

Policy name:	PMCT Accreditation Policy -Survey Visits: Full Accreditation Survey and Mid-Cycle review Policy
Subject:	Identification and management of Full accreditation surveys and Mid- Cycle review processes in the Tasmanian Health setting
Date of last approval:	14 February 2023
Date due for review:	February 2027
Policy Revision Number	Version 3.1
Responsible Officer	Chair, Accreditation Committee and Manager, Accreditation Committee

Policy Statement

This policy outlines the process for conducting Full survey visits and Mid-Cycle accreditation reviews or other accreditation reviews or visits outside the four year full accreditation visit cycle.

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

Context

The Postgraduate Medical Education Council of Tasmania (PMCT) accreditation process has been designed to obtain information about health service performance of intern training 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 *.

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

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.

Please refer to the [PMCT Accreditation Guidelines](#)

Accreditation Survey Visits

Accreditation survey visits (also known as Full Accreditation Survey Visits) are conducted on a four yearly cycle and as a result of moving to this process the Mid-Cycle accreditation review process has been developed, which will be undertaken as a desk top audit.

Survey visits outside this period are scheduled on an 'as required' basis and are generally the result of specific issues, concerns raised or part of an appeals process.

Process – Full Accreditation Survey

Full Accreditation Survey: The process for the Full Accreditation Survey Visit has a number of steps. The following highlights the tasks involved in each of the identified steps. Please refer to Attachment 1.

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 timetable for the actual survey visit
- Survey team is selected by PMCT to conduct the review.

Step 2

- The Chair of the PMCT AC and PMCT Accreditation Manager finalises the survey visit dates in consultation with the PMCT accreditation survey team and the health service.
- The health service provides the PMCT AC 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

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 is forwarded to the survey team

Step 4

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

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

Escalation Process: If the survey team identifies any issues or concerns relating to either patient or junior doctor safety during the course of the survey visit, or any other serious concerns, then please refer to the “Managing Patient/JMO Safety Concerns during Accreditation Visits Procedure”.

Following the Survey Visit

Step 6

- The survey team finalise the survey report

Step 7

- The PMCT Accreditation Manager submits the initial report to the hospital for comment on factual accuracy and to clarify recommendations that may not be clear, or they feel they may not be able to achieve.
- Health service has two weeks to review the report.

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 the [Appeals Policy](#)
- The final survey report is produced. The Accreditation Manager then submits the report to the AC. The AC considers the report and may request additional information from the team or the site and may modify the report or its recommendations

Step 9

- Assuming no appeals the PMCT AC then sends the updated report to the Board for consideration.
- The Board considers the report and recommendations and makes a decision regarding accreditation. The Board may:
 - a. Support the recommendations
 - b. Go back to PMCT AC for further information or clarification.

Step 10

- The Principal Officer notifies the PMCT Accreditation Manager via email detailing the Board's decision. The report and its accreditation decisions and recommendations etc., are not valid until it has been approved by the Board.
- The PMCT Accreditation Manager informs the organisation of the decision, updates the PMCT website and informs the Tasmanian Board of the Medical Board of Australia

Escalation Process for a Full Accreditation Survey

PMCT would like to thank and acknowledge SAMET who originally developed this Procedure in 2012. This procedure has been adapted for PMCT with the permission of SAMET.

Managing Patient/JMO Safety Concerns during Accreditation Visits Procedure

Purpose

Accreditation survey team members undertaking accreditation visits may, in their investigations, observations or meetings, encounter issues which pose significant risks to patient and/or Junior Medical Officer (JMO) safety and/or welfare. This procedure sets out how the accreditation team should manage such concerns.

Context

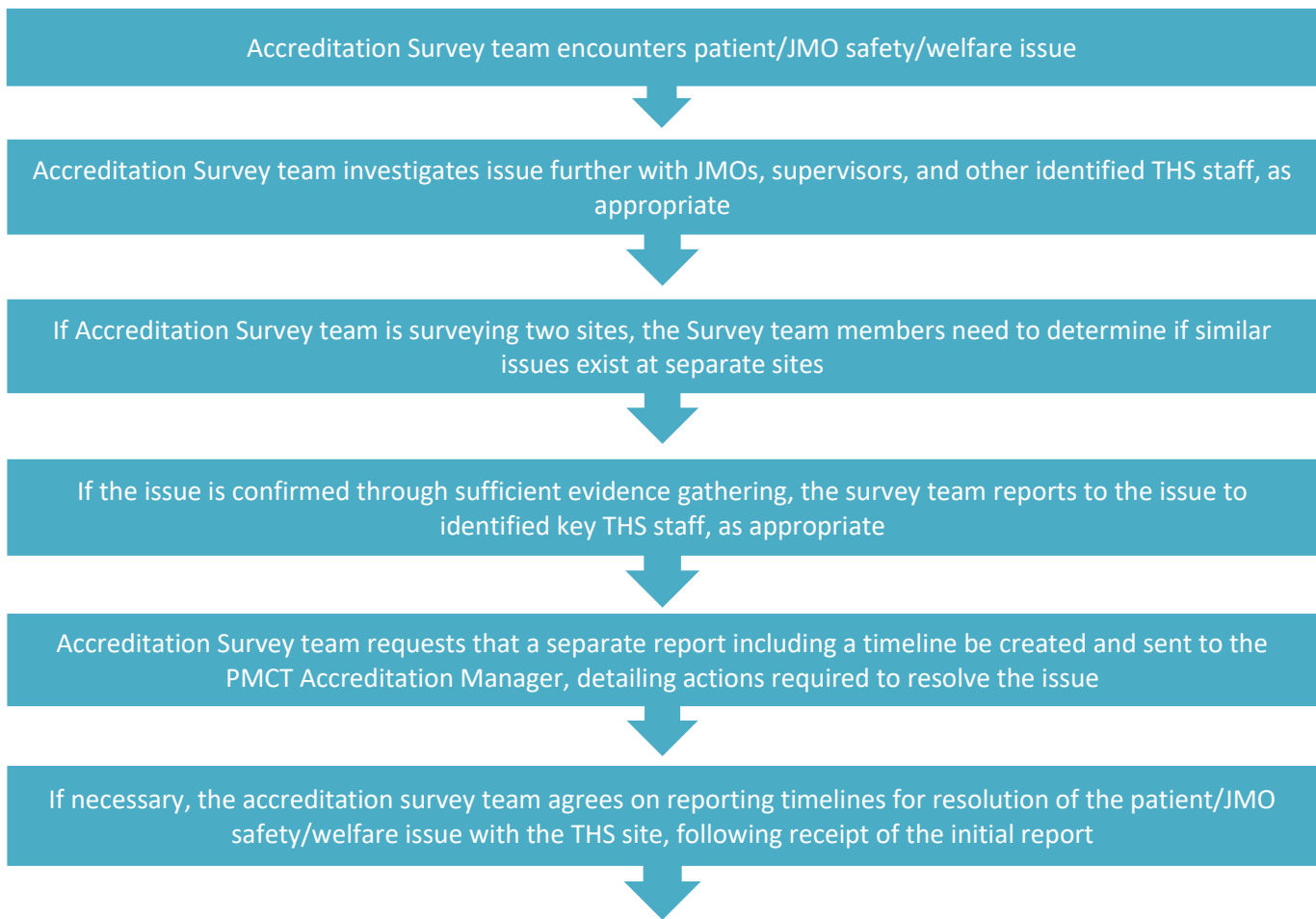
- If an accreditation survey team encounters a patient or JMO safety and/or welfare issue, it has a duty to investigate this to the best of its ability and inform the relevant authorities at the site
- A patient safety/welfare concern refers to any real or potential issue that could compromise the care given to a patient in the care of a JMO.
- A JMO safety/welfare concern refers to any real or potential issue that could result in a JMO coming to physical or professional harm.
- These concerns are not mutually exclusive; an issue which endangers patient safety/welfare will often endanger JMO safety/welfare, and vice versa.
- It is most likely that these issues will be discovered in face-to-face meetings with JMOs. Due to the numbers of JMOs in certain rotations, an individual's anonymity may be compromised by the reporting of a patient/JMO safety/welfare concern. If this is likely, the accreditation survey team will inform the JMO of this and determine if they wish to proceed. However, in certain circumstances where an identified concern is of an extremely serious nature or requires immediate action, the JMO involved may not be given the choice to not proceed.

Details

When an accreditation survey team encounters a patient or JMO safety/welfare issue, it should follow the process outlined below to ensure its obligations are fulfilled.

- Accreditation survey team members should ask questions in meetings with JMOs to investigate the issue and get as much information as possible about the issue. This issue should then be discussed with the survey team leader and other team members, and then communicated or escalated if deemed to be of a serious nature. The escalation process would involve communicating the issue to THS site staff such as the EDMS, DMET, term supervisor, Director of Clinical Training, to determine the extent of the issue, whether this has been detected by the unit, and whether steps have been taken to resolve it. This should then be reported to THS management either immediately or in the debrief meeting at the end of the day.
- THS management will be responsible for producing a report detailing how the concern has been resolved, which will be submitted to the PMCT Accreditation Manager within a specified period of time, usually within one week of the visit. The report is to be forwarded to the accreditation survey team.
- If the accreditation survey team is satisfied that the concern has been fully resolved, the PMCT Accreditation Manager will inform the site.
- If it has not been possible to fully resolve the concern by the time of the submission of the final accreditation survey report, the site will be responsible for preparing a timeline detailing how and when the concern will be resolved. The PMCT Accreditation Manager will work with the site to ensure this action plan is met. Monitoring of the action plan will take place outside of the regular accreditation report process; however, the final report may contain provisos relating to the concern.

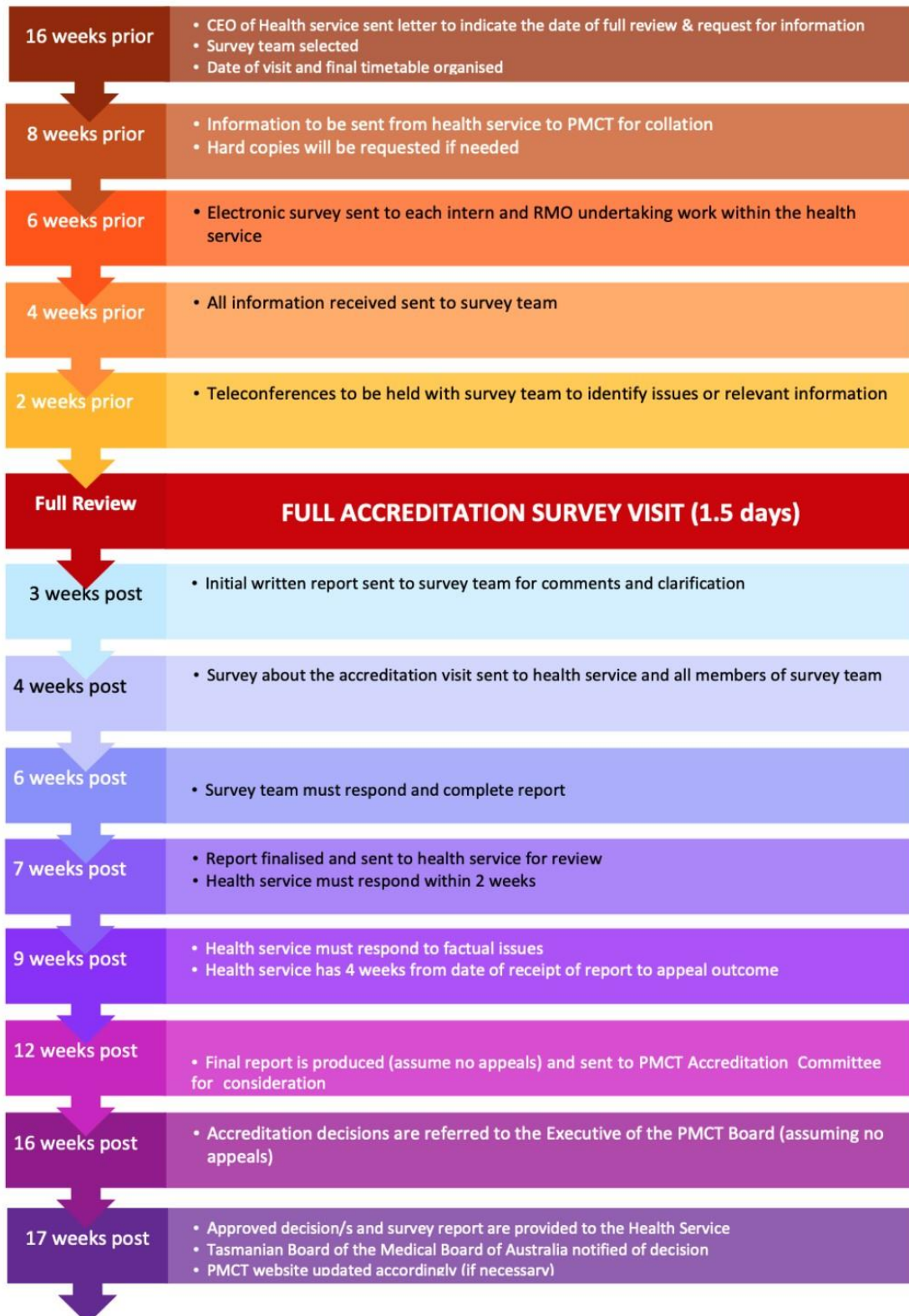
Identifying Concern Process Flowchart



Potential examples of patient/JMO safety issues include:

- JMOs prescribing medication they are unfamiliar with
- JMOs working excessive amounts of overtime, or changing shifts (eg. Night to day) with insufficient breaks, leaving them fatigued and prone to errors
- JMOs being asked to undertake procedures they have not been adequately trained in
- JMOs consenting or being asked to consent patients without appropriate training
- JMOs receiving inadequate levels of supervision
- JMOs experiencing bullying , harassment and/or discrimination or inappropriate communications by other staff, including supervising senior clinicians

PMCT FULL ACCREDITATION REVIEW



Please refer to the website for further information

Version 1.1 Created 20 April 2020

Process – Mid-cycle Review

Mid-Cycle review: The process for the Mid-Cycle accreditation survey visit has a number of steps. The following highlights the tasks involved in each of the identified steps. Please refer to Attachment 2

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.

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.

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.

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.

Step 4

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

Step 5

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

Step 6

- The survey team finalise the survey report.

Step 7

- The PMCT Accreditation Manager submits the initial report to the hospital for comment on factual accuracy and to clarify recommendations that may not be clear, or they feel they may not be able to achieve.
- Health service has two weeks to review the report and respond.

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. The Accreditation Manager then submits the report to the AC. The AC considers the report and may request additional information from the team or the site and may modify the report or its recommendations

Step 9

- Assuming no appeals, the AC then sends the updated report to the Board for consideration.
- The Board considers the report and recommendations and makes a decision regarding accreditation. The Board may:
 - a. Support the recommendations
 - b. Go back to PMCT AC for further information or clarification.

Step 10

The Principal Officer notifies the Accreditation Manager via email detailing the Board's decision. The report and its accreditation decisions and recommendations etc., are not valid until it has been approved by the Board.

- The PMCT Accreditation Manager informs the organisation of the decision, updates the PMCT website (if applicable) and informs the Tasmanian Board of the Medical Board of Australia (if applicable)

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.

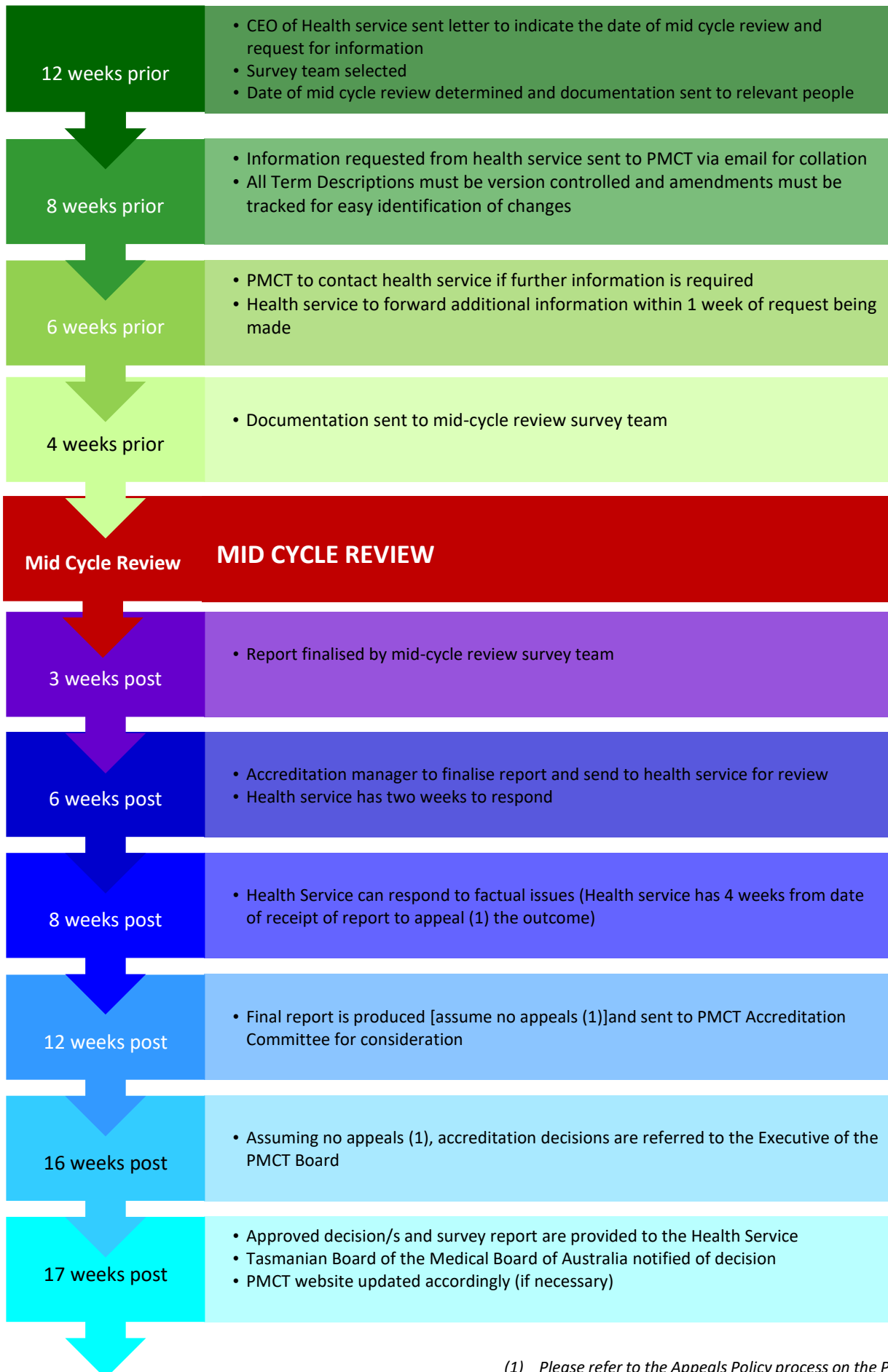
The escalation process:

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.

PMCT MID CYCLE ACCREDITATION REVIEW



(1) Please refer to the Appeals Policy process on the PMCT website [PMCT Accreditation Policy - Appeals - Accreditation Status of Health Service V2.2](#)

Document History

Date effective	Author/Editor	Approved by	Version	Change Reference Information
2 December 2020	PMCT Accreditation Manager	PMCT Accreditation Committee	1.0	Original document
23 August 2022	PMCT Accreditation Manager	PMCT Accreditation Committee	2.1	Minor update
14 February 2023	PMCT Accreditation Manager	PMCT Accreditation Committee	3.0	Inclusion of escalation process for areas identified as being of major concern
27 February 2024	PMCT Accreditation Manager		3.1	Updated Links in document