

Document Number: CRMEC Policy 17

Document Name: Annual Reporting

Scope

Prevocational education and training programs (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*. During the accreditation process, Health services may be granted provisional accreditation. The role of the Canberra Region Medical Education Council (CRMEC) is to determine whether health services delivering ETPs in the Canberra training region meet these standards, to award accreditation and to monitor accreditation status.

This purpose of this policy is to outline the process. processes used by the CRMEC to monitor accreditation status via its annual reporting mechanisms.

Annual Reporting

All health services are required to report to the CRMEC Accreditation Committee on an annual basis as a part of their ongoing accreditation status.

Annual reporting serves as a mechanism for the CRMEC to monitor compliance of the health facility with the National Standards. The CRMEC Accreditation Committee uses annual reporting mechanisms to monitor progress of health facilities in meeting provisos and recommendations, and to gather information on areas of interest or priority in the region and/or nationally. By receiving an annual report on the progress of each health service, the CRMEC Accreditation Committee can potentially identify any issues earlier and assist health services to rectify any concerns.

Annual reporting also serves to support and reinforce the principle of continuous improvement that underpins the CRMEC's process of accreditation. Annual reporting provides health services with an opportunity to review their own performance, to identify areas for future improvements, and to showcase the activities they are undertaking to improve the experience of all stakeholders of their education and training program.

Annual Report Content

The annual report is completed on a health service-specific template that is provided two-three months prior to its due date. The annual report content varies according to the health service's progress in the last reporting period, and the current CRMEC priorities. Annual reports may include:

- An audit of accredited training terms
- Updates on any outstanding provisos
- Progress toward recommendations
- Continuous quality improvement activities
- Other topical or priority issues.

Audit of accredited training term

The annual report includes a copy of the CRMEC *Register of Accredited Terms* that lists all accredited training terms within the health service. The CRMEC *Register of Accredited Terms* reflects the information that is conveyed to the ACT Branch of the Medical Board of Australia and the public. The information is used to check

eligibility of interns (PGY1 prevocational doctors) for general registration, therefore it should be accurate. The register lists the terms that are recorded by the CRMEC as being accredited, including the number of accredited positions, term supervisor, categorisation of the training term (e.g. clinical experiences, team versus ward-based experience) and any limitations/conditions the CRMEC has place do the training term.

Health services are expected to conduct an internal audit and confirm that the *Register of Accredited Terms* accurately reflects terms being used within the health service. This process acts as an internal review for health services to ensure their documentation and processes are consistent and reflect the accreditation status of each training term. Signing off on the annual report indicates that the CRMEC's *Register of Accredited Terms* accurately reflect the training terms to which the health service is assigning prevocational (PGY1 and PGY2) doctors.

Where there are discrepancies between the CRMEC *Register of Accredited Terms* and the health service's record and use of training terms, the health service should provide its proposed corrections to the register. The CRMEC will undertake a process of internal audit tracking from the last formal accreditation report, to identify the supporting documentation for the health service's changes (e.g. Changes of Circumstance) to ensure consistency between the CRMEC and the health service's records. The CRMEC may request additional information to resolve any discrepancies. *CRMEC Policy 20: Responding to Concerns* addresses discrepancies that could impact the eligibility of an intern for general registration.

Provisos

Outcome of accreditation of a prevocational ETP is based on evaluation of the health service against the National Standards. Potential outcomes are outlined in *Policy 07: Overview of Accreditation*. When accreditation is awarded, the accreditation status may be conditional on provisos. Provisos are conditional stipulations that must be met within a specified time period to maintain accreditation. Information about reporting provisos and the possible outcomes of reporting are outlined in *CRMEC Policy 18: Proviso Reporting*. One potential outcome of proviso reporting is "*progressing*", which indicates that the health service is progressing toward addressing the requirement stipulated in the proviso. Provisos that achieve this outcome are included for reporting in the annual report template provided to the health service. Health services should report on the actions that have been taken since the last proviso report and the outcomes these actions have achieved.

Recommendations

The accreditation report for a prevocational ETP completed by a survey team may include recommendations to the health service on areas it could address in its continuous quality improvement (for more information, refer to *Policy 07: Overview of Accreditation*). Health services are required to report annually on recommendations until the Accreditation Committee considers the issue to be addressed and closed.

Health services should report on how they have responded to the recommendation. The way a health service might respond, and therefore what is included in the report, will vary depending on the content of the recommendations. As examples, responding to recommendations might include the Prevocational Education and Training Committee (PETC)/General Clinical Training Committee (GCTC) undertaking an evaluation of an aspect of the ETP, reviewing the structure/function of the ETP, and/or introducing changes to the ETP.

Health services are not necessarily required to implement all recommendations; however, where a recommendation is not implemented, the health service should be able to demonstrate that the issue was investigated, evaluated and other potential solutions to achieve improvements were identified and implemented as an alternative to the recommendation in the accreditation report. This should be reported in the annual report.

Quality improvement activities

The annual report template provides health services with an opportunity to highlight their quality improvement activities. Reporting is structured as initiatives addressing each of the National Standards (while noting that many improvement initiatives might be relevant to multiple National Standards). It is not expected that health services will be undertaking a quality improvement activity related to every National Standard in each reporting year; however, the PETC/GCTC should be able to demonstrate regular self-evaluation, action planning and outcome evaluation against all National Standards. The annual report should provide the Accreditation Committee with confidence that there is ongoing monitoring, and that the health service consistently meets the National Standards.

The Accreditation Committee may request updates in the next annual report on quality improvement activities that are reported.

Priority issues

The annual report template may request reporting on specific issues that have been prioritised as an interest within the ACT training region. These issues might relate to the CRMEC's own annual reporting to the Australian Medical Council, to topical issues in health care/medical training, to issues relevant to the ACT health system, and/or general issues that have been identified by survey teams during accreditation visits in the region. The information reported in priority issues is used to ensure the health service is responding to local and national changes within the training space, or to inform the CRMEC's own strategic direction.

Annual Report Outcomes

Outcome for training term audit

The CRMEC Director will review the audit of the *Register of Accredited Terms* prior to the annual report being submitted for review and endorsement by the Accreditation Committee. If any discrepancies are identified, the CRMEC Director will undertake a review of the CRMEC's documentation and processes to identify where the discrepancy has arisen and to correct records accordingly.

Where a health service is found to have been delivering un-accredited training terms, the CRMEC may form a Review Committee to determine an outcome, as outlined in *CRMEC Policy 20: Responding to Concerns*.

The Accreditation Committee reviews all annual reports and makes recommendations to the CRMEC on acceptance or otherwise of the report. The CRMEC will review the annual report and the Accreditation Committee recommendation and make the final determination on the outcome from annual reporting. Any significant or serious breaches that lead to a change in accreditation status for the facility or individual training terms will be communicated to the ACT Board of the MBA.

Outcomes for individual provisos and recommendations

Individual provisos and recommendations reported in the annual report will be evaluated as:

- **Met:** The report indicates that the health has addressed the proviso or recommendation and demonstrates achieving improvements with respect to the National Standards.
- **Progressing:** The report indicates that the health service is progressing toward addressing the proviso or recommendation. Progress will be monitored in the next annual report. The Accreditation Committee will seriously consider the outcome when an annual report suggests that provisos have not been fully addressed within 12 months because accreditation status is conditional on actively addressing concerns in provisos.
- **Not met:** The report indicates that the health service has not met a proviso requirement or considered a recommendation.

Outcome of the annual reporting

The Accreditation Committee will recommend an annual report outcome to the Council after considering the health service's progress on recommendations and provisos, if any provisos remain outstanding after 12 months, evidence of a functional PETC/GCTC with an active continuous improvement program and any issues that raise concern. The Accreditation Committee will note potential risks when making a recommendation to Council. Recommendations to Council might be:

- Continued accreditation status.
- Continued accreditation status with revocation of accreditation of a specific term (e.g. if a term-specific proviso has not been addressed).
- Support visit required (guidance visit or compliance visit).

A support visit might be recommended if areas of concern are raised in the annual report (e.g. potential risks to JMO and/or patient safety, welfare or cultural safety; the health service appears to be at risk of being non-compliant with significant National Standards). A support visit might be recommended if the health service does not appear to have made progress in quality improvement or if it appears to be struggling with documentation requirements. Failure to submit the annual report will be considered a significant or serious breach.

Support Visit Following an Annual Report

Following review of the annual report, or where a health service fails to submit provisos or annual reports, the Accreditation Committee and/or Council might recommend that a support visit is required. A support visit might be conducted to:

- Provide a health service with advice on completing documentation (referred to as a **guidance visit**).
- Provide a health service with advice on strategies to deliver an ETP that meets the National Standards (guidance visit).
- Conduct a targeted accreditation survey visit (referred to as a **compliance visit**) to explore a specific issue or potential concern.

Prior to conducting a support visit, the CRMEC will communicate to the health service the purpose of the visit, request any additional documentation and establish an appropriate team (see below).

Support to provide advice and guidance (guidance visit)

For support visits that have the purpose of providing the health service with advice and guidance on strategies related to delivery of the ETP and/or completion of documentation, the CRMEC Director will conduct the visit with the CRMEC Chair, CRMEC Deputy Chair or another Council member with appropriate skills. In general, this type of visit is less formal and seeks to have an educational purpose.

Health services may also request a guidance visit at any time.

Support to investigate issues or concerns (compliance visit)

For support visits that have the purpose of investigating an issue or potential concern, the CRMEC Director will establish an accreditation survey team consisting of at least three surveyors, one of which will represent junior doctors. The principles of selection outlined in CRMEC *Policy 15: Accreditation Surveyors* will be followed.

Support visits may be conducted in-person or via web or teleconference. The CRMEC will endeavour to conduct the visit should be conducted within 2-4 weeks of the CRMEC deciding on the outcome of annual reporting, because a compliance visit indicates that there are significant concerns. The accreditation team will:

- Focus on the primary issues of concern raised by the annual report and not seek to investigate compliance with other National Standards.

- Only interview individuals in the health service directly involved in the specific issue.
- Establish the perspective of junior doctors in the health service, where this is relevant to the specific issue.
- Seek to establish feasible and acceptable remedies to any safety and welfare risks or lack of compliance with significant National Standards.
- Prepare a report for the Accreditation Committee and CRMEC that includes a recommendation to either:
 - Continue accreditation status.
 - Continue accreditation status with provisos.
 - Undertake a full accreditation visit.

The accreditation team’s report will be reviewed by the Accreditation Committee and the CRMEC to recommend and endorse outcomes from the visit. The decision to undertake a full accreditation visit will not be considered lightly by the CRMEC, and would indicate significant structural, safety and/or welfare concerns within the ETP.

Related Policies and Relevant Guidance

- CRMEC Register of Accredited Terms
- Policy 07: Overview of Accreditation
- Policy 15: Selection of Surveyors
- CRMEC Policy 18: Proviso Reporting
- CRMEC Policy 19: Appealing a Decision
- CRMEC Policy 20: Responding to Concerns

Version Control

Review Date	Version	Updated by	Approved by	Changes made
October 2016	1.0	Director	CRMEC	
August 2017	1.1	Admin	Director	Formatting, changed policy number
Sept 2020	2.0	Manager	CRMEC	Changed policy number, substantially updated information on the content of the annual report, added annual report outcomes section, added support visit section.
Feb 2023	2.1	Admin	CRMEC	Formatting
April 2024	2.2	Admin	Director	Updated to accommodate language of new Framework, added related policies