



Canberra Region Medical Education Council (CRMEC)

Accreditation Standards

2017

CRMEC Policy 6
Accreditation Standards



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Introduction

The Canberra Region Medical Education Council (CRMEC) Accreditation Standards provide a framework for the education and training of prevocational junior medical officers (JMOs). In the context of this document, JMOs are prevocational doctors who have not yet entered specialty training, but are planning on doing so. The education and training of specialty Junior and career medical officers are not covered by these standards.

By meeting these standards, health services demonstrate that they provide safe and effective education and training programs for JMOs. The CRMEC will use evidence to test the extent to which health services meet these standards, including documentation analysis, JMO surveys and visits to health services.

The term 'facility' is used throughout this document when allocating responsibility for meeting the criteria. The CRMEC recognises the move to a Local Health Network (LHN) based model of education and training; the term 'facility' can refer to a health system, hospital and/or LHN.

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Standard 1: Governance and Program Management

JMO Education and Training Programs (ETPs) and welfare support need to be managed effectively by appropriately qualified, identifiable staff. These staff include Directors of Prevocational Education & Training (DPETs), Medical Education Officers (MEOs), administrative support and other staff as may be appropriate, for example Directors of General Practice Training. JMO ETPs are ultimately accountable to the facility Chief Executive Officer (CEO) or Director-General (DG) through an appropriate executive level officer, for example a Director of Medical Services (DMS).

This standard is split into three areas: Executive Accountability; Resources; and the ETP Committee. Brought together, effective management of these three areas should contribute to a high quality ETP for JMOs.

Facilities coordinate the local delivery of the intern training program. Facilities that provide training in a variety of healthcare settings contribute to the coordination and management of the program across sites. These facilities are responsible for setting and promoting high standards of medical practice and JMO training.

Standard 1 is split into three areas: Executive Accountability, Resources, and the Education and Training Program Committee.

Standard	Criteria
<p>1.1 Executive Accountability</p> <p>Facilities have an organisational structure, ultimately accountable to the facility Chief Executive Officer (CEO) or Director-General (DG).</p>	<p>1.1.1 Facilities have a strategic plan for JMO education and training, endorsed by the facility CEO or DG. The facility CEO or DG is responsible for providing adequate resources to meet this plan.</p> <p>1.1.2 Facilities are funded as teaching and training organisations, and therefore give high priority to medical education and training.</p> <p>1.1.3 An organisational structure is in place to support JMO education and training, including a delegated manager with executive accountability for meeting postgraduate education and training standards, for example a Director of Medical Services or equivalent position.</p> <p>1.1.4 Facilities have clear policies to address patient safety concerns by ensuring JMOs are working within their scope of practice, including procedures to inform the employer and the relevant regulator/s, where appropriate. JMOs are made aware of these policies.</p> <p>1.1.5 Facilities provide clear and easily accessible information about the ETP to JMOs.</p> <p>1.1.6 Facilities allocate JMOs within the program through a transparent, rigorous and fair process which is based on published criteria and the principles of the program.</p>

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<p>1.2 Resources</p> <p>Facilities provide appropriate financial, physical and staffing resources to support and promote high-quality education and training</p>	<p>1.2.1 Facilities provide access to the physical, Information and Computer Technology (ICT) and educational resources necessary for supporting JMO education and training.</p> <p>1.2.2 Facilities provide dedicated office space for a Medical Education Unit (MEU) or equivalent.</p> <p>1.2.3 Appropriate full time equivalent levels of qualified staff, including a DPET, MEO and administrative staff, are employed to manage, organise and support education and training.</p> <p>1.2.4 Facilities have a dedicated budget to support and develop JMO education and training.</p> <p>1.2.5 JMOs are provided with a safe, secure and comfortable area away from clinical work spaces.</p>
<p>1.3 ETP Committee</p> <p>The ETP Committee is the body that oversees the work of the Medical Education Unit</p>	<p>1.3.1 Facilities have an ETP Committee which is adequately resourced, empowered and supported to advocate for JMO education and training</p> <p>1.3.2 The ETP Committee oversees and evaluates all aspects of JMO education and training and is responsible for determining and monitoring changes to education and training.</p> <p>1.3.3 The ETP Committee has Terms of Reference that outline its functions, reporting lines, powers, and membership, which includes JMOs.</p> <p>1.3.4 ETP Committee outcomes are communicated to JMOs in a timely fashion.</p> <p>1.3.5 Facilities report changes to the program, units or terms that may affect the delivery of the program to CRPMC or its delegate, in line with the Process for Accrediting a Change of Circumstance.</p>

Standard 2: Monitoring, Evaluation and Continuous Improvement

JMO ETPs need to be monitored and evaluated by MEU staff to ensure that they are providing effective education and training to JMOs, preparing them for future practice.

It is essential that facilities continuously improve the ETP offered to JMOs to ensure these programs are contemporary and deliver training of the highest possible calibre.

Standard	Criteria
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<p>2.1 Monitoring, Evaluation and Continuous Improvement</p> <p>Facilities monitor and evaluate JMO education and training and base a program of continuous improvement on the data gained from this</p>	<p>2.1.1 Facilities have processes to monitor and evaluate the quality of JMO education and training</p> <p>2.1.2 JMOs have the opportunity and are encouraged to provide feedback in confidence on all aspects of their education and training</p> <p>2.1.3 Facilities use JMO evaluations of orientation, education sessions, supervision, terms and assessments to develop the ETP for JMOs</p> <p>2.1.4 Mechanisms are in place to access feedback from supervisors to inform program monitoring and continuous improvement.</p> <p>2.1.5 Facilities act on feedback and modify the ETP as necessary to improve the JMO experience, using innovative approaches where possible</p> <p>2.1.6 Facilities support the delivery of JMO education and training by forming constructive working relationships with other agencies and facilities</p>
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Standard 3: Education, Training and Clinical Experience

JMO education, training and clinical experience are intrinsically linked; the majority of JMO education and training occurs during clinical experience. Facilities are responsible for providing the support and resources to supplement and enhance ward and/or unit-based experiential learning, including an educational program that includes topics not available on clinical rotations and of interest to JMOs.

Standard	Criteria
3.1 Education and training Facilities provide a structured ETP mapped to the ACF	3.1.1 All JMOs are able to access the ETP provided and supplementary training activities offered on all terms. 3.1.2 Formal ETP sessions are designated protected time and pager free. 3.1.3 The ETP offered is mapped to the ACF and covers topics relevant to JMO training. 3.1.4 The ETP is structured to reflect the requirements of the registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training. 3.1.5 Facilities provide career guidance to JMOs to help inform career choices and how to access these careers. 3.1.6 JMOs complete a Basic Life Support course as part of the facility orientation program, and every two years thereafter. 3.1.7 MOs are encouraged to participate in hospital wide educational opportunities, for example Grand Rounds.

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<p>3.2 Clinical experience JMOs have appropriate opportunities for experiential learning</p>	<p>3.2.1 Facilities provide JMOs with a program of terms that enables the attainment of ACF competencies, including relevant skills and procedures. Intern terms should reflect the requirements of the registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training.</p> <p>3.2.2 Facilities ensure JMOs are able to partake in learning opportunities appropriate to each term, including practical experience in each specialty undertaken with the opportunity to improve their practical skills. This includes exposure to theatre time during surgical terms. Intern terms should take into account the Australian Medical Council Guidelines for intern terms.</p> <p>3.2.3 In identifying terms for training, facilities consider the following:</p> <ul style="list-style-type: none">• complexity and volume of the unit's workload• the JMOs workload• the experience JMOs can expect to gain• How the JMO will be supervised, and who will supervise them. <p>3.2.4 All clinical settings for JMOs are able to demonstrate the education and learning opportunities available.</p> <p>3.2.5 JMOs have access to the tools and opportunities for an appropriate handover at the start and end of each shift, during shifts if required, and at the start of each term.</p> <p>3.2.6 Facilities provide information to JMO regarding the experiences available on all terms, including those at secondary sites.</p> <p>3.2.7 All terms have an approved term description that has been developed by the term supervisor with input from JMOs who have undertaken the term. Term descriptions are monitored and updated regularly to ensure they reflect the current practice and experience available on each term.</p> <p>3.2.8 Facilities provide a comprehensive orientation to JMOs at the beginning of their employment with that facility.</p> <p>3.2.9 JMOs receive an orientation to all secondary training sites that they rotate through.</p> <p>3.2.10 JMOs complete a Basic Life Support course as part of the facility orientation program, and every two years thereafter.</p> <p>3.2.11 All JMOs receive an appropriate orientation to each term.</p>
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Standard 4: Supervision

Supervision involves direct or indirect monitoring of JMOs by senior medical practitioners. Facilities must ensure administrative, education and professional supervision is provided as well as clinical oversight to ensure JMOs are practicing safely.

Term supervisors are senior clinicians appointed for each term and are responsible for the management of the JMOs on that particular unit. This role includes providing adequate orientation for and assessment of JMOs, and ensuring appropriate clinical supervision is always in place for JMOs. The clinical supervision of a JMO does not have to be provided solely by the term supervisor; it can be provided by other adequately trained and experienced staff.

Standard

Criteria

Standard	Criteria
<p>4.1 Supervision</p> <p>Appropriate clinical supervision is provided to JMOs during all periods of duty</p>	<p>4.1.1 JMOs are supervised at all times at a level appropriate to their experience and responsibilities.</p> <p>4.1.2 Facilities have a supervision guideline that is understood and adhered to by supervisors.</p> <p>4.1.3 Supervisors have appropriate competencies, skills, knowledge, authority, time and resources to supervise JMOs during all periods of duty.</p> <p>4.1.4 JMOs' learning objectives are discussed with the term supervisor at the start of each term and a learning plan developed.</p> <p>4.1.5 Term supervisors are known to and accessible by JMOs, understand their roles and responsibilities in assisting JMOs to meet learning objectives, and demonstrate a commitment to JMO training</p> <p>4.1.6 Facilities provide appropriate support and professional development opportunities to supervisors for their roles.</p> <p>4.1.7 Supervisors are responsible for providing JMOs with regular constructive feedback.</p>

Standard 5: Assessment

Junior Medical Officers are assessed regularly throughout their prevocational training, undergoing a Mid Term Formative Appraisal and an End of Term Summative Assessment for each term. Assessments of JMOs are provided by their term supervisors, after consultation with other members of the unit who have worked with the JMO.

Assessments allow issues with performance to be formally identified and can provide the basis for discussions around substandard performance. Mid-term assessments provide feedback to JMOs on their performance and encourage improvements where necessary.

Intern assessments form the basis of the sign-off decision for general registration at the end of the intern year

Standard	Criteria
<p>5.1 Assessment</p> <p>Assessment processes for JMOs are fair, objective, reliable and timely</p>	<p>5.1.1 JMOs are encouraged to take responsibility for their own performance, and to seek feedback from their supervisors in relation to their performance.</p> <p>5.1.2 Term supervisors outline unit-specific assessment processes at the start of each term, identifying team members involved in assessing JMOs.</p> <p>5.1.3 Interns undergo valid and reliable formative mid-term assessments for all terms exceeding five weeks. Ideally, this will also occur for all other JMOs.</p> <p>5.1.4 JMOs undergo valid and reliable summative end-of-term assessments for all terms. The supervisor should consult with other team members to maximise reliability. These assessments are discussed with JMOs, who have the opportunity to comment on these.</p> <p>5.1.5 JMO assessments are confidential and are not released by a facility for any human resources purposes, including employment applications. A copy of all assessments should be provided to the JMO.</p> <p>5.1.6 Facilities have a process to assist with decisions on the remediation of JMOs who do not achieve satisfactory supervisor assessments.</p>

Standard 6: JMO Welfare

The early years of prevocational training are a particularly vulnerable time for JMOs, some of whom require a high level of pastoral support.

Facilities are to provide appropriate welfare support for JMOs. Underperforming JMOs are identified in a timely fashion and facilities have appropriate processes in place to support and manage these JMOs.

Facilities must ensure adequate resources are provided to enable MEUs to provide welfare support to JMOs and advocating on their behalf

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<p>6.1 JMO Welfare</p> <p>Facilities provide appropriate welfare support for JMOs</p>	<p>6.1.1 The duties, working hours and supervision of JMOs are consistent with the delivery of high-quality, safe patient care and JMO welfare.</p> <p>6.1.2 Facilities provide access to and information regarding welfare support for JMOs, including information regarding external, independent organisations. This is articulated within facility orientation processes.</p> <p>6.1.3 Facilities have written policies and processes in place, with appropriate reference to local and national jurisdictional guidelines, to manage welfare, workload, safety and substandard performance of JMOs.</p> <p>6.1.4 Facilities identify underperforming JMOs in a timely fashion and have appropriate processes to support and manage these JMOs. JMOs are informed of concerns regarding their practice to enable this to be remedied before the end of the training year wherever possible.</p> <p>6.1.5 Handover of JMO performance across terms is managed by the MEU. Confidential written records are kept of any notifications and discussions of substandard performance with term supervisors.</p> <p>6.1.6 Facilities have published fair and practical policies for managing annual leave, sick leave and professional development leave.</p> <p>6.1.7 Facilities have clear impartial pathways for the timely resolution of training-related disputes between JMOs and supervisors, or JMOs and the facility.</p> <p>6.1.8 Facilities guide and support supervisors and JMOs in the implementation and review of flexible training arrangements. Available arrangements for interns are consistent with the registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training.</p> <p>6.1.9 Facilities have policies and procedures aimed at identifying, addressing and preventing bullying, harassment and discrimination. JMOs, their supervisors, and other team members are made aware of these</p>
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policies and procedures

6.1.10 Facilities have processes to identify and support JMOs who are experiencing personal and professional difficulties that may affect their training, as well as processes to provide career advice and confidential personal counselling. JMOs, their supervisors, and other team members are made aware of these policies and procedures.

Definition of Terms

ACF – Australian Curriculum Framework for Junior Doctors **CEO** – Chief Executive Officer

CRMEC – Canberra Region Medical Education Council **DPET** – Director of Prevocational Education & Training
DG – Director-General

DMS – Director of Medical Services **ETP** – Education and training program **GP** – General Practice

ICT – Information and computer technology **LHN** –Local Health Network

MEU – Medical Education Unit

Intern – a doctor in their first postgraduate year and who hold provisional registration with the Medical Board of Australia.

Junior Medical Officer means Intern, Resident Medical Officer, Registrar and Senior Registrar. For the purposes of this document, this refers solely to prevocational JMOs.

More Information

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February 2016	2.1	Manager	Not required	Formatting
January 2017	3.0	Manager	CRMEC	Review of full standards based on mapping to AMC Standards, new standards 6.9 and 6.10 added
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