

Document Number: CRMEC Policy 20
Document Name: Responding to Concerns

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*. As part of its responsibility as an accreditation authority body, the Canberra Region Medical Education Council (CRMEC) has a role to ensure that health services delivering ETPs in the Canberra training region meet these National Standards, and to investigate instances in which the National Standards may have been breached

The scope of this policy is to provide an overview of the processes used by the CRMEC to respond to concerns about the education and training of doctors in training at the prevocational level (PGY1 and PGY2) in the ACT training region.

Definition

Concerns can manifest in several ways. These include, but are not limited to:

- Issues relating to the education and training provided to junior doctors.
- Issues relating to patient or junior doctor safety, welfare or cultural safety
- Issues relating to the management of the ETP in a health service.

The CRMEC may become aware of concerns via different mechanisms. These include through reports from junior doctors or their advocates (e.g. other healthcare staff) and through annual reporting.

Reporting a Concern

Formal concerns reported to CRMEC must be made by an identified individual. The CRMEC will note concerns from unidentified individuals but are unable to undertake investigations or a direct response based on anonymous concerns. This is to reduce the likelihood of unsubstantiated claims resulting in investigation.

Wherever possible, the identity of an individual raising a concern will be kept confidential by the CRMEC, with disclosure of identity on a "need-to-know" basis.

In some situations, the nature of a concern may prevent the CRMEC fully investigating the concern without identifying the individual. In this case, the CRMEC will ensure that the individual raising the concern consents to the investigation and potential identification.

Mechanisms to report a concern

Concerns can be reported to the CRMEC:

- Via the CRMEC website
- Via email to the CRMEC Secretariat
- Via email, phone or in person to the CRMEC Director, CRMEC Chair or CRMEC Medical Education Advisor
- Via the JMO representatives (Ministerially appointed or ex-officio) representative to the Council.

JMO representatives who receive a specific concern (i.e. one related directly to an individual rather than a general issue within an ETP) will inform either the Chair or the Director, depending on the nature of the concern.

Response to Concerns

The Response to Concerns Flowchart outlines an indicative process for responding to concerns. The CRMEC seeks to resolve conflicts in a collaborative and cooperative manner wherever possible. The process through which this is achieved will be informed by the specific concern, including how the CRMEC becomes aware of the issues, the individuals involved, potential conflicts of interest and the risks involved.

Maintaining confidentiality

When the nature of the concern threatens the anonymity of the individual raising the concern, the CRMEC will gain the individual's consent before undertaking any investigation. This will be managed sensitively by an appropriate CRMEC representative; this will usually be the CRMEC Director, but may be delegated to the CRMEC Chair, Medical Education Advisor or other Council member depending on the nature of the concern.

Clarifying the Issues

After receiving a concern, the CRMEC Director (or CRMEC Chair) will attempt to gain as much information as possible from the individual raising the concern before taking any action. This information may be gained through email exchange, telephone conversations and face-to-face meetings, and may include requests for supporting documentation.

Once information has been gathered, the CRMEC Director will brief the CRMEC Chair and/or the CRMEC Accreditation Committee Chair and/or Medical Education Advisor. In collaborative decision and informed by a risk assessment, a decision will be made regarding the requirement for further investigation.

Communication

If further investigation is deemed necessary, the CRMEC Director will inform the ETP administration (e.g. medical administration and/or Director of Prevocational Training) if consultation at this level may resolve the issue. The CRMEC Director will inform the Director of Medical Services (DMS) of the health service in which the concern has been raised where no resolution is appropriate and/or achieved through communication at the level of the ETP administration. In most situations, a meeting will be undertaken by the CRMEC Director, CRMEC Chair and health service Executive to discuss the issues that have arisen. The Executive may be able to resolve the concerns at this point.

Minimising the impact on junior doctor training outcomes

The CRMEC considers the impact on junior doctor training outcomes when making decisions about the status of ETPs and training terms. The accreditation status of a training term or ETP will be considered within the context of ensuring that the junior doctors who are currently (or previously if relevant) completing the training term are not disadvantaged in completing their training requirements (e.g. requirements to receive general registration). The CRMEC actively advocates and collaborates with ETPs to ensure a favourable outcome for the safety and welfare of junior doctors, which includes protecting their career pathways. This might include:

- Retrospectively assigning provisional accreditation to a training position that was not accredited at the time the intern was assigned to the training term (e.g. where five interns were assigned to a term with only four accredited positions)
- Scheduling a change to the accreditation status of a term to occur at completion of the current term (i.e. allowing individuals in the term to complete the term before accreditation is removed, where this can occur safely)
- Ensuring there is appropriate alternative options for junior doctors to continue their required training in another training term, when a term's accreditation must immediately be revoked (e.g. for safety reasons).

Further action

Following preliminary information collection and communications with the health facility (as relevant), the CRMEC Director and the Chair of the CRMEC and/or the Chair of the Accreditation Committee and/or any other relevant CRMEC representatives will determine if further action is required. Further actions are determined based on the nature of the concern, but might include:

- Forming an accreditation survey team to undertake an accreditation compliance visit to investigate National Standards related to the concern
- Forming a Review Committee to investigate and resolve the concern
- Reporting via complaint mechanisms within the ACT Health Directorate or ACT Public Service

If a decision is made not to pursue an investigation, this will be reported to the Council to ratify this decision.

If further investigation is not undertaken, the concern information will be documented for potential future investigations. It may be relevant to future accreditation visits, in which case the CRMEC Director will provide the information to the next accreditation team survey team.

Investigating a concern arising during an accreditation visit

The survey team leader may raise the issue with the Director of Medical Services, Chief Executive Officer or General Manager as a part of the accreditation survey visit to establish more information. The survey team will collect preliminary information about the concern and determine the seriousness of the issue.

Issues that do not pose an immediate serious risk will be managed through the accreditation report and proviso process (see *Policy 07: Accreditation*).

Issues that pose immediate serious threats to patient or junior doctor safety and welfare will be reported to CRMEC Chair by the CRMEC Director, either during or immediately after the survey visit. The CRMEC Director and CRMEC Chair will determine if the concern can be managed through the accreditation report and proviso process, or if an independent investigation should be conducted (as per procedure for investigation a concern outside an accreditation visit), or if immediate provisos and monitoring need to be put in place prior to endorsement of the accreditation report. In general, out-of-session consultation with the Council would be undertaken to determine the outcome where the concern represents a high risk.

Investigating a concern outside an accreditation visit

If a decision is made to investigate a concern raised outside an accreditation visit, it can take the following courses of action:

- Request documentation from a facility regarding the concern.
- Undertake a telephone or web conference with the facility.
- Undertake a site visit to a unit or facility.

Depending on the issue, either a Review Committee or survey team will be formed to undertake the investigation on behalf of the CRMEC.

A Review Committee would investigate concerns focused on an issue relevant to an individual or with limited implications. A Review Committee will consist of the CRMEC Chair, Accreditation Chair and an additional representative (e.g. other members of the Council an external representative). The CRMEC Director will support the Review Committee. The Review Committee will determine the process required including who should provide information, any supporting documentation, and the way interviewing will occur (e.g. telephone or web conference, or in person interview).

A survey team would be formed to investigate compliance of the health facility with the National Standards. This might be a compliance visit (see *Policy 17: Annual Reporting*) or full survey visit. The CRMEC Director will

form a survey team, as outlined in *Policy 15: Accreditation Surveyors* and will provide Secretariat support. The investigative process would proceed as outlined in *Policy 07: Overview of Accreditation*.

Internal reporting

The CRMEC Director will ensure that details of the concern and the investigation are documented and filed in the CRMEC's confidential filing system.

Following the investigation, the responsible investigator (e.g. the CRMEC Chair, a Review Committee or a survey team) will provide a report to the Council detailing the concern and the outcomes of the investigation, and any recommended actions. Reporting by an accreditation survey team (e.g. for a compliance visit) would proceed through the Accreditation Committee.

The Council will provide additional guidance and/or endorsement, as determined by the type of investigation and the outcome.

Outcomes from a Concern Investigation

Accreditation-related outcomes

The potential outcomes for a unit or health service of a concern investigation are:

- Continued accreditation
- Conditional accreditation with provisos
- Rescinded accreditation

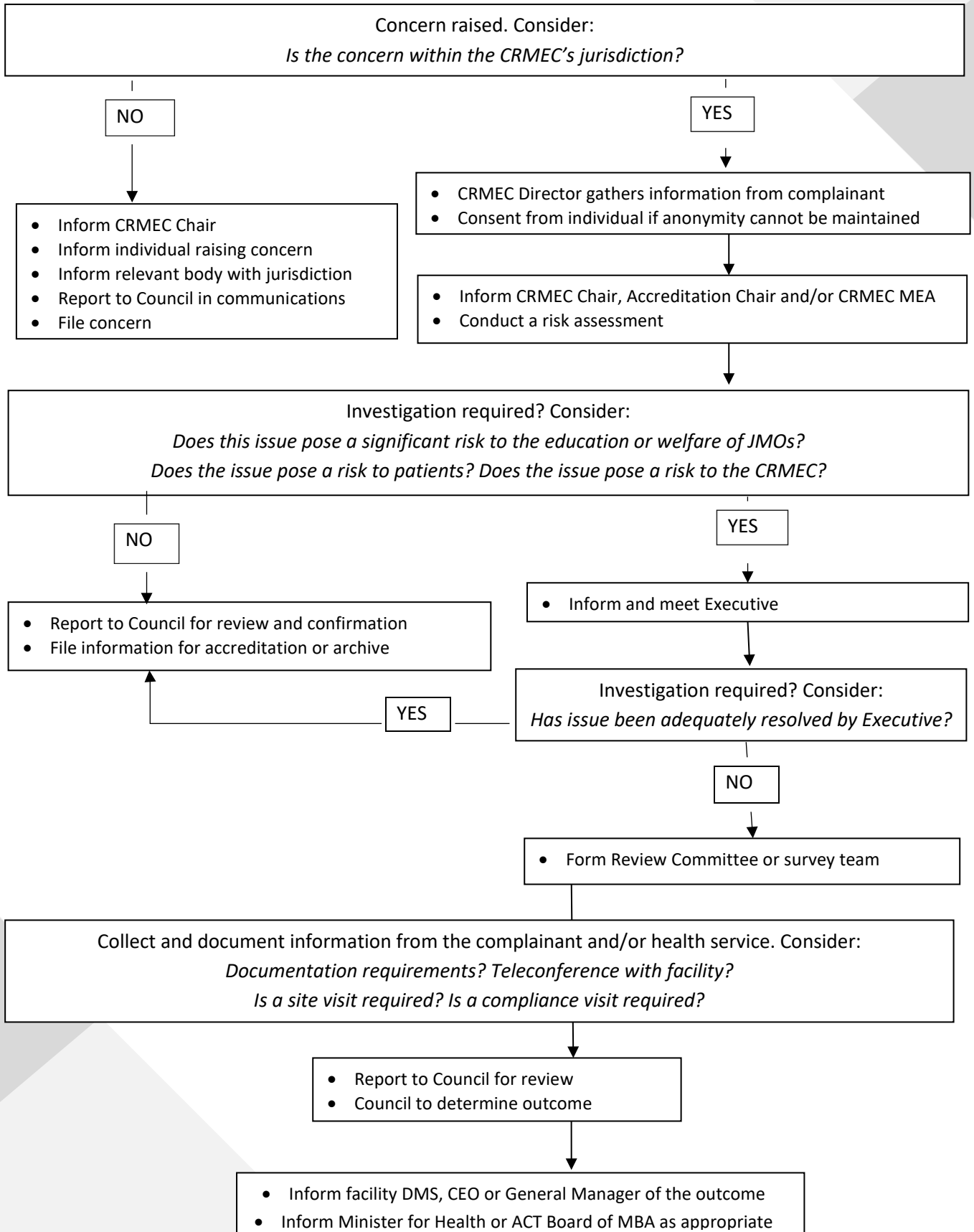
If the concern has not been resolved throughout the investigation and consultation process, provisos for action by the health service ETP may be raised, with specific timeframes for action. The Accreditation Committee will monitor the provisos and advise the Council on any further issues.

As with other accreditation related processes, a unit/facility can appeal, as outline in *Policy 19: Appealing a Decision*.

Other outcomes

The CRMEC has a responsibility to ensure that serious issues are reported and investigated accordingly. This might include reporting issues to human resource departments, the ACT Government Insurer, the ACT Minister for Health or the ACT Board of the Medical Board of Australia, Ahpra or other investigative bodies.

Response to Concerns Flowchart



Related Policies and Relevant Guidance

- Policy 07: Accreditation
- Policy 15: Accreditation Surveyors
- Policy 17: Annual Reporting
- Policy 19: Appealing a Decision

Version Control

Review Date	Version	Updated by	Approved by	Changes made
Feb 2015	1.0	Director	CRMEC	
May 2015	2.0	Director	CRMEC	Formatting
Aug 2017	2.1	Director	CRMEC Chair	Formatting, added concerns arising during a visit, minor change to flow diagram regarding when a facility will be informed of a concern
May 2019	2.2	Director	CRMEC	Increase clarity over extent of investigation before informing DMS or DG, added items to consider when determining if investigation is warranted.
Aug 2020	3.0	Director	Accreditation Chair	Layout, added information on gaining consent from individual raising a concern when their identity might be revealed
Feb 2023	3.1	Admin	Director	Formatting
April 2024	3.2	Admin	Director	Updated language relevant to National Standards, and added information on investigating training issues (cross referenced from annual reporting policy) and added minimising impact on JMO training pathways