of intent which underpin the implementation of prevocational accreditation processes.

Standards provide a guide to what is expected to be included in robust prevocational accreditation systems. A standard is a statement that outlines the specifications, processes or procedures required for implementing prevocational education and training. The standards are intended to ensure that a facility consistently provides or strives to provide quality education to prevocational doctors and at a level deemed appropriate by the wider stakeholder group. Within the PMAF standards are classified into two categories: *Governance*; and *Education & Training Program*.

Policies prescribe courses of action to be followed within the accreditation system and provide a framework for the implementation of prevocational education and training standards. These are also considered in two categories: *Governance*; and *Survey Process*.

It is intended that the PMAF will be supported by other documents as examples of policies that may be developed to comply with the PMAF.

DEFINITIONS

The following definitions are used in the PMAF:

1. In relation to the structure of training organizations, the following descriptions are used:

a) Network: A consortium of health care facilities and units within a defined geographical area within a state or territory.
b) Facility: An organisation that provides infrastructure and administrative support to a grouping of different units.
c) Unit: A specialized medical workplace such as in a public or private hospital, general practice, or rural and remote health care service. Generally a unit is led by a consultant or general practitioner and supported by a small medical team.

2. In relation to the structure of training program supervision the following descriptions are used:

a) Director of Clinical Service (DCS - may also be known as Director of Medical Services, Chief Medical Officer or Executive Director of Clinical/Medical Services): A person with overall responsibility for network or facility compliance with PMC requirements, including the availability of qualified staff for training and supervision of the prevocational doctor.
b) Director of Clinical Training (DCT): A person with direct responsibility for the training program within a network or facility. This includes training program structure, curriculum content, assessment, quality improvement, and overall organisation of supervision. In some training organizations a Supervisor of Intern Training (SIT) performs this role for interns.
c) Unit Supervisor: Clinician responsible for overseeing supervision arrangements within a unit. Tasks may also include organizing orientations to the unit and coordinating prevocational doctor assessment.
d) Training (or Term) Supervisor: Person directly responsible for supervising, training and assessing prevocational doctors.

3. A PMC is defined to include Postgraduate Medical Councils or the equivalent body in each state and territory of Australia. Since 2008, New Zealand's equivalent body – the Education Committee of the Medical Council of New Zealand - has also been included in this definition.

PRINCIPLES OF PREVOCATIONAL ACCREDITATION

PMCs will use the following principles to underpin prevocational accreditation:

1. Safe and high quality patient care is the primary consideration for all prevocational medical accreditation standards, policies and processes

2. Accreditation standards, polices and processes will apply to all prevocational training positions

3. Accredited intern training programs should enable interns to progress to general registration in accordance with the relevant legislation

4. Accreditation will be based on a predetermined quality cycle that supports ongoing improvement in outcomes. This cycle should include self-assessment and regular evaluation of the accreditation system by the PMC in consultation with key stakeholder groups

5. Accreditation will have the authority and independence to set standards, determine policies, implement processes and make appropriate determinations

6. Accreditation will have valid and reliable processes based on explicit standards

7. Accreditation standards will be clearly enunciated, defensible, practical and transparent to all stakeholders. They should incorporate process and outcome indicators based on objective criteria

8. Accreditation processes will be administered efficiently and equitably

9. Accreditation policies will aim to foster quality education, training and support for all prevocational doctors by promoting standards of excellence beyond the minimum level of compliance

10. Accreditation standards, policies and processes will be consistent with local, national and international best practice

11. Accreditation standards, policies and processes will operate within relevant legal systems and will include an appropriate appeal mechanism based on the principles of natural justice

12. Accreditation standards, policies and processes will be designed to minimise the accreditation burden for both the facility being accredited and the accreditation personnel. Where possible there should be co-ordination with other accreditation bodies

13. Accreditation of prevocational training should be supported by adequate resources and infrastructure

PREVOCATIONAL ACCREDITATION STANDARDS

Appropriate and adequate clinical exposure is crucial to the success of prevocational training. Accreditation standards are designed to encourage and support continuous improvement of prevocational training through self-assessment and ongoing consultation with key stakeholders. Locations for prevocational training include units in public and private hospitals, general practices, and rural and remote health care services.

A. GOVERNANCE STANDARDS

Governance, organisation and administration of prevocational training and education programs should include:

1 An organisational structure with appropriately qualified staff, sufficient to meet the objectives of the programs. This includes access to educational support personnel to plan, organise and evaluate the education and training programs

2 A delegated manager with executive accountability for meeting prevocational education and training standards (for example, a DCS or EDMS)

3 An oversight committee which is resourced and empowered to ensure that institutional policies for prevocational training are developed and implemented

4 Provision of appropriate and balanced clinical exposure and non-clinical educational opportunities for trainees

5 Support for all personnel involved in the training program with evaluation of teaching performance where appropriate

6 Appropriate planning and resources to support current and future needs of the training and education program

7 Systematic communication protocols between units, facilities and networks to optimise outcomes of education and training programs

8 Equity of access to training programs within the scope of the training facility for all prevocational doctors

9 Documented policies and processes (including reference to national and jurisdictional guidelines if relevant) to manage workload, welfare, safety and substandard performance

10 Compliance with relevant national, state or territory laws and regulations pertaining to prevocational training

B. PREVOCATIONAL TRAINING AND EDUCATION PROGRAM STANDARDS

Training and education programs should have the following features:

1 A DCT (or equivalent) with responsibility for quality of the prevocational training and education program who works in collaboration with unit supervisors and term supervisors

2 A structure incorporating learning objectives and clinical experience consistent with the ACF

3 A programmed orientation to both the facility and to the current unit

4 Supervision by qualified medical staff with appropriate competencies, skills, knowledge, authority, time and resources to participate in training or orientation programs

5 Assessment processes applied equally to all prevocational doctors that occur at appropriate intervals, including observation of clinical skills

6 Ongoing evaluation of the training program (both at facility and unit level), including collection of feedback from prevocational trainees and their supervisors. These data should be utilised for continuous improvement

7 Professional development activities to provide staff involved in the training program with opportunities to support the quality and development of the training programs

8 Consideration of the welfare of prevocational doctors as it impacts on their education and training

POLICIES FOR IMPLEMENTATION OF PREVOCATIONAL ACCREDITATION

PMCs should have policies in place covering governance and the accreditation survey process in order to effectively implement prevocational accreditation systems. The following policies are recommended:

A. GOVERNANCE POLICIES

1. Management of the Accreditation System

In planning, organising, resourcing and monitoring the implementation of prevocational accreditation, PMCs should have management policies in place to address the following:

a) Internal reporting mechanisms and the provision of infrastructure and administrative support to an accreditation committee

b) Funding of the accreditation process and ensuring that costs are fair and reasonable

c) Monitoring of the accreditation status of units, facilities, networks, health services, or practices within the jurisdiction

d) Provision of independent accreditation reports to the Medical Board and/or other relevant bodies

e) Determination of the timing and components of the accreditation cycle, the total duration of which should not exceed a period of 4 years

f) A rating system to assess the level of compliance of a unit, facility, health service, network, or practice against prescribed standards

g) Definition of the minimum acceptable standard that a unit, facility, health service, network, or practice must meet to be granted accreditation

h) Maintenance of a current record of all accredited positions, including the number of prevocational doctors for which each unit has been accredited

i) Communication of the record of all accredited positions to employers, prospective prevocational doctors and other key stakeholders

j) Mechanisms to address failure to comply with accreditation standards

k) Communication with the facility of the outcome of the survey, following endorsement of the report by the Accreditation Committee, PMC or Medical Board as appropriate

2. Application, Reapplication and Change of Status

The PMC will have a policy in relation to the following:

a) Application and reapplication for accreditation and for change of status of the unit, facility, health service, network, or practice

b) Lapse, suspension, withdrawal or denial of accreditation

c) Definition of the changes in training positions with the potential to affect the accreditation status of the unit, facility, health service, network, or practice which would require notification to the PMC

d) Consideration of information received from sources other than surveys which have the potential to impact on the accreditation status of the unit, facility, health service, network, or practice

3. Conflict of Interest

Each PMC will have a documented policy outlining the process to assist surveyors and facilities, health services or networks in identifying potential conflicts of interest that may arise in the accreditation process

4. Confidentiality

The PMC will have a policy on confidentiality in relation to surveyors and staff involved in all accreditation processes

5. Security of Data

a) The PMC will have a policy on the security and storage of information provided as part of the accreditation process

b) The PMC will have a policy defining the period that accreditation documentation should be stored, in accordance with legal requirements

6. Appeals and Complaints

a) The PMC will have an appeals policy that defines the grounds for appeals and the process for their determination

b) The PMC will have a policy to ensure that complaints are dealt with in a fair, timely and equitable manner

7. Transparency & Dissemination of Information

The PMC will have a policy relating to the publication and dissemination of the results of the accreditation process

8. Surveyor Recruitment, Training and Management

The Accreditation Committee will develop a surveyor selection and development policy which includes:

a) Position descriptions for survey team members, including team leaders

b) Guidelines for team selection and composition

c) Initial and ongoing training and credentialing of surveyors

d) A surveyor code of conduct

e) A surveyor confidentiality agreement

f) A process for identification and training of future survey members and team leaders

9. Review of the Accreditation System

The PMC will develop policies outlining the following:

a) The evaluation process that will follow each accreditation survey

b) Ensuring ongoing quality improvement of the accreditation system

10. Supervision of Prevocational Doctors

The PMC will have a policy identifying appropriate levels of supervision for prevocational doctor

B. POLICIES ON SURVEYS

The PMC should have the following issues addressed in its policies for conducting accreditation surveys and providing reports:

1. The PMC will advise the facility, network or practice of the documentation required for accreditation at the time of application for accreditation

2. The PMC will determine if the accreditation process will involve a site visit, a paper or web-based survey, or an appropriate combination of both

3. Where a survey is required because there have been significant changes in supervisory staff or range of clinical exposure, the decision on whether a unit is to be considered as a modification of a previously accredited unit or a new entity will be made by the PMC

4. The accreditation survey should cover:

a) All prevocational training positions within the unit, facility, health service, network, or practice

b) The organisation, delivery and evaluation of the education and training program

c) The orientation of prevocational doctors within the unit, facility, health service, network, or practice

d) The provision of appropriate clinical and non-clinical educational opportunities as appropriate for the individual prevocational doctor

e) The resources which support prevocational education and training

f) Supervision and methods of assessment of the prevocational doctors

5. PMCs will have a policy that encourages a constructive and collegial approach to accreditation that elicits both informal and formal feedback, and ensures that it is undertaken in a climate conducive to the collection of accurate information

6. The PMC should have a policy which promotes immediate feedback at the conclusion of the survey visit to identify strengths and review key issues

7. The PMC will have a policy on the process and timeframe for providing a draft accreditation report which allows for comment by the unit, facility, health service, network, or practice

8. The final accreditation report will be forwarded to the unit, facility, health service, network, or practice in a timely fashion

9. The PMC will have a policy for publication, and for dissemination of the feedback from stakeholders involved in the survey process

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Prevocational Medical Accreditation Framework
PMAF
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