



PREVOCATIONAL MEDICAL
ASSURANCE SERVICES



NT Prevocational Accreditation Step by Step Guide

Updated October 2026

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Accreditation Basics – Chapter 1

What is Accreditation?

The Northern Territory (NT) Prevocational Medical Assurance Services (PMAS) is accredited by the Australian Medical Council (AMC) as the prevocational training accreditation authority to accredit prevocational training programs for PGY1 and PGY2 positions in the NT. Accreditation of prevocational training is mandated in legislation and the Prevocational Accreditation Committee (PAC) has developed a robust, formal process which is designed to achieve the requirements of this legislation.

The NT has implemented a 4 year accreditation cycle that includes a number of stages :

- Initial/reaccreditation survey – Site visit covering all standards and criteria - beginning of initial cycle or ending of continuous cycle.
- Quality Action Plan Stage 1 (QAP S1) – 6-8 months into the accreditation cycle following a full survey covering only quality improvement recommendations and conditions awarded.
- Quality Action Plan Stage 2 (QAP S2) – 12 months after the previous QAP stage covering those outstanding quality improvement recommendations and conditions remaining from QAP S1.
- Progress Report – 3 years into the accreditation cycle covering all standards and criteria. This assessment may include any outstanding quality improvement recommendations and/or conditions not finalised under the previous QAPs.

Cycle ends with a reaccreditation assessment (site visit) which also begins the next cycle.

Purpose of Accreditation

Accreditation is a critical mechanism for ensuring the safety and wellbeing of both patients and prevocational doctors. It provides assurance that a prevocational training program delivers high-quality education and training that upholds the welfare, safety and cultural safety of prevocational doctors and the patients they care for.

Accreditation Responsibilities

There are a number of stakeholders who have responsibilities within the accreditation system including:

- **Northern Territory Board of the Medical Board of Australia (NTBMBA)** – Implements legislation for prevocational doctor registration on behalf of the Medical Board of Australia (MBA). It is notified of accreditation decisions made by the Accrediting Authority's PAC about assessed training providers.
- **Australian Medical Council (AMC)** – Assesses and accredits Postgraduate Medical Councils (or equivalent bodies) as prevocational training accrediting authorities.

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- **Prevocational Accreditation Committee (PAC)** – Develops, implements, and evaluates the accreditation system to meet MBA requirements. As the accrediting authority it makes final accreditation decisions, ensures surveyors are appropriately qualified and trained and oversees governance processes to review survey findings and recommendations.
- **NT Health - Strategic Workforce Planning – Medical** – is responsible for timely liaison with the accrediting authority in regards to workforce requirements and the impact of these on accreditation.
- **Medical Education Units (MEU)** – Lead accreditation processes for prevocational training providers. They liaise with the accrediting authority, prepare documentation for accreditation surveys, brief supervisors and prevocational doctors and coordinate survey site visits.

MEUs must also notify the accrediting authority of any changes to the Prevocational Training Program, including staffing changes that may affect the program.

- **Directors of Clinical Training (DCT)** – Delegated responsibility for developing, coordinating, promoting and evaluating the prevocational training program at all sites. DCTs also have a role in longitudinal oversight, advocacy and support of prevocational doctors within the program.
- **Directors of Medical Services (DMS)** – Provides executive governance for accreditation. They approve all accreditation documents, attend survey site visits for interview and must maintain current knowledge of the prevocational training program at their sites.
- **Prevocational Clinical Training Committee (PEC/MTC)** – Oversees governance, education, training, supervision and evaluation of the prevocational program. Contributes to accreditation documents, participates in survey visits, and ensures actions are taken to address issues and maintain accreditation.
- **Assessment Review Panel** - Established at each training provider and chaired by a DCT. Includes a senior employer representative (e.g. DMS), supervisors, medical educators and other representatives. Reviews assessment outcomes using clear, transparent processes. Separate from the PEC/MTC.
- **Term Supervisors** – Implement the Prevocational Training Program within their term. Complete accreditation documentation, attend survey interviews and ensure supervision meets accreditation standards. Must have appropriate skills, authority, time and understanding of assessment processes.
- **Prevocational doctors** – Provide honest feedback to surveyors about their training experience. Attend meetings during survey visits (and monitoring visits if required) to support fair and balanced accreditation assessments.

Important Yearly Dates

Due to the annual NT-wide accreditation schedule, the accrediting authority has set deadlines for accreditation requests to allow adequate planning and ensure surveyor availability for prevocational training provider assessments.

Requests must be submitted by **1 October** in the year preceding the intended accreditation activity (e.g., requests to increase prevocational positions for the following intake year).

By this deadline:

- All requests for additional accreditation activity in the following year must be received.
- New or offsite term requests must include any required supporting evidence for accreditation assessment.

Reporting

As a formal requirement of the prevocational accreditation system, all accreditation outcomes are reported by the Prevocational Accreditation Committee (PAC) to the training provider, NTBMBA and NT Health.

Accreditation Forms – Chapter 2

The NT accrediting authority has created several forms that prevocational training providers must complete at different stages of the accreditation cycle. These forms allow providers to specify what they want accredited, review how they currently deliver education and training for prevocational doctors and assess themselves against the accreditation standards and criteria.

Description	Form Number	Relevant/Previous Linked Survey Events	Timing of Submission
Modified term	1	Modified term survey	10 weeks minimum prior to the requested modification. However, consider the 1st of October cut off if required for commencement of following year.
New/offsite term	2	New/offsite term survey	10 weeks minimum prior to the requested term receiving prevocational doctors. However, consider the 1st of October cut off for new or modified term requests if required for commencement of following year.
Application for initial prevocational accreditation or reaccreditation	3	Full initial/reaccreditation site visit	10 weeks minimum prior to the survey visit. Accreditation staff will guide submission date required.
Quality Action Plan (stages 1 + 2) (progressive document)	4	Post initial/reaccreditation site visit survey	As per prevocational training provider accreditation cycle dates.
Progress Report	5	3 years post initial/reaccreditation site visit survey	As per prevocational training provider accreditation cycle dates.
Notice of change of circumstance	8	As soon as change of circumstance occurs or is known. These should be mostly planned so as to not cause any delays to accreditation outcomes	As soon as a change of circumstance is known or is expected.

Initial/Reaccreditation – Chapter 3

Understanding the Prevocational Accreditation Standards

The prevocational accreditation standards set the minimum requirements for the supervision, education and training of prevocational doctors. They provide the benchmark against which training programs and providers are assessed and form the basis for accreditation decisions.

The national framework for prevocational medical training outlines the standards expected during the first two postgraduate years (PGY1 and PGY2) and supports the delivery of high-quality training and assessment across Australia.

Staff involved in delivering the Prevocational Training Program (PTP) should be familiar with the standards relevant to their role and responsibilities.

These and other guidelines such as the *NT Prevocational Accreditation Evidence & Rating Scale Guideline* are designed to help training providers interpret and apply the standards. They are not prescriptive but provide examples of expectations and the types of evidence that may be used to demonstrate compliance.

The following section addresses frequently asked questions about the accreditation standards and criteria.

How do we self-rate?

The prevocational accreditation rating scale is based on the Australian Council on Healthcare Standards (ACHS) EQUiP scale and is used during initial and reaccreditation surveys.

The scale ranges from **Not Met (NM)** to **Satisfactorily Met (SM)** with an additional rating available to recognise partial achievement of a standard. Training providers that exceed the expected level may receive one of the following higher ratings:

- **Extensive Achievement (EA)**
- **Outstanding Achievement (OA)**

The guidelines for standards are written at the **Satisfactorily Met (SM)** level. A rating of SM indicates that a prevocational training provider is meeting expectations. To achieve an EA or OA rating providers must demonstrate evidence of leadership, innovation, benchmarking activities and state or national engagement.

Form 3 (Application for Initial or Reaccreditation Survey) provides an opportunity for training providers to evaluate their performance against the accreditation standards. This self-assessment helps identify program strengths, areas for improvement and the evidence available to support ratings during accreditation. The process is often discussed through clinical training committees such as the PEC or MTC.

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When completing a self-assessment, providers should be realistic and evidence based. Consider what is currently in place, how consistently it is implemented and how it aligns with the relevant standards and criteria.

Accreditation surveyors are trained to apply the rating scale consistently and objectively. They assess evidence from a range of sources to determine how well each standard has been met.

Prevocational training providers are referred to the:

- Accreditation Standards (National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms) and Guidelines
- Accreditation Rating Scale
- Accreditation Step by Step Guide for specific types of survey events

How to present the evidence

The accreditation guidelines outline the evidence required to achieve a **Satisfactorily Met (SM)** rating. Providing clear, relevant evidence makes it easier for surveyors to assess compliance against each standard.

Evidence should be:

- Clearly referenced to the relevant standard or criterion.
- Presented in a logical and easy-to-follow format.
- Drawn from the period since the previous accreditation assessment.
- Demonstrative of ongoing improvement and implementation over time.

Accreditation support staff will provide an **evidence folio template** to assist with organising supporting documentation.

Evidence may be **formal** (for example meeting minutes, reports, policies) or **informal** (for example dated file notes or records of discussions). Maintaining a log of issues, actions and outcomes discussed through the clinical training committee (PEC/MTC) can provide valuable evidence of continuous improvement and program development.

By including evidence from across the accreditation period surveyors can better assess progress and recognise improvements made since the last survey.

Reducing Documentation

To minimise duplication, provide evidence **once** and reference it throughout the submission using the evidence folio template. A single document may support multiple standards or criteria if sufficient context is provided within the application.

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For example:

- **Orientation programs:** Include details of both the content and the delivery method. Orientation booklets should be specific to each term – personalised (contextualised) for that term and staff.
- **Term evaluations:** A small sample of evaluations is generally insufficient to demonstrate compliance across an entire training program. Training providers should make all end-of-term evaluations available and consider providing a summary spreadsheet of results, trends and recurring themes. Evidence of how feedback is reviewed and acted upon through clinical training committees should also be included.

Where possible, provide surveyors with a **collated summary of evaluation findings** before the survey visit. The same approach should be used for **HSEP evaluations**. De-identified evaluation forms should be available during the survey if requested.

Key Principle

Provide evidence that demonstrates not only that a process exists but that it is consistently implemented, reviewed, and used to improve the training program over time.

Accreditation Status Matrix

The **Accreditation Status Matrix** records the accreditation status of all terms approved for prevocational doctor training and reflects decisions made by the Prevocational Accreditation Committee (PAC). It is published on the accrediting authority's website and updated following each PAC decision.

The matrix is used by the NT Board of Medical Board Australia (NTBMBA), training providers and prevocational doctors to confirm that training positions and terms are accredited and meet national training, registration and certificate of completion requirements.

The PAC and accreditation team maintain the master matrix and update it as terms are accredited, modified or removed. Before an accreditation survey, training providers must submit an updated matrix showing:

- the current number of accredited prevocational positions; and
- any proposed new or modified terms and requested positions.

This information enables accreditation staff and surveyors to clearly identify proposed changes and assess requests for additional training positions.

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Sample matrix with requests included:

ACCREDITATION EXPIRES 30 SEPTEMBER 20xx								
PRIMARY ALLOCATION FACILITY (xxxxHospital)								
ACCREDITED TERMS			CURRENT			REQUESTED		
	PRIMARY SITE	AMC CATEGORY	PGY 1	PGY 2	TOTAL	PGY 1	PGY 2	TOTAL
EMERGENCY MEDICAL CARE								
Emergency Medical Care		A, C	10	10	20	10	10	20
MEDICINE								
General Medicine		B, C	10	10	20	15	15	30
Cardiology		B, C	2	3	5	3	4	7
SURGERY & CRITICAL CARE								
General Surgery		C, D	12	14	26	17	18	35
DIVISION OF WOMENS, CHILDREN & YOUTH								
Paediatrics		B, C	4	8	12	4	8	12
OFFSITE UNIT/S								
Emergency Medical Care		A, C	4	15	19	4	15	19
TOTALS			42	60	102	53	70	123

Organising an accreditation survey – Chapter 4

What resources are required?

Personnel

From the prevocational training provider's perspective all personnel involved in prevocational doctor training should be available for the survey event. An accreditation coordinator should be appointed as the primary contact for accreditation staff throughout the process. Depending on the provider's staffing structure, this role may be undertaken by the Medical Education Officer (MEO), Director of Clinical Training (DCT) or a senior medical administration officer/manager.

The accreditation coordinator should be available during all virtual and onsite survey activities. During site visits they are responsible for welcoming the survey team liaising with the accreditation representative regarding survey requirements and ensuring interview participants attend as scheduled.

Survey teams must have opportunities to meet with all staff involved in delivering the prevocational training program (PTP).

For reaccreditation site visits, new prevocational training provider site visits and offsite term site surveys, survey teams should meet with:

- **Prevocational training provider executives** including the Regional Executive Director, Director of Medical Services (DMS) or equivalent.
- **Medical education unit staff** such as MEOs, DCTs and medical administration officers.
- **Rostering and allocation staff** responsible for workforce allocations and roster development at provider or term level.
- **Clinical training committee members** (e.g. PEC/MTC) including the Chair.
- **Term supervisors** from all terms involving prevocational doctors or an appropriate delegate where the term supervisor is unavailable.
- **Prevocational doctors** working within the relevant terms, with representation from as many prevocational doctors as practicable to enable surveyors to assess the quality of the training program.

Survey Visit Facilities and Catering Requirements

Meeting and Survey Team Room Requirements

Where a survey visit is being conducted, the prevocational training provider must ensure a suitable room is available to support both survey team activities and scheduled interviews throughout the accreditation process.

The room must be available for the exclusive use of the survey team when interviews are not being conducted and must be of sufficient size to accommodate the survey team and interview participants as required. Depending on the survey schedule, additional rooms may be required if the survey team separates into sub-teams to conduct concurrent interviews. Accreditation

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staff will provide details of the survey team composition, including any sub-team arrangements, to assist in determining room capacity requirements.

The room should:

- Accommodate the survey team comfortably, with adequate workspace for reviewing documentation, conducting discussions and preparing reports.
- Be large enough to accommodate interview participants and larger meetings, including those with prevocational doctors, executive staff and Medical Education Unit (MEU) staff.
- Provide adequate lighting and a suitable working environment throughout the survey visit.
- Enable confidential discussions and be free from interruptions. Shared staff rooms or common areas are generally unsuitable unless they can be booked exclusively to ensure privacy.
- Have access to power points to support laptops and other electronic devices.
- Include telephone and/or videoconferencing facilities where interviews with off-site participants or locations are required.
- Be secure, capable of being locked if possible, and accessible to surveyors throughout the visit.
-
- Be reserved for the survey team's use for the duration of the visit, except when scheduled interviews or meetings are taking place.

Catering

Survey visits typically involve long working days, with surveyors reviewing documentation, conducting interviews, discussing findings and preparing reports.

To support the survey team throughout the visit the training provider is requested to provide:

- Drinking water throughout the day
- Tea and coffee facilities
- Morning tea
- Lunch
- Afternoon tea

To assist in maintaining the survey schedule and a professional meeting environment, it is appreciated if refreshments are replenished as required and used catering items and rubbish are cleared periodically during the day.

Provision of catering is appreciated and helps ensure surveyors and interview participants remain comfortable and focused throughout the survey visit.

Preparing for survey interviews

The most effective accreditation surveys occur when staff understand the purpose of accreditation, their role in the process and the standards relevant to their area of responsibility.

Key Topics for All Stakeholder Groups

Prior to the survey, staff should be familiar with:

- What prevocational accreditation is and why it is important.
- How accreditation is conducted.
- The *National Standards and Requirements for Prevocational (PGY1 and PGY2) Training Programs and Terms*.
- How compliance with the standards is assessed.
- The NT prevocational accreditation rating scale.
- When accreditation outcomes are communicated.

Briefing sessions should also include information tailored to each stakeholder group's role within the prevocational training program (PTP).

Stakeholder-Specific Guidance

Director of Medical Services (DMS) or Equivalent

- Understand the governance arrangements for the PTP.
- Be able to discuss executive oversight, staffing and resources provided to support the program.
- Explain how performance against accreditation standards is monitored and evaluated.

Clinical Training Committee (PEC/MTC) Chair and Members

- Be able to describe the committee's role, responsibilities and decision-making processes.
- Explain how issues are identified, actioned and evaluated.
- Discuss links between the committee and the broader training program, including off-site terms where applicable.

Medical Education Unit (MEU) Staff

- Discuss orientation and education programs, including how they are delivered, evaluated and improved.
- Explain how term evaluations are conducted and how confidentiality is maintained.
- Provide examples of changes and advocacy initiatives undertaken in response to prevocational doctor feedback.

Assessment Review Panel

- Be familiar with accreditation standards relating to assessment.
- Explain the processes used to oversee, review and support assessment of prevocational doctors.

Term Supervisors

- Understand accreditation standards relevant to term experiences.

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- Be able to discuss clinical exposure, learning opportunities, supervision arrangements and assessment processes.
- Explain how prevocational doctors are oriented to the term and how individual learning needs are supported.
- Be familiar with the AMC term guidelines and prevocational outcome statements.

Allocations and Rostering Staff

- Explain rostering principles, including ward call, remote call and other term-specific arrangements.
- Understand the accreditation requirements and ensure prevocational doctors are rostered only to accredited terms.

Prevocational Doctors

- Be encouraged to provide honest, objective feedback about their training experiences.
- Discuss both program-wide and term-specific experiences.
- Share examples of support and advocacy they have received throughout their training.

Key Principle

Survey interviews are most valuable when participants provide open, accurate and evidence-based information about their experiences and responsibilities within the training program.

New, Offsite and Modified Terms – Chapter 5

Understanding the difference between a new term, off-site term and modified term helps ensure the correct accreditation process is followed.

New Term

A **new term** is a term that has not previously been accredited for prevocational doctors.

This generally occurs when an existing prevocational training provider wants to introduce a new clinical placement within the primary allocation site's campus.

Example:

A hospital has never offered a Gastroenterology term for prevocational doctors. A supervisor is now available and can provide appropriate training, education and supervision. This would be considered a **new term**.

Off-site Term

An **off-site term** is a placement that operates within the training provider's program but is located away from the primary allocation site.

While an off-site term may also be a new term, the key factor is its **geographical location**.

Example:

Top End Regional Health Service (TERHS) is the primary allocation centre. If a regional hospital within TERHS wishes to provide a prevocational placement it would be considered an **off-site term** because it is located away from the primary allocation centre.

Modified Term

A **modified term** is an already accredited term that has undergone significant changes that may affect the prevocational doctor experience.

A review is usually required when changes have a substantial impact on:

- Workload or case mix
- Clinical experience and learning opportunities
- Supervision arrangements
- Educational activities
- Administrative or support resources

Examples of significant modifications include:

- Major service redesigns, ward closures or relocation of a term to another campus or location.
- Changes to workforce structures or rostering that affect supervision or educational opportunities.

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- Reductions in administrative support, facilities or educational resources.
- Significant changes to the number of prevocational doctors allocated to the term.

Which Process Applies?

Type	Typical Accreditation Process
New Term	Site visit or desktop review
Off-site Term	Site visit or desktop review
Modified Term	Usually desktop review

Determining the correct category is important as it affects both the accreditation process and timelines. If you are unsure whether a proposal should be treated as a new, off-site or modified term, accreditation staff can provide advice before a formal application is submitted.

Increasing the Number of Prevocational Doctors in a Term

Adding additional prevocational doctors to an accredited term can significantly affect the learning experience of all trainees. For this reason surveyors will consider whether the term can support additional positions without compromising training quality.

Key considerations include:

- Is there sufficient clinical supervision for additional prevocational doctors?
- Is the workload and case mix adequate to provide meaningful learning experiences for all prevocational doctors?
- How will clinical duties and learning opportunities be shared?
- Will rostering arrangements need to change?
- Will a new team structure be required to support the increased numbers?
- How will educational opportunities be maintained or enhanced?

Surveyors will assess whether the proposed increase will continue to provide prevocational doctors with appropriate supervision, clinical exposure and educational experiences.

For further guidance, refer to the:

- New and Off-site Term Survey Process
- Modified Term Survey Process

Providing Evidence for a New or Off-site Term

For a **new or off-site term** surveyors assess the training provider's planned approach and readiness to deliver a quality prevocational training experience.

As there are no prevocational doctors currently undertaking the term, surveyors will focus on the provider's evidence of how the term will operate if accreditation is granted.

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New and off-site terms can only be accredited for up to one year and receive a maximum rating of *Satisfactorily Met (SM)*.

A **Quality Action Plan (QAP)** is required approximately six months after the first prevocational doctor completes the term unless the timing aligns with a scheduled full accreditation survey. Copies of prevocational doctor term evaluations must also be provided within 12 months of accreditation.

Evidence to Support an Application

Examples of evidence include:

Term Supervisor

A clearly identified term supervisor should be appointed before the survey and actively involved in planning the term.

The supervisor should demonstrate an understanding of:

- Prevocational training requirements
- Accreditation standards
- Relevant policies and procedures

The supervisor should be able to explain:

- How prevocational doctors will be oriented to the term
- How supervision will be provided
- How performance will be assessed
- The expected clinical experiences and scope of practice
- How the prevocational doctor will be integrated into the clinical team

Term Information and Orientation Materials

Provide a prevocational doctor-specific orientation booklet or term guide that includes:

- Learning objectives
- Scope of practice
- Clinical and educational opportunities
- Key contacts and support arrangements
- Daily or weekly timetable
- Assessment requirements

Rosters

Provide proposed rosters that clearly show:

- Working hours
- After-hours commitments

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- On-call requirements, if applicable

Support and Escalation Processes

Document:

- Who prevocational doctors should contact for urgent clinical assistance
- Patient handover arrangements
- Term handover processes

Feedback from Current Staff

Where relevant, feedback from doctors currently working within the service can help demonstrate the suitability of the proposed term and provide useful information for surveyors.

Why Is an Orientation Booklet Required Before Accreditation?

An orientation booklet demonstrates that the training provider has carefully planned the term and understands the requirements of prevocational training.

It provides evidence that consideration has been given to:

- Learning objectives
- Clinical experiences
- Supervision arrangements
- Assessment processes
- The prevocational doctor's role within the team

For off-site terms in particular, this documentation demonstrates preparedness and a commitment to providing a safe and effective learning environment.

Key Principle

When applying for accreditation of a new or off-site term, the training provider should be able to demonstrate how it intends to meet each relevant accreditation standard and provide a high-quality training experience for prevocational doctors.

NT Prevocational training providers are referred to the:

- Prevocational Accreditation Standards (National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms) and Guidelines

Quality Action Plan – Chapter 6

An introduction to quality action plans

A **Quality Action Plan (QAP)** is a document prepared by a prevocational training provider in response to an accreditation survey report. It outlines the actions the provider will take to address any **quality improvement recommendations** or **conditions**, including timeframes and evidence of progress.

Recommendations and conditions are identified by surveyors following their assessment of the accreditation standards. A **condition** is assigned where a standard is rated **Partially Met (PM)** or **Not Met (NM)** and identifies actions required to achieve compliance. The QAP enables providers to demonstrate how they are responding to and addressing these findings.

The QAP must clearly describe:

- the actions taken or planned;
- who is responsible for the actions;
- implementation timeframes; and
- evidence of progress or completion.

QAP Submission Timeframes

Following an accreditation survey visit:

- **QAP Stage 1** is generally due **6-8 months** into the accreditation cycle.
- **QAP Stage 2** is generally due **12 months after submission of Stage 1**.

Prevocational accreditation staff will advise when a QAP is due and provide a pre-populated template. Providers must submit the completed QAP by the due date specified in the accreditation survey cycle schedule.

What is appropriate evidence for a quality action plan

The *NT Prevocational Accreditation Evidence & Rating Scale Guideline* has been developed to assist prevocational training providers preparing for an accreditation survey.

The QAP should provide evidence that demonstrates:

- What action has been taken in response to the recommendation or condition.
- Who was responsible for the action.
- What outcomes or improvements have resulted.

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Related Documents

Providers should refer to the following documents for further guidance:

- Accreditation Survey Cycle
- QAP Survey Process
- *NT Prevocational Accreditation Evidence & Rating Scale Guideline*
- *Prevocational Accreditation Standards (National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms) and Guidelines*

Change of circumstance – Chapter 7

Change of Circumstance vs Modified Term

It is important to distinguish between a **change of circumstance** and a **modified term** as different accreditation processes may apply.

- A **change of circumstance** is generally **temporary** in nature.
- A **modified term** involves a **long-term or permanent change** to an accredited term.

Examples

Change of circumstance: An accredited training provider temporarily places an additional prevocational doctor in an existing accredited term due to an unforeseen situation such as workforce pressures or a public health emergency.

Modified term: An accredited term is permanently relocated to a different campus or clinical site or undergoes significant changes to its structure, supervision or educational opportunities.

Providing Information for a Change of Circumstance Notification

A training provider is not usually required to submit extensive supporting evidence when notifying the accrediting authority of a change of circumstance. However, the provider must outline:

- The nature of the change.
- The reason for the change.
- The expected duration of the change.
- Any measures implemented to support prevocational doctors and maintain training quality and patient safety.

The **Notification of Change of Circumstance Form** provides guidance on the information and supporting documentation that may be required.

Training providers are encouraged to contact the accrediting authority if they require advice on whether a proposed change should be managed as a change of circumstance or a modified term.

Key Principle

Temporary changes should be reported as a **change of circumstance** while significant long-term changes to an accredited term should be managed through the **modified term process**.

Appeal against the Prevocational Accreditation Committee Decision – Chapter 8

Reviewing the Prevocational Accreditation Survey Report

A prevocational training provider has **14 days** from the date they receive the written accreditation decision to request a review by the PAC Chair.

An appeal may be lodged on one or more of the following grounds:

1. **An error in due process** occurred during the original decision-making process.
2. **Relevant information** provided to the surveyors was not considered.
3. The **PAC decision was inconsistent** with the evidence or information presented.
4. There was a **perceived bias** on the part of a surveyor.

Providers are encouraged to review the accreditation survey report, relevant standards and supporting documentation as soon as possible to ensure sufficient time is available to prepare and submit an appeal should they wish to do so.

To lodge an appeal the provider must complete **Form 6 – Notice of Appeal against the PAC Decision** and submit it to the accrediting authority in accordance with **Process 2.9 – Appeal against the Prevocational Accreditation Committee Decision**. **Extensions to the appeal submission deadline will not be granted.**

The prevocational training provider is responsible for substantiating the grounds of appeal and must clearly identify the specific ground or grounds on which the appeal is based.

The provider is also responsible for all costs associated with convening an Appeals Committee including (but not limited to) travel, accommodation, honoraria and recording expenses. Any additional costs incurred during the appeals process will be invoiced at its conclusion. Total appeal costs typically range between **\$20,000 and \$25,000**.

If the appeal is upheld, these costs **will not be charged to the provider**.

Notice of Suspension of Accreditation Status – Chapter 9

Any person including a prevocational training provider, its staff, prevocational doctors or external stakeholders may notify the accrediting authority of a potential breach of the accreditation standards. All notifications are taken seriously and assessed promptly to determine whether there is any risk to patient safety, prevocational doctors or the quality of the training program.

A confirmed or potential breach may affect a provider's accreditation status. Where a breach is considered serious, prevocational doctors may be required to be relocated from the provider or from the affected term(s) until the issue has been satisfactorily addressed.

Notifications must be submitted using **Form 9 – Notification of Potential Breach of Accreditation Status** as soon as the notifier becomes aware of the concern. The accrediting authority will investigate the matter in accordance with **Process 2.15 – Notification of a Potential Breach of Accreditation Status**.

Following the investigation the accrediting authority may issue a **Notice of Suspension**. This notice will detail:

- the reasons for the suspension,
- the affected term(s) or training positions,
- the actions required to address the breach and
- the timeframe for completing those actions.

Confidentiality will be maintained throughout the process in accordance with Northern Territory Government policies and applicable privacy requirements.



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