

Prevocational Medical Accreditation Queensland

Standard: Intern Medical Accreditation

1. Statement

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

PMAQ evaluates and monitors intern training programs and placements in Queensland and reports on accreditation activities to regulatory authorities as required.

All facilities in Queensland that employ and train medical interns must be accredited by PMAQ prior to the commencement of medical interns in these programs or placements.

2. Scope

This guide applies to all facilities, sites or terms in Queensland that employ or train medical interns. This guide supports PMAQ's Accreditation Policy to ensure there is a reliable, open and transparent framework in place to support medical intern accreditation processes in Queensland in accordance with the Australian Medical Council (AMC) standards.

3. Requirements

PMAQ is accredited by the Australian Medical Council (AMC) as an intern training accreditation authority and has delegated authority from the Medical Board of Australia to accredit intern posts in Queensland.

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's accreditation process assesses and monitors the quality of intern medical education and training against established standards. It comprises compliance, quality assurance and quality improvement elements that are complementary to service delivery and training. PMAQ's process ensures facilities offer appropriate education, training and supervision for medical interns and supports patient safety.

The PMAQ Governance Committee (PMAQGC) provides strategic oversight for the provision of impartial medical intern accreditation services in Queensland. The PMAQGC ensures the system of accreditation is efficient, reliable and responsive to jurisdictional requirements, national program developments, and the needs of medical interns.

The PMAQ Accreditation Committee (the Accreditation Committee) develops, monitors and evaluates intern accreditation standards and processes, evaluates all accreditation applications and resulting reports submitted by accreditation assessor teams and is responsible for making final accreditation decisions.

The Governance Committee and Accreditation Committee receive secretariat support from PMAQ. PMAQ is committed to supporting facilities, sites and terms throughout the accreditation cycle, including preparations for full surveys and in meeting conditions and recommendations.

4. Principles of Accreditation

The accreditation process is underpinned by the following Principles of Intern Accreditation. These principles are an extrapolation of the six core principles set out in the PMAQ Accreditation Policy.

- Safe and high-quality patient centred care is the primary consideration for all accreditation standards, policies and processes.
- Accreditation standards, policies and processes will apply to all medical intern training positions.
- Accredited intern training programs should enable interns to progress to general registration in accordance with legislation.
- Accreditation will be based on a predetermined quality cycle that supports ongoing improvement in outcomes. This cycle should include self-assessment and regular evaluation of the accreditation system in consultation with key stakeholder groups.
- Accreditation bodies will have the authority and independence to set standards, determine policies, implement processes and make appropriate determinations.
- Accreditation bodies will have valid and reliable processes based on explicit standards
- Accreditation standards will be clearly enunciated, defensible, practical and transparent to all stakeholders. They should incorporate process and outcome indicators based on objective criteria.
- Accreditation processes will be administered efficiently and equitably.
- Accreditation policies will aim to foster quality education, training and support for all medical interns by promoting standards of excellence beyond the minimum level of compliance.
- Accreditation standards, policies and processes will be consistent with local, national and international best practice.
- Accreditation standards, policies and processes will operate within relevant legislation and will include an appropriate internal review mechanism based on the principles of natural justice.
- Accreditation standards, policies and processes will be designed to minimise the accreditation burden for both the HHS being accredited and the accreditation personnel. Where possible there should be coordination with other accreditation bodies.
- Accreditation of medical intern training should be supported by adequate resources and infrastructure.

5. Standards

The Accreditation Standards are the requirements that are to be met by facilities in the delivery of medical intern education and training. The PMAQ Accreditation Standards have eight domains:

1. The context in which intern medical training is delivered
2. Organisational purpose
3. The intern education and training program
4. The training program – teaching and learning
5. Assessment of learning
6. Monitoring and evaluation
7. Implementing the education and training framework – medical interns
8. Delivering the training – supervision and educational resources

By meeting the PMAQ Accreditation Standards health services must demonstrate they provide safe and effective education, training and support programs for medical interns and that this is compliant with the AMC Intern training – national standards for programs. Throughout the accreditation process assessor teams will evaluate the available evidence against the standards.

6. Responsibilities

Formal structures and practices have been established to manage an efficient and effective accreditation process. Responsibility for governance of the accreditation process rests with the PMAQGC. The PMAQGC is supported by the Accreditation Committee and PMAQ.

6.1 Facilities will:

- Provide completed submissions with appropriate evidence to PMAQ.
- Respond to requests for additional information or clarification as required.
- Ensure ongoing compliance with accreditation standards by informing PMAQ of changes to programs in accordance with the change of circumstance procedure.
- Develop and manage the site visit schedule, under the direction of the survey team, on behalf of the facility.
- Check the draft report for factual accuracy.
- Respond to accreditation conditions and recommendations.
- Submit a progress report to PMAQ as required.
- Ensure all interns are allocated to accredited placements only.

6.2 PMAQ will:

- Develop and publish approved standards policies, guidelines and other resources to support the accreditation cycle and activities.
- Monitor the accreditation status of health facilities.
- Liaise with and provide support and advice to facilities.
- Coordinate and support assessor teams for all accreditation activities including full surveys, responses to conditions, new units and change of circumstance.
- Maintain and publish a record of current accredited placements.
- Provide support to facilities throughout the full accreditation cycle.
- Ensure the Accreditation Committee and PMAQGC has the required information to make informed decisions.
- Develop and maintain a team of skilled and adequately prepared assessors and team leads.
- Publish accreditation survey reports of facilities, following sign off by the CE of the HHS and the Chair of the Accreditation Committee.
- Provide secretariat support to the executive committees relevant to medical intern education, training and accreditation including the Junior Medical Officer Forum Queensland and the Director of Clinical Training / Medical Education Officer Forum.

6.3 PMAQ Assessor's will:

- Remain objective and impartial throughout the accreditation activity.
- Declare any actual or potential conflicts or interest's.
- Ensure the confidentiality of all information related to the accreditation activity is maintained.
- Evaluate all available evidence submitted for accreditation activities including new and re-accreditation surveys, progress reports and responses to conditions against the standards.
- Fulfil the responsibilities of the role in accordance with the PMAQ assessor responsibilities statement.

6.4 PMAQ Assessor Team Leads will:

- Fulfil all the responsibilities outlined in the PMAQ Assessor Team Lead responsibilities statement.
- Provide leadership to the assessor team and sub team lead
- Chair all assessor team meetings and meetings at the facility as required.
- Assist the assessor team in the interpretation and application of the standards to the accreditation activity
- Provide feedback and education to the facility during a site visit on how to improve the quality and safety of their medical intern education and training program
- Collate the final report to the accreditation committee including initial editing for consistency and accuracy
- Present the accreditation report to the accreditation committee

6.5 PMAQ Assessor Teams will:

- Evaluate all available evidence submitted for accreditation activities including new and re-accreditation surveys, progress reports and responses to conditions against the Standards. in a timely manner.
- Identify and seek additional information or clarification, via the PMAQ secretariat as required.
- Determine the rating against each standard. Contribute to the development of the report on the accreditation activity.
- Make recommendations to the accreditation committee re the outcome of each accreditation activity.
- Fulfil their responsibilities as set out in the PMAQ Survey Team Terms of Reference.

6.6 The Accreditation Committee will:

- Receive and assess applications for the accreditation of all medical intern posts against the Prevocational Medical Accreditation Queensland Standards (the Standards).
- Make final decisions on the accreditation outcomes for all medical intern training programs, terms and posts based on information provided in survey team reports.
- Provide advice to PMAQ on the interpretation and application of standards as required.
- Act on advice provided by the policy and procedure subcommittee.
- Endorse the composition of assessor teams.
- Work in collaboration with PMAQ in the development of resources to support accreditation activities, including assessor resources and workshops.
- Report to the PMACQGC on all activities of the committee and actual or potential risks associated with these.
- Oversee the annual and four yearly accreditation schedules.
- Fulfil their responsibilities as set out in the PMAQ Accreditation Committee Terms of Reference.

6.7 The PMAQGC will:

- Provide strategic oversight and advice on matters related to medical intern accreditation in Queensland.
- Notify the MBA of accredited intern positions.
- Approve accreditation policies, guidelines and processes.
- As required arbitrate decisions made by the Accreditation Committee.
- Report to the Director-General, Department of Health on any high-level system risks associated with the provision of medical intern accreditation services.
- Fulfil their responsibilities as set out in the PMAQGC Terms of Reference.

In addition to the above, on behalf of the Queensland Department of Health, the PMAQGC will provide strategic oversight and advice on matters relating to the review of prevocational medical education and training programs in Queensland.

7. The Accreditation Process

7.1 Timelines

In Queensland the maximum accreditation cycle for facilities is four years. In that cycle, facilities are able to apply to have new units accredited for medical intern training and may seek approval for changes to terms.

The process of accreditation, be it a new unit or facility or re-accreditation, from preparation through until notification of the outcome, takes several months. Facilities are urged to submit applications for accreditation of new medical intern posts as early as possible in each calendar year. The accreditation timeline provides a snapshot of the important dates of the accreditation process and will include due dates for initial submission, site visit date/s and dates for the presentation of the accreditation report to the accreditation committee for adjudication.

A change of circumstance to an accredited unit, as defined by the Change of Circumstance Guideline, must be notified to the Accreditation Committee as soon as it is evident that the change will occur. The accreditation process documents provide a detailed step by step guide to the accreditation process including the role of facilities, the Accreditation Committee and the PMAQGC.

7.2 Applying for accreditation

PMAQ will undertake a range of accreditation activities including the re-accreditation of facilities, sites or terms; accreditation of new sites or terms; accreditation of new programs and accreditation of a change to a program, facility, site or term. Facilities are encouraged to contact the PMAQ to discuss the proposed activity prior to completion of the application to ensure the correct process is followed.

Processes and associated documents which must be completed to apply for accreditation are:

- **Re-accreditation of a program, site or term** This will normally be initiated by PMAQ and include a site visit. This will normally occur in the year prior to in the year prior to expiry of accreditation. The facility will be required to submit evidence at least two months prior to the scheduled site visit.
- **Accreditation of a new site or term** The facility is required to submit a request for this activity to PMAQ. This request will be presented to the accreditation committee for consideration of inclusion into the accreditation schedule. Once approved the facility is required to submit a written application and accompanying evidence at least three months prior to implementation of the proposed change. A site visit may occur; however, this is at the discretion of the assessor team.

- **Accreditation of a new program** The facility is required to contact PMAQ at least six months prior to the proposed recruitment period. The accreditation committee will consider the request for inclusion in the accreditation schedule. A written application is required and normally a site visit will occur, however the timing of this is at the discretion of the survey team.
- **Accreditation of a change in circumstance** Facilities are required to contact PMAQ to discuss the change and determine the documentation and process requirements following stratification of the change. Stratification is based on the actual or potential impact the change will have of prevocational doctors and their education and training program.

7.3 Change of circumstance

A change in circumstance refers to any change which impacts the education and training of prevocational medical officers and links to the PMAQ Accreditation Standards. All facilities that employ or train prevocational doctors are required to ensure that PMAQ is advised of any such change that occurs between accreditation visits, when the change is intended to be permanently implemented or to occur for a significant period (greater than one month). Changes will be evaluated by assessors to ensure ongoing compliance with PMAQ Accreditation Standards.

7.4 Junior Medical Officer involvement

The involvement of Junior Medical Officers, in particular those in their prevocational years is integral to PMAQ system of accreditation. Prevocational medical officers sit on both the accreditation committee and the PMAQGC contributing to the overall accreditation process.

Assessor teams for re-accreditation and new program, site or term accreditation activities normally include at least one junior medical officer. In addition, these activities will include opportunity for Junior Medical Officers to contribute to the assessment of their own education and training program or terms they have undertaken through both online surveys and confidential meetings with survey team members.

7.5 Accreditation Outcomes

Assessor teams are tasked with evaluating the available evidence against the PMAQ accreditation standards prior to the final decision by the accreditation committee. A rating is awarded to each domain, with conditions of accreditation imposed when a rating of partially adhering or in certain circumstances not meeting the requirements is awarded. In addition, monitoring conditions may be imposed to any rating of fully adhering. The overall performance of the facility against the accreditation standards is used to inform the decision on the accreditation status of a facility.

7.5.1 Ratings – domains and standards

Following evaluation of the available evidence against the PMAQ accreditation standards a rating is awarded to each domain. A three-point rating scale is used: fully adhering, partially adhering and not meeting the requirements.

- **Fully adhering** – the facility has demonstrated the domain is met
- **Partially adhering** – the facility has demonstrated that the domain is partially met, however some follow-up activity is required to fully adhere to the domain. When this rating is awarded conditions will be imposed on the facilities accreditation status.
- **Not meeting the requirements** – the facility has not demonstrated they have met the domain. This rating will result in revocation of the facilities accreditation status or a condition that requires the facility to address the deficits within a prescribed duration.

7.5.2 Conditions of accreditation

Conditions of accreditation may be imposed on a facility's accreditation status and generally relate to compliance. Conditions must be met to ensure ongoing accreditation. Failure to demonstrate a condition has been met by the specified date may result in the accreditation status of a term or facility being revoked. There are three categories of conditions – general, specific and monitoring conditions.

- **General conditions** – apply to the overall training program and relate to specific domains or standards
- **Specific conditions** – normally apply to a specific department, units or placements and relate to specific domains or standards
- **Monitoring conditions** – maybe applied when a domain or standard is awarded a rating of fully or partially adhering, however further information is required at a future timepoint. This may include evaluation data from new terms, sites or facilities.

7.5.3 Quality improvement recommendations

Quality improvement recommendations provide advice to a facility, site or term on how the overall quality of the medical intern training program may be improved. Quality improvement recommendations are not accompanied by due dates however a response in relation to the recommendations is required in the progress reporting process and may be followed up by assessor teams during subsequent accreditation activities.

7.6 Duration of accreditation

Accreditation may be awarded for a period of up to four years. There are a number of possible outcomes for accreditation, including: four-year accreditation; one to three-year accreditation; 12-month accreditation (new unit, site or facility); and removal/not granting of accreditation. A facility can be granted four years' accreditation with some units, where there was not full adherence to standards being granted accreditation for a shorter period.

- Four-year accreditation. This indicates substantial compliance with the majority of the Standards. Conditions of accreditation may be imposed and require a response from the facility by a specified date.
- One to three-year accreditation. This will be granted to facilities that meet many of the Standards but have significant deficiencies warranting attention.
- 12-month accreditation: This may be granted to a new unit that has not previously employed prevocational doctors.
- Six-month accreditation. This will be granted to hospitals that require immediate action to correct deficiencies identified in the visit.
- Withdrawal of accreditation from certain terms or a facility as a whole.

Provisional accreditation can be granted by the Accreditation Committee to a new facility without a visit taking place. This is to allow the accreditation team to assess the education and training provided once it is in place. Provisional accreditation will usually be given for a period of up to six months and will follow consideration of a submission from the facility and analysis of this by the Accreditation Committee. Monitoring and evaluation data may be required at the six month point and interviews with prevocational doctors, term supervisors or other facility personnel to assess the quality of education and training on a provisionally accredited term may be required

7.7 Monitoring of accredited programs, sites and terms

PMAQ will monitor all accredited medical intern training programs, facilities, sites and terms throughout the period of accreditation through mid-term progress reports and responses to conditions of accreditation. Conditions of accreditation are generally imposed during new or re-accreditation activities and require a facility or site to submit a specific response by a specified date.

Progress reports are structured reports that are required to be submitted at specified times throughout the period of accreditation.

Responses to conditions of accreditation and progress reports will be evaluated by assessors against the PMAQ Accreditation Standards. Recommendations on the facilities adherence to the relevant standards will be presented to the accreditation committee for endorsement.

If there are concerns regarding a program or placement the PMAQ Accreditation Committee may implement a monitoring process whereby regular updates are provided by the facility until such time the accreditation committee is satisfied.

Facilities are expected to monitor medical intern education and training programs to ensure they continue to meet requirements throughout the duration of accreditation. Any concerns, issues or changes to or impacting on programs are to be notified to PMAQ.

7.8 Appeal

A facility or site may seek to appeal an accreditation outcome endorsed by the PMAQ Accreditation Committee or seek reconsideration and review of PMAQ accreditation recommendations. Appeals must be received within 20 business days from receipt of written advice of the accreditation decision and are made to the Chair of the Accreditation Committee. An independent appeal committee, convened by the Chair, PMAQ Governance Committee will be responsible for investigating the application for internal review and make recommendation to the Department of Health on the outcome.

7.9 Resources

A range of guidelines have been developed to assist facilities and accreditation teams to prepare for accreditation. These are available on the PMAQ website and listed at the end of this document.

8. Review of Prevocational Medical Accreditation Queensland as an intern accreditation authority

Under the National registration and Accreditation Scheme, the Australian medical Council (AMC) is responsible for review and accreditation of authorities that accredit intern training programs in each jurisdiction against the *Procedures for assessment and accreditation of intern training accreditation authorities*. PMAQ was granted accreditation as an intern training accreditation authority by the Australian Medical Council on December 18, 2018.

9. Supporting documents

Note a number of these documents are yet to be prepared for PMAQ

- PMAQ Accreditation Standards
- Assessment Guideline - Prevocational Medical Officer
- Supervision Guideline – Prevocational Medical Officer
- Prevocational Medical Officer Wellbeing Guideline
- Training Agreement Guideline
- Visit Schedule Guideline
- Accreditation timeline
- Facility Accreditation Process
- Change of Circumstance Guideline
- Visit Team Member Guideline
- AMC Intern training – Guidelines for terms

Version Control

Version	Date	Comments
V.01	18 September 2018	Initial document
V1.0	17 December 2018	Endorsed by PMAQ Governance Committee
V.1.0	19 December 2018	Amended to include PMAQ branding
V.1.1	8 January 2019	Amended to include statement regarding delegated PMAQ responsibilities.
V1.2	6 February 2019	Updated logo
V1.3	11 March 2019	Patient Care adjusted to 'patient centered care'
V1.4	15 May 2019	Replacement of 'prevocational' to 'intern' to reflect separation between accreditation and prevocational review processes.