

ACCREDITATION POLICIES

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CONTEXT

The Prevocational Medical Assurance Services (PMAS) is accredited by the Australian Medical Council (AMC) as the prevocational training accreditation authority. PMAS's prevocational accreditation program implements and monitors standards for the training and welfare of prevocational trainees in their first 2 postgraduate years (PGY1 and PGY2). The Prevocational Accreditation Committee undertakes the regulatory function of term accreditation for prevocational medical education, training and supervision in the NT.

The purpose of AMC accreditation is to recognise prevocational training programs that promote and protect the quality and safety of patient care and meet the needs of the prevocational doctors and the health service as a whole. This is achieved through setting standards for prevocational training programs and recognising prevocational training accreditation authorities that assess programs against these standards

SCOPE

This policy relates to the accreditation processes implemented by the PAC for all prevocational (PGY1 & PGY2) training providers in the NT, offering prevocational doctor placements as outlined in the *Medical Board of Australia's registration standards*.

POLICY STATEMENT

1. All NT prevocational training providers must be accredited by PMAS before a prevocational doctor is placed. Accreditation processes will generally be completed within 4 months of receipt of a completed application for accreditation.
2. NT prevocational accreditation processes is cyclical as outlined in the NT prevocational accreditation cycle document. The maximum period between the prevocational accreditation surveys is 4 years.
3. The accrediting authority will establish a PAC that will review and make a final decision on the accreditation status of prevocational training providers. The PAC will have terms of reference outlining:
 - Membership
 - Term of office
 - Functions/responsibilities
4. Prevocational accreditation will be conducted by a survey team (refer to surveyor policy) and will follow the relevant accreditation process which include:
 - Full reaccreditation/initial survey process
 - New/offsite term survey process
 - Modified term survey process
 - Quality action plan process
 - Equivalence term process/notification of change of circumstance
5. At the end of each survey visit a summation debrief chaired by the survey team leader will be held with relevant staff from the prevocational training provider. The aim of this



is to communicate and review major issues which are likely to appear in the accreditation report.

6. Paper based accreditation surveys will be conducted by surveyors as outlined in the relevant survey process.
7. Accreditation will occur only if a prevocational training provider:
 - completes the required documentation within the timelines outlined in the appropriate survey process, and
 - Complies with the standards and criteria as outlined in the National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms.
8. Where documentation is received outside the timelines as outlined in the relevant process the PAC may have to reschedule the survey event.
9. Applications for new/offsite term surveys should normally be made at the time of a reaccreditation survey. No new/offsite/modified term surveys will be conducted after 1 October of that calendar year.
10. Feedback from a survey will be provided in writing as a formal report to the PAC, including all conditions and quality improvement recommendations requiring action.
11. Accreditation visits will be determined by the PAC within the prevocational accreditation cycle.
12. Any appeal against a decision will be managed according to the *Appeals Policy and Process*.
13. Prevocational training providers will be notified of accreditation status following a decision by the PAC. Ideally this will be within 2 weeks following a scheduled PAC meeting.
14. The accrediting authority's director must be immediately notified when changes occur within any prevocational training provider as the change of circumstance could affect the accreditation status of that provider or term within (as outlined in the notification of change of circumstance that may affect accreditation status process).
15. Where a term has been physically relocated to a new site, but retains the same governance, case mix, patient numbers, and prevocational doctor supervision, the term will be deemed to maintain its current accreditation. However, a notification of change of circumstance would be required to notify the accreditation manager and PAC of those changes. Where the governance is retained and the equivalent infrastructure is in place but changes are made due to the relocation to the term's case mix, patient numbers or prevocational doctor supervision, a modified term survey will be required and consideration will be given to offsite term status.
16. The accrediting authority will store accreditation documentation after any survey (in electronic form) for a minimum of 2 full accreditation cycles (8 years).
17. Accreditation of an individual term will be deemed to have lapsed if a prevocational (PGY1 or PGY2) doctor **has not** been placed in that term for a period of **greater than 2 years** since the accreditation was granted. Should this occur the term would require review and re-accreditation before a prevocational doctor is again placed in that term. Prevocational training providers will be required to notify the PAC at the time of their progress report (using the accreditation matrix), when they last had a prevocational doctor placed into that term. If they have been without prevocational doctors for a



period of time they will need to state whether or not they are seeking to retain accreditation for these terms.

18. The accreditation matrix outlines the maximum number of prevocational doctors that can be placed in each term. Any term listed on the matrix may be visited during a survey by the survey team. Prevocational doctors must not be rostered to unaccredited terms. The only exception to this statement is in exceptional circumstances and where advised by MBA/Ahpra e.g. global or local pandemic. The prevocational training provider manager responsible for prevocational doctor education and training is required to sign off on the accreditation matrix at the time of an initial/reaccreditation survey and ensure that this matrix is maintained unchanged unless a further application is made to the PAC for additional terms. Allocation sheets and rosters must reflect the names of terms used within the matrix for easy cross referencing.
19. Whilst the PAC has responsibility for the accreditation of all prevocational doctor placements there are times the recommendation for accreditation is based on the presence or absence of PGY2 doctors. In this instance this will be clearly indicated within the accreditation report and on the matrix.
20. Where a potential breach of an accreditation standard is brought to the attention of the PAC, the PAC will review the information provided and determine what actions if any are required according to the notification of a potential breach of accreditation.
21. A 360-degree evaluation process is employed by the PAC. This process seeks feedback from:
 - The prevocational training provider commenting on the survey team and the administration of the accreditation process;
 - The survey team commenting on the prevocational training provider administration of the accreditation process; and
 - The PAC commenting on the administration of the accreditation process, prevocational training provider and the survey team's compliance with accreditation processes.

SUPPORTING DOCUMENTATION

1. *Full Survey - Process 2.3*
2. *Quality Action Plans and Periodic Survey - Process 2.6*
3. *New Term Survey - Process 2.5*
4. *Appeals - Policy 1.2*
5. *Modified Term Survey - Process 2.4*
6. *Prevocational Accreditation Committee Terms of Reference*
7. *Prevocational Accreditation Cycle - Part One*
8. *Notification of Change of Circumstances that may affect Accreditation Status - Process 2.10*
9. *Notification of Change of Circumstances Form 8*
10. *Notification of a Potential Breach of Accreditation Process 2.15*
11. *Notification of a Potential Breach of Accreditation Form 10*

PERFORMANCE MEASURES/KPI

1. 100% of prevocational accreditation survey events implemented according to this policy.

ACCREDITATION POLICY



2. 100% of all notified breaches of prevocational accreditation standards are managed according to this policy.

Policy contact officer: Quality Assurance Officer

CONTEXT

Prevocational Accreditation Committee (PAC) has responsibility from the Medical Board of Australia (MBA) as the NT Accrediting Authority for the accreditation of prevocational (PGY1 & PGY2) training programs. A prevocational training provider has the right to appeal any accreditation decision made by the PAC.

SCOPE

Any prevocational training provider that is the subject of an accreditation decision may, within 14 days from receipt of written advice of the accreditation decision, apply to the Chair of the PAC to have the decision reviewed by an appeals committee for any or all of the following reasons:

1. An error in due process occurred in the formulation of the earlier decision;
and/or
2. Relevant and significant information which was available and provided to the surveyors was not considered in the making of the recommendations;
and/or
3. The decision of the PAC was inconsistent with the information put before that committee;
and/or
4. Perceived bias of a surveyor.

POLICY STATEMENT

1. Appeals committee:

The accrediting authority's director or delegate on notification from the Chair of the PAC will establish an independent appeals committee consisting of at least three people including:

- a. A Chair (can be one of the experienced surveyors); and
 - b. A minimum of two experienced surveyors, none of whom were on the original survey team. At least one of these surveyors will be from an external organisation (e.g. another Postgraduate Medical Council, AMC, etc.); and
 - c. Any other independent person who was not a party to the accreditation decision to which the appeal relates.
2. A staff member from the accrediting authority who was not a party to the accreditation decision to which the appeal relates, shall be secretariat to the appeals committee but shall not form part of the appeals committee.
 3. Only written submissions will be considered.
 4. The appeals committee must act according to the laws of natural justice and decide each appeal on its merits.
 5. The appeals committee is not bound by the rules of evidence and is subject to the rules of natural justice. It may inform itself on any matter and in such a manner as it thinks fit.



APPEAL AGAINST THE PAC DECISION POLICY

6. The appeals committee will inform the accrediting authority's director or delegate in writing of their advice regarding the appeal before them.
7. The accrediting authority's director or delegate will inform the PAC in writing of the appeals committees' advice.
8. The PAC will be bound to accept the advice of the appeals committee and will uphold or set aside the accreditation decision accordingly. The prevocational training provider will retain its earlier accreditation status during the appeal process.
9. The appeals committee Chair will have the final vote in the situation where the appeals committee decision is tied.
10. The accrediting authority's director or delegate will notify the prevocational training provider of the appeals committee outcome in writing.
11. The prevocational training provider shall be liable for the costs associated with the convening of the appeals committee and will be liable for any additional costs incurred during the appeal, which will be billed at the conclusion of the appeal. If the appeal is successful any associated or additional costs of the appeal will not be billed to the prevocational training provider.

SUPPORTING DOCUMENTATION

1. *Appeals against Accreditation Committee Decision - Process 2.9*

PERFORMANCE MEASURES/KPI

1. 100% of appeals against PAC decisions managed according to this policy

Policy contact officer: Quality Assurance Officer

PREVOCATIONAL TRAINING PROVIDER ALLOCATION

STATUS POLICY

POLICY 1.3

Approved by PAC: 2015

Last Amended: June 2023

Next Review: June 2026

CONTEXT

The capacity of training providers is to provide the range of experiences required by a prevocational (PGY1 & PGY2) doctor to meet the requirements of the national framework for unrestricted general registration with the Medical Board of Australia. In the case of PGY2s, be exempt from the additional continuous professional development requirements to obtain a certificate of completion. There is a need to differentiate between prevocational training providers in order to:

1. Identify those prevocational training providers capable of providing all compulsory intern terms, and
2. Provide guidance to providers as to the specific requirements for:
 - a. Primary accreditation status, and
 - b. Secondment/offsite accreditation status.

SCOPE

This policy relates to prevocational training providers who deliver prevocational training programs for PGY1 and PGY2 doctors. A full survey must be undertaken prior to a decision about the status level.

POLICY STATEMENT

Primary allocation status is awarded when a prevocational training provider offers all compulsory intern terms required for PGY1 registration, as outlined in the Medical Board of Australia's registration standards: continuing professional development can be provided and the provider meets the national standards and requirements for prevocational (PGY1 and PGY2) training programs and terms.

Offsite Allocations

1. Secondment/offsite allocation status is available to prevocational training providers which cannot provide all compulsory terms but can offer either:
 - a. one or more compulsory terms, or
 - b. one or more non-compulsory terms which are a minimum of 5 weeks duration.
2. Secondment/offsite allocation status may apply to a single hospital, general practice, community or other placement.

PREVOCATIONAL TRAINING PROVIDER ALLOCATION

STATUS POLICY

PGY1 Requirements

1. Interns (PGY1) are required to rotate through training terms to experience a range of clinical experience, for a minimum of 10 weeks per term. The clinical experience must incorporate training terms that provide the following experiences:
 - a. *Undifferentiated illness care*
 - b. *Chronic illness care*
 - c. *Acute and critical illness care*
 - d. *Peri-operative/procedural care*
2. A range of other approved terms to make up 12 months (minimum of 47 weeks full time equivalent service).
3. Complete a minimum of 4 training terms with a maximum of 50% in any one clinical specialty and 25% in any one subspecialty, a maximum of 20% in a service team, and at least 50% being part of a clinical team.
4. Complete the assessment requirements that consist of:
 - a. Training term assessments: mid-term and final term for each training term.
 - b. Entrustable Professional Activities (EPAs): at least 2 per training term and at least 10 over the PGY1 year.

Primary allocation status applies to a single prevocational training provider (which may have one or more campuses).

PGY2 Requirements

The new prevocational framework will formally include the PGY2 training year, providing greater support and breadth of clinical experience to consolidate clinical skills. Under the new national framework PGY2s will be required to:

1. Rotate through training terms to experience a range of clinical experience, for a minimum of 10 weeks per term. The clinical experience will incorporate training terms that provide the following experiences:
 - a. *Undifferentiated illness care*
 - b. *Chronic illness care*
 - c. *Acute and critical illness care*
2. Complete a minimum of 3 training terms with a maximum of 25% in any one clinical subspecialty, a maximum of 25% in a service team, and at least 50% being part of a clinical team.
3. Maximum 1 term not in direct clinical care.
4. A range of other approved terms to make up 12 months (minimum of 47 weeks full time equivalent service).

Medical practitioners are required to complete and record the equivalent of 50 hours of continuing professional development (CPD) to meet the [MBA's Registration standard: Continuing professional development](#). Participating in an accredited PGY2 training program education activities, will meet the MBA's CPD requirements.

PREVOCATIONAL TRAINING PROVIDER ALLOCATION

STATUS POLICY

SUPPORTING DOCUMENTATION

The Medical Board of Australia registration standard on granting general registration to Australian and New Zealand medical graduates on completion of internship (PGY1) and certificate of completion for PGY2.

PERFORMANCE MEASURES/KPI

1. 100% of facilities with primary allocation status are capable of providing all compulsory terms required to obtain unrestricted general registration and certificate of completion as evidenced by copies of term allocation lists for prevocational doctors.

Policy contact officer: Quality Assurance Officer



CONTEXT

The Prevocational Accreditation Committee (PAC) recognises that appropriate supervision is critical to the training and development of all prevocational doctors. Supervision of prevocational (PGY1 & PGY2) doctors is necessary to ensure the safety and wellbeing of the patients as well as the practitioners themselves.

SCOPE

This policy relates to all prevocational training providers which may have primary allocation accreditation status or secondment (offsite) accreditation status. The supervision policy statements are applicable to:

1. All periods of duty, including regular day, evening, night and weekend shifts; and
2. All prevocational terms including relieving terms.

For this policy “clinical supervision” involves direct or indirect monitoring of prevocational doctors by a more senior medical practitioner to:

- a) Ensure practices are performed safely for both patients and prevocational doctors (*clinical oversight*);
- b) Provide prevocational doctors with training, feedback and assessment of clinical procedures and patient care (*educational supervision*); and
- c) Ensure prevocational doctors have access to appropriate supports for administrative, human resource, mentorship and counselling functions (*administrative and professional supervision*).

POLICY STATEMENT

1. Prevocational doctors must be supervised at all times regardless of which shift they are working or the location of their workplace. This supervision must ensure a safe clinical environment for patients and a safe learning environment for the prevocational doctor.
2. A prevocational doctor will only assume responsibility for or perform practices and procedures in which they have sufficient experience and expertise.
3. A term supervisor will make themselves known to the prevocational doctor and ensure that they are aware of the name and contact details of their supervisor at all times of service during the term. This will include appropriate handover of supervision when the term supervisor is absent.
4. The prevocational training provider manager is responsible for ensuring that there is continuity of responsibility for supervision during periods of supervisor leave.
5. A clinical supervisor can be a medical practitioner with unrestricted general registration with the Medical Board of Australia and should be at least PGY3 level, such as a registrar.



6. The term and clinical supervisor will be aware of their responsibilities in providing clinical supervision and will have demonstrated competencies to provide clinical supervision to prevocational doctors.
 - a. The midterm assessment should be completed by the primary clinical supervisor. Registrars may also complete the assessment with formal sign-off by the primary clinical supervisor.
 - b. The term supervisor is responsible for the end-of-term assessment. To support flexibility in different settings, the term supervisor may delegate assessment to another clinical supervisor (such as a registrar or another consultant), who may fill in the information on the term assessment form and have an initial discussion with the prevocational doctor. The term supervisor must then counter sign the form. The supervisor gives a global rating of progress towards completion of PGY1 or PGY2.
7. The term and clinical supervisor will offer a level of supervision appropriate to the competence and experience of the individual prevocational doctor. The level of supervision of the prevocational doctor will also depend on:
 - a. Health service setting,
 - b. Type of term, and
 - c. Complexity of patient care.
8. The term supervisor or delegate supervisor/s will be responsible for:
 - a. The orientation of the prevocational doctor to the term and developing mutually agreeable educational objectives appropriate to their level and health service setting at the beginning of the term;
 - b. The welfare of prevocational doctors allocated to their team or term;
 - c. Ensuring appropriate supervision for patient safety;
 - d. Enabling provision of training to meet the learning objectives of the term and completion of assessment tools;
 - e. Monitoring prevocational doctor progress;
 - f. Facilitating where necessary access to appropriate human resource, administrative, counselling, professional development and mentorship functions, either directly or by appropriate referral or delegation;
 - g. Recognising a prevocational doctor in difficulty, so as to provide additional support. (DCT will be notified where additional support is required); and
 - h. Completed mandated term supervisor training within 3 years of implementation of the national framework.
9. Entrustable professional activities (EPAs):

Supervisors and/or registrars are able to assess some EPAs after completing training. Other members of the health care team, such as a nurse or ward pharmacist, might also conduct or contribute to an EPA assessment in a term, where the supervisor deems this suitable. At least one EPA per term should be assessed by the primary clinical supervisor or an equivalent specialist.
10. The prevocational training provider will:
 - a. Ensure every prevocational doctor has a term supervisor allocated for each term;



- b. Ensure there is continuity of supervision during periods of supervisory leave (if the supervisor is not present onsite, supervision must be delegated to another suitably experienced medical practitioner onsite);
 - c. Monitor the workload of supervisors to ensure they can effectively fulfil their roles as clinical supervisors;
 - d. Ensure induction/orientation are provided for all staff responsible for supervising prevocational doctors which clarify their roles and responsibilities for supervision;
 - e. Ensure the adequacy and effectiveness of prevocational doctor supervision is evaluated;
 - f. Ensure that the term and clinical supervisors have the relevant capabilities and an understanding of the processes involved, including incorporating specific training in using term and EPA assessment forms in their supervisor support and development programs, in addition to general training in assessment and feedback skills. Training may also include supervisor 'frames of reference' and calibration of ratings to improve reliability and validity of the assessment processes;
 - g. Encourage and support prevocational doctors to take responsibility for their own performance and to seek feedback;
 - h. Provide regular feedback to prevocational doctors on their performance and ensure feedback from supervisors is received every term;
 - i. Have clear procedures to immediately address any concerns about patient safety arising from a prevocational doctor's performance;
 - j. Document prevocational doctors' performance in assessments; and
 - k. Identify prevocational doctors who are not performing to the expected level and develop and deliver a performance improvement plan.
11. Levels of supervision for prevocational doctors are:
- a. Level 1 supervision – the supervisor or delegated nominee is onsite at all times and is physically present with the prevocational doctor in the performance of the prevocational doctor's duties.
 - b. Level 2 supervision – the supervisor or delegated nominee is offsite, but available onsite within 10 minutes and regularly reviews all cases that the prevocational doctor is involved in.
 - c. Level 3 supervision – the supervisor or delegated nominee is offsite, but accessible promptly by telephone at all times and should be able to attend if needed.
 - d. Level 4 supervision – the supervisor or delegated nominee is offsite, but accessible by telephone at all times.
 - e. Level 5 supervision – the supervisor or delegated nominee is offsite but accessible by telephone during usual rostered business hours.
 - f. Unsupervised –
 - i. the supervisor or delegated nominee is not physically present (Level 1 requirement) onsite;
 - ii. is not immediately available by phone or able to attend if needed; and/or
 - iii. the prevocational doctors access to the supervisor or delegated nominee is impeded (e.g. in theatre with no delegated nominee to replace).

SUPERVISION POLICY



Please Note: Unsupervised is where the prevocational doctor is unable to access appropriately qualified assistance or observation when needed which is likely to lead to the harm of a patient or the prevocational doctor.

12. The allocation site director of medical services is responsible for ensuring that the appropriate level of supervision is available and provided.
13. Term supervisors must ensure that supervision of prevocational doctors:
 - a. Is adequate at all times, to ensure safe patient care, and
 - b. Provides a safe learning environment for the prevocational doctor, and
 - c. Meets the criteria as per the definition of level 1 or level 2 supervision.

In considering this, term supervisors should be aware of the skills and experience and workloads of all supervisors within their teams.

14. DCTs must ensure that supervisors are aware of their responsibility to determine the appropriate proximity of supervision, by considering the clinical situation, and the knowledge and experience of the prevocational doctor.

SUPPORTING DOCUMENTATION

- The Medical Board of Australia Registration standard on granting unrestricted general registration to Australian and New Zealand medical graduates. In the case of PGY2s, be exempt from the additional continuous professional development requirements to obtain a certificate of completion.
- AMC national standards and requirements for prevocational (PGY1 and PGY2) training programs and terms.
- Accreditation Policy 1.1

PERFORMANCE MEASURES/KPI

1. 100% of prevocational training provider supervision is performed according to this policy
2. Ongoing feedback from the NT Junior Medical Officer Forum

Policy contact officer: Quality Assurance Officer



CONFLICT OF INTEREST POLICY

POLICY 1.5

Approved by Management Committee and PAC: 2016

Last Amended: June 2023

Next Review: June 2026

CONTEXT

Membership of the Prevocational Medical Assurance Services (PMAS), its committees/panels, secretariat and its accreditation survey teams may, for a variety of reasons, be perceived to have the potential for a conflict of interest. All members and staff are expected to make decisions responsibly and to apply standards in a consistent and an impartial fashion.

SCOPE

This policy relates to all work undertaken on behalf of the PMAS, including the work of committees and panels, accreditation survey teams and the secretariat. For the purposes of this policy, “Committee” will be taken to include the PMAS committees, panels and the accreditation survey teams.

POLICY STATEMENT

A conflict of interest may be seen to exist on a particular issue if a person has a direct or indirect financial interest in the issue or a direct or indirect interest of any other kind such as an employee’s immediate family/other family and friends financial or other private interests, where the interest could conflict with the proper exercise of the person’s functions in relation to their work or decision-making. The PMAS recognises that there is extensive interaction between prevocational training providers and other stakeholders, so that individuals are frequently involved with a number of programs. The PMAS does not regard this to be a conflict.

All committee members will complete an initial written declaration of conflict of interests and confidentiality statement. This is to be updated where a change has occurred for any member by completing a new declaration and recorded in the applicable committee minutes and register.

At all meetings, there will be an agenda item for committee members to declare conflict of interest at the beginning of the meeting for any of the agenda items. There will also be opportunity for members to raise conflicts throughout the meeting as they arise.

SUPPORTING DOCUMENTATION

1. *Conflict of Interest Process 2.11*
2. *Surveyor Conflict of Interest Policy 5.5*
3. *NT Health Conflict of Interest Policy*
4. *NT Health Conflict of Interest Declaration Procedure*

PERFORMANCE MEASURES/KPI

1. 100% of all PMAS members and staff make decisions responsibly, and apply standards in a consistent and in an impartial fashion as outlined within this policy.
2. 100% of all PMAS committees complete the declaration of conflicts of interests and confidentiality form and follow up as often as required where any changes may occur.



CONFLICT OF INTEREST POLICY

3. 100% of all declared conflicts of interest in PMAS committee meetings are recorded and actioned.

Policy contact officer: Quality Assurance Officer

CONTEXT

Members of the Prevocational Medical Assurance Services (PMAS) committees, panels, secretariat and accreditation surveyors are expected to consistently strive to improve all of PMAS services including prevocational (PGY1 & PGY2) accreditation services to maintain highest standards. A continuous improvement process will ensure that all aspects of PMAS services including prevocational accreditation are measured and are fit for their purpose and meet our stakeholder's needs and expectations.

SCOPE

This policy applies to all work undertaken as part of the PMAS including the work of committees, panels and secretariat. For the purposes of this policy "committee" will be taken to include the prevocational accreditation committee and panel, Intern application allocation panel and any other working group, etc. that may be formed from time to time in order to deliver PMAS functions.

POLICY STATEMENT

Continuous improvement is a long term approach to work that systematically seeks to achieve small, incremental changes in processes in order to improve efficiency and quality. It is the responsibility of every worker.

SUPPORTING DOCUMENTATION

1. *Continuous Improvement Process 2.12*
2. *Continuous Improvement Registers*

PERFORMANCE MEASURES/KPI

1. 100% of notifications of continuous improvement requests are managed according to this policy

Policy contact officer: Quality Assurance Officer

OUT OF SESSION MEETING POLICY



POLICY 1.7

Approved by Management Committee: 2017

Last Amended: June 2023

Next Review: June 2026

CONTEXT

The Prevocational Medical Assurance Services (PMAS) committee meeting dates are pre-planned for the year ahead however a number of issues may arise which requires immediate action/resolution in between scheduled meetings. On occasions like this an out of session committee meeting will be held.

SCOPE

This policy applies to all PMAS committees and for the purposes of this policy “committee” will be taken to include the prevocational accreditation committee and panel, Intern application allocation panel and any other working group, etc. that may be formed from time to time in order to deliver PMAS functions.

SUPPORTING DOCUMENTATION

1. *Out of Session Committee Meeting Process 2.13*

PERFORMANCE MEASURES/KPI

1. 100% of out of session committee meetings are managed according to this policy

Policy contact officer: Quality Assurance Officer



CONTEXT

Prevocational accreditation survey visits and submission dates are determined by the length of accreditation status awarded by the Prevocational Accreditation Committee (PAC) and are stipulated in the accreditation cycle provided to the prevocational training provider following a reaccreditation survey visit.

In the event of a prevocational training provider requiring an extension (submission due date/survey visit) due to unforeseen circumstances, the Prevocational Medical Assurance Services (PMAS) manager may negotiate and grant an extension if the proposed timeframe does not place any undue pressure to the accrediting authority following due process, allowing a timely outcome and response. If a prevocational training provider requires an extension to the expiration of its accreditation status, the PAC will be responsible for reviewing and granting an extension.

SCOPE

This policy applies to all PMAS survey (visit/desktop) – planned and unplanned.

SUPPORTING DOCUMENTATION

1. *Extension Process 2.14*
2. *Prevocational Accreditation Cycle*

PERFORMANCE MEASURES/KPI

1. 100% of extension requests are managed according to this policy

Policy contact officer: Quality Assurance Officer