

PREVOCATIONAL ACCREDITATION COMMITTEE MEMBERS HANDBOOK

Version 7

Welcome to the Northern Territory Prevocational Medical Assurance Services

The Northern Territory Prevocational Medical Assurance Services (NT PMAS) welcomes you to be part of a dynamic team of people who are committed to providing a safe and contemporary environment for medical education and training to prevocational doctors in the NT.

We are a small team covering a large geographical area with diverse cultural backgrounds. As part of a dedicated and enthusiastic team we are all striving for one common goal that is “Great health for all Territorians”.

On behalf of your colleagues we welcome you working with us and thank you for choosing to contribute and participate in the prevocational medical doctor’s wellbeing, education and training and to the community of the NT.

PMAS trusts your appointment to the Prevocational Accreditation Committee will be challenging, rewarding and an enjoyable experience that will benefit prevocational doctors and contribute to your own personal growth within the health environment.

Northern Territory Prevocational Medical Assurance Services

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Background to the formation of NT PMAS

Historical

The Medical Training Review Panel (MTRP) was set up to monitor the demand for and supply of medical training opportunities and to monitor the implementation of particular measures in the Health Insurance Act (No. 2) 1996. These measures require medical practitioners to complete a recognised postgraduate medical training program in order to be eligible to provide services that attract Medicare benefits. The MTRP was chaired by a senior member of the Australian Department of Health and Ageing and included members who represented a range of interests from within government and the medical profession in Australia. In 1997 it recommended the establishment of Postgraduate Medical Committees (PMCs) in all States and Territories to support the improvement of education and training for doctors in their early careers. At that time such organisations had existed in New South Wales and Queensland for several years although there were significant differences in how they were structured and how they saw and approached their roles.

In 1998 the Commonwealth provided 2 years of seed funding to the States and Territories with a number of expected outcomes including formation of the PMCs.

The Northern Territory Postgraduate Medical Council (NTPMC) was established in 1998. Council membership included the Principal Medical Consultant of the NT, Medical Superintendents of the 5 NT hospitals, representation from the Medical Board, the NT Postgraduate Medical Society, NT General Practice Education, Directors of Clinical Training, Medical Workforce, the NT Clinical School and the Resident Medical Officer Society.

In 2006 the NTPMC fell into abeyance with the death of its last Chairperson, Dr Alan Walker. Professor Peter Roeser, a former Medical Director of the Postgraduate Medical Council of Queensland, was engaged to evaluate how the NT could implement the recommendations from the NT Review of Medical Education and Training conducted during 2007. In January 2008 Professor Roeser advised on the re-establishment of the NTPMC and recommended:

- The re-establishment of the NTPMC.
- Delegation from the Medical Board of the Northern Territory to the NTPMC in relation to the accreditation of training programs and institutions for interns.
- That accreditation of prevocational year 2 (PGY2) positions and above is desirable.
- Establishment of 3 committees namely, Accreditation, Education and International Medical Graduates (IMGs).

When the NTPMC was re-established in July 2008 Associate Professor Elizabeth Chalmers was appointed by the NT Minister for Health as the Chairperson and Medical Advisor. NT Intern accreditation services were established and managed through the NTPMC.

2013 saw the NTPMC become the Medical Board of Australia's (MBA) NT Intern accrediting authority by the Australian Medical Council (AMC).

In 2015 under the leadership of the then Chief Medical Officer, the formation of the Medical Education and Training Centre (METC) was established extending the remit but still including the priority of the Intern accreditation service of the previous NTPMC, becoming *"an NT Wide Directorate of Education and Training"* 2008 NT Review of Medical Education and Training.

On 8 January 2018 METC came under the newly established People and Organisational Capability Division and in April 2019 after a review of its functions was renamed Prevocational Medical Assurance Services (PMAS). PMAS retained all of the previously managed METC functions.

2021 saw the move of PMAS under the Chief Medical Officer unit which sits within the Commissioning and System Improvement Division with no changes made to its functions.

Northern Territory Context

Context

“The NT is the ‘land of opportunity’ for medical education and training. It provides an environment where there is fascinating medicine, remote cross cultural experiences, tropical medicine, infectious diseases, and opportunities for the development of rural generalist procedural skills, useful infrastructure and multiple interdisciplinary opportunities for engagement that are in line with the national health workforce agenda.”

2007 NT Review of Medical Education and Training – RhED – Janie Dade Smith & Christina Wolfe.

The NT offers a rich training environment for its medical workforce with pathology usually only seen in other countries. It has a small number of doctors, a small dispersed population, a high Indigenous population, challenging geographical and climatic conditions, one large urban centre and a number of small regional hospitals staffed by large numbers of international medical graduates (IMGs). These elements create challenges for those providing and undertaking medical education and training.

The NT has distinctive population characteristics compared with other Australian jurisdictions. Geographically, the NT is the third largest of the states and territories, covering approximately 18 per cent of the Australian land mass, yet it has only 1 per cent of the national population, giving the NT the lowest population density of any state or territory.

Latest available figures provide an estimated resident population of 250,602 reflecting a growth of 1,000 people (0.4 per cent) over the previous year. This is the lowest rate of growth of all jurisdictions. The NT also has a relatively young population, with a median age of 35 years compared with the national median age of 38 years. Males continue to outnumber females with 116 males for every 100 females.

Two further unique characteristics of the NT population are the high proportion of Aboriginal people and the geographic distribution of the population. As at March 2023 there was estimated to be 76,736 Aboriginal residents, which is 30.8 per cent of the total NT population and 7.8 per cent of the total Australian Aboriginal population.

The geographic distribution of the Aboriginal population varies from the non-Aboriginal population. The majority of Aboriginal residents live in remote areas and represents 80 per cent of the total NT Aboriginal population. In contrast, the majority of the non-Aboriginal population live in the greater Darwin area including Darwin city, Palmerston city and Litchfield Shire.

The entire NT, outside of Darwin is classified as remote with remote communities and outstations scattered throughout the land mass. Both the long distances and climatic conditions frequently provide challenges to travel to these remote communities.

While the NT provides a fascinating training environment where medical students and practitioners are exposed to a diverse range of medical pathology, public health, cross-cultural experiences and infectious diseases, it also provides significant challenges for the NT Government in providing equitable health care services to all of the NT population.

An identified area of strength in the NT is the collegiality between medical staff, which enables students, junior doctors and consultants to work using a very hands on approach, often on a one to one ratio.

All the above factors combine to offer a unique training environment which is one of the main reasons medical trainees and medical practitioners are attracted to the NT. Whilst medical trainees are exposed to fascinating medicine, the unique training environment also presents significant challenges for the NT in the provision of education and training for all levels of its medical workforce. Innovative thinking is required to develop and implement effective education and training that will encourage medical students, prevocational doctors, vocational trainees and medical specialists to enter and remain part of the medical workforce in the NT.

Mission of PMAS

All prevocational medical trainees in the Northern Territory have access to quality training, supervision and safety of practice.

The PMAS will achieve its mission by:

- Supporting the personal (health and well-being) and professional development of prevocational medical trainees
- Promoting and facilitating prevocational medical trainee education and training
- Developing and maintaining a quality, efficient and effective prevocational accreditation system
- Identifying and acting on issues affecting the prevocational medical workforce
- Communicating and collaborating with relevant stakeholders to advocate for prevocational medical trainees.

Governance

The PMAS operates under a governance model. Governance is a process whereby societies or organisations make their important decisions, determine whom they involve in the process and how they render account.

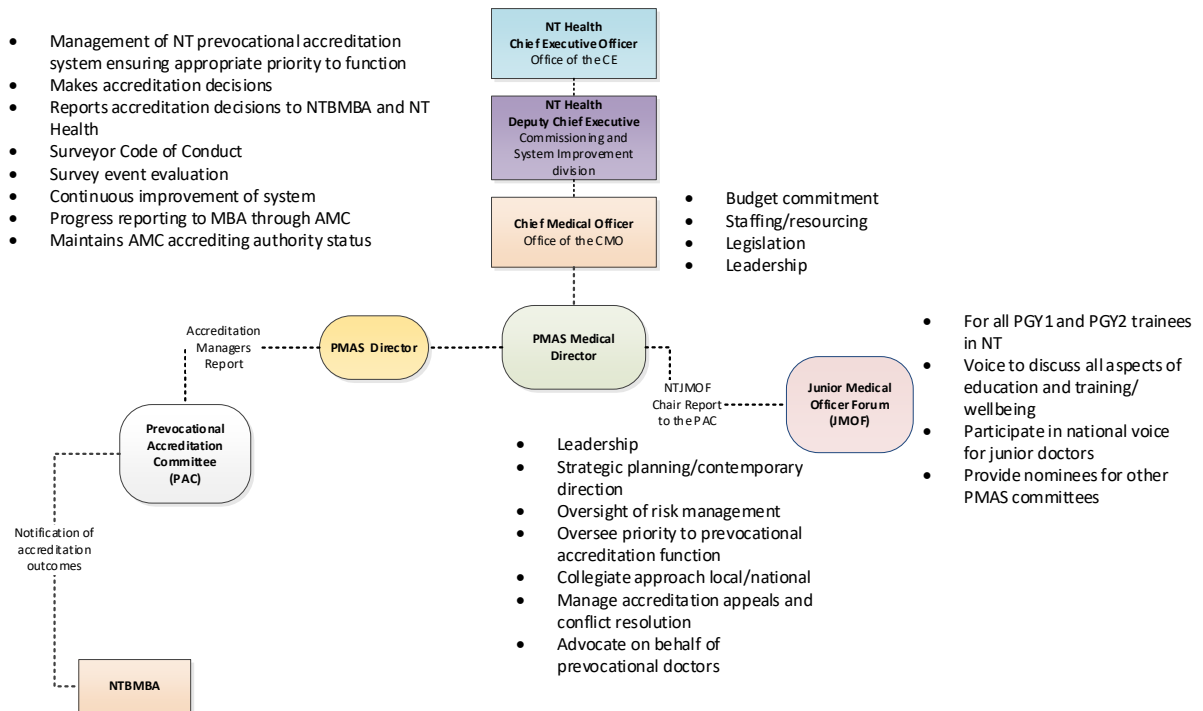
The United Nations published a list of characteristics of good governance. PMAS has adopted and expanded these characteristics.

They include:

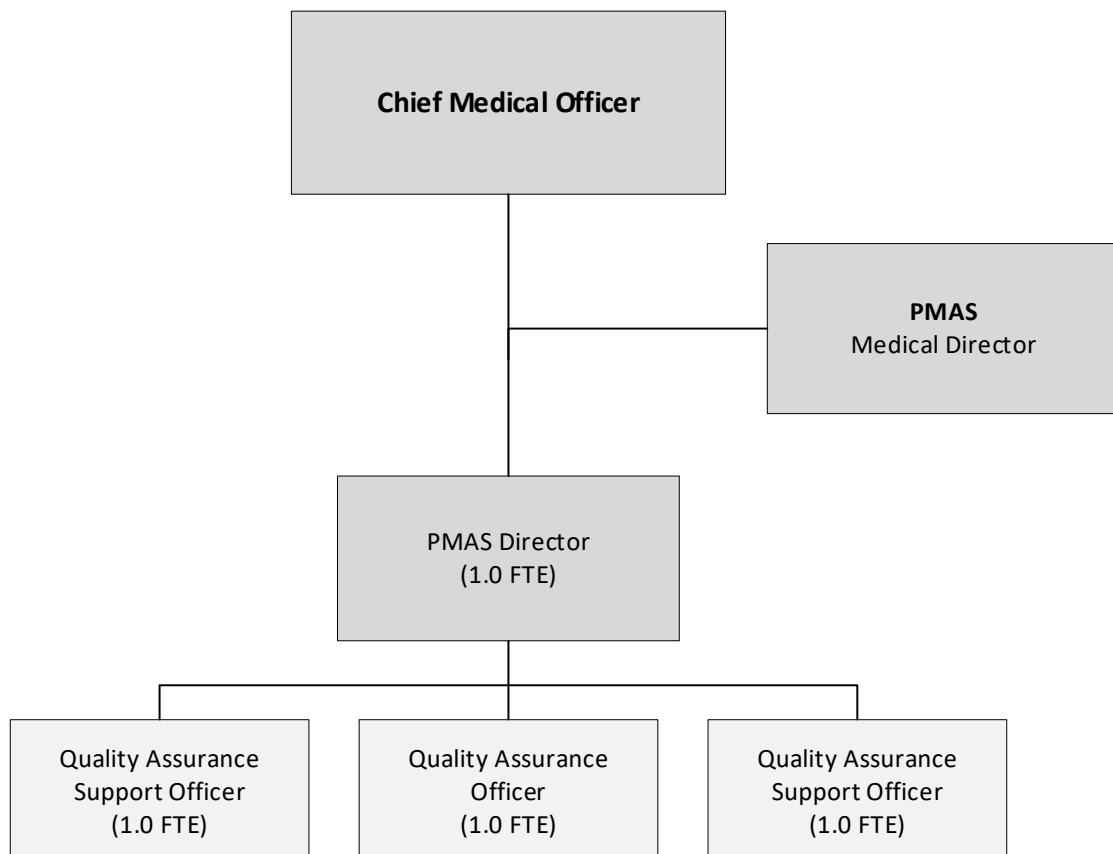
- **Transparency:** built on the free flow of information
- **Responsibility:** conduct of duties effectively and efficiently
- **Accountability:** of decision-makers to stakeholders
- **Participation:** providing all stakeholders with a voice in decision-making
- **Responsiveness:** of institutions and processes to stakeholders
- **Consensus orientation:** differing interests are mediated to reach a broad consensus on what is in the general interest
- **Equity:** everyone has an opportunity to become involved
- **Strategic vision:** leaders and the public have a broad and long-term perspective on good governance and human development, along with a sense of what is needed for such development. There is also an understanding of the historical, cultural and social complexities in which that perspective is grounded.

Structure

Reporting Lines



Staffing Positions/Profile



Sources of Funding

NT Health funds the Prevocational Medical Assurance Services which sits under the Division of Commissioning and System Improvement. The department provides a budget for all staffing and operational expenditure. This is managed as per the NTG Finance and Accounting legislation.

The PMAS also receives a financial contribution from the Medical Board of Australia (MBA) through Australian Health Practitioner Regulation Agency (Ahpra) for the accreditation service provided for NT intern places. Annual acquittal of funding and accreditation progress and data is reported to Ahpra.

Chief Medical Officer

The Chief Medical Officer (CMO) is responsible to ensure the PMAS delivers on the required outcomes for prevocational medical education and training. The CMO provides additional strategic leadership and direction on prevocational medical workforce.

More specifically the CMO will:

- Provide leadership and strategic direction to the PMAS in relation to medical workforce issues applicable to the prevocational years.
- Consider feedback from prevocational doctors about relevant matters including patient safety issues and provide advice and opinion to assist, support and develop prevocational application processes, education and training, career development, health and welfare of prevocational medical staff.
- Provide expert advice to the Minister for Health and NT Health Chief Executive on prevocational medical education and training including prevocational medical career pathways.
- Promote and support the integration of NT education and training across the undergraduate, prevocational and vocational continuum.
- Confirm appointment of the Chair of the Prevocational Accreditation Committee.

PMAS Medical Director

The PMAS Medical Director is responsible for supporting in the provision of strategic leadership and direction to the prevocational medical education and accreditation services in the NT.

More specifically the PMAS Medical Director will contribute to:

- Provide leadership and strategic direction to the PMAS in relation to education, training and accreditation in the NT.
- Risk management oversight of the prevocational medical assurance services

The PMAS Medical Director will be responsible for:

- Manage conflict resolution and prevocational accreditation appeals through the establishment of an independent appeals committee on a case by case basis.
- Establish, maintain and promote relationships with relevant national and jurisdictional organisations.
- Become the representative voice on issues associated with prevocational matters locally and nationally.
- Advocate on behalf of prevocational medical officers on matters relating to safety and quality, prevocational education and training and health and wellbeing issues.
- Endorse the appointment of the Chair of the Prevocational Accreditation Committee.

Prevocational Accreditation Committee (PAC)

The PAC provides the governance and management of the accreditation service as independent with no undue influence or interference from NT Health as the primary funding body of accreditation or from any other area of the community, including government health services or professional associations.

Current Prevocational Accreditation Committee Chair

- Dr Rodney Omond

Previous Prevocational Accreditation Committee Chairs

- Associate Professor Elizabeth Chalmers
- Dr Samuel Goodwin
- Dr Tamsin Cockayne
- Dr Bernard Westley

The role of the PAC will reflect the direction and needs of the MBA in relation to registration requirements for PGY1 and PGY2 doctors in the Northern Territory. A further role is to advocate for prevocational doctor and IMG education and training opportunities through the implementation of accreditation standards.

Its functions are:

1. To make accreditation decisions and advise the Northern Territory (NT) Board of MBA and prevocational training providers on the requirements for prevocational training.
2. To establish, implement, manage, monitor, evaluate and review an objective, robust and transparent system to accredit all prevocational doctors' training programs and terms.
3. To maintain NT accreditation services to meet the Australian Medical Council (AMC) Accreditation Authority National Standards and reporting requirements to ensure PMAS maintains its NT accreditation authority status.

Terms of Reference

1. To provide strategic leadership, guidance and advice on all issues relating to prevocational medical accreditation services in the NT.
2. Provide advice and direction on prevocational matters raised both locally and nationally.
3. To support the application of the National Standards and requirements for PGY1 and PGY2 training programs and terms. To participate actively in the development, implementation and evaluation of strategic initiatives which support the accreditation system and processes.
4. To monitor the NT prevocational accreditation system review schedule each year.
5. To advocate for prevocational doctors' training opportunities with a focus on optimal learning opportunities and outcomes, particularly those that enhance patient care and cultural safety.
6. To appoint, facilitate and support survey teams to undertake accreditation reviews of prevocational training providers.
7. To advise the Director PMAS to establish, when required, an independent prevocational accreditation appeals committee through the PMAS Medical Director, to manage any appeals and grievances regarding any prevocational accreditation survey events and/or decisions.
8. To review and discuss accreditation assessment reports in order to make prevocational accreditation decisions.

9. Notify the NT Board of the MBA regarding the accreditation decisions made giving an accreditation status of prevocational training providers, number of prevocational positions and locations and the period of prevocational accreditation that has been granted.
10. Periodically review approved terms and inform the NT Board of the MBA on their continued appropriateness including whether any conditions should be attached to the approved accreditation status currently held.
11. To provide advice to prevocational training providers' Directors of Clinical Training and Medical Education Officers or equivalent on the development, administration, and supervision of educational and training programs for prevocational doctors ensuring they comply with national prevocational accreditation standards.
12. To liaise with other PMAS stakeholders as and when necessary to achieve optimal educational outcomes for prevocational doctors.
13. To establish, maintain and promote relationships with relevant national and jurisdictional accreditation organisations, including other Postgraduate Medical Councils or equivalent and the Confederation of Postgraduate Medical Education Councils regarding accreditation standards and processes.
14. To promote continuous quality improvement in all accreditation services e.g. prevocational accreditation system, policies, processes.

Membership

The PAC membership will come from local stakeholder groups and will consist of prevocational doctors, supervisors, educators and managers of prevocational training programs. In making appointments to the Accreditation Committee regard will be given to ensuring appointees have no conflicts of interest, relevant skills and experience as appropriate to undertake accreditation discussions, decisions and research.

Stakeholder representation will be sought however it is not a requirement for the valid function/authority of the PAC. Whilst all stakeholders must be presented the representative requirement may be met by individuals occupying more than one position e.g. a member may be a DCT but also identify as Aboriginal.

Membership will include:

- **Chair** (Independent)
- Term Supervisor (one from each primary allocation centre)
- Directors of Clinical Training (one from each primary allocation centre)
- Medical Education Officers (one from each primary allocation centre)
- 2 x Prevocational doctors (one from each primary allocation centre)
- Doctor in training representative
- Chair of NT JMOF
- Flinders University representative
- Charles Darwin University Menzies Medical Program representative
- Vocational training representative
- Aboriginal and Torres Strait Islander representative
- Consumer/Community member
- Director PMAS

The Chair of the PAC may be nominated from within the committee or from an external source where they meet the role requirements. The deputy Chair of the PAC is elected from within the PAC membership.

Note: Where necessary the PAC may form working groups/parties to provide further research and project work relating to prevocational accreditation.

Reporting Lines

The Chair of the PAC will provide a progress report through the Director PMAS on prevocational accreditation positions and program status to the PMAS Medical Director including any operational accreditation system matters or issues that may require PMAS accreditation support staff attention or action.

However the PAC makes their accreditation survey event decisions about accrediting prevocational training providers and programs independently with no undue influence or interference from NT Health as the primary funding body of prevocational accreditation or from any other area of the community including government, prevocational training providers, or professional associations.

In the event of a pandemic/national disaster the Director PMAS, in lieu of unavailability of the PAC membership, will make temporary prevocational accreditation decisions. Wherever possible under these circumstances the PAC Chair will be informed of the changes and reasons for the decision at the time. Any accreditation decisions made for these events will be in line with the National Standards and requirements for PGY1 and PGY2 training programs, terms and Ahpra/MBA National principles for clinical education and training issued for the specified pandemic/national disaster. All pandemic/national disaster temporary prevocational accreditation decisions will be tabled for noting at the next scheduled PAC meeting.

The PAC will liaise with other prevocational training providers and NT Health where necessary to achieve optimal education and training outcomes for prevocational doctors.

The Director PMAS notifies the NT Board of the Medical Board of Australia and NT Health of survey event accreditation decisions on behalf of the Committee.

Meeting Proceedings Guideline

Members of the Committee give generously of their time so it is important that issues are focused and researched prior to the meetings and that discussion and resolutions can result at the meeting.

Good governance requires clear definitions of roles and responsibilities and transparency and consistency in actions. The establishment of appropriate committees and decision making structures and reporting mechanisms is part of good governance principles.

The PMAS Medical Director and/or Director PMAS are responsible for the overall planning and implementation of policy for the operation of all Committees. Specifically they provide guidance and leadership on all issues relating to prevocational medical education and training in the NT.

Chair of Meetings

The Committee will have a chair either appointed through an expression of interest process or elected from the membership. The appointed Chair must conduct each meeting however in their absence, the elected deputy Chair of the Committee will Chair that particular meeting.

Business of the meeting

The Director PMAS must give the particulars of the business which is to be considered at a meeting in any way that is convenient including electronic means.

If the Committee members unanimously agree, they may consider business which was not identified on the agenda circulated for a meeting. Otherwise a meeting may only consider business of which the members have had reasonable notice.

Quorums

No business can be conducted at a meeting unless a quorum is present at that time. A quorum is no fewer than 50% of the members who can vote without a COI. Committee members can nominate a proxy if they are absent.

Proxy Members

All members wishing to put a proxy forward for a meeting must first advise the Director PMAS who will notify the Chair for agreement to that proxy one week prior to the meeting that the proxy will be attending.

Inquorate Meetings

If during a meeting a quorum cannot be maintained the meeting can be adjourned at the request of the Chair or the meeting can continue and any recommendations or suggested actions can be circulated by email to non-attending members seeking endorsement of the suggested recommendations or actions to progress important business. These actions are to be minuted and any actions taken following the meeting shall be reported to the next meeting by the Chair.

Disclosure/Conflict of Interest/Confidentiality Declaration

A Committee member who has direct or indirect financial interest in any matter brought before a meeting for discussion must immediately disclose that interest to the other members and must not be present during discussion of this matter. This statement must appear on all agendas and meeting minutes.

Committee members are required to sign a Conflict of Interest and Confidentiality declaration form. This form will be recorded and held on file for the duration of the member's membership.

Voting at Meetings

In determining a question before a meeting the Chair will ask if any member is opposed to the motion before the Chair. If no member offers a dissent or objection the motion shall be carried. If any member indicates that they are opposed to the motion the Chair shall call for those in favor of the motion and then those against the motion and will declare the result to the meeting.

Method of Voting:

- Every resolution put to the meeting is determined by a majority of votes. If a member of the meeting requests it, a question requiring a vote will be determined by a ballot and otherwise is by show of hands.
- A member of the meeting has one vote which is given personally. A majority of votes is sufficient to pass a resolution.
- The Chair has a casting vote at all meetings.

Keeping of records of proceedings of meetings – Minutes/Agendas

The Director PMAS must ensure that all information/documents considered at each meeting are recorded and maintained through the NT Government records management system.

Confirmation of Minutes

There shall be no discussion or debate on the minutes permitted except where their accuracy as a record of the proceedings is questioned. If a Committee member is dissatisfied with the accuracy of the minutes they must state the item or items and propose a motion clearly outlining the alternate wording to amend the minutes. The Chair will approve the minutes once confirmed by the members at the next appropriate meeting.

Content of the Minutes

The Director PMAS must arrange the recording of the minutes to show:

- The name of the Committee meeting, date, location and time at which the meeting was held.
- The names of members and whether they are present, an apology or on leave of absence.
- The names of any other persons in attendance and the organisation they represent or in what capacity (including any proxies).
- Every motion and amendment moved (names not required unless requested by Chair or by a member of the committee).
- The outcome of every motion.
- Details of any failure to maintain a quorum and any adjournment.
- Time and reason for adjournment of the meeting.
- Disclosure of any declaration of direct or indirect interest of a member declared or identified to the meeting.
- Any other matter which the Director PMAS, in conjunction with the Chair, thinks should be recorded to clarify the intention of the meeting or the reading of the Minutes.
- If the previous minutes are accepted at the current meeting, they are considered endorsed and accepted by the Chair.

Members Terms of Office

A Committee member holds office for 3 years, (with an option to extend for one further term of 3 years) or until the member resigns or is deemed to have resigned:

- At expiration of their office or term of office.
- Improper use of information obtained as a Committee member.
- Failure to attend 3 or more consecutive meetings without providing apologies or seeking a leave of absence for an extended period.
- Death.

Prevocational training provider members may remain in term for longer than the above stated period due to the limited number of health services available in the NT.

A member may resign from the PMAS Committee at any time by notifying the Chair and Director PMAS in writing.

Members Roles and Responsibilities

The Chair of each Committee will carry the responsibility of ensuring all of the administrative requirements meet the PMAS and Department of Health meeting procedures and protocols. This will require writing reports and/or briefing papers as required and for the Prevocational Accreditation Committee Chair outcome notification letters to prevocational training providers and NT Medical Board of Australia.

Members Selection and Appointment

Committee membership will be drawn from local stakeholder groups with selection based on their expertise and demonstrated interest in prevocational medical education and training. This will include supervisors, educators and program managers of prevocational or vocational education and training programs. In making appointments regard will be given to ensuring appointees have relevant skills and experience, no conflicts of interest as appropriate to undertake committee functions.

Appointment to the committee is made either via direct invitation to a stakeholder due to the position they hold (particularly for health service representatives, e.g. MEO, DCT, Chair of NT JMOF) or via invitation to nominate a representative within the specified organisation.

Secretariat: Provided by PMAS staff.

Amendment List

AMENDMENT		BRIEF DESCRIPTION OF AMENDMENT	EFFECTIVE	
NO.	DATE		INITIAL	DATE
1	7 Nov 17	"Northern Territory Context" added Pg. 8 Page 9 – Update Organisational Structure diagram to reflect reporting lines. Now Pg. 10 Page 11 – Staffing Profile "<i>Executive Officer</i>" to "<i>Manager</i>" Global change of position title "<i>Executive Officer</i>" to "<i>Manager</i>" Change title of committee and add information relating to "<i>METC Governance Committee (GC)</i>" into Handbook and remove "<i>The METC Advisory Committee (AC)</i>" information. Additional sentence page 14 regarding selection of Governance Committee membership. Various other general/minor updates/formatting of information.	A/DIR METC CHO	8 Nov 2017
2	13 Mar 2018	Added TOR for PAC Pg. 23	PAC	14 Mar 2018
3	17 April 2018	New handbook version (#3) after review of METC functions.	Manager METC	17 April 2018
4	August 2018	New handbook version (#4) after review by Manager METC.	Manager METC	12 Sept 2018
5	Nov 2018	Update to governance roles and responsibilities as per AMC feedback, reduction in governance committee membership? Updated accreditation committee decision making role in TOR.	Executive Director POC	18 Nov 2018
6	7 Feb 2019	Update to membership for the Chair and Deputy Chair.	GOV COM	23 Nov 2018
7	12 Mar 2019	Update to membership to remove stakeholder's names and only a nominee from each specified area.	GOV COM	22 Feb 2019
8	13 Mar 2019	Requirements of minutes updated – no names are required for every motion unless specifically requested.	GOV COM	22 Feb 2019
9	13 Mar 2019	METC street location updated to reflect current address.	Manager METC	13 Mar 2019
10	10 Apr 2019	Update document to new name Prevocational Medical Assurance Services (PMAS)	Manager PMAS	10 Apr 2019
11	14 May 2019	Include 'Consumer/Community members' into PAC membership.	Manager PMAS	14 May 2019

AMENDMENT		BRIEF DESCRIPTION OF AMENDMENT	EFFECTIVE	
NO.	DATE		INITIAL	DATE
12	24 July 2019	Updated document to include PMAS acronym and other minor changes missed in first check of document.	Quality Assurance Officer	24 July 2019
13	23 January 2020	Updated document to include information around PAC Chair role.	Quality Assurance Officer	23 January 2020
14	10 March 2020	Updated document to reflect PAC Chair term of office and selection.	Quality Assurance Officer	10 March 2020
15	13 May 2020	Update document to reflect Accreditation Managers authority to make temporary prevocational accreditation decisions in the event of a pandemic/national disaster.	Quality Assurance Officer	13 May 2020
16	22 October 2020	Update document to reflect the new PAC Chair and deputy Chairs.	Quality Assurance Officer	22 October 2020
17	12 October 2020	Update physical and postal address of PMAS.	Quality Assurance Officer	12 October 2020
18	1 July 2021	Update document to reflect changes from the Better Together program.	Quality Assurance Officer	1 July 2021
19	1 June 2023	Update document to reflect changes in the PMAS governance structure.	Manager PMAS	1 June 2023
20	12 March 2024	Updated division to 'Commissioning and System Improvement' Pg. 8 and 12	Quality Assurance Support Officer	12 March 2024
21	7 March 2025	Update ToR for PAC and removed PAP due to the approved restructure of prevocational accreditation governance due to an AMC recommendation.	Manager PMAS	7 March 2025
22	16 May 2025	Updated org structure to Director PMAS and replace the word 'Manager PMAS to Director PMAS'.	Quality Assurance Support Officer	16 May 2025
23	13 June 2025	Updated staffing structure reflect director changes	Quality Assurance Support Officer	13 June 2025

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