

Purpose

The purpose of this document is to provide an outline of the role of health consumer/ community (and patient advocate) representatives in relation to prevocational medical training accreditation.

Scope

Health consumer/ Community representatives currently participate in a range of activities within health services (e.g. committee membership, review of brochures/information, commenting on health service policy and strategic plans etc). Health consumer/ Community representatives could be involved in the PMCV accreditation process in a number of ways including being informed of accreditation activities and processes, being consulted on aspects of accreditation and by involvement in accreditation survey visits.¹

Appendix A provides an overview of the Victorian accreditation survey visit process and **Appendix B** provides some background information on medical training and health services.

The PMCV would like to encourage health consumer/ Community participation in accreditation:

- a) To enable health consumer/ Community feedback into the assessment of junior doctor training programs to ensure a focus on the delivery of high quality, safe patient care particularly in relation to these aspects:
 - Clinical supervision² and clinical learning provided for interns/PGY2s.
 - The duties, rostering and working hours of interns/PGY2s.
 - Junior doctor support and wellbeing.³
 - Evaluation of the intern/PGY2 training program.
- b) To review and provide feedback on PMCV accreditation documents including guidelines and processes from a human content perspective.
- c) To encourage health consumer/ Community interest in the Victorian accreditation process and to present outcomes of the engagement and involvement at state/national conferences /seminars and to the Department of Health and Australian Medical Council/Medical Board of Australia.
- d) To provide a balance between the views represented by clinicians, health services staff and other stakeholders.
- e) To contribute to ongoing quality review and improvement of junior doctor training programs.

Health Consumer/ Community Participation in Survey Visits

In regards to involvement in accreditation survey visits, 'health consumer/ community surveyors' are described as people who support PMCV by providing a patient and health consumer perspective when participating in survey visits. A health consumer/ community surveyor included on a survey team will be in addition to the usual members of the team (e.g. clinician, educator/supervisor, junior doctor, medical administration/workforce).

This framework is for use by both health consumer/ community surveyors as well as other members of the survey team and facilities being assessed for accreditation.

¹ Inform, consult, collaborate are aspects of the IAP2 'Public Participation Spectrum'

² Reference: *PMCV Clinical Supervision of Junior Doctors Guidelines*

³ Includes orientation and clinical handover, performance management, mentoring and other support structures.

The experience and learnings of health consumer/ community surveyors, other survey team members and the facility will be assessed as part of the overall accreditation program evaluation process.

Accreditation Standards

Health consumer/ community surveyors could be expected to provide input into assessment of the specific accreditation standards listed below for the preparation of the accreditation survey report following a visit.

2.1	The purpose of the health services which employ and train interns/PGY2s includes setting and promoting high standards of medical practice and junior doctor training.
3.1.3	Interns/PGY2s are supported and supervised where appropriate to provide safe and effective clinical handover between terms and shifts.
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. ⁴
6.1	The intern/PGY2 training facility regularly evaluates and reviews its intern/PGY2 training program and posts to ensure that standards are being maintained. Its processes check program content, quality of teaching and supervision, assessment and trainees' progress.
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. ⁵
7.2.4	The intern/PGY2 training facility makes available processes 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.
8.1.1	Interns/PGY2s are supervised at all times at a level appropriate to their experience and responsibilities.

Selection and Training

It is expected that health consumer/ community representatives seeking to participate in PMCV survey visits would:

- Have prior experience as a health consumer/ community/ patient advocate representative at board or committee level for health services or other health-related or regulatory organisation.
- Be available to attend the surveyor training workshop (held annually) and would then ideally participate in a visit with an experienced health consumer representative (for 1-2 visits).
- An Expression of Interest Form to be lodged with the Accreditation Manager setting out the individual's experience, interest in involvement and nomination of two referees.

Honorarium and expenses reimbursement

- An honorarium payment is available for participation in a survey visit. Travel costs associated with a visit will be reimbursed at the approved ATO rate (to a maximum of \$350 per visit). The Accreditation Manager will assist health consumer surveyors to claim this payment.

⁴ There should be a documented process for managing poor performance which ensures patients safety and the welfare of the junior doctor.

⁵ Ensuring junior doctors can meet their educational goals and service delivery requirements within safe working hours is a responsibility of ALL parties. This protects the junior doctor's wellbeing and ensures patient safety. The *Good Medical Practice* guide discusses fatigue management and expectations for safe working hours.

Ongoing support

PMCV appreciates the time, effort and commitment expected of health consumer/ community surveyors participating in the accreditation process. The Accreditation Manager is available to answer any questions or provide any support required to facilitate the participation of health consumer/ community surveyors.

Topics for pre-visit assessment

These topics should be considered when health consumer/ community surveyors are reviewing documentation provided prior to the survey visit, including the facility submission and feedback from interns and PGY2s.

- Whether setting and promoting high standards of medical practice and patient safety are reflected in the vision and strategic objectives of the facility.
- Whether interns and PGY2s are supported in regards to clinical handover and whether patient safety underpins this process.
- The formal procedures for identification and management of interns/PGY2s who are not performing and whether patient safety underpins this process.
- What supports are in place to assist junior doctors when they are having difficulties and whether patient safety is a consideration.
- The program evaluation processes and whether patient safety is a consideration.

Further questions for the survey visit may be identified from this review the inclusion of which would be discussed at the pre-visit meeting of the survey team.

Suggested questions for survey visit

These questions are suggested for health consumer/community surveyors and are derived from the accreditation standards. They are listed under the relevant meeting during a survey visit and may be supplemented by other questions depending on review of pre-visit documentation.

Meeting with management (workforce and education)

1. How do you ensure that junior doctors and supervisors continually monitor the work environment⁶ to ensure safe patient care and feel comfortable to report any issues?
2. What processes are in place to address issues with patient safety related to the work environment or the performance of junior doctors?

Meeting with junior doctors (interns/PGY2s)

3. Do you know who to talk to if you have training issues (i.e. work environment, your own performance or that of others) particularly if they impact on patient care?
4. Is patient safety a priority for the facility (i.e. do you feel comfortable to raise concerns re: patient safety)?
5. Do you ever feel like you or your patients are not safe?

NOTE: the Survey Team Leader will lead discussions in regard to duties, rostering, working hours and supervision in ALL units with a focus on patient safety and JMO wellbeing.

Meeting with Supervisors

6. What do you consider are your priorities when supervising junior doctors?

⁶ Duties, workload, rosters, supervision, learning

References

Consumer Participation in Accreditation Resource Guide 2001

Health Centre QLD Consumer Engagement Framework 2017

IAP2 Quality Assurance Standard and Public Participation Spectrum 2015

RACP patient centre care and consumer engagement strategies 2017

Version Control

Version approved along with date of next review.

Version	Amendments by	Changes	Date
1	Accreditation Committee	new	May 2017
2	Accreditation Committee	Information on accreditation process (appendices)	February 2019

Approved by: PMCV Accreditation Committee

Next Review: February 2021

Date: February 2019

APPENDIX A

The PMCV Accreditation Survey Visit Process

This section provides some important background information on the PMCV accreditation process.

Postgraduate Medical Council of Victoria

The Postgraduate Medical Council of Victoria (PMCV) is the lead organisation in Victoria that supports state and national initiatives in relation to junior doctor training. PMCV supports the development of a high quality junior doctor workforce by providing a range of programs and services to support effective training outcomes, and promote safe patient care.

The aim of accreditation of intern and PGY2 training

The objective of accreditation of intern and PGY2 programs is to ensure quality clinical learning and supervision for junior doctors in health services (and health consumer settings) that promotes safe patient care, by monitoring and identification of areas for improvement.

Formal assessment for accreditation involves self-assessment by the facility and assessment by an independent peer-based survey team against training accreditation standards. All facilities in Victoria which offer intern/PGY2 training programs and posts must be accredited by PMCV at least every four years with continuous monitoring reports during the accreditation period.

Internship enables medical graduates (first year doctors) to begin to take supervised responsibility for patient care and consolidate the skills that they have learnt at medical school. Interns must consult a clinical supervisor regarding management plans for all patients, and all patients should undergo review by a more senior doctor (at some point during presentation/ admission) prior to discharge. At the end of the internship year, following completion of training requirements outlined in the *Intern Registration Standard*, the intern should be eligible for full registration.

PGY2 doctors (2nd year junior doctors) remain under clinical supervision but take on increasing responsibility for patient care. They begin to make management decisions as part of their progress towards independent practice, particularly towards the end of each term, and towards the end of the PGY2 year. As a general rule, PGY2s should consult their clinical supervisor regarding patient admissions, discharges, and significant changes in patient clinical condition or management.

Principles of PMCV accreditation

The following principles underpin the PMCV accreditation process:

- i. Safe and high quality patient care is a primary consideration.
- ii. Promotes the safety and welfare of the junior doctors who play a key role in the delivery of patient care.
- iii. Promotes an appropriate balance between service and training elements and foster quality education, training and support for junior doctors.
- iv. Involves a global assessment of the intern and/or PGY2 training program provided by a facility and assessment at a unit level as issues arise from pre-visit documentation or during the survey visit.
- v. Involves a regular cycle with specified reporting between visits to support continuous quality improvement in educational programs, supervision and service delivery.
- vi. Follows documented procedures and decision-making is based on documented accreditation standards.
- vii. The accreditation standards and process are reviewed on a regular basis.
- viii. Accredited intern training programs will enable interns to progress to general medical registration.

Role of the accreditation survey team

The main purpose of the survey team is to conduct a comprehensive review of the supervision and training received by interns and PGY2s at the facility being assessed. The survey team evaluates the facility as an effective training site, evaluates each junior doctor post and also recommends improvements in education and training for junior doctors.

Such visits should be constructive with the main objective being the promotion of junior doctor education and training in a supportive learning environment. While the survey team is responsible for ensuring compliance with the accreditation standards, it is important to continually emphasise quality improvement as a major focus of the visit.

Principal considerations are the safety of patients and junior doctor welfare. The *PMCV Procedures to Address Concerns* is relevant.

The survey visit process

PMCV assessment for accreditation of a facility occurs from a program perspective, using the PMCV accreditation standards and also involves assessment of each intern and PGY2 post with the key considerations being supervision, clinical content/workload and educational value.

Assessment for accreditation includes examination of evidence as documented by the facility, analysis of junior doctor feedback provided prior to, and at the, visit, a tour of the prevocational training facilities, and meetings with key staff (including junior doctors and supervisors).

During this process, the survey team seeks to identify any deficiencies or gaps in the training provided, to confirm that these issues exist (by substantiation from a number of sources) and develop conditions for compliance or recommendations for improvement as appropriate. The combination of a pre-visit survey and junior doctor meetings allows the survey team to review a sufficiently wide sample of terms, however, every effort is made on the survey visit day to meet with interns from all accredited units, particularly core medicine, surgery and emergency medical care terms and a sufficiently broad cross-section of PGY2s.

The aspects of junior doctor training programs of particular interest to PMCV are:

- Clinical supervision (including mentoring and support)
- Clinical learning (content, workload and educational value)
- Assessment and feedback on performance (including support and remediation)

Accreditation outcomes

These are outlined in detail in in the PMCV Accreditation Guide (sections 2.3 and 2.7).

PMCV has a four-year accreditation cycle supported by mid-cycle reviews and new post progress reviews. The options available for re-accreditation of prevocational medical training programs and posts are:

- a) Accreditation for a period of four years subject to satisfactory progress reports as required.
- b) Accreditation for a period of four years subject to certain conditions being met within a defined timeframe and to satisfactory progress reports as required.
- c) Accreditation for a period of 12 months with an extension for up to a further three years subject to certain conditions being met. This applies to all new programs and posts which will be approved provisional accreditation subject to a review in the year of commencement.

Accreditation of new posts may be refused or accreditation of individual posts or for a facility training program may be withdrawn if PMCV considers that the facility cannot meet the accreditation standards or in situations where significant issues have been identified that the facility has been unable to address or acknowledges cannot be rectified to satisfactorily meet the accreditation standards. Prior to withdrawal of accreditation, PMCV will consider all possible options for addressing deficiencies and will ensure that such a decision does not disadvantage junior doctors and, where possible, will take into

consideration recruitment and rotation timelines. Failure to demonstrate compliance with a specific condition following a survey visit may also result in accreditation of a post being withdrawn.

APPENDIX B

Some common terms used in health care

Note that this is all 'Medicine' however in health 'Medicine' is also a specialty along with 'Surgery', 'Obstetrics and Gynaecology' etc (see College list below).

Rank and Hierarchy:

Junior doctors, otherwise known as prevocational trainees, are graduates in their first and second year of practice in hospitals.

Once medical students graduate, they are employed by a health service as an 'Intern' (also known as PGY1: prevocational doctor year 1) to undertake 12 months of supervised practice.

During this 'internship' the doctor is provisionally registered by AHPRA/ Medical Board of Australia (MBA) and the year is very structured (defined by the MBA Registration Standard). The year comprises a minimum of 47 weeks of accredited rotations of which three rotations are mandatory in general medicine (10 weeks), general surgery (10 weeks) and emergency (8 weeks).

Once an intern satisfactorily completes all the requirements of internship (according to the health service/supervisors), the MBA will give them general registration and they can then proceed into a 'PGY2' year (prevocational doctor year 2).

Junior doctors continue to be classified as 'prevocational trainees' until they are accepted by a College (see list below) for vocational training.

Beyond PGY2, junior doctors progress into PGY3 or Registrar jobs depending on the seniority of the role and whether they are accepted into a training program. Registrars can be classified as accredited (by a College) or non-accredited.

'HMO ('Hospital Medical Officer') and JMO ('Junior Medical Officer') are other terms that can be used to describe junior doctors (as is 'Resident' although this is an old term which relates back to when doctors lived at the hospital). The term 'HMO' can encompass all prevocational and vocational trainees (e.g. pre-consultant) and hence the industrial agreement which outlines their employment terms and conditions is the 'HMO Agreement'.

A Consultant (also Specialist) is a doctor who has completed all requirements for specialty training and is a Fellow of their College. A VMO ('Visiting Medical Officer') is also a Consultant but is employed only part-time by the health service.

'SMS' refers to 'Senior Medical Staff' who are the consultants/ supervisors.

Colleges:

Royal Australasian College of Physicians (RACP) *including General Medicine, Aged Care, Cardiology, Endocrinology, Neurology (including stroke), Oncology, Respiratory Medicine, Palliative Care Medicine, Rehabilitation Medicine, Sexual Health medicine, Infectious Diseases, Renal Medicine, Haematology;*

College of Intensive Care Medicine (CICM)

Australasian College for Emergency Medicine (ACEM)

Royal Australasian College of Surgeons (RACS) *including General Surgery, Cardiothoracic Surgery, Plastic Surgery, ENT Surgery, Neurosurgery, Orthopaedic surgery, Urology and Vascular Surgery*

Royal Australian and New Zealand College of Ophthalmologists (RANZCO);

Australian and New Zealand College of Anaesthetists (ANZCA) *includes hyperbaric medicine/ pain medicine;*

Royal Australian and New Zealand College of Radiologists & radiation oncology (RANZCR);

Royal Australian and New Zealand College of Psychiatrists (RANZCP);

Australasian College of Dermatologists (ACD);
Royal College of Pathologists of Australasia (RCPA)

Hospital Organisation:

Executive roles ('Exec') – reports to Chief Executive (CEO)

Chief Medical Officer (CMO) often synonymous with *Executive Director of Medical Services* (EDMS) – medical management (a doctor who is a fellow of RACMA)

Director of Medical Services (DMS) reports to CMO in large health services but may be most senior medical management person in smaller hospitals. Health services may also have a *Deputy DMS* (DDMS).

Clinical management

Each specialty (see Colleges above) at a health service usually has a 'Clinical Director' e.g. Director of Medicine, Director of Surgery etc

Medical administration – reports to 'Exec' / CMO/DMS

Supervisor of Intern Training (SIT) has overall responsibility for the supervision and learning of the interns.

A *HMO Manager* is an administrative role usually responsible for recruitment and rostering of junior doctors. They work in a Medical Workforce Unit (MWU). Traditionally MWUs have been independent of Human Resources (HR) and reported directly to the CMO/DMS but increasingly health services have been moving this function into HR with varying success.

A *Medical Education Officer* (MEO) provides support for the prevocational medical education functions ('Medical Education Unit' MEU) and other supports for interns and PGY2s. MEUs usually report to the CMO/DMS however increasingly health services are combining nursing, medical and allied health education functions into one multidisciplinary education department to foster relationships between different disciplines and take advantage of efficiencies of scale.

Rotations for interns and PGY2s

There are certain rotations for interns accredited as *core* and *non-core* depending on whether they are mandatory (e.g. medicine, surgery and emergency) or not and meet the intern training requirements for medicine, surgery and emergency (refer the comments above regarding internship and the *PMCV Clinical Learning for Junior Doctors Guidelines*).

Where interns and PGY2s work is dependent on the health service and, also on whether the PMCV has accredited this rotation for intern terms/ rotations or approved them for PGY2 terms/rotations. So at some health services for example junior doctors will work in oncology and while at others they will not (they may not even have this unit).

The training model for junior doctors is like an apprenticeship and is meant to use role-modelling, real world practical application and formal teaching to develop both clinical and communication skills.

'ROVERS' otherwise known as a 'Rolling handOVER' is a tool developed to support handover of patients between rotations between junior doctors.

'ROVERS' are documents written by doctors, for doctors. ROVER is an abbreviation for 'Rolling HandOVER' and provides supplemental information to round out the term description and unit orientation resources.

ACRONYMS

ACF	Australian Curriculum Framework for Junior Doctors
ACRRM	Australian College of Rural and Remote Medicine
AHPRA	Australian Health Practitioner Regulation Agency
AMC	Australian Medical Council
BPT	Basic Physician Training
CPMEC	Confederation of Postgraduate Medical Education Councils
CTN	Clinical Training Network
DCT	Director of Clinical Training
DHHS	Department of Health and Human Services (Victoria)
DIT	Doctor in Training
DME	Director Medical Education
DMS	Director Medical Services
DPET	Director of Prevocational Education and Training
ETA	End of Term Assessment
HMO	Hospital Medical Officer
IMG	International Medical Graduate
ITA	Intraining Assessment
JMO	Junior Medical Officer
JMS	Junior Medical Staff
MBA	Medical Board of Australia
MCE	Medical Clinical Educator
MEO	Medical Education Officer
MTA	Mid Term Assessment
MWU	Medical Workforce Unit
NITF	National Internship Training Framework
NZREX	Clinical examination for Registration with the Medical Council of New Zealand
PGY1	Postgraduate Year 1 (Intern / HMO1)
PGY2	Postgraduate Year 2 (HMO2)
PBS	Pharmaceutical Benefits Scheme
PMCV	Postgraduate Medical Council of Victoria
RACP	Royal Australian College of Physicians
RACGP	Royal Australian College of General Practitioners
RCIT	Rural Community Intern Training program
RMO	Resident Medical Officer
SIT	Supervisor of Intern Training
T&D	Training and Development e.g. T&D grant
TS	Term Supervisors
VMO	Visiting Medical Officer
VRMS	Victorian Rural Medical Scholarships Scheme
WBA	Workplace Based Assessment