

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

RMO & IMG Training Program PGY2+

(Hospital Name) (Month/Year)

About the Accreditation Process

The PMCT accreditation process has been designed to review, monitor and evaluate the provision of 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.

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

- 1. Health service culture and support;
- 2. Orientation;
- 3. Education and training programs;
- 4. Supervision;
- 5. Feedback and assessment;
- 6. Term 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	 CEO of Health service sent letter to indicate the date of full review & request for information Survey team selected
8 weeks prior	 Information to be sent from health service to PMCT for collation Hard copies will be requested if needed
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	 Report finalised and sent to health service for review Health service must respond within 2 weeks
9 weeks post	 Health service must respond to factual issues Health service has 4 weeks from date of receipt of report to appeal outcome
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	 Approved decision/s and survey report are provided to the Health Service Tasmanian Board of the Medical Board of Australia notified of decision PMCT website updated accordingly (if necessary)

PMCT Full Accreditation Survey PGY2+s V2 Final Sept 2020: (Hospital Name, Date, Version Number)

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 PGY2+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 PGY2+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 PGY2+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 (RMO/IMG) PGY2+

Date of Visit:	
Team Leader:	
Team Member:	
Team Member:	
Team Member:	

Date approved by PMCT Accreditation Committee	
Expiry Date:	

Accreditation Decision

4 years with exceptions / no exceptions
2 years with exceptions / no exceptions
1 year with exceptions / no exceptions

Not approved

Section A:

Health Service Information Check List

Please ensure that you check off each of the boxes that you have completed or provided the supporting information with this report:



Updated all Terms Descriptions for PGY2+.

Provided the summary of Term evaluations for each individual accredited term.

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 PGY2+ training is delivered

Attributes

- 1.1 Governance
- 1.2 Program Management

Item 1.1 Governance For more information about Governance please <u>click here</u>			
1.1.3 The health services give appropriate priority to medical education and training relative to other responsibilities.	Not Met	Partially	Met
Key Points:			

Health Service summary of key points in support of the rating

Re	esponse:			

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 						
1.1.3 Not Met Partially Met Met						

Review Comments.

Item 1.2 Program Management For more information about Program Management please <u>click here</u>					
1.2.3 The health services have effective organisational and operational structures to manage interns.	Not Met	Partially	Met		
Key Points:					

Health Service summary of key points in support of the rating

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 							
1.2.3 Not Met Partially Met Met							
Review Comments							

Item 2: Organisational Purpose

Item 2.1 Organisational purpose						
2.1	The purpose of the health services which employ and train interns includes setting and promoting high standards of medical practice and training.	Not Met	Partially	Met		
Key	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	d 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 						
2.1	Not Met		Partially Met		Met	
Review Comments						

Item 3: The PGY2+ Training Program

Attributes

3.1 Program structure and composition

Not Met Partially Met 3.1.3 PGY2+s participate in formal orientation programs, which are designed and evaluated to ensure relevant learning occurs. Image: Comparison of the image: Compar

Health Service summary of key points in support of the rating

For Accreditation Survey Team Review Process (Please leave blank)						
Note commentary should	d 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 						
3.1.3	Not Met		Partially Met		Met	
Review Comments						

Item 5: Assessment of Learning

Attributes

5.2 Feedback and Performance Review

Item 5.2 Feedback and Performance Review			
5.2.1 The Health Service provides regular, formal and documented feedback to PGY2+s on their performance within each term.	Not Met	Partially	Met
Key Points:			
5.2.4 PGY2+s are encouraged to take responsibility for their own performance, and to seek their supervisor's feedback on their performance.	Not Met	Partially	Met
Key Points:			
5.2.5 The PGY2+s have clear procedures to immediately address any concerns about patient safety related to PGY2+s performance.	Not Met	Partially	Met
Key Points:		·	
5.2.6 Early identification process for PGY2+s who are not performing to the expected level and provides them with remediation.	Not Met	Partially	Met
Key Points:			

Health Service summary of key points in support of the rating

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 •

5.2.1	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
Review Comments			

Item 6: Monitoring and Evaluation

Item	6 Monitoring and Evaluation			
6.3	PGY2+s have 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 l	Points:			
6.4	The Health Service acts on feedback and modifies the program as necessary to improve the experience for PGY2+s, supervisors and health care facility managers.	Not Met	Partially	Met
Key l	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

6.3	Not Met	Partially Met	Met
6.4	Not Met	Partially Met	Met
Review Comments			

Item 7: Implementing the education & training framework

Attributes

- 7.2 Welfare and Support
- 7.3 GPY2+s participation in governance of their training.
- 7.5 Resolution of training problems and disputes

Item 7.2 Welfare and Support For more information about Welfare and Support please <u>click her</u>	<u>re</u>		
7.2.1 The Health Service promotes strategies to enable a supportive learning environment.	Not Met	Partially	Met
Key Points:			
7.2.2 The duties, rostering, working hours and supervision of PGY2+s are consistent with delivering high-quality, safe patient care.	Not Met	Partially	Met
Key Points:			
7.2.3 The Health Service 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 Points:			
7.2.4 The Health Service makes available processes to identify and support PGY2+s who are experiencing personal and professional difficulties that may affect their training, as well as career advice and confidential personal counselling. These services are publicized to PGY2+s, their supervisors, and other team members.	Not Met	Partially	Met

Key F	Points:			
725	The procedure for accessing appropriate professional development leave is published, fair and practical.	Not Met	Partially	Met
7.2.0				
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 								
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 PGY2+ participation in governance of their training						
7.3.1 PGY2+s are involved in the governance of their training.	Not Met	Partially	Met			
Key Points:						

Health Service summary of key points in support of the rating

For Accreditation Su	rvey Team Re	view Pro	ocess (Please I	leave bl	ank)		
any matters that mayany commendations	 any commendations to the Accreditation Survey Team 						
7.3.1	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 <u>click here</u>						
7.5.1 The Health Service supports PGY2+s in addressing problems with training supervision and training requirements, and other professional issues. The processes are transparent and timely, and safe and confidential for interns.	Not Met	Partially	Met			
Key Points:						
7.5.2 The Health Service has clear, impartial pathways for timely resolution of professional and/or training-related disputes between PGY2+s and supervisors, or PGY2+s and the health service.	Not Met	Partially	Met			
Key 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

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

Attributes

- 8.1 Supervisors
- 8.2 Clinical Experience
- 8.3 Facilities

Item 8.1 Supervisors			
8.1.1 PGY2+s are supervised by qualified medical staff and at a level appropriate to their experience and responsibilities.	Not Met	Partially	Met
Key Points:			
8.1.3 PGY2+s supervisors understand their roles and responsibilities in assisting PGY2+s to meet learning objectives, and demonstrate a commitment to PGY2+s training.	Not Met	Partially	Met
Key Points:			

Health Service summary of key points in support of the rating

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 							
8.1.1	Not Met		Partially Met		Met		
8.1.3	Not Met		Partially Met		Met		
Review Comments.							

Item 8.2 Clinical Experience			
 8.2.2 In identifying terms for training, the Health Service considers the following: complexity and volume of the unit's workload the PGY2+s workload the experience PGY2+s can expect to gain how the PGY2+s will be supervised, and who will supervise them. 	Not Met	Partially	Met
Key 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 any matters that may		to meet th	ne Accreditation s	standards	S		
any commendationsany significant comm			-				
8.2.2	8.2.2 Not Met Partially Met Met						
Review Comments							

Item	Item 8.3 Facilities								
8.3.1 The Health Service provides the educational facilities and infrastructure to deliver PGY2+s training, such as access to the internet, library, journals and other learning facilities, and continuing medical education sessions.									
Key Points: The Health Service provides the educational facilities and infrastructure to deliver PGY2+s training, such as access to the internet, library, journals and other learning facilities, and continuing medical education sessions. The Health Service provides the educational facilities and infrastructure to deliver PGY2+s training, such as access to the internet, library, journals and other learning facilities, and continuing medical education sessions. The Health Service provides the educational facilities and infrastructure to deliver PGY2+s training, such as access to the internet, library, journals and other learning facilities, and continuing medical education sessions. The Health Service provides the internet, library, journals and other learning facilities, and continuing medical education sessions. The Health Service provides the educational facilities and infrastructure to deliver PGY2+s training, such as access to the internet, library, journals and other learning facilities, and continuing medical education sessions. The Health Service provides the educational facilities and infrastructure to deliver PGY2+s training, such as access to the internet, library, journals and other learning facilities, and continuing medical education sessions. The Health Service provides the educational facilities and infrastructure to deliver PGY2+s training, such as access to the internet, library, journals and other learning facilities, and continuing medical education sessions.									
8.3.2	The Health Service provides a safe physical environment and amenities that support the PGY2+s.	Not Met	Partially	Met					

Key Points:		

Health Service summary of key points in support of the rating

For	Accreditation	Survey T	iow Propos		loovo bla	nk)
	Accieulation	Survey I	IEW FIUCESS	(FICASC	icave bid	iiik)

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

8.3.1	Not Met	Partially Met	Met
8.3.2	Not Met	Partially Met	Met
Review Comments.			

Section D:

Accreditation Status – RMO/IMG PGY2+

Accreditation status of each unit to be listed here:

TERM NAME	Number of PGY2+ allocated per year	Length of Accreditation	Accreditatio n Expiry	Survey Outcome (to be completed by Survey Team)

Key Notes for each Item

Item 1: The context in which intern training is delivered

1.1 Governance

Adequate governance includes a Medical Education Committee (or similar Committee) that oversees training and assessment roles. 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 <u>here</u> 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 for an extended period with no replacement (for example, a Director Medical Services or Supervisor absent for more than one month).
- Plans for significant redesign or restructure of the health service that impacts on PGY2+ (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.

Click here to return to 1.2

Item 2: Organisational Purpose

No notes

Item 3: The Training Program

No notes

Item 5: Assessment of Learning

No notes

Item 6: Monitoring and Evaluation

No notes

Item 7: Implementing the education and training framework

7.5 Resolution of Problems and Training Disputes

PGY2+s 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 PGY2+s and supervisors

Click <u>here</u> to return to 7.5

Item 8: Delivering the training - supervision and educational resources

No notes