

# Postgraduate Medical Education Council of Tasmania (PMCT) Full Accreditation Survey

Intern Training Program
PGY1 and IMGs (PGY1 level)

(Hospital Name) (Month/Year)

# **About the Accreditation Process**

The PMCT accreditation process has been designed to review, monitor and evaluate the provision of intern training by health services.

The performance is measured against specific standards and criteria, with the ultimate aim of achieving the following objectives:

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

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;
- 2. Orientation;
- 3. Education and training program;
- 4. Supervision;
- 5. Feedback and assessment;
- 6. Program evaluation; and
- 7. Facilities and amenities.

Frequency of accreditation reviews is determined by the outcome of the Full Accreditation Survey. Typically a Full Accreditation Survey is conducted every four years, with a mid-cycle Accreditation Review conducted at 2 years.

The Accreditation Survey Team normally comprises three to four people, with a minimum of three people, who represent any of the following medical education stakeholder groups:

- Clinician/Term Supervisor;
- Junior Medical Officer (JMO) (Intern through to Registrar);
- Director of Clinical Training (DCT);
- Medical Education Advisor;
- Medical Administrator; and
- Co-opted members as approved by the Accreditation Committee
- Where possible, an Interstate accredited surveyor (except in extenuating circumstances when no interstate surveyor is available to attend)

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.

A survey team member must participate in a survey team training workshop and observe at least one full survey visit prior to his/her first survey.

# **About the process**

The process for Full Accreditation surveys is:

16 weeks prior	<ul> <li>CEO of Health service sent letter to indicate the date of full review &amp; request for information</li> <li>Survey team selected</li> </ul>
8 weeks prior	<ul> <li>Information to be sent from health service to PMCT for collation</li> <li>Hard copies will be requested if needed</li> </ul>
6 weeks prior	Electronic survey sent to each intern and RMO undertaking work within the health service
4 weeks prior	All information received sent to survey team
2 weeks prior	Teleconferences to be held with survey team to identify issues or relevant information
Full Review	FULL ACCREDITATION SURVEY VISIT (1.5 days)
3 weeks post	Initial written report sent to survey team for comments and clarification
4 weeks post	Survey about the accreditation visit sent to health service and all members of survey team
6 weeks post	Survey team must respond and complete report
7 weeks post	<ul> <li>Report finalised and sent to health service for review</li> <li>Health service must respond within 2 weeks</li> </ul>
9 weeks post	<ul> <li>Health service must respond to factual issues</li> <li>Health service has 4 weeks from date of receipt of report to appeal outcome</li> </ul>
12 weeks post	Final report is produced (assume no appeals)     PMCT Accreditation Committee Review
16 weeks post	Accreditation decisions are referred to the Executive of the PMCT Board (assuming no appeals)
17 weeks post	<ul> <li>Approved decision/s and survey report are provided to the Health Service</li> <li>Tasmanian Board of the Medical Board of Australia notified of decision</li> <li>PMCT website updated accordingly (if necessary)</li> </ul>

# How to use this template

This section describes the structure and information requested.

#### Section A: Health Service Checklist & Overview

Please complete the checklist confirming that the relevant documents and information have been included. The Health Service Overview table also needs to be completed including all details about relevant personnel.

#### Section B: Introduction

Prepared by the Health Service, the Introduction should include background information, e.g. brief hospital overview; changes that have occurred since the last accreditation visit.

#### Section C: Items 1 - 8

When completing the survey the Health Service needs to provide a rating and response for all Items and sub-items listed, indicating whether each item has met, partially met or not met the stated elements. If there are additional explanatory notes about any of the items, these can be accessed by clicking the appropriate link which will take you to the information included at the end of the document.

# **Summary of Accreditation Ratings**

The accreditation team should use the rating scale below to assess the extent that criteria within the AMC Accreditation Standards have been met by a facility. Facilities use the same rating scale when submitting documentation prior to the visit to assess their own performance against the Accreditation Standards.

Rating Scale	
Met	There is good evidence to show compliance with the Accreditation Standards.  There is evidence that systems and processes to support the Intern's education and training are integrated and observed uniformly across the Health Service.
Partially Met (Partially)	There is evidence of systems and processes in place to support the Intern's education and training, but they are either not yet fully integrated or not observed uniformly across the Health Service.
Not Met	There is little evidence of systems and processes in place to support the Intern's education and training.

If there are any key points relevant to the specific sub-item rating, these can be included beneath the rating in concise dot points.

At the end of each item under the heading of "Health Service summary of key points in support of the rating", the Health Service is to provide a summary of any information or relevant data pertaining to the overall response to that item.

#### Section D: Accreditation Status

The Health Service is to complete the table with the exception of the final column which is completed at the conclusion of the Full Accreditation Review.

# PMCT Accreditation Survey (Intern Training Program) PGY1 and IMGs (PGY1 level)

Date of Vis	it:	
Team Lead	ler:	
Team Mem	ber:	
Team Mem	ber:	
Team Mem	ber:	
Date appro Accreditati	ved by PMCT on Committee	
Expiry Date	ə:	
	Accredita	ation Decision
	4 years with ex	ceptions / no exceptions
	2 years with ex	ceptions / no exceptions
	1 year with exc	eptions / no exceptions
	Not approved	

# **Section A:**

# **Health Service Information Check List**

at you check off each of the boxes that you have completed or provided the ation with this report:
Updated all Terms Descriptions for PGY1and IMGs (at PGY1 level).
Provided the summary of orientation evaluations.
Provided the summary of Term evaluations for each individual accredited term.
Provided completed PMCT Checklist for Intern Terms for every Term which is to either be accredited or reaccredited.

# **Health Service Overview**

Health Service Name	
Chief Executive Officer	
Executive Director of Medical Services (or equivalent)	
Executive Staff Member responsible for	Prevocational Medical Training
Name	
Position Title	
Director of Clinical Training (or equivalent)	
Name	
Position Title	
Time allocated to Intern/PGY2 activities (FTE)	
Medical Education Advisor	
Name	
Position Title	
Time allocated to Intern/PGY2 activities (FTE)	
Other Relevant Staff	
Name	
Position Title	
Time allocated to Intern/PGY2 activities (FTE)	
Name	
Position Title	
Time allocated to Intern/PGY2 activities (FTE)	
Name of Person compiling report	
Contact Phone	
Contact Email	

# **Section B:**

# **Health Service Introduction**

The Introduction should include background information, e.g. brief hospital overview; changes that have occurred since the last accreditation visit.

# **Section C:**

# Item 1: The context in which intern training is delivered

# Attributes 1.1 Governance 1.2 Program Management 1.3 Educational expertise. 1.4 Relationships to support medical education. 1.5 Reconsideration, review and appeals process.

Item	1.1 Governance			
For n	nore information about Governance please click here			
1.1.1	The governance of the intern training program and	Not Met	Partially	Met
	assessment roles are defined.			
Key F	Points:			
1.1.2	· · · · · · · · · · · · · · · · · · ·		Partially	Met
	program have a system of clinical governance or quality assurance that includes clear lines of responsibility and accountability for the overall quality of medical practice.			
Key F	Points:			
1.1.3		Not Met	Partially	Met
	education and training relative to other responsibilities.			
Key F	Points:			
1.1.4	The intern training program complies with relevant national,	Not Met	Partially	Met
	State or territory laws and regulations pertaining to prevocational; training.			
Key F	Points:	•		

# Health Service summary of key points in support of the rating Response: For Accreditation Survey Team Review Process (Please leave blank) Note commentary should include: any matters that may affect capacity to meet the Accreditation standards any commendations to the Accreditation Survey Team any significant comments raised or important matters 1.1.1 **Partially Met** Met Not Met 1.1.2 Not Met **Partially Met** Met 1.1.3 **Not Met Partially Met** Met 1.1.4 Not Met **Partially Met** Met **Review Comments:**

Item 1.2 Program Management  For more information about Program Management please click here							
1.2.1	The intern training structures with the appropriate resou implementation are and to set relevant	e responsibility, a rces to direct the nd review of the	authority, planning intern trai	capacity and I,	Not Met	Partially	Met
Key F	Points:						
1.2.2	The intern training intern training according program, units or delivery meeting t	reditation author rotations which r	ity on cha nay affec	anges in the	Not Met	Partially	Met
Key F	Points:						
1.2.3	The health service operational struct		-	itional and	Not Met	Partially	Met
	Points:  h Service sumi	mary of key p	ooints ir	n support of tl	he rating		
	onse:	<u> </u>					
	Accreditation Su		view Pro	ocess (Please I	eave blan	k)	
<ul><li>aı</li></ul>	commentary should ny matters that may ny commendations ny significant comm	y affect capacity to the Accredita	tion Surve	ey Team	standards		
1.2.1		Not Met		Partially Met		Met	
1.2.2		Not Met		Partially Met		Met	

1.2.3	Not Met		Partially Met		Met	
Review Comments:				1		
Item 1.3 Education	al Expertise					
For more information a	bout Educatior	nal Experti	se please <u>click h</u>	<u>ere</u>	<u> </u>	
1.3.1 The intern training		derpinned	by sound	Not Met	Partially	Met
medical education	n principles.					
Key Points:						
Hoolth Convice sum	many of koy	nointe i	s support of th	oo rating	•	
Health Service sum	niary or key	points ii	1 Support of ti	ie ratilit	<u> </u>	
Response:						
For Accreditation Su	rvey Team R	eview Pro	ocess (Please I	eave bla	nk)	
Note commentary should			A 114 41			
<ul><li>any matters that ma</li><li>any commendations</li><li>any significant comm</li></ul>	to the Accredit	ation Surve	ey Team	tandards		
1.3.1	Not Met		Partially Met		Met	
Review Comments:						

# Item 1.4 Relationships to support medical education

1.4.1 The intern training program supports the delivery of intern training through constructive working relationships with other relevant agencies and facilities.  Key Points:  1.4.2 Health services coordinate the local delivery of the intern training program. Health services that are part of a	training through constructive working relationships with
1.4.1 The intern training program supports the delivery of intern training through constructive working relationships with other relevant agencies and facilities.  Key Points:  1.4.2 Health services coordinate the local delivery of the intern training program. Health services that are part of a	training through constructive working relationships with
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Key Points:  1.4.2 Health services coordinate the local delivery of the intern training program. Health services that are part of a	
1.4.2 Health services coordinate the local delivery of the intern training program. Health services that are part of a	
training program. Health services that are part of a	Key Points:
training program. Health services that are part of a	1.4.2 Health services coordinate the local delivery of the intern
	training program. Health services that are part of a
network or dispersed program contribute to program coordination and management across diverse sites.	
Key Points:	Key Points:
Health Service summary of key points in support of the rating	Health Service summary of key points in support of the rating
Health Service summary of key points in support of the rating	
Health Service summary of key points in support of the rating	
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Health Service summary of key points in support of the rating	Response:
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Health Service summary of key points in support of the rating  Response:  For Accreditation Survey Team Review Process (Please leave blank)  Note commentary should include:  • any matters that may affect capacity to meet the Accreditation standards	Response:  For Accreditation Survey Team Review Process (Please leave blank)  Note commentary should include:  • any matters that may affect capacity to meet the Accreditation standards
Health Service summary of key points in support of the rating  Response:  For Accreditation Survey Team Review Process (Please leave blank)  Note commentary should include:  • any matters that may affect capacity to meet the Accreditation standards  • any commendations to the Accreditation Survey Team	Response:  For Accreditation Survey Team Review Process (Please leave blank)  Note commentary should include:  any matters that may affect capacity to meet the Accreditation standards  any commendations to the Accreditation Survey Team
Health Service summary of key points in support of the rating  Response:  For Accreditation Survey Team Review Process (Please leave blank)  Note commentary should include:  • any matters that may affect capacity to meet the Accreditation standards	Response:  For Accreditation Survey Team Review Process (Please leave blank)  Note commentary should include:  any matters that may affect capacity to meet the Accreditation standards  any commendations to the Accreditation Survey Team
Health Service summary of key points in support of the rating  Response:  For Accreditation Survey Team Review Process (Please leave blank)  Note commentary should include:  • any matters that may affect capacity to meet the Accreditation standards  • any commendations to the Accreditation Survey Team	For Accreditation Survey Team Review Process (Please leave blank)  Note commentary should include:  • any matters that may affect capacity to meet the Accreditation standards • any commendations to the Accreditation Survey Team • any significant comments raised or important matters
Health Service summary of key points in support of the rating  Response:  For Accreditation Survey Team Review Process (Please leave blank)  Note commentary should include:  any matters that may affect capacity to meet the Accreditation standards any commendations to the Accreditation Survey Team any significant comments raised or important matters  1.4.1  Not Met  Partially Met  Met	For Accreditation Survey Team Review Process (Please leave blank)  Note commentary should include:  any matters that may affect capacity to meet the Accreditation standards any commendations to the Accreditation Survey Team any significant comments raised or important matters  1.4.1  Not Met  Partially Met  Met
Health Service summary of key points in support of the rating  Response:  For Accreditation Survey Team Review Process (Please leave blank)  Note commentary should include:  • any matters that may affect capacity to meet the Accreditation standards  • any commendations to the Accreditation Survey Team  • any significant comments raised or important matters	For Accreditation Survey Team Review Process (Please leave blank)  Note commentary should include:  • any matters that may affect capacity to meet the Accreditation standards • any commendations to the Accreditation Survey Team • any significant comments raised or important matters  1.4.1  Not Met  Partially Met  Met
Health Service summary of key points in support of the rating  Response:  For Accreditation Survey Team Review Process (Please leave blank)  Note commentary should include:  any matters that may affect capacity to meet the Accreditation standards  any commendations to the Accreditation Survey Team  any significant comments raised or important matters  1.4.1  Not Met  Partially Met  Met	For Accreditation Survey Team Review Process (Please leave blank)  Note commentary should include:  any matters that may affect capacity to meet the Accreditation standards  any commendations to the Accreditation Survey Team  any significant comments raised or important matters  1.4.1  Not Met  Partially Met  Met  1.4.2  Not Met  Partially Met  Met
Health Service summary of key points in support of the rating  Response:  For Accreditation Survey Team Review Process (Please leave blank)  Note commentary should include:  any matters that may affect capacity to meet the Accreditation standards  any commendations to the Accreditation Survey Team  any significant comments raised or important matters  1.4.1  Not Met  Partially Met  Met	For Accreditation Survey Team Review Process (Please leave blank)  Note commentary should include:  any matters that may affect capacity to meet the Accreditation standards  any commendations to the Accreditation Survey Team  any significant comments raised or important matters  1.4.1  Not Met  Partially Met  Met  1.4.2  Not Met  Partially Met  Met
Health Service summary of key points in support of the rating  Response:  For Accreditation Survey Team Review Process (Please leave blank)  Note commentary should include:  any matters that may affect capacity to meet the Accreditation standards  any commendations to the Accreditation Survey Team  any significant comments raised or important matters  1.4.1  Not Met  Partially Met  Met	For Accreditation Survey Team Review Process (Please leave blank)  Note commentary should include:  any matters that may affect capacity to meet the Accreditation standards  any commendations to the Accreditation Survey Team  any significant comments raised or important matters  1.4.1  Not Met  Partially Met  Met  1.4.2  Not Met  Partially Met  Met
Health Service summary of key points in support of the rating  Response:  For Accreditation Survey Team Review Process (Please leave blank)  Note commentary should include:  • any matters that may affect capacity to meet the Accreditation standards  • any commendations to the Accreditation Survey Team  • any significant comments raised or important matters  1.4.1  Not Met  Partially Met  Met	For Accreditation Survey Team Review Process (Please leave blank)  Note commentary should include:  any matters that may affect capacity to meet the Accreditation standards  any commendations to the Accreditation Survey Team  any significant comments raised or important matters  1.4.1  Not Met  Partially Met  Met  1.4.2  Not Met  Partially Met  Met
Key Points:	
	1.4.2 Health services coordinate the local delivery of the intern

# Item 1.5 Reconsideration, review and appeals process

	nore imormation a	Dout Neconsia	eration, rev	riew & appeals p	process pl	ease <u>click h</u>	<u>ere</u>
1.5.1	The intern training and appeals proc decisions related about these process.	ess that provide to intern trainin	e for imparti g. It makes	al review of	Not Met	Partially	Met
Key I	Points:						
lealt	h Service sum	mary of key	points in	support of the	ne rating	J	
Resp	onse:						
For A	Accreditation Su	rvey Team R	eview Pro	cess (Please I	eave blar	nk)	
<ul><li>a</li><li>a</li></ul>	commentary should ny matters that ma ny commendations ny significant comm	y affect capacity to the Accredit	ation Surve	y Team	tandards		
<ul><li>a</li><li>a</li></ul>	ny matters that man	y affect capacity to the Accredit	ation Surve	y Team	tandards	Met	

# **Item 2: Organisational Purpose**

Item	Item 2.1 Organisational purpose							
2.1		e health services which		Not Met	Partially	Met		
	interns includes s medical practice a	etting and promoting hig and training.	h standards of					
Key	Key Points:							
Healt	h Service sum	mary of key points	in support of th	ne rating				
Resp	oonse:							
For A	Accreditation Su	rvey Team Review P	rocess (Please lo	eave blan	k)			
Note	commentary should	d include:						
• a	ny commendations	y affect capacity to meet to the Accreditation Sur nents raised or importan	vey Team	tandards				
2.1		Not Met	Partially Met		Met			
Revie	ew Comments:		·					

# **Item 3: The Intern Training Program**

**Attributes** 

3.1	Program structure and composition						
3.2	Flexible training						
Item	Item 3.1 Program structure and composition						
For n	nore information about Program structure and composition p	olease <u>click</u>	k here				
3.1.1	3 31 3		Partially	Met			
	assessment roles are defined.						
Key F	Points:						
		T	1				
3.1.2	For each term, the health services have identified the Intern	Not Met	Partially	Met			
	training – Intern outcome statements that are relevant, the skills and procedures that can be achieved, and the nature						
	and range of clinical experience available to meet these objectives.						
Key I	Points:						
		Not Met	Partially	Met			
3.1.3	Interns participate in formal orientation programs, which are designed and evaluated to ensure relevant learning occurs.						
Key F	Points:	1					
Healt	h Service summary of key points in support of the	ne rating					
Resp	onse:						

For Accreditation Su	rvey Team R	eview Pro	ocess (Please l	eave blan	k)			
Note commentary should include:  any matters that may affect capacity to meet the Accreditation standards  any commendations to the Accreditation Survey Team  any significant comments raised or important matters								
3.1.1 Not Met Partially Met Met								
3.1.2	Not Met		Partially Met		Met			
3.1.3	Not Met		Partially Met		Met			
Review Comments:								
Item 3.2 Flexible Tr		raining nla	asa click hara					
3.2.1 The intern training provider guides and supports supervisors and interns in implementing and reviewing flexible training arrangements. Available arrangements are consistent with the Registration standard – Australian and New Zealand graduates.  Not Met  Partially  Met								
flexible training ar are consistent wit	h the Registrati							
flexible training ar are consistent wit	h the Registrati							
flexible training ar are consistent wit and New Zealand	h the Registrati	on standar	d – Australian	ne rating				
flexible training ar are consistent wit and New Zealand  Key Points:  Health Service sumi	th the Registration graduates.  mary of key	points in	n support of th					

<ul> <li>any matters that may affect capacity to meet the Accreditation standards</li> <li>any commendations to the Accreditation Survey Team</li> <li>any significant comments raised or important matters</li> </ul>							
3.1.1	Not Met		Partially Met		Met		
3.1.2	Not Met		Partially Met		Met		
3.1.3	Not Met		Partially Met		Met		
Review Comments:							

# **Item 4:** The training program – teaching and learning

4.1 Interns have access to a formal education program in addition to work-based teaching and learning.    Not Met		Item 4 The Training program – teaching and learning  For more information about the Training Program please click here						
Addition to work-based teaching and learning.    Composition	4.1	Interns have access to a formal education program in	Not Met	Partially	Met			
4.2 The intern training program provides for interns to attend formal education sessions, and ensures that they are supported by senior medical staff to do so.  Key Points:  4.3 The health service ensures dedicated time for the formal education program.  Not Met Partially Met Partially Met education program.  Key Points:  4.4 The health service reviews the opportunities for work-based teaching and training.  Key Points:  Health Service summary of key points in support of the rating		·						
4.2 The intern training program provides for interns to attend formal education sessions, and ensures that they are supported by senior medical staff to do so.  Key Points:  4.3 The health service ensures dedicated time for the formal education program.  Not Met Partially Met education program.  Key Points:  4.4 The health service reviews the opportunities for work-based teaching and training.  Key Points:  Health Service summary of key points in support of the rating	Key	Points:						
supported by senior medical staff to do so.  Key Points:  4.3 The health service ensures dedicated time for the formal education program.  Not Met education program.  Not Met Partially Met education program.  Key Points:  4.4 The health service reviews the opportunities for work-based teaching and training.  Key Points:  Health Service summary of key points in support of the rating	4.2	The intern training program provides for interns to attend	Not Met	Partially	Met			
4.3 The health service ensures dedicated time for the formal education program.    Not Met   Partially   Met								
4.3 The health service ensures dedicated time for the formal education program.    Key Points:	Key	Points:						
education program.  Key Points:  4.4 The health service reviews the opportunities for work-based teaching and training.  Key Points:  Health Service summary of key points in support of the rating	4.3	The health service ensures dedicated time for the formal	Not Met	Partially	Met			
4.4 The health service reviews the opportunities for work-based teaching and training.    Not Met		education program.						
4.4 The health service reviews the opportunities for work-based teaching and training.  Key Points:  Health Service summary of key points in support of the rating	Key	Points:						
teaching and training.  Key Points:  Health Service summary of key points in support of the rating	4.4	The health service reviews the opportunities for work-based	Not Met	Partially	Met			
Health Service summary of key points in support of the rating								
	Key	Points:						
Response:	Healt	Health Service summary of key points in support of the rating						
	Resp	oonse:						

PMCT Full Accreditation Survey PGY1 V2 Final Sept 2020: (Hospital Name, Date, Version Number)

For Accreditation Survey Team Review Process (Please leave blank)

Note commentary should include:								
<ul> <li>any matters that may affect capacity to meet the Accreditation standards</li> <li>any commendations to the Accreditation Survey Team</li> <li>any significant comments raised or important matters</li> </ul>								
4.1	Not Met		Partially Met		Met 🗌			
4.2	Not Met		Partially Met		Met			
4.3	Not Met		Partially Met		Met			
4.4	Not Met		Partially Met		Met			
Review Comments:								

# **Item 5: Assessment of Learning**

Feedback and Performance Review

**Attributes** 

Assessment Approach

5.1

5.2

# 5.3 Assessors' training. **Item 5.1 Assessment Approach** For more information about Assessment Approach please click here **Not Met Partially** Met 5.1.1 The intern training program implements assessment consistent with the Registration standard - Australian and New Zealand graduates. **Key Points: Partially Not Met** Met 5.1.2 Intern assessment is consistent with the guidelines in Intern training - Assessing and certifying completion, and based on interns achieving outcomes stated in Intern training -Intern outcome statements. **Key Points: Not Met Partially** 5.1.3 Supervisors and interns understand the assessment Met program. **Key Points:** Not Met **Partially** Met 5.1.4 Intern assessment data is used to improve the intern training program. **Key Points:** Health Service summary of key points in support of the rating

Response:

For A	Lograditation Cu	wysy Toom D	ovious Pro	Page (Plage la	ava blani		
Note of ar	commentary should	d include: y affect capacity to the Accredit	y to meet the			()	
5.1.1		Not Met		Partially Met		Met	
5.1.2		Not Met		Partially Met		Met	
5.1.3		Not Met		Partially Met		Met	
5.1.4		Not Met		Partially Met		Met	
	<b>5.2 Feedback</b> and a core information and			e <b>view</b> ormance Review <sub>l</sub>	olease <u>clic</u>	<u>k here</u>	
5.2.1	The intern training documented feed each term.				Not Met	Partially	Met
Key F	Points:						
5.2.2	5.2.2 Interns receive timely, progressive and informal feedback from term supervisors during every term.  Not Met Partially  Met						
Key F	Points:				•		
523	The intern training	n program docu	ments the	assessment of	Not Met	Partially	Met

	the intern's performance consistent with the Registration standard – Australian and New Zealand graduates.			
Key F	Points:			
5.2.4	Interns are encouraged to take responsibility for their own performance, and to seek their supervisor's feedback on their performance.	Not Met	Partially	Met
Key F	Points:			
5.2.5	The intern training program has clear procedures to immediately address any concerns about patient safety related to intern performance, including procedures to inform the employer and the regulator, where appropriate.	Not Met	Partially	Met
Key F	Points:		<u> </u>	
5.2.6	The intern training program identifies early interns who are not performing to the expected level and provides them with remediation.	Not Met	Partially	Met
Key F	Points:			
5.2.7	The intern training program establishes assessment review groups, as required, to assist with more complex remediation decisions for interns who do not achieve satisfactory supervisor assessments.	Not Met	Partially	Met
Key F	Points:		<u> </u>	
Healt Resp	h Service summary of key points in support of the	erating		
	Accreditation Survey Team Review Process (Please lea	ave blank	x)	

any matters that may affect capacity to meet the Accreditation standards

<ul> <li>any commendations to the Accreditation Survey Team</li> <li>any significant comments raised or important matters</li> </ul>								
5.2.1	Not Met		Partially Met		Met			
5.2.2	Not Met		Partially Met		Met			
5.2.3	Not Met		Partially Met		Met			
5.2.4	Not Met		Partially Met		Met			
5.2.5	Not Met		Partially Met		Met			
5.2.6	Not Met		Partially Met		Met			
5.2.7	Not Met		Partially Met		Met			
Item 5.3 Assessors For more information a		rs' Training	please <u>click her</u>	<u>e</u>				
5.3.1 The intern trainin those assessing				Not Met	Partially	Met		
understand the re								
Key Points:								
Health Service summary of key points in support of the rating								
Health Service summary of key points in support of the rating  Response:								

For Accreditation Survey Team Review Process (Please leave blank)							
Note commentary should	d include:						
<ul> <li>any commendations</li> </ul>	any matters that may affect capacity to meet the Accreditation standards						
5.3.1	Not Met		Partially Met		Met		
Review Comments:							

# **Item 6: Monitoring and Evaluation**

Item	6 Monitoring and Evaluation			
6.1	The intern training provider regularly evaluates and reviews its intern training program and terms to ensure standards are being maintained. Its processes check program content, quality of teaching and supervision, assessment and trainees' progress.	Not Met	Partially	Met
Key	Points:			
6.2	Supervisors contribute to monitoring and to program development. Their feedback is sought, analysed and used as part of the monitoring process.	Not Met	Partially	Met
Key	Points:			
6.3	Interns have regular structured mechanisms for providing confidential feedback about their training and education experiences and the learning environment in the program overall, and in individual terms.	Not Met	Partially	Met
Key	Points:	l		
6.4	The intern training program acts on feedback and modifies the program as necessary to improve the experience for interns, supervisors and health care facility managers.	Not Met	Partially	Met
Key	Points:	<u>'</u>	<u> </u>	
	ch Service summary of key points in support of the	ne rating		

For Accreditation Su	rvey Team R	Review Pro	ocess (Please I	eave bl	ank)	
Note commentary should     any matters that mag     any commendations     any significant commendations	y affect capacit to the Accredi	tation Surve	ey Team	standards	S	
6.1	Not Met		Partially Met		Met	
6.2	Not Met		Partially Met		Met	
6.3	Not Met		Partially Met		Met	
6.4	Not Met		Partially Met		Met	
Review Comments:						

# Item 7: Implementing the education & training framework – interns

	butes					
7.1	Appointment to pro	ogram and allocation	on to term			
7.2	Welfare and Suppo	ort				
7.3	Intern participation	in governance of	their training			
7.4	Communication wi	ith interns				
7.5	Resolution of train	ing problems and o	disputes			
Item	7.1 Appointme	nt to program	and allocation to t	erm		
For r	nore information ab	oout Appointment	to program and allocat	ion to term	please <u>clic</u>	<u>k here</u>
711	The processes for	intern appointment	ts:	Not Met	Partially	Met
	<ul> <li>are based on the</li> </ul>	ne published criteri	a and the principles			
		concerned; and t, rigorous and fair.				
	·					
Key I	Points:					
Healt	h Service sumn	nary of key po	ints in support of t	he rating		
		nary of key po	ints in support of t	he rating		
	h Service sumn	nary of key po	ints in support of t	he rating		
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		nary of key po	ints in support of t	he rating		
		nary of key po	ints in support of t	he rating		
		nary of key po	ints in support of t	he rating		
Resp	oonse:		ints in support of t		k)	
Resp.	oonse:	rvey Team Revie			k)	
For A	Accreditation Sur	rvey Team Revie	ew Process (Please I	leave blan	k)	
For A	Accreditation Sur	rvey Team Revie	ew Process (Please I	leave blan	k)	
For A	Accreditation Sur commentary should ny matters that may ny commendations	rvey Team Revie	ew Process (Please I	leave blan	k)	

Revie	ew Comments:			
Item	7.2 Welfare and Support			
For n	nore information about Welfare and Support please <u>click he</u>	<u>re</u>		
7.2.1	The intern training provider promotes strategies to enable a supportive learning environment.	Not Met	Partially	Met
Key F	Points:			
7.2.2	The duties, rostering, working hours and supervision of interns are consistent with delivering high-quality, safe patient care.	Not Met	Partially	Met
Key F	Points:			
7.2.3	The intern training provider has policies and procedures aimed at identifying, addressing and preventing bullying, harassment and discrimination. These policies and procedures are publicised to interns, their supervisors, and other team members.	Not Met	Partially	Met
Key F	Points:			
7.2.4	The intern training provider makes available processes to identify and support interns who are experiencing personal and professional difficulties that may affect their training, as well as career advice and confidential personal counselling. These services are publicised to interns, their supervisors, and other team members.	Not Met	Partially	Met
Key F	Points:			
7.2.5	The procedure for accessing appropriate professional development leave is published, fair and practical.	Not Met	Partially	Met
Key F	Points:			

# Health Service summary of key points in support of the rating

Response:						
For Accreditation Su	rvey Team R	Review Pro	ocess (Please I	eave bl	ank)	
Note commentary should	d include:					
<ul><li>any matters that ma</li><li>any commendations</li></ul>				standards	3	
any significant comr						
7.2.1	Not Met		Partially Met		Met	
7.2.2	Not Met		Partially Met		Met	
7.2.3	Not Met		Partially Met		Met	
7.2.4	Not Met		Partially Met		Met	
7.2.5	Not Met		Partially Met		Met	
Review Comments:						

Item 7.3 Intern participation in governance of their training								
7.3.1 Interns are involved	d in the governa	nce of the	ir training	Not Met	Partially	Met		
The state of the s	a iii iilo govoilia		traii.ii.g.					
Key Points:								
Health Service sum	mary of key	points ir	n support of t	he ratin	g			
Response:								
For Accreditation Su	rvey Team Re	eview Pro	ocess (Please I	eave bla	nk)			
Note commentary should	d include:							
<ul><li>any matters that may</li><li>any commendations</li><li>any significant comm</li></ul>	to the Accredita	ation Surve	ey Team	standards				
7.3.1	Not Met		Partially Met		Met			
Review Comments:								

Item 7.4 Communic	cation with In	iterns				
7 4 4 TI	. ,			Not Met	Partially	Met
7.4.1 The intern training activities of comm						
donvinos or comm	inticos triat acai	with intern	rtailing.			Ш
Key Points:						
7.4.0. The distance tradicion			and anath.	Not Met	Partially	Met
7.4.2 The intern training accessible inform						
Key Points:						
Health Service sum	mary of key ¡	ooints ir	n support of th	ne rating		
For Accreditation Su	rvey Team Re	view Pro	ocess (Please le	eave blan	k)	
Note commentary should	d include:					
<ul><li>any matters that mag</li><li>any commendations</li><li>any significant comm</li></ul>	to the Accredita	tion Surve	ey Team	tandards		
7.4.1	Not Met		Partially Met		Met	
7.4.2	Not Met		Partially Met		Met	
Review Comments:						

Item 7.5 Resolution of Training Problems and Disputes  For more information about Resolution of Training Problems and Disputes please click here								
problems with tra requirements, an	nining supervision of other profession ansparent and tir	provider supports interns in addressing ning supervision and training other professional issues. The asparent and timely, and safe and terns.						
Key Points:								
7.5.2 The intern trainin for timely resoluti disputes between the health service	ion of profession n interns and sup	al and/or t	raining-related	Not Met	Partially	Met		
Key Points:								
Health Service sum Response:	mary of key	points ir	n support of th	ne rating				
For Accreditation Su	urvey Team Ro	eview Pro	ocess (Please le	eave blar	nk)			
Note commentary shoul     any matters that ma     any commendations     any significant commentary	ld include: ay affect capacity s to the Accredita	to meet th	ne Accreditation s					
7.5.1	Not Met		Partially Met		Met			
7.5.2	Not Met		Partially Met		Met			
Review Comments:								

# Item 8: Delivering the training – supervision & educational resources

Attri	ibutes	
8.1	Supervisors	
8.2	Clinical Experience	
8.3	Facilities	

Item 8.1 Supervisors For more information about Supervisors please click here			
8.1.1 Interns are supervised at all times and at a level	Not Met	Partially	Met
appropriate to their experience and responsibilities.			
Key Points:			
8.1.2 Supervision is provided by qualified medical staff with	Not Met	Partially	Met
appropriate competencies, skills, knowledge, authority, time and resources to participate in training and/or orientation programs.			
Key Points:			
8.1.3 Intern supervisors understand their roles and	Not Met	Partially	Met
responsibilities in assisting interns to meet learning objectives, and demonstrate a commitment to intern training.			
Key Points:			
8.1.4 The intern training program regularly evaluates the	Not Met	Partially	Met
adequacy and effectiveness of intern supervision.			
Key Points:			

8.1.5 Staff involved in intern training have access to				Not Met	Partially	Met	
	professional deve improvement in th						
Key F	Points:						
Healt	h Service sumi	mary of key	points ir	n support of th	ne rating		
Resp	onse:						
For A	Accreditation Su	rvev Team R	eview Pro	ocess (Please le	eave blan	k)	
Note	commentary should	d include:				,	
• a	ny matters that may ny commendations ny significant comn	to the Accredit	ation Surve	ey Team	tandards		
8.1.1		Not Met		Partially Met		Met	
8.1.2		Not Met		Partially Met		Met	
8.1.3		Not Met		Partially Met		Met	
8.1.4		Not Met		Partially Met		Met	
8.1.5		Not Met		Partially Met		Met	
Revie	ew Comments:						

Item	Item 8.2 Clinical Experience									
For n	For more information about Clinical Experience please <u>click here</u>									
8.2.1	The intern training consistent with the New Zealand grad conforms to guide knowledge and sk Guidelines for term	Not Met	Partially	Met						
Key I	Points:									
8.2.2	8.2.2 In identifying terms for training, the intern training program considers the following:									
	Points: h Service sumi	mary of key p	oints i	າ support of th	ne rating					
Resp	oonse:									
	Accreditation Su		view Pro	ocess (Please le	eave blan	k)				
<ul><li>a</li></ul>	commentary should ny matters that may ny commendations ny significant comm	y affect capacity t to the Accreditat	ion Surve	ey Team	tandards					
8.2.1		Not Met		Partially Met		Met				
8.2.2		Not Met		Partially Met		Met				

Review	v Comments:						
Item 8	3.3 Facilities						
itom c	J.J I dollidos						
					T	1	
	The intern training				Not Met	Partially	Met
	facilities and infras such as access to						
C	other learning faci	lities, and continu					
€	education session	S.					
Key Po	oints:				1	1	
110,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
						T T	
	The intern training				Not Met	Partially	Met
6	environment and	amenities that sup	oport the	intern.			
Kov Do	ninta						
Key Po	oints:						
		_					
				* . *			
Healtr	h Service su	mmary of K	ey po	ints in supp	oort of t	he rating	<b>J</b>
Respoi	nse:						
For Ac	ccreditation Su	rvey Team Rev	iew Pro	ocess (Please I	eave blan	k)	
Note co	ommentary should	l include:					
	matters that may		o meet ti	ne Accreditation s	standards		
	commendations significant comm						
• arry	y Significant comm	lents raised or im	portanti	Hatters			
8.3.1		Not Met		Partially Met		Met	

8.3.2	Not Met	Partially Met	Met 🗌
Review Comments:			

# **Section D:**

# Accreditation Status - PGY1 & IMGs (PGY1 level)

Accreditation status of each unit to be listed here:

		Number	Length of	Accreditation	Survey Outcome (to be
Term Name	Core / Non- Core	of Interns allocated per year	Accreditation	Expiry	completed by Survey Team)
		-			

# **Key Notes for each Item**

### Item 1: The context in which intern training is delivered

#### 1.1 Governance

Adequate governance of the intern training program includes a Medical Education Committee (or similar Committee) that oversees the Intern training program and assessment roles and ensures the quality of the program. Membership of the Medical Education Committee would normally comprise the Director of Medical Services, Director of Clinical Training, Medical Education Advisor, senior staff in Intern supervisory roles and junior doctors (including Interns).

Click here to return to 1.1

#### 1.2 **Program Management**

Program management normally includes a delegated manager with executive accountability for meeting prevocational education and training standards (for example, in a hospital, the Director of Medical Services) and a Director of Clinical Training (or equivalent), responsible for the quality of the training and education program, and who works in collaboration with supervisors. Changes in a health service, intern training program or terms may affect intern training quality, and require the intern training accreditation authority's assessment. Major changes in circumstances that normally prompt a review include:

- Absence of senior staff with significant roles in intern training for an extended period with no replacement (for example, a Director Medical Services or Supervisor of Intern Training absent for more than one month).
- Plans for significant redesign or restructure of the health service that impacts on interns (for example, a significant change to clinical services provided or a ward closure causing change to caseload and case mix for the term).
- Rostering changes that significantly alter access to supervision or exposure to educational opportunities.
- Resource changes that significantly reduce administrative support, facilities or educational programs available.

Intern training accreditation authorities also need to be informed of significant changes in a term or unit that may lead to a review.

Click here to return to 1.2

#### 1.3 Educational expertise

Education principles include an understanding of the teaching and learning practices in medical education, assessment methods in medical education, educational supervision, and common medical education terminology.

Click here to return to 1.3

#### 1.4 Relationships to support medical education

Examples of other relevant agencies include the local intern training accreditation authority, the health jurisdiction, and the local health network.

Click here to return to 1.4.1

#### 1.5 Reconsideration, review and appeals process

An appeal process that provides a fair and reasonable opportunity to challenge the decision is likely to result in decisions that are ultimately correct.

In relation to decision- making conduct the grounds for appeal would include matters such as:

- An error in law or in due process in the formulation of the original decision
- Relevant and significant information was not considered, or not properly considered, whether this information was available at the time of the original decision or became available subsequently
- Irrelevant information was considered in the making of the original decision
- Procedures that were required by the organisation's policies to be observed in connection with the making of the decision were not observed
- The original decision was made for a purpose other than a purpose for which the power was conferred
- The original decision was made in accordance with a rule or policy without regard to the merits of the particular case; and
- The original decision was clearly inconsistent with the evidence and arguments put before the body making the original decision.

Procedural fairness, timeliness, transparency and credibility, including requiring written reasons for decisions to be issues, are also elements of a strong and effective appeals process.

Click here to return to 1.5

### **Item 2: Organisational Purpose**

No notes

#### **Item 3: The Intern Training Program**

#### 3.1 Program structure and composition

During internship, what was learned in medical school should be reinforced through informal and formal education and interns should seek to apply that knowledge.

In relation to Indigenous health, medical graduates are expected to understand and describe the factors that contribute to the health and wellbeing of Aboriginal and Torres Strait Islander peoples and/or Māori, including history, spirituality and relationship to land, diversity of cultures and communities, epidemiology, social and political determinants of health and health experiences. They are also expected to demonstrate effective and culturally competent communication and care for Aboriginal and Torres Strait Islander peoples and/or Māori.

Interns are expected to apply knowledge of the culture, spirituality and relationship to land of Aboriginal and Torres Strait Islander peoples to clinical practice and advocacy. Where interactions occur with Indigenous people, interns should be encouraged to apply their knowledge to practice in culturally sensitive ways, for example to establish whether and how a person identifies as Indigenous. The AMC 41 recognises that it may not be possible to observe interns meeting this outcome in every term or for assessment purposes. While an individual intern may not be able to demonstrate all the elements of caring for Aboriginal and Torres Strait Islander peoples the principles still apply.

Orientation to the overall program and site occurs at the beginning of the year. Orientation at the start of each term is equally important and is usually supported with a written term description. Where interns enter a new site at the beginning of a term, the orientation to the site should also occur at this time. In this orientation, the health service will ensure the intern is

ready to commence safe, supervised practice in the term.

Adequate handover is essential for safe, quality clinical care. Separate processes should be defined for handover between terms and between shifts.

Click here to return to 3.1

#### 3.2 Flexible Training

Flexible training means training that fits within the 'specific circumstances' described in the Registration standard – Australian and New Zealand graduates. This relates to part-time training and the location of training.

Click here to return to 3.2

# Item 4: The Training Program – Teaching and Learning

Training programs normally include:

- Sessions with senior medical practitioners and other health professionals.
- Team and/or unit-based activities, such as: mortality and morbidity audits, other quality assurance activities, case presentations and seminars, journal club, radiology and pathology meetings.
- Multidisciplinary meetings.
- One-to-one teaching with supervising medical practitioners in the course of patient clinical care. Opportunities to develop and practice clinical skills within a simulated environment.
- Medical/surgical or hospital-wide grand rounds. A formal intern education program.

In addition to clinical teaching, there should be opportunities for interns to develop skills in selfcare and peer support, including time management, and identifying and managing stress and burn-out.

Click here to return to 4

#### Item 5: Assessment of Learning

#### 5.1 Assessment Approach

Requirements for the assessment process can be found in the document Intern training – Assessing and certifying completion. This includes regular performance assessment against the Intern Training – Intern outcome statements, managing progression and remediation, and certifying completion of internship.

An Intern training – Term assessment form is also available. At a minimum, any locally developed assessment forms must fulfil the requirements given in the Intern Training – Assessing and certifying completion document. At the term orientation, interns should receive an outline of the term assessment processes, including who is responsible for giving feedback and performing appraisals, and how this information will be collated. For example, direct observation, reports from supervisors, and information from co-workers such as nursing and allied health staff. There should be opportunities for input from a variety of sources, including other relevant medical, nursing and healthcare practitioners. Assessment processes should apply equally to all interns and occur at appropriate intervals. Assessment must include observation of clinical skills.

#### 5.2 Feedback and Performance Review

Feedback and progress reviews can be assisted by interns keeping a log or a learning portfolio, which they discuss and review with their supervisor. There should be a documented process for managing poor performance which will ensure patient safety and intern welfare. When decisions about the performance of individual interns needs review, the document Intern training – Assessing and certifying completion outlines processes to be followed.

Click here to return to 5.2

#### 5.3 Assessors' Training

Those assessing interns (eg term supervisors) should have access to relevant resources such as workshops or handbooks to ensure that they have the necessary skills and understand the processes required.

Click here to return to 5.3

### Item 6: Monitoring and Evaluation

No notes

# Item 7: Implementing the education and training framework – interns

#### 7.1 Appointment to Program and Allocation to Term

These standards deal only with the processes for allocating interns to terms and specific health services within the intern training program. The processes for selecting interns for employment purposes are outside the scope of these standards.

Click here to return to 7.1

# 7.2 Welfare and Support

Ensuring interns can meet their educational goals and service delivery requirements, within safe working hours, is the responsibility of all parties. This protects both the intern's wellbeing and patient safety. The Good Medical Practice guide discusses fatigue management and expectations for safe working hours.

Click here to return to 7.2

#### 7.5 Resolution of Problems and Training Disputes

Interns need clear advice on what they should do in the event of a conflict with their supervisor or any other person involved in their training. Clear statements concerning the supervisory relationship can avert problems for both interns and supervisors

Click here to return to 7.5

# Item 8: Delivering the training – supervision and educational resources

#### 8.1 Supervisors

Each term should have clear and explicit supervision arrangements. The following roles should be covered in the intern supervision structure, although an individual clinician might perform more than one of these roles:

- A Primary Clinical Supervisor, who should be a consultant or senior medical practitioner with experience in managing patients in the relevant discipline.
- A Term Supervisor, who is responsible for orientation and assessment. There may also be an immediate supervisor who has direct responsibility for patient care and who would normally be at least at postgraduate-year-three level.
- Other members of the healthcare team may also contribute to supervising the intern's work.

All those who teach, supervise, counsel, employ or work with interns are responsible for patient safety. Patient safety will be protected through explicit and accountable supervision. Supervision includes more senior medical staff directly and indirectly monitoring interns. It also refers to providing training and feedback to assist interns to meet the Registration standard – Australian and New Zealand graduates. There are advantages for interns in establishing personal development relationships, or mentoring relationships, with more senior colleagues.

Click here to return to 8.1

#### 8.2 Clinical Experience

Clinical experience in the intern year involves supervised terms in units that provide medical, surgical and emergency care, together with opportunities for wide clinical experience in hospital and community settings. All these terms offer opportunities to enhance skills and knowledge through supervised practice. At the end of the year, interns will possess clinical, professional and personal skills and competences (described in Intern training – Intern outcome statements) that will prepare them for general registration, and allow them to further develop skills and competencies in subsequent training.

Programs should include placements that are long enough to allow interns to become members of the team and allow team members to make reliable judgements about the intern's abilities, performance and progress.

Click here to return to 8.2