

### 1. Statement

Queensland Health administers a system for the accreditation of intern training programs. The Queensland Department of Health is accredited by the Medical Board of Australia as an intern training accreditation authority and is responsible for accrediting intern training programs and intern training posts in Queensland. Prevocational Medical Accreditation Queensland (PMAQ), as a unit of the Department of Health, administers a system of accreditation that ensures quality education and training for interns that enables the provision of safe patient centred care.

The Medical Board of Australia's *Registration Standard: Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training* defines the supervised intern training requirements that must be completed for Australian medical graduates to be eligible for general registration. As per the Registration Standard, training terms must be accredited against approved accreditation standards for intern training. It is PMAQ's responsibility to ensure that the programs of study offered by Queensland intern training providers meets the requirements of the Registration Standard.

### 2. Purpose

The purpose of this guideline is to ensure all intern training providers are aware of the monitoring, evaluation and quality improvement processes required to ensure the Intern Training Program meets the standards set by state and national bodies for accreditation. This guideline:

- provides guidance on areas that require evaluation
- outlines key evaluation criteria to be included to assess program content, and quality of teaching, supervision and assessment
- provides guidance on how this information should be used to inform ongoing improvements to the program

### 3. Scope

This guideline applies to all accredited intern training providers in Queensland that deliver intern training.

## 4. Definitions

DCT	Director of Clinical Training
DMS	Director of Medical Services
EDMS	Executive Director of Medical Services
Evaluation	Evaluation is the process of using the measurements (data) to assess outcomes and impact of an entity (individual, service, program). It is the formal process of gathering evidence (data), reviewing it and using those measures to assess the outcomes and impact of a program or project according to particular terms of reference or established standards.
Formal Education Program	An education program the 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 year of postgraduate training and who holds provisional registration by 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.
MEO/PMEO	Medical Education Officer/ Principal Medical Education Officer
MEU	Medical Education Unit. The key function of Medical Education Units is the oversight of intern training and associated accreditation activity.
Monitoring	The process of measuring of what is happening. It is the periodic collection of data and information (measures) for the purposes of tracking progress (measuring) of an entity (individual, service, program) according to particular terms of reference or established standards.
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.
Prevocational	A prevocational doctor in the postgraduate years prior to being accepted onto a college pathway.
Quality Improvement (QI)	The framework used to provide for a systematic, formal approach to the analysis of practice or program performance and efforts to improve performance, including the implementation of changes in practice if needed.
Term	A component of a medical training program, usually a nominated number of weeks in a particular area of practice. Also called clinical rotation, post or placement.
Triangulation	The process of using different sources and/or methods for data collection in order to cross check data, reduce bias, and ensure data is valid, reliable and complete. This process lends credibility to an evaluation or assessment process.

## 5. Context

An important component of a good quality Intern Training Program is a formalised monitoring and evaluation process, followed by a quality improvement program. Intern training providers must continually seek to improve their education and training programs and commit to the importance of regular monitoring and evaluation to inform continuous quality improvement.

To meet AMC national standards, intern training providers are required to demonstrate effective monitoring, evaluation and quality improvements processes. This would generally include (but not be limited to) monitoring and evaluation of the provider or Formal Education Program including access to protected teaching time, orientation, ward work and teaching, supervision, clinical experiences, feedback and assessment processes, working conditions and overall evaluation of the intern year and services provided by the Medical Education Unit (MEU).

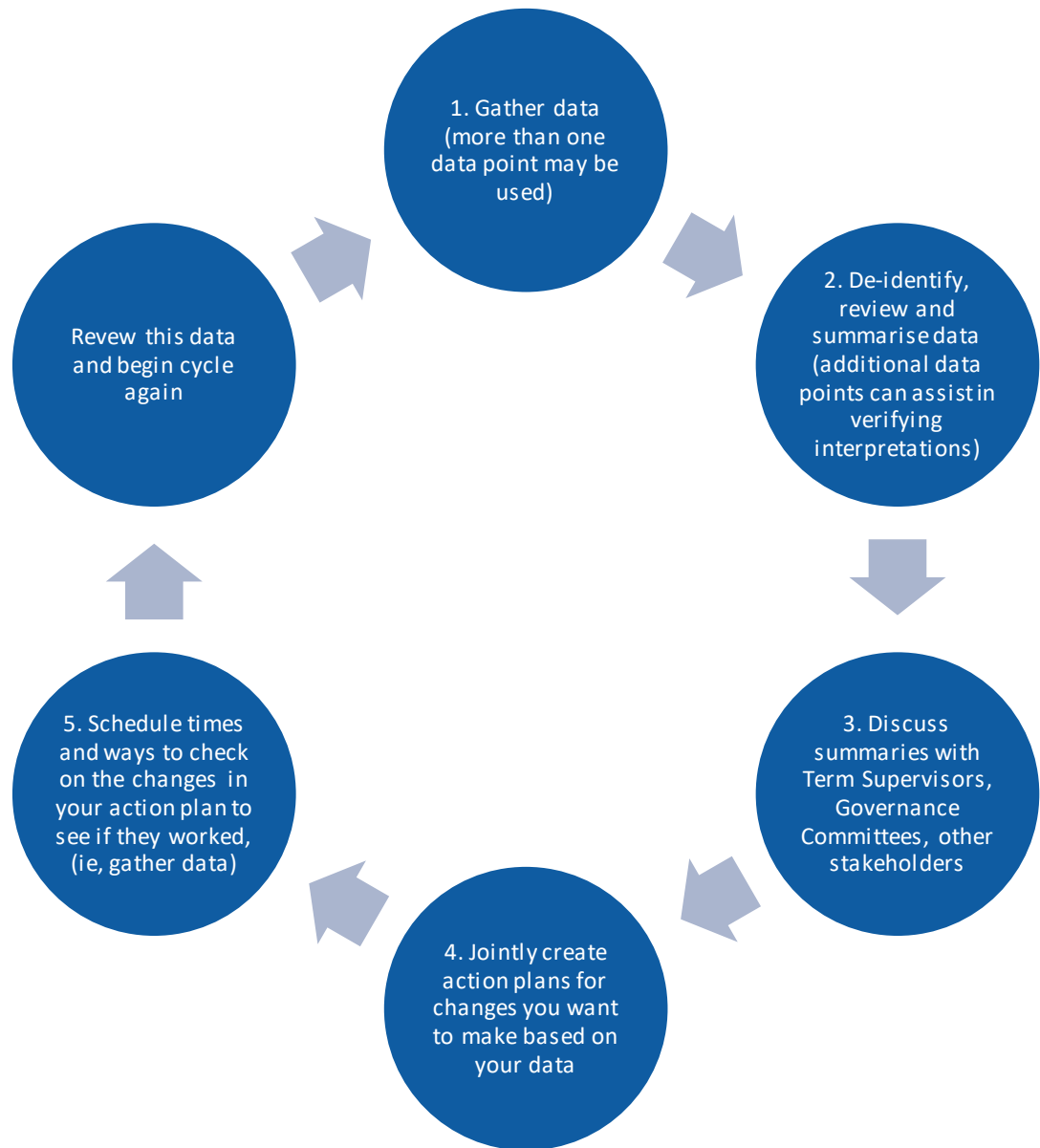
Providers are required to continually seek stakeholder (intern, prevocational doctor and supervisors) feedback and ensure that there are mechanisms in place to communicate the evaluation outcomes to the relevant stakeholders. Stakeholder feedback should always be used in a constructive manner to initiate or implement quality improvements at facility, site and term levels. Evaluation data and evidence of subsequent quality improvements arising from this form an important element of the evidence assessors examine and is integral to the triangulation of evidence required for assessment against the standards. In addition, there should be evidence that the appropriate governance structures overseeing these processes are in place.

A monitoring, evaluation and quality improvement process should demonstrate the following:

- Evidence that measurement of the various elements of the training program is occurring
- Evidence that the data has been assessed and used to implement quality improvement activities. That is, measurement has occurred and changes have been made
- Evidence that any changes made have been re-evaluated against the improvement targets
- Use of evaluation is planned and consistently applied across the Intern Training Program

**Note:** When collecting and analysing program data it is imperative that providers ensure they have a representative data sample. This will ensure that any conclusions drawn from evaluation data accurately reflect future participant and program requirements.

## 6. Steps to a basic Quality Improvement Cycle



**Note:** the key to this cycle is to ensure that each step is documented throughout the continuum. This documentation can then be submitted for accreditation purposes as evidence that your quality improvement loop is operating as it should, with the processes in place enabling the identification of issues that can be addressed as they arise.

1. **Gather Data:** This can include, but is not limited to end of term assessments, post-education evaluations, end of year evaluations, orientation evaluations, term supervisor evaluations, or any other information collected from stakeholders, be it formal or informal, involved in your program.
2. **Summarise and de-identify data:** this can be done through individual unit level reports, term by term education evaluations, year-end reports and/or any other way that makes sense for your program

3. **Meet and discuss:** Ensure that you meet with each term supervisor, educator or stakeholder group to review the reports and discuss changes that can be made to improve the experience of junior doctors in your program. Ensure you also share appropriate reports with your governance committee(s) so that they have the necessary information to assist in making relevant decisions regarding the program
4. **Creation of action plans:** These action plans are the steps that your health service, facility, term or MEU will implement to make changes based on the issues identified in your data. It is vital that you include your stakeholders in the development of these.
5. **Evaluation:** Within these action plans, include how you are going to check on each improvement to determine if it has helped change the identified issue you were targeting
6. **Cycle:** Review this data, ensure you have documented the outcomes and begin the cycle again

## 7. Processes that can be undertaken

1. **Monitoring, evaluation and quality improvement of formal education programs (including facility orientation).** Evaluation data collected for each session can be analysed with a focus on “further clarification or topics required”. The MEU may also wish to survey the intern cohort as to the “value” of a session. This information is then utilised to confirm or adjust the session. Data can be included in the MEU annual reports and reported to the appropriate governance bodies.
2. **End of year evaluations.** This global evaluation of the intern year can be reported to the appropriate governance bodies, EDMS/DMS, unit directors and supervisors. There should be evidence that the information collected has been analysed and that quality improvements have resulted from this.
3. **Evaluation of clinical unit rotations (including orientation, unit education, clinical experiences and supervision).** All interns are strongly encouraged to complete the end of term feedback for each clinical rotation. Representation of the analysed data can be collated over a duration sufficient to promote de-identification, this would normally be terms 1, 2 and 3 or for terms 1 - 5 depending on the number of interns in the rotation. Overall intern feedback should be presented in MEU annual reports, reported to the appropriate governance bodies, and unit specific feedback reported to term supervisors who have the opportunity to review the data and actively participate in quality improvements for the Intern Training Program.
4. If any issues are identified either verbally or in writing around inadequate supervision, excessive workload, inappropriate rostering, fatigue management, access to education, and or bullying, harassment or discrimination, these should be immediately identified by the MEU, escalated and managed through the local organisational structures.
5. Mid-Term /End Term interviews or forums with interns by the MEU may be used to collect informal feedback regarding concerns or support needed. The feedback is collated and discussed with supervisors where appropriate and quality improvement plans communicated to the Medical Education Committee. Feedback should be provided to interns on this information and subsequent processes by the junior medical officer representatives on the committee.
6. Regular telephone or face to face contact between term supervisors and the MEU can feedback issues as they arise and ensure early identification and remediation of an underperforming intern.

7. Small group sessions to discuss issues that have impacted the interns either professionally or personally in the workplace can be facilitated each term by the DCT, an MEO or a small number of PGY2s. Sessions should be confidential so that information can be freely discussed in a safe and supported environment.
8. **Analysis of intern assessment outcomes against all Prevocational doctors** are an important measure of both the performance level of the individual and the quality of the Intern Training Program. Evaluation of interns' mid-term and end-term assessments for all rotations can assess consistency of assessment and supervision across time and individuals, to determine effectiveness of the training program to achieve stated objectives, quality of supervision and its ability to intervene early when issues arise.
9. **Evaluation of the performance of the MEU** should be considered with respect to the level and quality of its interaction with interns, supervisors, DCT and MEOs; its capacity to evaluate programs and report outcomes; its ability to feedback those evaluations to supervisors, interns, directors and governance committees; its inclusion of supervisor and prevocational doctor feedback in program development; and the MEUs capacity to follow through on actions generated by evaluation.
10. **Supervisor and interns' participation and representation in medical education and other governance committees** can ensure training requirements are continuously met, input from stakeholders is considered, and that decisions are inclusive, transparent, and reported back to interns and supervisors.
11. The MEU is advised to maintain a Quality Register to act as a central repository of discussions, evaluations, responses, decisions and actions related to the training program including minutes of relevant education meetings, by which improvements and actions are reviewed and incorporate intern feedback.

Providers should refer to the AMC standards regarding the type of data that should be collected and analysed for quality improvement purposes.

## 8. Responsibilities

### 8.1 Senior Clinical Management

Senior clinical managers, such as the EDMS/DMS, DCT and Term Supervisors, are ultimately responsible for ensuring all interns experience quality education and training, and that the program meets the requirements for general registration with the Medical Board of Australia. This includes orientation, task allocation, monitoring, assessment, feedback, support and evaluation. In addition, they are responsible for ensuring the appropriate governance structures are in place to enable the effective monitoring, evaluation and quality improvement of Intern Training Programs.

### 8.2 Medical Education Unit

A key function of Medical Education Units (MEUs) is the arrangement and oversight of intern education and training to meet associated accreditation activities. MEUs are responsible for the development, implementation and evaluation of a comprehensive medical education program to meet the AMC Intern training – National standards for programs. This requires ongoing monitoring, evaluation and quality improvement to ensure the program meets the objectives and standards set by national and state bodies. The MEU is responsible for the organisation and implementation of this monitoring, evaluation and quality improvement process, and ensuring evaluations contribute to the quality improvement cycle of the Intern Training Program.

## Version Control

Version	Date	Comments
0.1	8 January 2019	Initial draft completed.
0.2	6 February 2019	Update to logo
0.3	31 March 2021	Update
1.0	03 June 2021	Endorsed by Accreditation Committee
1.1	23 February 2022	Migrated to QH template and added recommendation as per Committee endorsement in June 2021. Updated wording in line with current PMAQ terminology.