

Policy name:	PMCT Accreditation Policy – Procedures to Address a Concern re Patient Safety / JMO welfare
Subject:	Procedures to Address a Concern re patient safety / JMO welfare
Date of last approval:	February 2021
Date due for review:	February 2025
Policy Revision Number	Version 2.3
Responsible Officer	Chair, Accreditation Committee and Manager, Accreditation Committee

Policy Statement

The purpose of this guideline is to ensure the PMCT’s governance and management structures give appropriate priority to the impact of junior doctor training programs on patient safety and junior doctor wellbeing.

The guideline provides an organisational approach to accreditation assessment, monitoring and appeals processes to support consistent procedures for addressing concerns in regards patient or junior doctor safety identified during a survey visit or during accreditation work conducted by the PMCT Accreditation Committee.

Refer Appendix A for PMCT Response to Concerns Flowchart.

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

Accreditation Standards

5.2.5	The intern/PGY2 training program has clear procedures to address immediately any concerns about patient safety related to the performance of interns/PGY2s including procedures to inform the employer and the regulator, where appropriate.
7.2.1	The intern/PGY2 training facility promotes strategies to enable a supportive learning environment.
7.2.2	The duties, rostering, working hours and supervision of interns/PGY2s are consistent with the delivery of high-quality, safe patient care and with intern/PGY2 welfare.
7.2.3	The intern/PGY2 training facility has policies and procedures to identify, address and prevent bullying, harassment, discrimination and inappropriate behaviours. These policies and procedures are publicised to interns/ PGY2s, their supervisors and other team members.
7.2.4	The intern/ PGY2 training facility makes available processes for Interns/PGY2s to have access to career advice and to identify and support interns/PGY2s who are experiencing personal and/or professional difficulties that may affect their training as well as confidential personal counselling. These services are publicised to junior doctors, their supervisors, and other team members.
7.3.1	Interns/PGY2s are involved in the governance of their training.
7.5.1	The intern/PGY2 training facility supports interns/PGY2s in addressing problems with training supervision, training requirements and other professional issues. The processes are transparent, timely, safe and confidential.
7.5.2	The intern/PGY2 training facility has clear impartial pathways for timely resolution of professional and/or training-related disputes between junior doctors and supervisors, or junior doctors and the facility/TP.
8.1.1	Interns/PGY2s are supervised at all times at a level appropriate to their experience and responsibilities.

8.2.2	<p>In identifying and monitoring rotations for junior doctor training, the facility/TP should consider the following:</p> <ul style="list-style-type: none"> • Complexity and volume of the unit’s workload • The intern/PGY2’s workload • The experience interns/PGY2s will gain • How the intern/PGY2 will be supervised and who will supervise them
-------	--

Context

The purpose of the PMCT Accreditation Program as it relates to prevocational medical (intern and PGY2) training is reflected in the following statement (Strategic Plan 2016-2018):

To develop, monitor and evaluate accreditation standards and processes that support education and training of JMOs and address any concerns about patient safety or JMO safety in a variety of clinical settings.

This purpose is reflected in these PMCT documents: *Accreditation Committee Terms of Reference, PMCT Accreditation Guide, Survey Team Member Position Description, PMCT Clinical Learning for Junior Doctors Guidelines, PMCT Clinical Supervision of Junior Doctor Guidelines, PMCT Performance Assessment and Feedback for Junior Doctors Guidelines, Survey Visit Accreditation Instruments.*

There are questions specific to junior doctor support and patient safety in the JMO Survey and junior doctor participation in accreditation is encouraged.

There are extensive resources on the PMCT website under education including BAD Behaviour Project (sexual harassment and bullying; Standard 7.2.3), Clinical Leadership in Practice program, Teaching on the Run, Feedback Toolkit (PHEEM), Professionalism Project, ROVER and orientation guidelines.

Relevant Domains for PMCT accreditation by AMC¹

The intern training accreditation authority's governance and management structures give appropriate priority to accrediting intern training programs including the impact of these programs on patient safety. This should also include the way these programs address the wellbeing of junior doctors. (Domain 1.2)

The intern training accreditation authority has mechanisms for dealing with concerns for patient care and safety identified in accreditation work, including accreditation assessment, monitoring and complaints processes. (Domain 4.7)

The intern training accreditation authority has mechanisms for identifying and dealing with concerns about junior doctor wellbeing or environments that are unsuitable for junior doctors in its accreditation work including accreditation assessment, monitoring and complaints processes. (Domain 4.8)

Accreditation Review Processes

PMCT monitors the education and training provided to junior doctors across the four-year accreditation cycle. Structured accreditation review processes include survey visits (every four years), mid-cycle reviews and review of new posts (in year of commencement). This includes examination of documentary evidence provided by the facility, analysis of junior doctor feedback and, for survey visits meetings with key staff, including junior doctors and senior medical staff.

Apart from the formal review processes coordinated by PMCT, facilities are also expected to monitor prevocational medical training programs and posts to ensure they continue to meet training requirements between survey visits and communicate any concerns, issues or changes.

¹ Intern training – Domains for assessing accreditation authorities

Guideline Details

Concerns regarding patient or junior doctor safety may be identified at a survey visit (from survey feedback or during interviews), during the mid-cycle review (from survey feedback) or be directly reported to PMCT. In this situation, extraordinary accreditation review processes may commence (including the possibility of extraordinary survey visit).

Any concerns directly reported to PMCT by an identified individual will be investigated by seeking further information from the facility and further feedback from junior doctors. It is essential that the individual consent to further investigation being undertaken and the individual's identity will be kept confidential by PMCT.

Issues reported anonymously to PMCT will generally be noted and used in future accreditation reviews (e.g. survey visits, mid-cycle reviews) but may not be investigated specifically unless it is a high risk concern (see risk Assessment of Concern page 4).

Concerns raised will be escalated immediately to the relevant facility for further investigation.

Assessment of Concern

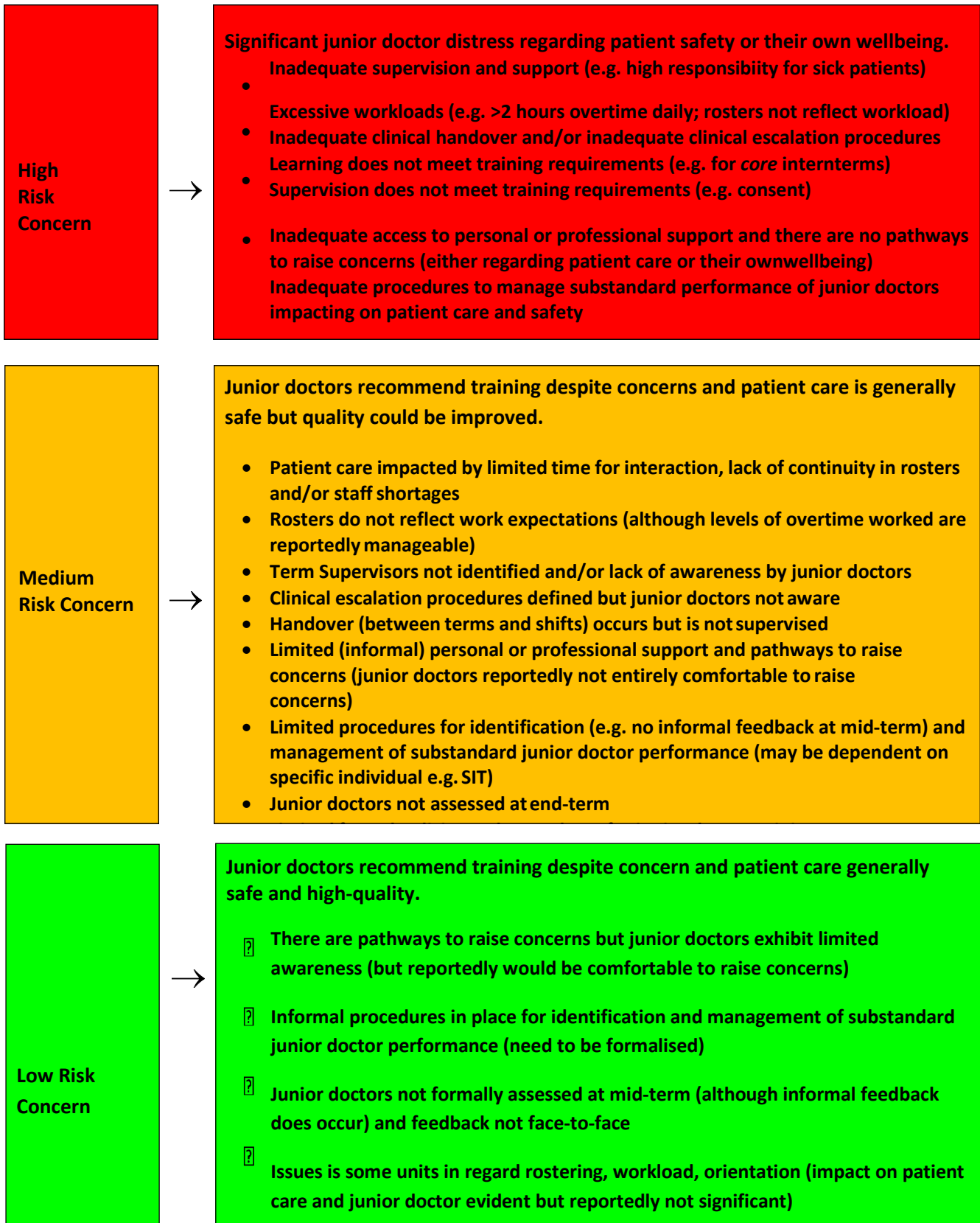
PMCT will gather as much information as possible in regards the concern raised.

The assessment and risk classification of the concern is dependent on the impact of the concern on patient safety or junior doctor wellbeing according to these considerations:

1. Junior doctors have the time, support and supervision to provide good quality and safe care to patients.
2. Clinical learning and clinical supervision training requirements are met (e.g. especially for *core* intern term).
3. Junior doctors should be informed of the pathways and procedures for clinical handover and to escalate deteriorating patients, including who to contact.
4. Junior doctors should be supported to raise concerns (e.g. about patient or their own safety) and feel comfortable to do so.
5. Junior doctors should have access to professional and personal support which is confidential.
6. Junior doctors whose performance is impaired or below expected level are adequately managed, supervised and supported.
7. The facility must have formal documentation in regards these considerations.

Risk Assessment of Concern:

This chart provides guidance on concerns that would be classified as High, Medium or Low Risk. **Note that evidence to substantiate a concern must be gathered from more than one source.** The investigation of a concern may be discontinued if there is insufficient evidence from various sources although this is dependent on the risk of the concern.



PMCT Response to Concern

Refer to PMCT Response to Concern Flowchart (Appendix A).

The procedure for addressing a concern identified during the accreditation process is underpinned by the framework described in the PMCT Accreditation Guide.

The response to the concern depends on whether it is classified as High, Medium or Low Risk (see page 4). Tools to ensure concerns are addressed include conditions and recommendations by survey teams and the PMCT Accreditation Committee and ongoing monitoring (including surveys of junior doctors) using defined timelines.

Investigating a concern arising outside an accreditation review

1. The concern will be considered by the Chair, PMCT Accreditation Committee and Management Committee of PMCT who will decide on the course of action, depending on the risk assessment of the concern.
2. Further investigation of the concern will involve escalation of the concern to the Director Medical Services (DMS) of the facility. The individual who raised the concern will also be kept informed.
3. Relevant documentation will be requested from the facility as well as seeking feedback from junior doctors and/or conducting a tele or videoconference with relevant staff. An extraordinary site visit may also be conducted.
4. The information gathered on the concern will then be reviewed by the PMCT Accreditation Committee (or a subset if necessary to avoid any conflict of interest). A decision will be made whether to implement a monitoring schedule (e.g. recommendations for action within specific timelines), keep the information for a future accreditation review (e.g. PMCT secretariat to file and refer to survey team or Committee at relevant review) or whether the concern has been resolved.

Investigating a concern arising during a survey visit

1. Survey Team will collect and collate information on the concern, including a risk assessment of the concern, and Survey Team Leader will provide a report on the concern during the debrief meeting at the survey visit (to Director of Medical Services of facility).
2. Survey Team will consider whether concern serious enough to escalate immediately to Chair, Accreditation Committee.
3. Survey Team will agree duration of accreditation recommendations (Refer 'Outcomes Monitoring and Closure').
4. Survey Team will provide explicit commentary in the Survey Report in regards to the concern including evidence collated and process of escalation. This will need to be balanced with the need for confidentiality and if the concern will be published/referred to in the survey report.
5. The concern may need to be monitored by the Accreditation Committee following completion of the survey visit process.

Outcomes, Monitoring and Closure

The facility will be formally notified of timelines to address the concern and advised of potential outcomes if concern not addressed.

Potential accreditation outcomes:

- ◇ Continued accreditation for full period (until end of current cycle up to four years).
- ◇ Continued accreditation for full period (until end of current cycle up to four years) with a condition which must be implemented by the beginning of the next term.
- ◇ Continued accreditation for 12 months with a condition which must be implemented by the beginning of the next term and further review to be conducted in 6 months to determine if accreditation will be extended.
- ◇ Withdrawal of accreditation.
- ◇

The accreditation outcomes and monitoring timelines will ensure that no junior doctor is disadvantaged (particularly in regards interns completing their internship).

The PMCT Accreditation Committee will monitor resolution of the concern and either close the concern once resolved or take necessary steps if the concern is not addressed.

If the concern is likely to result in withdrawal of accreditation, Ahpra and DoH will be advised.

Appeals process

A facility may appeal against the accreditation outcomes determined by PMCT following a survey visit or other accreditation review or seek reconsideration and review of PMCT accreditation recommendations. Refer to [PMCT - Appeals Accreditation Status Health Service Policy](#).

Document History

Date effective	Author/Editor	Approved by	Version	Change Reference Information
16 August 2018	PMCT Accreditation Manager	PMCT Accreditation Committee	1.0	Original document
February 2021	PMCT Accreditation Manager	PMCT Accreditation Committee	2.3	Minor terminology changes

APPENDIX A – PMCT Response to Concern Flowchart

