

Intern training – Domains for assessing accreditation authorities

Introduction

This document provides a national set of criteria for reviewing the performance of authorities that assess and accredit intern training programs.

The intern training accreditation authorities apply the Australian Curriculum Framework for Junior Doctors to structure education and performance assessment for interns and other prevocational doctors. They also assess intern training programs against national standards, and work with health services to improve the quality of intern training.

Unlike medical schools and specialist medical colleges, intern training accreditation authorities are not education providers. The Australian Medical Council (AMC) has set national standards for intern training that reflect this difference: rather than accredit these accreditation authorities as education providers, the AMC applies criteria similar to those used to assess the AMC's own work as an accreditation authority under the National Law.

Developing this document took the following into account:

- Quality Framework for the Accreditation Function¹
- Prevocational Medical Accreditation Framework for the Education and Training of Prevocational Doctors²
- WHO/WFME Guidelines for Accreditation of Basic Medical Education.³

¹ Quality Framework for the Accreditation Function [Internet]. Melbourne: Australian Health Practitioner Regulation Agency (AHPRA); 2011 [cited 2013 Sep 23]. Available from: <http://www.healthprofessionscouncils.org.au/AHPRA-Reference-Accreditation-under-the-Health-Practitioner-Regulation-National-Law-Act.pdf>. Jointly developed with the National Boards and the accreditation authorities.

² Prevocational Medical Accreditation Framework for the Education and Training of Prevocational Doctors [Internet]. Melbourne: Confederation of Postgraduate Medical Education Councils (CPMEC); 2009 [cited 2013 Sep 23]. Available from: <http://www.cpmecc.org.au/files/Revised%20PMAF%20-%20Final.pdf>

³ WHO/WFME Guidelines for Accreditation of Basic Medical Education [Internet]. Geneva/Copenhagen: World Health Organisation (WHO); 2005 [cited 2013 Sep 23]. Available from: <http://www.wfme.org/accreditation/whowfme-policy>. Joint publication with the World Federation for Medical Education (WFME).

Assessment process

The accreditation assessment procedures are described in a separate document, *Procedures for assessment and accreditation of intern training accreditation authorities*.⁴ This document details the domains the intern training accreditation authority must demonstrate and related attributes. A brief overview of the domains is given below.

The domains at a glance

1.	Governance	The intern training accreditation authority effectively governs itself and demonstrates competence and professionalism in performing its accreditation role.
2.	Independence	The intern training accreditation authority carries out independently the accreditation of intern training programs.
3.	Operational management	The intern training accreditation authority effectively manages its resources to perform functions associated with accrediting intern training programs.
4.	Processes for accreditation of intern training programs	The intern training accreditation authority applies the approved <i>Intern training – National standards for programs</i> in assessing whether programs will enable interns to progress to general registration in the medical profession. It has rigorous, fair and consistent processes for accrediting intern training programs.
5.	Stakeholder collaboration	The intern training accreditation authority works to build stakeholder support and collaborates with other intern training accreditation authorities and medical education standards bodies.

Required attributes by domain

Domain 1: Governance

The intern training accreditation authority effectively governs itself and demonstrates competence and professionalism in performing its accreditation role.

Domain 1 attributes

- 1.1 The intern training accreditation authority is, or operates within, a legally constituted body subject to a set of external standards/rules related to governance, operation and financial management. [Amended: 24 June 2015]
- 1.2 The intern training accreditation authority's governance and management structures give appropriate priority to accrediting intern training programs including the impact of these programs on patient safety. This should also include the way these programs address the wellbeing of junior doctors.
- 1.3 The intern training accreditation authority is able to demonstrate business stability, including financial viability.
- 1.4 The intern training accreditation authority's accounts meet relevant Australian accounting and financial reporting standards.
- 1.5 There is a transparent process for selection of the governing body.

⁴ Procedures for assessment and accreditation of intern training accreditation authorities [Internet]. Canberra: Australian Medical Council; 2013 [cited 2013 16 Dec]. Available from: <http://www.amc.org.au/index.php/ar/psa>.

- 1.6 The intern training accreditation authority's governance arrangements provide input from stakeholders, including health services, intern supervisors, and interns.

Notes

Everyone shares in the responsibility of improving patient safety. As the organisations responsible for assessing intern training programs and ensuring that they meet national standards and requirements, intern training accreditation authorities must make patient safety a central concern. The wellbeing of junior doctors is linked to patient safety.

Effective management of intern training accreditation functions requires intern training accreditation authorities to understand the intersection of their policies and the requirements of the intern training program provider, and the implications for intern training and education, for example in supervision and junior doctor welfare including discrimination, bullying and sexual harassment.

Domain 2: Independence

The intern training accreditation authority carries out independently the accreditation of intern training programs.

Domain 2 attributes

- 2.1 The intern training accreditation authority makes its decisions about accrediting programs independently. There is no evidence of undue influence from any area of the community, including government, health services, or professional associations.
- 2.2 The intern training accreditation authority's governing body has developed and follows clear procedures for identifying and managing conflicts of interest.

Notes

To ensure the independence of the accreditation function, the intern training accreditation role should be defined in a formal agreement with the relevant service purchaser or purchasers. Purchasers might include the Medical Board of Australia, one or more health jurisdiction, and one or more health facility. [Amended: 24 June 2015]

Domain 3: Operational management

The intern training accreditation authority effectively manages its resources to perform functions associated with accrediting intern programs.

Domain 3 attributes

- 3.1 The intern training accreditation authority manages human and financial resources to achieve objectives in relation to accrediting intern training programs.
- 3.2 There are effective systems for monitoring and improving the intern training accreditation processes, and for identifying and managing risk.
- 3.3 There are robust systems for managing information and contemporaneous records, including ensuring confidentiality.

Notes

The intern accreditation authority should be able to demonstrate capacity to draw on additional resources in the event of unexpected overruns, for example an increased accreditation load, and to direct funding and staffing to accreditation activities in those circumstances. [Amended: 24 June 2015]

Domain 4: Processes for accreditation of intern training programs

The intern training accreditation authority applies the approved national standards for intern training in assessing whether programs will enable interns to progress to general registration in the medical profession. It has rigorous, fair and consistent processes for accrediting intern programs.

Domain 4 attributes

- 4.1 The intern training accreditation authority ensures documentation on the accreditation requirements and procedures is publicly available.
- 4.2 The intern training accreditation authority has policies on selecting, appointing, training and reviewing performance of survey team members. Its policies result in survey teams with an appropriate mix of skills, knowledge and experience to assess intern training programs against the accreditation standards.
- 4.3 The intern training accreditation authority has developed and follows procedures for identifying, managing and recording conflicts of interest in the accreditation work of survey teams and working committees.
- 4.4 The accreditation process includes self-evaluation, assessment against the standards, site visits where appropriate, and a report assessing the program against the standards. In the process, the intern training accreditation authority uses standards that comply with the approved national standards for intern training.
- 4.5 The accreditation process facilitates continuing quality improvement in delivering intern training.
- 4.6 The accreditation process is cyclical, in line with national guidelines and standards, and provides regular monitoring and assessment of intern programs to ensure continuing compliance with the approved *Intern training – National standards for programs*.
- 4.7 The intern training accreditation authority has mechanisms for dealing with concerns for patient care and safety identified in its accreditation work, including accreditation assessment, monitoring and complaints processes.
- 4.8 The intern training accreditation authority has mechanisms for identifying and dealing with concerns about junior doctor wellbeing or environments that are unsuitable for junior doctors in its accreditation work including accreditation assessment, monitoring and complaints processes.
- 4.9 The intern training accreditation authority applies national guidelines in determining if changes to posts, programs and institutions will affect the accreditation status. It has clear guidelines on how the institution reports on these changes, and how these changes are assessed.
- 4.10 The intern training accreditation authority follows documented processes for accreditation decision-making and reporting that enable decisions to be free from undue influence by any interested party.
- 4.11 The intern training accreditation authority communicates the accreditation status of programs to employers, interns and other stakeholders, including regulatory authorities. It communicates accreditation outcomes to the relevant health services facility and other stakeholders.
- 4.12 There are published processes for complaints, review and appeals that are rigorous, fair and responsive.

Notes

The purpose of the AMC process for accreditation of intern training accreditation authorities is to recognise intern training programs that promote and protect the quality and safety of patient care, and meet the needs of the interns and the health service as a whole. Maintenance of patient safety and junior doctor wellbeing are both essential components of intern training accreditation processes. Intern training accreditation authorities should have mechanisms to identify and processes for dealing with issues related to patient safety and also intern wellbeing that may arise in its accredited intern training programs.

Issues related to patient safety and intern wellbeing could be identified through usual accreditation mechanisms (including site visits, evidence submission, direct contact with interns, or regular monitoring processes) and through additional means such as a complaint to the accreditation authority or through information available in the public domain.

In the national framework for intern training's early implementation stages, the AMC will closely monitor how intern training accreditation authorities review the way accredited facilities/programs assess intern performance, and how they determine that the national standards are met.

The *Intern training – National standards for programs* have been designed to support intern training accreditation at the **program** level. Intern training accreditation authorities will need processes to review a sufficiently wide sample of terms in depth. These processes need to identify significant deficiencies or developments in the way the accredited program selects and monitors intern terms. It will be possible for an intern training accreditation authority to accredit a program but disallow particular terms.

Over the accreditation cycle, the intern training accreditation authority should use an appropriate mix of methods to assess whether an intern training program is meeting the national standards. The methods normally include surveys/questions, the intern training program's self-assessment, paper-based reviews, video/teleconference discussions, and site inspections. Site inspections and discussions should be used to validate and assess information in areas representing the greatest risk to intern safety and intern training quality. While much can be learnt from site visits (and particularly, discussions with interns), intern training accreditation authorities are encouraged to use cost- and resource-effective ways of holding these interactions. The benefits of site visits (for example, for validating information; discussing issues with supervisors, interns and clinicians; and in retaining institutional commitment) need to be weighed against the time and cost burdens.

The AMC supports a nationally consistent re-accreditation cycle for intern training programs. If no major change occurs in the program, and regular monitoring indicates that a program continues to satisfy national standards, then the full period of re-accreditation should be four years.

For changes in a health service, intern training program, or term that normally prompt a review, refer to *Intern training – National standards for programs* Section 1.2 – Notes.

Intern training accreditation authorities also need clear guidelines on what changes in a term or unit require reporting, how these should be reported, and clear processes to determine what the authority may do, such as performing a review. Examples of such changes include:

- Absence of a term supervisor for an extended period (such as one month) with no replacement.
- Absence of immediate clinical supervision for any period.
- Significant reduction in clinical staff available to directly supervise and support prevocational trainees, including after hours.
- Changes to unit medical staffing resulting in interns undertaking, for an extended period, higher-level or alternative clinical duties than those given in the term position description.
- Significant changes to term casemix or clinical activity that impact on intern patient load for an extended period.
- Significant changes to rostered hours that diminish the role of the intern in the unit and/or their clinical supervision (for example, introducing a predominantly after-hours roster).

Domain 5: Stakeholder collaboration

The intern training accreditation authority works to build stakeholder support and collaborates with other intern training accreditation authorities and medical education standards bodies.

Domain 5 attributes

- 5.1 The intern training accreditation authority has processes for engaging with stakeholders, including health departments, health services, junior doctors, doctors who supervise and assess junior doctors, the Medical Board of Australia, professional organisations, and health consumers/community.

- 5.2 The intern training accreditation authority has a communications strategy, including a website providing information about the intern training accreditation authority's roles, functions and procedures.
- 5.3 The intern training accreditation authority collaborates with other relevant accreditation organisations.
- 5.4 The intern training accreditation authority works within overarching national and international structures of quality assurance and accreditation.

Notes

The prevocational phase requires a partnership between the authorities that accredit programs, and the health services, which employ the junior doctors in supervised clinical positions, and provide work-based education and training, clinicians as intern supervisors, and educational resources and facilities for interns. This partnership is essential for ensuring the quality of the intern year.

In order to coordinate the internship in the best interests of the intern, intern accreditation authorities should actively engage with other authorities or providers, ensuring clear communication and access to accurate information about accreditation plans and status. In periods of change to the accreditation authority this communication is particularly important, as is cooperation and transparency between intern accreditation authorities where it impacts on the quality, safety and approval of intern training programs. [Amended: 24 June 2015]

The community and health consumers have a strong interest in the way healthcare is provided, and the standards of education and training for health professions. There is scope for community input in setting standards, training delivery, and ongoing evaluation and periodic review.

Supporting documents

The following references are mentioned specifically within this document.

- Intern training – National standards for programs
- Australian Curriculum Framework for Junior Doctors
- National Law

Full information for all documents relevant to the intern training suite is available below.

Intern training reference documents

Document	Full reference
AMC documents	
Intern training – Intern outcome statements	Intern training – Intern outcome statements [Internet]. Canberra: Australian Medical Council; 2014 [cited 2014 Sept 24]. Available from: http://www.amc.org.au/index.php/ar/psa . Joint publication of the Medical Board of Australia.
Intern training – National standards for programs	Intern training – National standards for programs [Internet]. Canberra: Australian Medical Council; 2013 [cited 2013 Dec 18]. Available from: http://www.amc.org.au/index.php/ar/psa . Joint publication of the Medical Board of Australia.
Intern training – Guidelines for terms	Intern training – Guidelines for terms [Internet]. Canberra: Australian Medical Council; 2013 [cited 2013 Dec 18]. Available from: http://www.amc.org.au/index.php/ar/psa . Joint publication of the Medical Board of Australia.
Intern training – Term assessment form	Intern training – Term assessment form [Internet]. Canberra: Australian Medical Council; 2014 [cited 2014 Sept 24]. Available from: http://www.amc.org.au/index.php/ar/psa .
Intern training – Assessing and certifying completion	Intern training – Assessing and certifying completion [Internet]. Canberra: Australian Medical Council; 2014 [cited 2014 Sept 24]. Available from: http://www.amc.org.au/index.php/ar/psa . Joint publication of the Medical Board of Australia.
Intern training – Domains for assessing accreditation authorities	Intern training – Domains for assessing accreditation authorities [Internet]. Canberra: Australian Medical Council; 2015 [cited 2015 Jun 24]. Available from: http://www.amc.org.au/index.php/ar/psa . Joint publication of the Medical Board of Australia.
Guide to intern training in Australia	Guide to intern training in Australia [Internet]. Canberra: Australian Medical Council; 2013 [cited 2013 Dec 18]. Available from: http://www.amc.org.au/index.php/ar/psa . Joint publication of the Medical Board of Australia.
Other documents	
Australian Curriculum Framework for Junior Doctors	Australian Curriculum Framework for Junior Doctors [Internet]. Melbourne: Confederation of Postgraduate Medical Education Councils (CPMEC); 2012 [cited 2013 Sep 09]. Available from: http://curriculum.cpmec.org.au/index.cfm
Registration standard – Australian and New Zealand graduates	Registration standard – Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training [Internet]. Canberra: Medical Board of Australia; 2012 [cited 2013 Sep 09]. Available from: http://www.medicalboard.gov.au/Registration-Standards.aspx
Good Medical Practice: A Code of Conduct for Doctors in Australia	Good Medical Practice: A Code of Conduct for Doctors in Australia [Internet]. Canberra: Medical Board of Australia; 2010 [cited 2013 Sep 09]. Available from: http://www.medicalboard.gov.au/Codes-Guidelines-Policies.aspx
National Law	Health Practitioner Regulation National Law, as enacted in each state and territory [Internet]. Available from: http://www.ahpra.gov.au/Legislation-and-Publications/Legislation.aspx

Next review of this document

Full review with stakeholder consultation by December 2018.

AMC will also review the document's clarity after each accreditation assessment.

Approval

Australian Medical Council – 21 November 2016

Medical Board of Australia – 14 December 2016

Glossary

Assessment	The systematic process for measuring and providing feedback on the intern's progress or level of achievement. This assessment occurs in each term against defined criteria.
Certification	The final sign-off to the Medical Board of Australia that the intern has completed the statutory requirements for general registration.
Clinical supervisor	A medical practitioner who supervises the intern while they are assessing and managing patients. The AMC defines a suitable immediate clinical supervisor as someone with general registration and at least three years' postgraduate experience. The Primary Clinical Supervisor should be a consultant or senior medical practitioner.
Director of Clinical Training	A senior clinician with delegated responsibility for implementing the intern training program, including planning, delivery and evaluation at the facility. The Director of Clinical Training also plays an important role in supporting interns with special needs and liaising with term supervisors on remediation. Also known as the Director of Prevocational Education and Training (DPET) in some states. Other terms may be used in community or general practices.
Director of Medical Services	A senior medical administrator who leads the medical workforce at a facility. Also known as the Executive Director of Medical Services (EDMS). Other terms may be used in community or general practices.
Formal education program	An education program the intern training facility provides and delivers as part of the intern training program curriculum. Sessions are usually weekly and involve a mixture of interactive and skills-based face-to-face or online training.
Intern	A doctor in their first postgraduate year and who holds provisional registration with the Medical Board of Australia.
Intern training program	A period of 47 weeks of mandatory, supervised, work-based clinical training that includes medicine, surgery and emergency medical care terms to meet regulatory requirements. The program also includes orientation, formal and informal education sessions and assessment with feedback, and it may be provided by one or more intern training providers. Also called PGY1.
Intern training provider	The organisation that provides supervised clinical practice, education and training, and that is responsible for the standard of the intern training program. Providers may be a hospital, community, general practice setting, or a combination of these.
Employer	Interns complete their work-based training and formal education while employed to practise as a medical practitioner. Where the standards use the term employer it means the person or persons, usually in the intern training provider, who have a formal line management responsibility for the intern's work role and performance.
PGY	Postgraduate year, usually used with a number to indicate the number of years after graduation from medical school. For example, PGY1 is the first postgraduate year, also known as internship.

Term A component of the intern training program, usually a nominated number of weeks in a particular area of practice. Also called clinical rotation, post, or placement.

Term Supervisor The person responsible for intern orientation and assessment during a particular term. They may also provide clinical supervision of the intern along with other medical colleagues.