

**Document Number:** CRMEC Policy 07

**Document Name:** Overview of Accreditation

## Scope

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The Canberra Region Medical Education Council (CRMEC) is the accredited prevocational (PGY1 and PGY2) medical training accreditation authority in the ACT and linked regional network. As such, the CRMEC is committed to ensuring that the region's prevocational education and training programs (ETPs) deliver high quality education and training that promotes the welfare, safety and cultural safety of junior doctors and patients.

Prevocational ETPs must comply with the Australia Medical Council's (AMC) *National Standards for Prevocational (PGY1 and PGY2) Training Programs and Terms* (the National Standards) and the national *Requirements for Prevocational (PGY1 and PGY2) Training Programs and Terms*. The CRMEC is responsible for monitoring compliance of ETPs in the ACT and linked regional networks with these National Standards through its accreditation process. An objective of the CRMEC is to ensure it delivers an open and transparent accreditation system supported by efficient and effective processes. This policy sets out an overview of accreditation, the CRMEC's accreditation principles and perspectives, and CRMEC's process for awarding accreditation to ETPs.

## Overview of Accreditation

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Accreditation is essential in promoting an optimal environment for the supervision and training of prevocational (PGY1 and PGY2) doctors. The accreditation process aims to:

- Promote awareness of the National Standards and National Prevocational Medical Training Framework
- Monitor compliance of health services delivering ETPs with the National Standards and national requirements for ETPs
- Assist health services in the attainment of a universally high standard of medical education and training.

The Ministerial Council is responsible for delivering an efficient and effective accreditation process consistent with the requirements outlined in the AMC's *Domains for assessing and accrediting prevocational training accreditation authorities*. This responsibility is undertaken by the CRMEC Accreditation Committee, which is established as a committee of the Ministerial Council to provide advice and recommendations on accreditation of prevocational ETPs in the jurisdiction. The function, powers and reporting mechanisms of the Accreditation Committee are outlined in its *Terms of Reference* (see CRMEC Policy 02).

The National Standards underpin the accreditation process and describe the expected program governance, education and training opportunities, supervision and assessment and the promotion of the safety, welfare and cultural safety of both prevocational doctors and patients in the health system.

Through the accreditation process, health services are evaluated by an accreditation survey team against the National Standards. This process seeks to identify:

- Areas in which health services are providing high quality prevocational education and training
- Areas in which the health service can improve its ETP to ensure it is compliant with the National Standards
- Areas of critical risk to welfare and safety of prevocational doctors and/or patients.

As an accredited prevocational (PGY1 and PGY2) medical training accreditation authority, the CRMEC reports its accreditation decisions to the ACT Board of the Medical Board of Australia (ACTMBA) and to the ACT Minister of Health.

### **CRMEC support role**

The CRMEC uses a supportive accreditation process that recognises that high standards are more easily achieved if health services can productively interact with the Council, its Committees, the CRMEC Director and its advisors to articulate their support needs. The CRMEC can advocate for support needed in health services to optimise delivery of medical education and training for prevocational (and other junior) doctors.

However, the CRMEC is not funded as an education provider, and its support role is purely advisory. Through its organisational structures, the CRMEC advocates at the Ministerial level for health services, providing advice on medical education and training needs and any issues that arise within the AC training region.

## **Accreditation Principles**

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The CRMEC considers the process of accreditation to provide a framework for ensuring that prevocational (PGY1 and PGY2) doctors receive quality education and training. The CRMEC recognises that first two years in practice are crucial to the development of competent, confident and compassionate doctors. The first two years are recognised as the time in which junior doctors consolidate their learning in the real world of medical practice. As such, a high quality ETP that provides strong experiences and excellence in supervision enhances learning, wellbeing and eventual career direction.

The accreditation process should:

- Facilitate regions, health services, units and supervisors to evaluate their delivery of education and training. Self-evaluation should be ongoing and integrated with education and training governance and delivery, aiming to support continuous quality improvement.
- Enable CRMEC accreditation survey teams to benchmark the performance of a health service against the CRMEC's expectations needed to achieve accreditation. These expectations will be determined by the Ministerial Council, its Accreditation Committee and its surveyors consistent with the National Standards, national requirements for prevocational ETPs and that which can reasonably be achieved given any specific circumstances of a health service.
- Identify any areas of critical concern with respect to the safety, welfare and cultural safety of prevocational doctors and patients in the health service that require prompt address to mitigate risk.
- Promote the confidence of prevocational doctors that they are receiving education and training that meets the nationally recognised standard and will ensure they can attain the prevocational outcome standards required for general registration.

### **Continuous quality improvement**

Continuous quality improvement (CQI) is an important principle associated with the accreditation process. Continuous quality improvement is a governance process that focuses on evaluating the way in which things are done and how they could be done better to improve efficiencies, experiences and outcomes.

Continuous quality improvement requires a structural approach to evaluating and improving processes using a team approach with a goal to improve the service delivery, and fix problems or inefficiencies in processes. Health services that practice CQI will have a system to audit or evaluate processes, identify areas to improve, develop strategies or improvement and evaluate outcomes using specific, measurable, achievable, realistic outcomes within a timeframe (SMART goals).

Accreditation can facilitate CQI as it provides a structure that outlines best practice and provides a process through which an external evaluation is made of the health service's delivery of best practice. Where CQI is implemented in a structural way in the health service, the accreditation process will highlight the significant role this process plays, and the accreditation outcome may contribute to future CQI activities. Health Services that engage in CQI can easily demonstrate during the accreditation process that structures are in place to monitor the delivery of high quality education and training, meeting of training standards and expectations, and prompt identification and address of issues or concerns.

### **Safety and welfare**

Safety and welfare are important principles associated with the accreditation process. Health services must commit to building and sustaining a positive and respectful workplace culture that ensures the welfare and safety of prevocational doctors and patients in the health system. As the most junior medical workforce, prevocational doctors are a vulnerable medical cohort who often face significant stress working within the structure of health services. When the safety and welfare of a prevocational doctor is at risk, this potentially creates a risk to the safety and welfare of patients. This extends to cultural safety, which is ultimately determined by Aboriginal and/or Torres Strait Islander individuals, families and communities.

The National Standards outline expectations of health services with respect to ensuring the safety and welfare of prevocational doctors and patients. These include ensuring prevocational doctors receive adequate orientation, welfare and support, safe working hours and flexible work arrangements to facilitate health and wellbeing and an appropriate work-life balance. The National Standards also promote the ongoing critical reflection of all ETP stakeholders with respect to knowledge, skills, attitudes, practising behaviours, and power differentials to ensure prevocational doctors are being trained within a culturally safe environment to deliver safe, accessible, and responsive healthcare free of racism. The accreditation process provides a process through which safety and welfare within a health service is externally evaluated and risks can be identified and addressed.

## **Awarding Accreditation**

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Prevocational (PGY1 and PGY2) ETPs delivered by health services in the ACT region are accredited by the CRMEC. The process through which a health service is evaluated for the purposes of accreditation are detailed in the following CRMEC policies:

- *08 Planning an Accreditation Visit*
- *09 Accrediting a Full Facility*
- *10 Accrediting New Terms*

### **Accreditation outcomes**

The outcome of an accreditation application is determined by an accreditation survey team, the Accreditation Committee, and an endorsed final decision by the Ministerial Council.

Outcome for each accreditation standard includes:

- Compliance with merit, acceptable compliance or not compliant

Overall outcome of the process:

- Accredited or not accredited
- Period of time over which the program will be accredited
- Provisos that must be met within specific timeframes to maintain accreditation
- Recommendations on areas to address in future quality improvement initiatives

When the ETP as a whole is deemed to substantially meet the National Standards, the health service will be classified as accredited. Each training term being delivered as a part of the ETP will then be awarded accreditation (full or provisional), determined by an evaluation against the National Standards.

When a health service or a specific training term is deemed an unsuitable environment for the education and training of prevocational doctors, accreditation is revoked/not awarded. A health service may appeal against a decision on accreditation, as outlined in *CRMEC Policy 19: Appealing a Decision*.

### **Duration of accreditation**

The period of time granted for accreditation is based on evaluation of the health service (and specific training terms) against the National Standards:

- When a facility or training term meets all or most of the National Standards, and there are no major concerns at the health service or training term level, the maximum accreditation duration of four years is granted.
- When the majority of the National Standards have been met, but there are some significant, potentially systemic, deficiencies warranting attention, a duration of accreditation of between 6 months and 4 years (determined by the specific issues identified) is granted.
- When significant deficiencies have been discovered that warrant immediate attention and/or the health service is undergoing significant change, or when the health service is newly delivering a prevocational ETP, six months accreditation is granted.

All these potential accreditation outcomes might include provisos that need to be met to maintain accreditation (see below). Additionally, recommendations on quality improvement initiatives might also be made (see below).

### **Provisos**

A proviso is a condition attached to the accreditation status. Provisos are conditional stipulations that must be met within a specified time in order for accreditation to be maintained. Information about provisos is included in *CRMEC Policy 18: Proviso Reporting*.

Provisos might relate to the overall prevocational ETP; for example, if a concern relates to governance, oversight or safety and welfare. A proviso might be specific to a training term; for example, if a concern is raised regarding the education or supervision in a specific training term. Where a proviso relates to a specific training term, that term is entered into the Register of Terms as being “provisionally accredited” until the proviso has been met.

A health service may receive one or more provisos even when a full four years’ accreditation is awarded. Failure to address the actions outlined in a proviso could lead to:

- Accreditation of a specific term being revoked
- The health service’s full accreditation being revoked
- Reduced length of the awarded accreditation.

### **Recommendations**

Accreditation recommendations refer to areas in which the health service could be improved, but action is not required to achieve and maintain accreditation within this accreditation cycle. Recommendations are generally strong suggestions from the CRMEC on areas for focus in CQI. Health services are asked to report on their progress in addressing recommendations each year in the annual report (see *CRMEC Policy 21: Annual Reporting*).

## Changes to an accredited ETP

After receiving accreditation, the health facility must notify the CRMEC of any changes to the accredited ETP. This includes changes in the ETP's governance, supervision or the training terms being offered. The process for informing the CRMEC of changes is outlined in *CRMEC Policy 11: Change of Circumstance*.

Failure to inform the CRMEC of changes of circumstance can unduly impact the training of prevocational doctors, and for PGY1s, could impact their ability to meet the requirements for general registration. The CRMEC must be informed in the first instance, before any proposed changes to the ETP are implemented.

## Ongoing monitoring

The CRMEC conducts audits of training terms as a part of each the annual reporting process. Health services are responsible for reviewing the terms registered as being accredited within the service to identify any discrepancies between accredited training terms and allocation of prevocational doctors within the health service.

## Related Policies and Relevant Guidance

- The Australian Medical Council (AMC). *New National Framework for Prevocational (PGY1 and PGY2) Medical Training (2024+)*, 2023. <https://www.amc.org.au/accredited-organisations/prevocational-training/new-national-framework-for-prevocational-pgy1-and-pgy2-medical-training-2024/>
- Australian Medical Council: *National Standards for Prevocational (PGY1 and PGY2) Training Programs and Terms*, 2023. <https://www.amc.org.au/accredited-organisations/prevocational-training/new-national-framework-for-prevocational-pgy1-and-pgy2-medical-training-2024/>
- Australian Medical Council: *Requirements for Prevocational (PGY1 and PGY2) Training Programs and Terms*
- Australian Medical Council: *Domains for assessing and accrediting prevocational training accreditation authorities*.
- CRMEC Accreditation policies
- CRMEC Policy 02: Accreditation Committee Terms of Reference

## Version Control

Review Date	Version	Updated by	Approved by	Changes made
Feb 2015	1.0	Director	CRMEC	
Sept 2017	1.1	Admin	Director	Formatting
Jan 2020	2.0	Admin	Manager	Types of accreditation lengths
July 2020	3.0	Director	Accreditation Committee Chair	Removed significantly duplicated information and added reference to relevant policies, updated information on change of circumstances, annual reporting and accreditation lengths.
Feb 2023	3.1	Admin	Director	Formatting
Nov 2023	4.0	Director	Accreditation Committee	Significant changes including moving content on the Accreditation Committee powers to its Terms of reference, inclusion of safety and welfare as an accreditation principle, and review of awarding of accreditation.
March 2024	4.1	Director	Accreditation Committee	Updated accreditation outcomes to include outcomes for national standards