

Policy name:	Risk Management – Accreditation Process
Subject:	Risk identification, assessment, and management
Date approved:	11 November 2015
Date of review:	November 2019
Responsible Officer/s	Chair, Accreditation Subcommittee and Secretariat of the Accreditation Subcommittee

Policy Statement

Postgraduate Medical Education Council of Tasmania (PMCT) has responsibility for ensuring that adequate risk management procedures are in place for the accreditation process. Risk management procedures are designed to ensure the accreditation body:

- Upholds rigorous, fair and consistent processes for accrediting intern training programs;
- Effectively governs itself and demonstrates competence and professionalism in the performance of its accreditation role;
- Effectively manages its resources associated with accreditation;
- Builds and strengthens stakeholder support and collaborates with other key bodies; and
- Limits the impact of any unavoidable risk.

This policy aims to outline risk identification, assessment and management for PMCT’s intern training accreditation process in Tasmania. PMCT will ensure that adequate resources are available to implement all risk management processes.

This policy is reviewed every four years, or more frequently, if deemed necessary by the Accreditation Subcommittee.

Goal of Accreditation Process

PMCT’s accreditation process aims to obtain information about health service performance of intern training against explicit standards and criteria to achieve a high standard of general clinical education and training for interns and the best possible education and training environment for interns.

Risk Identification and Analysis

Risks associated with the accreditation process are identified in terms of the likelihood of the risk occurring and the likely impact on the Accreditation Subcommittee and PMCT if it did occur. The risk management template below is used for risk assessment.

		Impact			
		Very high	High	Medium	Low
Likelihood of happening	Very high (almost certain)	1: Extreme	2: Very high	3: High	5: Medium
	High (probable)	2: Very high	3: High	4: Significant	6: Low
	Medium (may happen)	3: High	4: Significant	5: Medium	Negligible
	Low (unlikely)	4: Significant	5: Medium	6: Low	Negligible

Risk Assessment

Identification of risk areas for the Risk Management Plan is underpinned by accreditation principles contained in the *PMCT Accreditation Guidelines* document and the domains identified in the *Quality Framework for the Accreditation Function (The Quality Framework)*. These are:

- **Accreditation processes**

The accreditation body 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 training programs.

- **Governance**

The accreditation body effectively governs itself and demonstrates competence and professionalism in the performance of its accreditation role.

- **Operational management**

The accreditation body effectively manages its resources to perform functions associated with accreditation of JMO programs.

- **Stakeholder collaboration**

The accreditation body works to build stakeholder support and collaborates with other accreditation bodies and medical education standards bodies.

Risk Management

For each identified risk the Accreditation Subcommittee and PMCT will guard against the risk occurring or manage any adverse impacts if it does occur. Please refer to the *Risk Management Plan* (attached), which outlines the identified risks, rating of risk and management of the risk. Accreditation Subcommittee members, the PMCT Executive Officer, PMCT Medical Education Advisors, Directors of Clinical Training and survey team members are responsible for maintaining an awareness of potential risks, ensuring that procedures are followed and notifying the Chair of the Accreditation Subcommittee and PMCT of any potential or actual risk.

Monitoring and Reviewing of Risks

The Accreditation Subcommittee will review the risk management plan annually, in conjunction with the PMCT Accreditation Subcommittee *Risk Management – Accreditation Process Policy*. An annual report is to be written by the Secretariat in consultation with the Chair of the Subcommittee including: how risks are managed; whether strategies are effective; and any new risks and implications and recommendations will be submitted to the Board. Where changes are approved, the Board will determine actions needed to update the risk management plan. The report is to be tabled at the first meeting of the PMCT Board for the new calendar year with information relating to the preceding calendar year. The Subcommittee may deem a report is to be sent to the PMCT Board earlier if a significant issue was identified.

References

AHPRA & Australian Forum of Health Professionals. Accreditation under the *Health Practitioner Regulation National Law Act* (the National Law): *Quality Framework for the Accreditation Function (the Quality Framework)*. July 2013

<http://www.ahpra.gov.au/Publications/Accreditation-publications.aspx>

Management Support Online. No date. *Tool 3.27: Risk Management Plan*.