

Accreditation Assessor Team Member Role Statement

PMAQ

PMAQ Accreditation Assessor Team Intent, Role and Function

This document outlines the criteria used for the selection and induction of accreditation assessors and the articulation of the roles and responsibilities of assessor team members and team leads when engaged in accreditation activities.

Assessor team members are expected to review this role statement and sign to indicate acknowledgement and acceptance of the responsibilities outlined in this statement for each accreditation activity they participate.

Context

The Prevocational Medical Accreditation Queensland (PMAQ) has delegated functions in relation to intern accreditation from the Medical Board of Australia. Queensland Health, via the Medical Advisory and Prevocational Accreditation Unit (MAPAU) has authorised PMAQ to develop and maintain a system of prevocational accreditation that fulfils Medical Board requirements and upholds the integrity of the AMC Standards surrounding Internship.

PMAQ oversees a program of prevocational accreditation which ensures integrity of teaching, training and supervision of prevocational medical officers. The principles of quality, safety and effective delivery of care underpin PMAQ's system of accreditation.

Accreditation of prevocational medical training programs and posts is a process undertaken by the accreditation authority (PMAQ) that establishes and monitors standards to ensure high quality clinical training for prevocational doctors.

This is comprised of:

- **quality assurance** involving facility self-evaluation and external peer review of compliance with the standards and remediation following review (conditions)
- **quality improvement** involving peer review with a focus on excellence in identifying commendations (best practice) and recommendations for improvement; and
- **continuous improvement** involving ongoing monitoring by the facility itself as well as regular formal reviews by the accreditation authority.

The accreditation process is a cyclical process, normally of four years duration that commences with a full survey and comprises of monitoring functions throughout the accreditation period.

Full accreditation reviews normally involve three stages:

1. **Pre-survey assessment** including organisational self-assessment against the accreditation standards by the facility, provision of supporting documentary evidence, analysis of junior doctor pre-survey feedback, preparation for the visit and the pre-visit meeting of the survey team;

2. **The survey visit** including triangulation of documentary evidence provided by the facility, and meetings with key staff, including junior doctors and Executive representatives, Medical Education Unit personnel and senior medical staff; and
3. **Preparation of a report** of the survey and **recommendation** to the Accreditation Committee on accreditation outcomes.

During an accreditation visit, the key considerations are:

- that junior doctors are provided with a supportive learning environment, and
- that their work environments are safe for them and their patients in accordance with National Standards.

The PMAQ assessment team assesses whether the facility is an effective training site from a program perspective and concurrently assesses the required level of clinical supervision and clinical learning in each intern placement. The assessment team may also recommend improvements in education and training for prevocational doctors following the visit.

In representing PMAQ, assessor team members must exhibit the following values in accordance with an adopted code of conduct:

- integrity
- professionalism
- objectivity, and
- impartiality.

Assessors must ensure that all comments, questions and observations align with PMAQ guidelines. Assessor team members must keep all information acquired during a visit strictly confidential and continually avoid any conflicts of interest.

Appendix A provides general information on expectations and practicalities of being an Assessor.

Assessor roles and expectations

Key considerations

When participating in accreditation activities, all assessor team members including assessors in training must be aware of their responsibilities regarding conflict of interest, confidentiality and objectivity.

Conflict of Interest:

Conflict of Interest includes any situation where a team member or the member's partner, family member, employer or close family friend has a direct or indirect financial or other interest which influences or may appear to influence via positive or negative bias the proper consideration or decision making by the team on a matter or proposed matter. Examples of conflicts of interest include:

- current or previous employment (< 3 years) at the parent or rotation health service to be assessed (this excludes immediate previous hospital experience for junior doctors)
- professional or financial involvement in the facility which may introduce bias
- current application for employment at the facility.

Assessor team members must ensure that they disclose any actual, potential or perceived conflict of interest as required which may affect decision making because of their work as an assessor for PMAQ. This is done via the PMAQ Declaration of Conflict of Interest form.

Confidentiality:

PMAQ requires facilities undergoing assessment for accreditation to provide considerable information in accreditation submissions and in subsequent progress reports. This may include sensitive information, such as strategic plans, staff plans, budgets, honest appraisal of strengths and weaknesses and commercial-in-confidence material.

Information related to an accreditation visit, such as the facility submission, contents of previous survey reports or associated material or data, must be treated by the assessor team members in confidence and not disclosed either directly or indirectly. Matters concerning the accreditation should only be discussed with the facility staff and other assessor team members. Assessor team members should also treat with confidence all information and discussions provided by other team members during the review.

Assessor team members must also ensure that:

- all confidential information accessed as a result of their work as an assessor for PMAQ including information provided by the facility, documents relating to any previous survey visit and any report authored or co-authored in this capacity is confidential and will be used for the sole purpose of fulfilling the role of PMAQ assessor.
- they take all reasonable steps to ensure that any unauthorised person does not have an opportunity to inspect or otherwise have access to the confidential information where "unauthorised person" means any person other than those persons permitted by PMAQ to have access to the information.
- at the completion of the accreditation process, forward all hard copy material to PMAQ for confidential disposal and make all reasonable efforts to permanently delete all electronic information pertaining to the visit.

Objectivity and impartiality:

During an accreditation activity, assessor team members must remember to:

- focus on outcomes rather than operational processes, as different facilities have different ways to achieve the standards.
- be thorough in the examination of the information provided and remain unbiased, avoiding preconceived impressions or prejudices while ensuring to avoid comparisons with your own or other facilities.

Selection, training and currency of practice

To join the PMAQ Assessor Pool, assessors may be nominated by:

- a health service, general practice or other organisation/professional body involved in prevocational medical training
- invitation from PMAQ, or
- via self-nomination, with support from their health service and endorsement by PMAQ.

Assessors are sourced from the following groups:

- Medical administration including Director of Medical Services/ Medical Workforce Managers
- Directors of Clinical Training/Supervisor Prevocational Training/term supervisors
- Medical Education Officers
- Junior doctors (years 1-4)
- Senior medical officers / general practitioners with experience in junior doctor supervision
- Multidisciplinary staff members working in the health care sector
- Individuals with expertise in the type of facility being assessed.

Assessors (other than junior doctors) generally will have had a minimum of two years' experience in their professional role and their nomination as an assessor should be supported by their facility's Director of Medical Services or equivalent.

All assessors are required to attend an initial training workshop and must ensure that they maintain their competency in relation to the accreditation process through:

- involvement in at least two accreditation activities over a two-year period (or one activity per year) which may include involvement in preparing for a survey visit to their own facility. Assessors who do not participate in two activities in a two-year period may be required to re-attend training to maintain competency.
- annually noting changes to relevant standards, policies and guidelines. Such information will be provided on the PMAQ website and assessors will be advised and reminded to remain familiar with this information.

Assessment teams

An assessment team size will vary depending on the accreditation activity being undertaken. Assessment team composition is carefully considered and a range of skills and knowledge is ensured. An assessment team may include assessors with medical administration expertise, medical education expertise (has specific knowledge of junior doctor education and support), a senior clinician (has experience of supervising junior doctors) a junior doctor and a member with expertise in the type of facility. Trainee assessors may also be in attendance as a part of the team. Each team has a nominated Team Leader who has a range of responsibilities outlined in a later section and is supported by the PMAQ personnel who act as the liaison between the team and the facility.

Assessor team members are expected to participate fully in accreditation activities including reviewing all available documentation, identifying issues, asking questions during the visit, evaluating the evidence against the standards and contributing to the report and recommendations to the Accreditation Committee.

Where an assessor has any concerns about the performance of any of the members of the team, those concerns should be raised immediately with the Team Lead or PMAQ personnel. As required these will be escalated to the Chair, Accreditation Committee and/or the Manager, PMAQ.

While the assessor team is responsible for evaluating the level of compliance with the accreditation standards, it is important to continually emphasise quality improvement as a major focus of the visit.

Accreditation activities will include evaluation of junior doctor feedback via online surveys and meetings with junior doctors during a visit. During this process, the assessment team must seek to triangulate the evidence already reviewed and use this information to inform the evaluation of the facilities performance against the standards.

The combination of a pre-visit survey and junior doctor meetings allows the assessment team to review a sufficiently wide sample of terms if required. However, where relevant, effort must be made on the survey visit day to meet/communicate with interns from all accredited units, particularly core medicine, surgery and emergency medical care terms and a sufficiently broad cross-section of PGY2s.

Note that the key considerations when assessing posts are supervision, clinical content/workload and educational value. According to the accreditation standard, when identifying and monitoring terms for junior doctor training, the following should be considered:

- Complexity and volume of the unit workload
- The intern workload
- The experience interns can expect to gain
- How the intern will be supervised, and by whom.

Assessment team members must ensure that they:

- read the submission provided by the facility and review the report of the previous accreditation activities in relation the accreditation standards.

- seek any additional evidence that is required via PMAQ secretariat.
- participate in the meetings prior to the activity, if required, to prepare for the activity. The objectives of these meetings are to review the facility submission and identify areas requiring further information, develop a plan for the activity or the visit including delegation of responsibilities to team members, review of the junior doctor survey reports and review the recommendations from the previous accreditation activity.
- arrive promptly and adequately prepared on the day of any site visit or to any scheduled accreditation activity or meeting. For site visits or interviews there will be an initial preparatory meeting of the survey team. This meeting will provide an opportunity to review the timetable for the day and assessment team members will be delegated their responsibilities regarding leading meetings and asking questions by the team lead.
- assist the team lead during the activity, by asking objective and open-ended questions and seek clarification regarding any issues arising from the documentation or discussions which align with the standards and PMAQ guidelines (e.g. industrial employment matters are generally outside scope). All questions must be focused on the accreditation standards.
- escalate significant or immediate concerns, if any, throughout the activity to the team lead or PMAQ secretariat.
- assist the team lead, at the end of the visit, by identifying strengths, concerns and areas of partial or non-compliance with the standards which may impact on junior doctor welfare/safety in preparation for the summation which occurs at the end of the day to provide feedback to the facility. Participate in discussions that assess the extent to which the facility is meeting the accreditation standards (ratings are to be completed as part of the visit). Note that recommendations and potential duration of accreditation outcomes are not disclosed at this debriefing.
- contribute to the development of the draft survey report, providing advice on evaluation of the facility against the standards, conditions, quality improvement recommendations and duration of accreditation.
- thoroughly review and provide comments/changes to the draft report of the accreditation activity, in a timely manner, to assist the team lead to finalise the report.
- ensure the report is ready for adjudication by the accreditation committee as scheduled.

Team leads

The team lead provides leadership in the preparation, evaluation, delivery and reporting of the evaluation of a facility or site against the standards for an accreditation activity.

Team leads may be nominated by the Chair of PMAQ Accreditation Committee, PMAQ secretariat staff and/or current team leads on the basis that they have actively participated in survey visits and have had positive feedback on their performance as an assessor, or that they demonstrated potential to fulfil the role of team lead.

Team leads usually have at least five years' experience in their professional role and generally a minimum of two years' experience as a Prevocational Accreditation Assessor.

Team leads are encouraged to attend an annual half-day workshop to discuss proposed changes to the accreditation process and undertake relevant professional development.

Responsibilities prior to the accreditation activity:

The team lead is expected to provide advice to PMAQ personnel in regard to visit arrangements, if required, lead the pre-visit meeting and identify any additional information or clarification that may be required. Requests for additional information or clarification are made via the PMAQ secretariat.

Responsibilities during accreditation activities:

In addition to the responsibilities outlined generally for assessment team members, the team lead is also expected to:

- chair the sessions for site visits or interviews with facility representatives, or allocate sessions as appropriate to other assessor members. This includes providing a general introduction on PMAQ's role and the accreditation process and introducing the team at the beginning of the day and at each session.
- support all assessors to ensure all available evidence is considered and that this is evaluated against the accreditation standards, providing support in the interpretation and application of standards as required.
- seek a consensus with the team members of major issues affecting accreditation of the facility, site or term and collaboratively prepare a summation for the facility.
- where relevant, prepare a summation for executive as well as a general summation. This should include commendations and all areas for improvement likely to be included in the survey report. More information on findings and recommendations may be provided to the facility executive than at the general summation meeting. The facility should be invited and encouraged to respond during the debrief.
- avoid comments indicating the accreditation status during the organisation summation and confirm that the assessor team makes a recommendation to the Accreditation Committee. The team will make recommendations regarding duration of accreditation and quality improvement to the Accreditation Committee to be endorsed before the facility is advised formally. The Organisation Executive will be given a briefing prior to the summation conference. This will generally provide the executive with the key elements of outcome, issues and potential future steps.

Responsibilities following an accreditation activity:

The team lead is expected to:

- be responsible for the review and finalisation of the survey report and recommendations to ensure availability for consideration at the scheduled Accreditation Committee meeting.
- be available to report on the survey visit, where required and present the report (in person or via teleconference) at a meeting of the Accreditation Committee. This includes briefing Committee members on any significant outcomes or recommendations from the survey visit at the meeting.

- provide advice to the Chair of the Accreditation Committee of the performance of team members, if asked.
- be available to review responses to conditions of accreditation arising from the accreditation activity

Appendix A – Expectations and Practicalities of being an Assessor

PMAQ personnel will assist you during the entire accreditation activity process. If you have any queries contact PMAQ in the first instance (not the facility). Prior to the visit you will receive and should familiarise yourself with:

- the assessor team member position description which you should read, sign and return to PMAQ
- the facility submission which includes a self-assessment against the accreditation standards as well as supporting documentary evidence
- an electronic folder of relevant PMAQ documents including the PMAQ *Standard: Prevocational Medical Accreditation* which you are encouraged to review

You will also be expected to participate in assessor team meetings usually held by teleconference.

During a survey visit or facility, site or term interviews, sessions may be held with senior administrators, education unit staff, junior doctors and supervisors. A tour of the facility is also usually conducted. You are asked to:

- arrive promptly on the day of the survey visit or to the teleconference.
- wear the ID badge provided signifying your role as a PMAQ representative.
- ask applicable questions and participate in discussions with the focus on the application of accreditation standards; and
- make notes for use in preparation of the survey report following the visit.

Note that the assessor team is responsible for evaluating the prevocational medical training program and existing posts (including changes) against the standards for accreditation.

Other key points:

- If you are unable to attend please advise PMAQ as soon as possible.
- You will generally have travel arrangements to visits coordinated by PMAQ (including where flights are arranged). For most visits, particularly those to rural health services, it is usually expected that assessment teams will travel on the afternoon of the day prior to the visit. In these instances (or where team members need to travel a significant distance from home), PMAQ will pay for accommodation.
- The assessment team member will be approved by their principal employer to take the day(s) off for the accreditation survey visit.

Meals

- Lunch, morning and afternoon tea are usually provided by the facility.
- Where overnight accommodation is required, breakfast is normally included in the room rate, or is available at the hotel, and will be charged back to PMAQ. Where this is not possible, and the assessor purchases breakfast, tax invoices must be submitted with an expense claim form to PMAQ.
- Travel, accommodation, meals and allowances will be in accordance with the Department of Health Travel Policy QH-POL-046:2015
- Where possible PMAQ will pay for evening meals if required. Where this is not possible, and the assessor purchases an evening meal, tax invoices must be submitted with an expense claim form to PMAQ.
- Assessor behaviour must be in accordance with the Queensland Public Service Code of Conduct at all times.
- Any additional expenses incurred by the assessor, such as hotel mini bar items, hotel movies or pay TV, alcoholic beverages, snacks, internet access etc will not be reimbursed by PMAQ.

Claiming Expenses

- PMAQ covers assessors' costs directly associated with survey visits in accordance with the Department of health Travel Policy QH-POL-046:2015. Where possible, PMAQ prefers to limit the need for assessors to submit expense claims and will arrange payment of costs where possible. However, there may be instances where assessors incur costs which can be claimed back from PMAQ.
- Mileage claims for the use of a personal motor vehicle when travelling to an accreditation visit are paid using a kilometre rate for the trip. No fuel tax invoices are required for mileage claims. PMAQ will reimburse team members for travel up to \$350max.
- **IMPORTANT** – any expense claims (e.g. for meals) must be accompanied by a tax invoice showing the vendors ABN, which is different to an EFT receipt or credit card receipt from an EFTPOS machine. If a tax invoice is not provided, PMAQ will not be able to reimburse the claim.
- Expense and mileage claims should be submitted to PMAQ as soon as possible following the survey visit, accompanied by tax invoices where required.
- Payment of claims is made via direct bank deposit.

Prevocational Medical Accreditation Queensland. (PMAQ)
ACCREDITATION Assessor TEAM MEMBER AGREEMENT

I, acknowledge and agree to fulfil the expectations of an accreditation survey team member, as set out in the *PMAQ Accreditation Assessor Team Member Position Description*, regarding confidentiality, conflict of interest, objectivity and survey visit responsibilities.

- Tick this box if you are participating in the assessor team as a team lead to acknowledge and agree to the additional responsibilities of a team lead.

NAME: (*Please print*) _____

SIGNED: _____

DATE: / /

WITNESS NAME: (*Please print*) _____

WITNESS SIGNATURE: _____

DATE: / /