

# **Accreditation Standards**

Standards for the accreditation of prevocational doctor training in Queensland

**PMAQ**

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# Introduction

Prevocational Medical Accreditation Queensland (PMAQ) administers a system of accreditation that ensures quality education and training for prevocational doctors that enables the provision of safe patient centred care.

The Medical Board of Australia's *Registration Standard: Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training* defines the supervised intern training requirements that must be completed for Australian medical graduates to be eligible for general registration. As per the Registration Standard, training terms must be accredited against approved accreditation standards for intern training. It is PMAQ's responsibility to ensuring that the programs of study offered by Queensland intern training facilities meets the requirements of the Registration Standard.

PMAQ is committed to having an accreditation review process that is reliable, transparent, impartial and fair.

All hospitals in Queensland that employ or train prevocational doctors must be accredited against the Prevocational Medical Accreditation Queensland Accreditation Standards prior to commencement of junior doctors in those programs or placements. By meeting these standards health services demonstrate that they provide a safe and effective education and training program for prevocational doctors. Prevocational Medical Accreditation Queensland will analyse evidence to determine the extent to which health services met these standards.

# **1: The context in which prevocational medical training is delivered**

## **1.1 Governance**

- 1.1.1 The governance of the prevocational training program and assessment roles are defined
- 1.1.2 In the health services that contribute to prevocational training there is a system of clinical governance or quality assurance that includes clear lines of responsibility and accountability for the overall quality of medical practice
- 1.1.3 The health services give appropriate priority to medical education and training relative to other responsibilities
- 1.1.4 The prevocational training program complies with relevant national, state or territory laws and regulations pertaining to prevocational training

## **1.2 Program management**

- 1.2.1 The prevocational training program has a mechanism or structures with the responsibility, authority, capacity and appropriate resources to direct the planning, implementation and review of the prevocational program and to set relevant policy and procedure
- 1.2.2 The prevocational training program documents and reports to the prevocational training accreditation authority (PMAQ) on changes in the program, units or rotations which may affect the delivery of the program at a level consistent with the national standards
- 1.2.3 The health service has effective organisational and operational structures to manage prevocational doctors

## **1.3 Educational expertise**

- 1.3.1 The prevocational training program is underpinned by sound medical education principles

## **1.4 Relationships to support medical education**

- 1.4.1 The prevocational training program supports the delivery of prevocational training through constructive relationships with other relevant agencies and facilities
- 1.4.2 Health services co-ordinate the local delivery of the prevocational training program. Health services that are part of a network or dispersed program contribute to program coordination and management across diverse sites

## **1.5 Reconsideration, review and appeal processes**

1.5.1 The prevocational training provider has reconsideration, review and appeals processes that provide for impartial review of decisions relating to prevocational training. It makes information about these processes publicly available.

## **2: Organisational purpose**

2.1 The purpose of the health service that employs or trains prevocational doctors includes setting and promoting high standards of medical practice and junior doctor training.

## **3: The prevocational education and training program**

### **3.1 Program structure and composition**

3.1.1 The intern education and training program overall, and each rotation, is structured to reflect the requirements of the Registration standard – Australian and New Zealand graduated and provide experiences as described in Intern training – Guidelines for terms

3.1.2 For intern prevocational rotation, the health services have identified the relevant Intern training – Intern outcome statements and the skills and procedures that can be achieved and the nature and range of clinical experience available to meet these objectives

3.1.3a Prevocational doctors participate in formal orientation programs at the commencement of their employment with the health service (including campuses and sites), which are designed and evaluated to ensure comprehensive and relevant learning occurs

3.1.3b Prevocational doctors participate in formal orientation programs, at the commencement of each rotation, which are designed and evaluated to ensure relevant learning occurs

3.1.3c Prevocational doctors participate in effective handover processes between terms and between shifts

### **3.2 Flexible training**

3.2.1 The prevocational training provider guides and supports supervisors and prevocational doctors in the implementation and review of flexible training arrangements. For interns, available arrangements are consistent with the Registration standard – Australian and New Zealand Graduates

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

4.1a Prevocational doctors have access to formal clinical teaching and structured clinical and non-clinical learning activities at the health service level

4.1b Prevocational doctors have access to structured clinical learning activities in addition to informal work-based teaching and learning at the unit/rotation level

4.2 The prevocational training program provides for prevocational doctors to attend formal education sessions, and ensures that they are supported by senior medical staff to do so

4.3 The health service ensures dedicated time for the formal education program

4.4 The health service reviews the opportunities for work-based teaching and learning

# 5: Assessment of learning

## 5.1 Assessment approach

5.1.1 The prevocational training program implements a contemporary approach to assessment. For interns this assessment is consistent with the Registration standard – Australian and New Zealand graduates

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

5.1.3 The assessment program is understood by supervisors and prevocational doctors

5.1.4 Prevocational assessment data is used to improve the prevocational training program

## 5.2 Feedback and performance review

5.2.1 The prevocational training program provides regular, formal and documented feedback to prevocational doctors on their performance within each term

5.2.2 Prevocational doctors receive timely, progressive and informal feedback from supervisors during every term

5.2.3 The intern training program documents the assessment of the intern's performance consistent with the Registration standard – Australian and New Zealand graduates

5.2.4 Prevocational doctors are encouraged to take responsibility for their own performance to seek feedback from their supervisors in relation to their performance

5.2.5 The prevocational training program has clear procedure to immediately address any concerns about patient safety related to prevocational doctor performance, including procedures to inform the employer and the regulator, where appropriate

5.2.6 The prevocational training program identifies early prevocational doctors who are not performing to the expected level and provides them with remediation

5.2.7 The prevocational training program establishes assessment review groups, as required, to assist with more complex remediation decisions for prevocational doctors who do not achieve satisfactory supervisor assessments

## 5.3 Assessors' training

5.3.1 The prevocational training program has processes for ensuring those assessing prevocational doctors have relevant capabilities and understand the required processes



## 6: Monitoring and evaluation

6.1 The prevocational training provider regularly evaluates and reviews its prevocational training program and terms to ensure standards are being maintained. Its processes check program content, quality of teaching and supervision, assessment and trainees progress

6.2 Supervisors contribute to monitoring and to program development. Their feedback is sought, analysed and used as part of the monitoring process

6.3 Prevocational doctors have structured mechanisms for providing confidential feedback about their training, education experiences and the learning environment in the program overall and in individual terms

6.4 The prevocational training program acts on feedback and modifies the program as necessary to improve the experience for prevocational doctors, supervisors and health care facility managers

# 7: Implementing the education and training framework – prevocational doctors

## 7.1 Appointment to program and allocation to term

7.1.1 The process for prevocational appointments:

- Are based on the published criteria and the principles of the program concerned
- Are transparent, rigorous and fair

## 7.2 Welfare and support

7.2.1 The prevocational training provider promotes strategies to enable a supportive learning environment

7.2.2 The duties, rostering, working hours and supervision of prevocational doctors are consistent with delivering high-quality, safe patient centred care

7.2.3 The prevocational training provider has policies and procedures aimed at identifying, addressing and preventing bullying, harassment and discrimination. These policies and procedures are publicised to prevocational doctors, their supervisors and other team members

7.2.4 The prevocational training provider makes available processes to identify and support prevocational doctors 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 prevocational doctors, their supervisors and other team members

7.2.5 The procedure for assessing appropriate professional development leave is published, fair and practical

## 7.3 Prevocational doctor participation in governance of their training

7.3.1 Prevocational doctors are involved in the governance of their training

## 7.4 Communicating with prevocational doctors

7.4.1 The prevocational training program informs prevocational doctors about the activities of committees that deal with prevocational training

7.4.2 The prevocational training program provides clear and easily accessible information about the training program

## 7.5 Resolution of training problems and disputes

7.5.1 The prevocational training provider supports prevocational doctors in addressing problems with training supervision and training requirements and other professional issues. The processes are transparent, timely, safe and confidential for prevocational doctors

7.5.2 The prevocational training provider has clear, impartial pathways for timely resolution of professional and/or training related disputes between prevocational doctors and supervisors or prevocational doctors and the health service

## **8.0 Delivering the training – supervision and educational resources**

### **8.1 Supervisors**

8.1.1 Prevocational doctors are supervised at all times and at a level appropriate to their experience and responsibilities

8.1.2 Supervision is provided by qualified medical staff with appropriate competencies, skills, knowledge, authority, time and resources to participate in training and / or orientation programs

8.1.3 Supervisors of prevocational doctors understand their roles and responsibilities in assisting prevocational doctors to meet learning objectives and demonstrate a commitment to prevocational training

8.1.4 The prevocational training program regularly evaluates the adequacy and effectiveness of prevocational supervision

8.1.5 Staff involved in prevocational training have access to professional development activities to support quality improvement in the prevocational training program

### **8.2 Clinical experience**

8.2.1 The intern training program provides clinical experience consistent with the Registration standard – Australian and New Zealand graduates. The intern training program conforms to guidelines on opportunities to develop knowledge and skills, as outlined in Intern training – Guidelines for terms

8.2.2 In identifying terms for training the prevocational training program considers the following:

- Complexity and volume of the unit's workload
- The prevocational doctor's workload
- The experience prevocational doctors can expect to gain
- How the prevocational doctor will be supervised and who will supervise them

### **8.3 Facilities**

8.3.1 The prevocational training program provides the educational facilities and infrastructure to deliver prevocational training, such as access to the internet, library, journals and other learning facilities and continuing medical education sessions

8.3.2 The prevocational program provides a safe physical environment and amenities that support the prevocational doctor.

## 9.0 Definition of Terms

**ACF** – Australian Curriculum Framework for Junior Doctors

**CEO** – Chief Executive Officer

**DG** – Director General

**DCT**– Director of Clinical Training

**PMAQ** – Prevocational Medical Accreditation Queensland

**ICT** – Information and computer technology

**MEU** – Medical Education Unit

**Intern** – a doctor in their first postgraduate year and who holds provisional registration with the Medical Board of Australia

### More Information

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### Version Control

Version	Date	Comments
.1	September 2018	Initial draft
.2	November 2018	Revised draft
1.0	17 December 2018	Endorsed by PMAQ Governance Committee
1.1	19 December 2018	Amended to include PMAQ branding
1.2	8 January 2019	Addition of paragraph defining delegation PMAQ authority
1.3	15 February 2019	Amended email address
1.4	11 March 2019	Amended to change patient care to 'patient <u>centred</u> care'