

Postgraduate Medical Education Council of Tasmania

Accreditation Guidelines

February 2021

Guidelines outlining the accreditation process for intern training programs in Tasmania



Objectives of the Accreditation Process

The PMCT accreditation process has been designed to obtain information about health service performance of the intern training program against explicit standards and criteria, to achieve the following objectives:

1. Interns achieve a high standard of general clinical education and training; and
2. The best possible environment exists for the organisation, supervision, education and training of interns.

Accreditation is awarded to a health service for:

1. The overall health service intern training program; and
2. Individual intern terms

Accreditation Standards and Expectations

The objective of the accreditation process is to ensure that the training health service complies with the following seven standards:

- 1. Health service culture and support for interns**
The health service demonstrates a commitment to the development of interns including providing support structures for doctors in difficulty. There is a Director of Clinical Training (DCT) for interns.
- 2. Orientation**
Interns participate in formal orientation programs which are designed and evaluated to ensure sound learning occurs. These should be provided at the commencement of employment and at each term.
- 3. Education and training program**
Interns are provided with appropriate formal education opportunities. Interns have protected teaching sessions of at least one hour per week. Rosters are structured to provide a balance between service delivery and clinical learning opportunities. Intern core terms in medicine, surgery and emergency medical care meet the core requirements outlined in the *Medical Board of Australia Intern Registration Standard* (<http://www.medicalboard.gov.au/Registration/Interns.aspx>). The health service has a General Clinical Education Committee (GCEC) that oversees the intern education and training program.
- 4. Supervision**
Interns are supervised at a level appropriate to their experience and responsibilities and supervisors (registrars and/or senior medical staff) are accessible. Term supervisors are nominated for each term and they are aware of their responsibilities *PMCT Accreditation Policy - Supervision of Interns V2.2*
- 5. Feedback and assessment**
Interns receive continuous and constructive feedback on their performance. This includes discussion of learning objectives at the beginning of term followed by mid-term assessment/action plan and end of term assessment/summation.

6. Program evaluation

The health service formally evaluates the intern training program in a continuous improvement framework. Interns are given the opportunity to evaluate orientation, education and terms and any issues are explored and outcomes reported back to the interns. Program evaluation should include annual review of the evaluation forms and reporting on feedback and action outcomes to the GCEC, Term Supervisors, Heads of Department and interns.

7. Facilities and amenities

The health service provides a safe physical environment and amenities that support the interns.

* In 2012 PMCT commenced accrediting PGY2/3 terms against the same standards as intern terms.

The standards have been developed with reference to the following documents:

- Prevocational Medical Accreditation Framework for the Education and Training of Prevocational Doctors (CPMEC, 2009)
- Accreditation Guide for Health Services (PMCV, 2013)
- Registration Standard: Granting registration as a medical practitioner to Australian and New Zealand graduates on completion of intern training (MBA, 2012)

Accreditation Survey Tool

The Standards outlined above, and the Accreditation Survey Tool are based on the *Prevocational Medical Education Framework (PMAF)* and the Prevocational Medical Council of Victoria (PMCV) *Accreditation Guide for Health Services*. PMAF was developed in 2009 by the Confederation of Prevocational Medical Education Councils (CPMEC) 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 national accreditation processes. <http://www.cpmec.org.au/Page/prevocational-medical-accreditation-framework>

The Accreditation Survey Tool is reviewed on a regular basis by the Accreditation Committee to ensure that it complies with current National Registration Standards. A mandatory review should be undertaken after a major survey visit to determine currency and relevance of the document.

The tool comprises two parts:

Part 1: Health service information and overview

This section of the tool is completed by the health service prior to the accreditation visit and documents the staffing, facilities and structures in place to support the intern training program.

Part 2: Assessment against standards

This section is completed by both the health service (self-assessment prior to the visit) and the survey team (assessment during the visit). It is used to provide a framework for assessing compliance with the accreditation standards.

The PMCT Accreditation survey tool can be found on the PMCT website at <http://www.pmct.org.au/accreditation/accreditation-survey-tool>

Accreditation Survey Visits

Accreditation survey visits (also known as Full Accreditation Survey Visits) are conducted on a four yearly cycle as from 2016. Visits outside this period are generally scheduled on an 'as required' basis and are often the result of specific issues, concerns raised or part of an appeals process. Accreditation Mid-Cycle Reviews occur at the midway point of an accreditation cycle (normally at the two-year period) at all locations to track progress and identify issues re accreditation.

The process for the Full Accreditation Survey Visit has ten steps.

The following highlights the tasks involved in each of the ten steps and these highlights are outlined accordingly.

Prior to the Survey Visit

Step 1

- Senior health service staff are informed that an accreditation survey visit is due.
- PMCT provides timeline for survey, survey tools and relevant information re the survey
- The health service completes an accreditation survey and provides any supporting information and a proposed for the actual survey visit.
- Survey team is selected by PMCT to conduct the review.

The Chief Executive Office and the Executive Director of Medical Services (EDMS), or equivalent, of the health service is informed by the Chair of the Accreditation Committee that an accreditation survey visit is due. They are advised of their current accredited intern positions and provided with a timetable template and a list of personnel required to meet with the survey team.

The health service is requested to complete and return an electronic accreditation survey (Part 1 and the self-assessment in Part 2 of the Accreditation Survey Tool) and to provide any relevant documentation in support of the accredited terms to be reviewed. This should include a summary of each accredited term evaluations from each term being put forward for re-accreditation and a term description for each new term being put forward for accreditation. Each term to be reviewed must be clearly indicated on the form from the health service. If a new term is being requested the name must be clearly indicated and supporting information must be provided at the time of submitting the information to PMCT. At six weeks prior to the survey visit a Survey Monkey will be sent to each Intern and JMO who are undertaking work within the health service- if the survey visit is in the first half of the year a decision will be made by the Chair of the Accreditation Committee in conjunction with the relevant DCTs (or equivalent), within the health service, to send to the intern and JMO cohort of the previous year.

Timeframe: The CEO of the health service is sent a letter at least 16 weeks prior to the survey. This letter will outline the information, which needs to be provided to PMCT. This information from the health service must be sent to PMCT Accreditation Manager eight weeks prior to the survey visit so that the documents can be collated by the Accreditation Manager.

Step 2

- The Chair of Accreditation Committee finalises the survey visit date in consultation with the accreditation survey team and the health service.
- The health service provides the Accreditation Committee with the requested information (via email) for collation and a final timetable.
- All submitted documents must be version controlled and amendments highlighted for easy identification of changes.

The date of the visit is finalised by the Chair of the Accreditation Committee in consultation with survey team and the health service. The Chair of the Accreditation Committee confirms the survey visit date in writing to the health service.

The health service is requested to provide to the Chair of the Accreditation Committee the names and positions of health service representatives who will be interviewed by the survey team and a final timetable for the visit based on the template provided.

Timeframe: at least sixteen weeks prior to the survey visit.

Step 3

- The information provided by the health service is reviewed with a request sent to the health service if further information is required.
- If further is needed, this must be forwarded by the health service within one week of the request being made.
- The information provided by the health service is forwarded to the survey team.

The information provided by the health service, together with copies of the previous visit report and relevant correspondence, is forwarded to the survey team by the PMCT Accreditation Manager for their information and for identification of the terms to be reviewed or any other aspect related to the survey visit.

Timeframe: at least four weeks prior to the visit all information will be sent to the survey team members.

Step 4

- The survey team consider the information provided by the health service for the final agenda.

The survey team leader liaises with fellow team members regarding any issues and finalises the agenda. This may involve contacting the health service if the proposed timetable and list of interviewees is not satisfactory, and to gain additional documentation.

Timeframe: At two weeks prior to the survey visit teleconferences will be held with the survey team to identify issues or relevant information, which may be missing or inadequate. This meeting will also identify those standards, which have been met using the information provided by the health service.

The Survey Visit

Step 5

- The survey team carry out the accreditation survey visit.
- The survey team provides feedback to the health service at the conclusion of the visit.

The survey team leader and members carry out the accreditation survey visit in accordance with their role and responsibilities [the *PMCT Code of Conduct* http://www.pmct.org.au/images/pmct-docs/accreditation/PMCT_Code_of_conduct.pdf

and the *PMCT Confidentiality and Data Management Policy* [PMCT Accreditation Policy - Confidentiality and Data Management V2.2](#)

At the conclusion of the visit the survey team provides an overview to members of the health service about its observations and general findings. This final meeting provides an opportunity for the survey team to raise issues and for the health service to respond.

Timeframe: survey visits will generally take at least one and a half consecutive days. The first day is a half-day, which will start at approximately 2pm- this day will be used to meet with the health service to complete the organisational issues and governance aspects of the visit. The second day will be used as the final survey visit day.

Following the Survey Visit

Step 6

- The survey team finalise the survey report.

Following the visit, the survey team leader, in liaison with the team members, finalises the report ensuring that all team members have agreed and forwards the report to the Chair of the Accreditation Committee.

Timeframe: At three weeks post the survey visit the initial written report will be sent to the survey team for comments and clarification and the survey team have then three further weeks to respond. The PMCT Accreditation Manager will collate and finalise the report by seven weeks after the survey visit.

Step 7

- PMCT Accreditation Manager finalises report and sends the draft report to health service for review.
- Health service has two weeks to review the report and respond.

The PMCT Accreditation Manager sends the draft report to the health service to provide opportunities to clarify factual issues.

Timeframe: the draft report is sent to the health service at seven weeks after the survey visit and on receipt of the report the health service is given two weeks to respond to factual issues. The health service has four weeks, from the date of receipt of the draft survey report, to appeal the outcome of the report.

If there is an appeal: the health service must notify PMCT Accreditation Manager (within the four week period mentioned above) that there is an appeal and then the health service has three weeks after this date to submit their appeal. (The policy relating to this can be found at [PMCT Accreditation Policy - Appeals - Accreditation Status of Health Service V2.2](#))

Step 8

- Health service can respond to factual issues within the report.
- Health service has four weeks from date of receipt of report to appeal the outcome. Refer to [PMCT Accreditation Policy - Appeals - Accreditation Status of Health Service V2.2](#)
- The final survey report is produced and sent to the PMCT Accreditation Committee for consideration.

Any additional information or clarification/amendment by the health service is discussed by the survey team and a final report is produced.

Timeframe: within 12 weeks (if no appeal has been received within the specified timeline) of the survey visit. If an appeal is received the appeal must be heard as per the policy document related to appeals. The appeal may delay the process by up to 5 weeks.

Step 9

- Assuming no appeals, the final report and accreditation decisions are referred to the Executive of the PMCT Board or the PMCT Board.

Timeframe: within 16 weeks of the survey visit (assuming no appeals which will then change the timelines to up to another 5 weeks). The Executive of the PMCT Board have one week to review the report.

Step 10

- The approved decision and survey report are provided to the health service.
- The Tasmanian Board of the Medical Board of Australia is notified of the decision.
- PMCT website is updated with full survey outcomes.

The approved decision, together with the complete survey visit report, is provided to the Chief Executive Officer of the health service. PMCT notifies the Tasmanian Board of the Medical Board of Australia of the accredited health services and terms and the duration of accreditation.

The PMCT website is to be updated prior to the reports being issued to the Tasmanian Board of the Medical Board of Australia and the health service.

Timeframe: within one week of the Executive of the PMCT Board making a decision/ approving report.

Survey Timetable- Full survey

A template is provided prior to a Full Accreditation Survey Visit to assist the health service to prepare a timetable, ensuring that the survey team meet with sufficient key staff to make an informed decision about accreditation level and duration of the intern training program and term/s. The timetable below is based on a one and a half days' visit, and it given as a guide only.

Introductory meeting of the survey team with the health service executive.

- This may include the Chief Executive Officer, the Executive Director of Medical Services, Directors of Clinical Training, the Medical Education Advisor and the Junior Medical Officer Manager as appropriate (one hour). This meeting is envisaged to occur on the first half day of the survey visit and governance and organisational aspects of the visit will be discussed and any other relevant details as deemed necessary.

Meetings with a representative sample of interns

- (One hour – it may be advisable to schedule meetings in the morning and afternoon to maximise attendance)

A lunchtime meeting with senior medical staff

- This should include as many term supervisors of the intern terms to be accredited as possible (one hour)

A tour of the health service facilities.

- This may include the Resident Medical Officer quarters, one or two wards to assess intern workspace, storage of belongings and simulation facility (30 minutes)

A meeting with Nurse Unit Managers and Registrars

- (45 minutes)

Debriefing session at the end of the day with relevant executive staff

- (45 minutes)
- Immediately prior to this session an appropriate space is provided and at least 45 minutes for the survey team to prepare a preliminary report that they will share at the debriefing session.

A sample timetable for a full survey visit can be found at [Accreditation Survey Visit Timetable example](#).

Accreditation Mid-Cycle Review

Accreditation Mid-Cycle Reviews occur at the midway point of an accreditation cycle (normally at the two-year period) at all locations to track progress and identify issues re accreditation.

The Mid-Cycle review occurs two years after the survey visit and focuses on conditions and recommendations, changes to the program or posts since the previous visit and involves junior doctor feedback. Self-evaluation against the accreditation standards is not part of this process although feedback is sought in regard to those standards that were not met at the previous survey visit. The facility will be provided with a Mid-Cycle review template four months prior to the due date for the report.

The following highlights the tasks involved in each of the steps and these highlights are outlined accordingly.

Prior to the Mid-Cycle Review date

Step 1

- The CEO of the health service is sent a letter to indicate the date of the Mid-Cycle review, along with a request for information.
- Survey team is selected by PMCT to conduct the review.
- Date of Mid-Cycle review determined, and documentation sent to relevant people.

The Chief Executive Office and the Executive Director of Medical Services (EDMS), or equivalent, of the health service is informed by the Chair of the Accreditation Committee that an accreditation survey visit is due.

The health service is requested to complete Mid-Cycle review forms and to provide any relevant documentation in support of the accredited terms to be reviewed. This should include a summary of each accredited term evaluations from each term being put forward for ongoing accreditation and term descriptions for each accredited term.

Each term to be reviewed must be clearly indicated on the form from the health service. If a new term is being requested the name must be clearly indicated and supporting information must be provided at the time of submitting the information to PMCT.

Timeframe: The CEO of the health service is sent a letter at least 16 weeks prior to the survey. This letter will outline the information, which needs to be provided to PMCT. This information from the health service must be sent to PMCT Manager eight weeks prior to the survey visit so that the documents can be collated by the PMCT Accreditation Manager

Step 2

- The health service provides the Accreditation Committee with the requested information (via email) for collation.
- All submitted documents must be version controlled and amendments highlighted for easy identification of changes.

Timeframe: at least sixteen weeks prior to the survey visit.

Step 3

- The information provided by the health service is reviewed with a request sent to the health service if further information is required.
- If further information is needed this must be forwarded by the health service within one week of the request being made.

The information provided by the health service, together with copies of the previous visit report and relevant correspondence, is forwarded to the survey team by the PMCT Accreditation Manager for their information and for identification of the terms to be reviewed or any other aspect related to the Mid-Cycle review.

Timeframe: at least four weeks prior to the visit all information will be sent to the survey team members.

Step 4

- Collated documentation sent to the Mid-Cycle review survey team.

The survey team leader liaises with fellow team members regarding any issues and finalises any further information which is required. See escalation process (this document)

Timeframe: At two weeks prior to the Mid-Cycle review date teleconferences/zoom meetings will be held with the survey team to identify issues or relevant information, which may be missing or inadequate. This meeting will also identify those standards, which have been met using the information provided by the health service

The Mid-Cycle review date

Step 5

- The survey team carry out the accreditation Mid-Cycle review.

The survey team leader and members carry out the accreditation Mid-Cycle review in accordance with their role and responsibilities [the *PMCT Code of Conduct* http://www.pmct.org.au/images/pmct-docs/accreditation/PMCT_Code_of_conduct.pdf

and the *PMCT Confidentiality and Data Management Policy* [PMCT Accreditation Policy - Confidentiality and Data Management V2.2](#)

Step 6

- The survey team finalise the survey report.

The survey team leader, in liaison with the team members, finalises the report ensuring that all team members have agreed.

The PMCT Accreditation Manager sends the draft report to the health service to provide opportunities to clarify factual issues.

Step 7

- PMCT Accreditation Manager finalises report and sends the draft report to health service for review.
- Health service has two weeks to review the report and respond.

The PMCT Accreditation Manager sends the draft report to the health service to provide opportunities to clarify factual issues.

***Timeframe:** the draft report is sent to the health service at seven weeks after the survey visit and on receipt of the report the health service is given two weeks to respond to factual issues. The health service has four weeks, from the date of receipt of the draft survey report, to appeal the outcome of the report. If there is an appeal: the health service must notify PMCT Accreditation Manager (within the four week period mentioned above) that there is an appeal and then the health service has three weeks after this date to submit their appeal. (The policy relating to this can be found at [PMCT Accreditation Policy - Appeals - Accreditation Status of Health Service V2.2](#)*

Step 8

- Health service can respond to factual issues within the report.
- Health service has four weeks from date of receipt of report to appeal the outcome. Refer to [PMCT Accreditation Policy - Appeals - Accreditation Status of Health Service V2.2](#)
- The final survey report is produced and sent to the PMCT Accreditation Committee for consideration.

Any additional information or clarification/amendment by the health service is discussed by the survey team and a final report is produced.

Timeframe: within 12 weeks (if no appeal has been received within the specified timeline) of the survey visit. If an appeal is received the appeal must be heard as per the policy document related to appeals. The appeal may delay the process by up to 5 weeks.

Step 9

- Final accreditation Mid-Cycle review report is produced.
- Report is forwarded to the PMCT Accreditation Committee for review.

Step 10

- Assuming no appeals, the final report and accreditation decisions are referred to the Executive of the PMCT Board

Timeframe: within 16 weeks of the survey visit (assuming no appeals which will then change the timelines to up to another 5 weeks). The Executive of the PMCT Board have one week to review the report.

Step 11

- The approved decision and survey report are provided to the health service
- The Tasmanian Board of the Medical Board of Australia is notified of the decision.
- PMCT website is updated with accreditation Mid-Cycle review outcomes (if applicable).

Timeframe: within 16 weeks of the survey visit (assuming no appeals which will then change the timelines to up to another 5 weeks). The Executive of the PMCT Board have one week to review the report.

Escalation process for a Mid-Cycle review

The Mid-Cycle review is a desk top audit and as such no face-to-face meetings with the health services are used as part of the review process.

If the Mid-Cycle review team determine there is an issue in relation to the data provided by the health service or there is insufficient documentation provided by the health service to allow for a considered decision, they have the capacity to invoke an escalation process.

The escalation process:

1. The Mid-Cycle survey team should document clearly, in a letter, the concerns in relation to issues identified. The PMCT Accreditation Manager should be consulted in this process.
2. This letter is then to be forwarded by the PMCT Accreditation Manager to PMCT Executive and the Chair of the PMCT Accreditation Committee with any relevant supporting data/information.
3. The Executive of the PMCT Board and the PMCT Accreditation Manager should convene within a week of receiving the letter to discuss the concerns and determine the way forward. The Mid-Cycle Review Team Leader should be consulted if further information is required. The meeting could be via teleconference or telephone.

The outcomes of the meeting can be one of the following options:

1. Contact via email/ or in person the health service to indicate the issues which have been determined.
2. Develop a collegial process so that the missing data can be supplied, which may delay the Mid-Cycle review. This must be an agreed process so that the data is gained within a specified timeframe.
3. The Executive and PMCT Accreditation Committee Chair may determine that a face-to-face meeting is the preferred option, and the Executive will communicate with the health service to determine a suitable time. The Team Leader of the Mid-Cycle survey will be included in the discussion.
4. The Mid-Cycle survey team may be asked to consider if an interim report can be issued and a final report issued once the remainder of the data has been supplied.

Level and Duration of Accreditation

Accreditation is approved for a health service for both the intern training program and for individual terms. Individual terms cannot be recommended for accreditation unless the overall health service training program meets the requirements of accreditation.

There are four levels of accreditation that can be approved for the health service and five for individual terms:

1. Full accreditation;
2. Provisional accreditation;
3. Preliminary accreditation;
4. Accreditation not awarded or withdrawn; and
5. Suspension of accreditation (individual accredited term/s).

Level of Accreditation for Health Service

Full Accreditation (Four-year duration) *

The health service exhibits substantial compliance with no major issues identified. Accreditation may include some suggestions for improvements to the intern training program, but accreditation is not dependent upon their implementation. A mid cycle review will be instigated from January 2016 due to the move to the four-year accreditation cycle.

Provisional Accreditation (12 months maximum duration)

The health service meets with some, but not all, accreditation standards. Further extension of accreditation will be granted only on completion of the high likelihood of completion of required recommendation within a defined period.

Preliminary Accreditation (12 months duration)

The health service has not previously been assessed for interns and is assessed as meeting all accreditation standards. The health service intern training program is accredited with a review after 12 months.

Accreditation not awarded or withdrawn

The health service intern training program was assessed as not having met sufficient accreditation criteria to receive accreditation or if previously accredited, to have accreditation withdrawn.

*The mid-cycle review occurs two years after the survey visit and focuses on conditions and recommendations, changes to the program or posts since the previous visit and involves junior doctor feedback. Self-evaluation against the accreditation standards is not part of this process although feedback is sought in regard to those standards that were not met at the previous survey visit. The facility will be provided with a mid-cycle review template four months prior to the due date for the report.

Level of Accreditation for Intern Term

Full Accreditation (Four-year duration) *

The term was assessed as meeting all accreditation standards and is accredited to have an intern rotate through the term for a period of four years. Accreditation may include some suggestions for improvements to the term, but accreditation is not dependent upon their implementation.

Provisional Accreditation (Six months to 12 months duration)

The term has previously been accredited, but was assessed as meeting some, but not all, accreditation standards. The term is accredited to have an intern rotate through the term with a review after six months to 12 months.

Preliminary Accreditation (12 months duration)

The term has not previously been assessed for interns and is assessed as meeting all accreditation standards. The term is accredited to have an intern rotate through the term with a review after 12 months.

Withdrawal of Accreditation or Accreditation not Awarded

The term was assessed as not having met sufficient accreditation criteria to receive accreditation or if previously accredited, to have accreditation withdrawn.

Suspension of Accredited term

This applies if a term was assessed as not being able to meet the accreditation criteria due to exceptional circumstances.

The Mid-Cycle review occurs two years after the survey visit and focuses on conditions and recommendations, changes to the program or posts since the previous visit and involves junior doctor feedback. Self-evaluation against the accreditation standards is not part of this process although feedback is sought in regard to those standards that were not met at the previous survey visit. The facility will be provided with a Mid-Cycle review template four months prior to the due date for the report.

The Mid-Cycle review occurs two years after the survey visit and focuses on conditions and recommendations, changes to the program or posts since the previous visit and involves junior doctor feedback. Self-evaluation against the accreditation standards is not part of this process although feedback is sought in regard to those standards that were not met at the previous survey visit. The facility will be provided with a Mid-Cycle review template four months prior to the due date for the report.

Further information about levels and duration of accreditation can be found in *PMCT Level and Duration of Accreditation Policy*. [PMCT Accreditation Policy - Level and Duration of Accreditation V2.4 2021](#)

Change in Circumstance

Health services must adhere to the accreditation standards throughout the period for which they are accredited. Accreditation is subject to the Accreditation Committee being informed by the health service of any change that significantly alters the training capacity of the health service intern training program and/or intern term between accreditation visits.

Health services should notify the Chair of the Accreditation Committee in the following circumstances:

- Application for accreditation of a new intern term;
- Information as required by PMCT following on from accreditation recommendations;
- Application for a change in status of an intern term (for example from non-core to core);
- Any other change in circumstance which may affect the education and training of interns (for example the absence of a term supervisor for an extended period of time or significant changes to clinical activity);
- The Accreditation Committee reserves the right to review accreditation status where there is substantial evidence to suggest that accreditation standards are not being met.

Further information about changes in circumstance can be found in *PMCT Change in Circumstance Policy*. [PMCT Accreditation Policy - Change in Circumstances V3.2 2021](#)

Appeals against Accreditation Decisions

Any facility, individual or department/health service may appeal against the accreditation status awarded by PMCT following a survey visit prior to the submission of the terms assessment as meeting the standard for accreditation to the Tasmanian Board of the Medical Board of Australia. Grounds for appeal may include, but are not limited to:

- Relevant and significant information which was available to the survey team and was not considered in the making of the recommendations; and/or
- The report of the survey team was inconsistent with the information put before the team; and/or
- That irrelevant information was considered in the survey team decision; and/or
- Perceived bias of a surveyor or surveyors; and/or
- Information provided by the survey team was not duly considered in the recommendations of the Accreditation Committee.

The *PMCT Appeals – Accreditation Status of Health Service Policy* provides an appropriate appeal mechanism based on the principles of natural justice in accordance with the Prevocational Medical Education Framework (PMAF).

- For further information about this process please refer to *PMCT Appeals – Accreditation Status of Health Service Policy*. ([PMCT Accreditation Policy - Appeals - Accreditation Status of Health Service V2.2](#))

Survey Team

The Accreditation Committee is responsible for the selection and appointment of the survey team. In order to be a survey team member or survey team leader, members must possess the necessary background/experience as outlined in the position descriptions [*Accreditation Survey Team Member Position Description* ([PMCT Accreditation Survey Team Member PD May 2019](#)); *Accreditation Survey Team Leader Position Description* ([PMCT Accreditation Survey Team Leader PD May 2019](#))], and complete the accreditation survey team training workshop.

In addition, the applicant must agree to comply with the *PMCT Code of Conduct* [PMCT Accreditation Code of Conduct](#). The *PMCT Code of Conduct* defines the standards of behaviour for accreditation survey team members and team leader and sets out the minimum acceptable level of conduct for survey team members and team leader to ensure the highest ethical and professional standards from them.

Accreditation surveys are conducted against defined and clearly articulated standards and according to the following values:

- Promotion of education and training in a supportive learning environment
- Integrity
- Professionalism
- Impartiality and objectivity
- Confidentiality

Composition of the Survey Team

A survey team normally comprises four to five people, with a minimum of four people, who represent any of the following medical education stakeholder groups:

- Clinician/Term Supervisor of Intern Training
- Junior Medical Officer (JMO) (Intern through to Registrar)
- Director of Clinical Training (DCT)
- Medical Education Advisor
- Medical Administrator
- Interstate accredited surveyor/s
- Co-opted members as approved by the Accreditation Committee

Each team must have at least one JMO and one DCT. At least one member of the team will be a member of the Accreditation Committee. The Accreditation Committee may require that the survey team comprises one or more team members from interstate should it determine that this is necessary to avoid any conflict of interest. Please refer to *PMCT Conflict of Interest Policy* ([PMCT Accreditation Policy - Conflict of Interest in Accreditation Teams V2.1](#) and [PMCT Accreditation Policy - Conflict of Interest in PMCT entities V2.1](#))

Responsibilities of the Survey Team

The primary responsibility of the survey team is to conduct a comprehensive review of the intern training program at the health service under consideration. The survey team evaluates health services as effective training sites and evaluates each intern term. It also recommends *improvements in education and training for interns*.

For more information about the survey team please refer to Accreditation Survey Team Policy. ([PMCT Accreditation Policy - Survey Team V2.3 2021](#)).

The Survey Report

PMCT, through the Accreditation Committee, recommends accreditation status to the PMCT Board and through to the Tasmanian Board of the Medical Board of Tasmania. The team leader has the primary responsibility for compiling the survey report using the approved standardised report proforma. The report must be accurate and contain the necessary information to allow the Accreditation Committee to make a well-informed decision on the number and type of accredited positions in the health service.

At a minimum the survey report should contain recommendations about:

- The level and duration of accreditation for the health service and for each intern term
- The name of each accredited term; and
- Whether the accredited intern terms are core medical, core surgical, core emergency medicine care, or non-core terms.

The draft report must be reviewed and agreed upon by all survey team members prior to being forwarded to the Chair of the Accreditation Committee. Where there is an issue requiring clarity or resolution, the team leader may convene a teleconference to discuss the issue with the survey team members.

The report must be based on the PMCT accreditation standards and be written in a manner that reflects the values inherent in the *PMCT Code of Conduct* ([PMCT Accreditation Code of Conduct](#)) and the *PMCT Confidentiality and Data Management Policy* ([PMCT Accreditation Policy - Confidentiality and Data Management V2.2](#))

Names of term supervisors should not be used. The finalised report must be forwarded to the Chair of the Accreditation Committee within six to seven weeks of the survey visit.

Health Service Feedback on the Survey Visit and Survey Team

Within one month of the survey visit, the PMCT Accreditation Manager will email an electronic link to an online survey for the health service and the survey team members to provide feedback on the performance of the members of the survey team, including the team leader, and the accreditation process.

Feedback is received from and provided to:

- The health service staff involved in the accreditation survey visit
- The survey team members
- The survey team leader

Where a health service has any significant concerns about the performance of any of the members of the survey team those concerns should be raised immediately with the Chair of the Accreditation Committee, or if not appropriate then with the Chair of PMCT. PMCT intends the process to be constructive and collegial.

For more information, please refer to *PMCT Evaluation and Feedback Policy*. [PMCT Accreditation Policy - Evaluation and Feedback V2.2 2021](#)

Conflict of Interest

PMCT recognises it is important to ensure that the accreditation process is fair and impartial, thus all participants in the accreditation process must avoid situations in which real and perceived conflicts of interest can arise.

A conflict of interest can be described as a situation where a representative of PMCT (or his/her partner, family member or close friend) has a direct or indirect financial or other interest which influences or may appear to influence considerations or decisions relating to PMCT business.

Conflicts of interest are to be expected and are not always avoidable. The *PMCT Conflict of Interest Policies (PMCT Accreditation Policy - Conflict of Interest in Accreditation Teams V2.1 and [PMCT Accreditation Policy - Conflict of Interest in PMCT entities V2.1](#))* provides guidelines for Accreditation Committee Members and accreditation survey team members for situations that may give rise to real or perceived conflicts of interest.

Confidentiality and Data Management

PMCT acknowledges the importance of confidentiality in the accreditation process. Information obtained during an accreditation visit is considered by the survey team and the PMCT Accreditation Committee as confidential. In addition, PMCT is committed to taking reasonable steps to protect the health service's accreditation information from misuse and loss and from unauthorised access, modification or disclosure.

Information obtained during an accreditation visit is considered by the survey team and the PMCT Accreditation Committee as confidential. Matters concerning the accreditation will only be discussed with the health service staff concerned and Accreditation Committee members. Survey team members also treat with confidence all information provided by other team members during the review.

All survey team members and survey team leader must complete a *PMCT Confidentiality Agreement – Intern Accreditation Survey Team* members each year they participate in an accreditation review. [PMCT Confidentiality Agreement 2019](#)

Please refer to *PMCT Confidentiality and Data Management Policy [PMCT Accreditation Policy - Confidentiality and Data Management V2.2](#)* for further information about ensuring confidentiality and data storage and security relating to accreditation surveys.

Communication of PMCT Accreditation Process

PMCT has a communication strategy in place to increase awareness and inform key stakeholders and to provide the opportunity for evaluation to inform, maintain and improve the accreditation process. Communication activities include, but are not limited to, Accreditation Committee minutes/yearly reports, PMCT website, PMCT newsletter, survey team workshops, Tasmanian JMO Forum website and National accreditation meetings.

The target audience for the communications strategy are identified as including:

- Health services in Tasmania;
- Interns and other JMOs employed by the health services;
- Accreditation survey team members;
- PMCT Council, Board and Committee members;
- PMCT Committees members;
- PMCT staff including Medical Education Advisors and Directors of Clinical Training; and
- Affiliated stakeholders including other prevocational medical education accreditation bodies, the Tasmanian Board of the Medical Board of Australia, AMA Tasmania, and providers of medical education.
- Community stakeholders

To ensure the communications strategy is successful or if improvements need to be made various evaluation methods are used as outlined in the *PMCT Communications Policy*.

[PMCT Accreditation Policy - Communication V2.1 2021](#)

Risk Identification and Management

PMCT has responsibility for ensuring that adequate risk management processes are in place for the accreditation process. Risk management processes 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.

The *PMCT Risk Management – Accreditation Process Policy*

outlines the risks identified, and the 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. [PMCT Accreditation Policy - Risk Management - Accreditation Process V2.1](#)

Acknowledgements

Confederation of Postgraduate Medical Education Councils Postgraduate Medical Council of Victoria Postgraduate Medical Education Council of Queensland Postgraduate Medical Council of Western Australia South Australian Medical Education and Training Northern Territory Postgraduate Medical Council Health and Training Institute (NSW)