Australian
Medical Council Limited

2024 Accreditation Submission Guide:

Prevocational Training Accreditation Authorities

Northern Territory Prevocational Medical Assurance Services

Due: 26 April 2024

Contents

Introduction 3
Purpose of the assessment 3
Overview of the assessment process 3
Accreditation submission 4
Guide on formatting and submitting to the AMC 4
Contact AMC Staff 5
Prevocational training accreditation authority details 6
Verify submission reviewed 6
Part 1. Executive summary 7
Part 2. Addressing assessment and accreditation domains 10
Domain 1: Purpose and governance 10
Domain 2: Independence 19
Domain 3: Operational Management 23
Domain 4: Processes for accreditation of prevocational training programs 28
Domain 5: Stakeholder collaboration 41
Part 3. Response to Medical Training Survey 45

Introduction

This guide sets out the information required of prevocational training accreditation authorities preparing for an accreditation review by the Australian Medical Council. The AMC uses the accreditation submission as the basis of the assessment of the programs and the provider, and supplements this with information and evidence gathered during the assessment. This guide is for accredited education providers[1] whose period of accreditation is due to expire and are preparing for an AMC assessment. Education providers in this category include:

- prevocational training accreditation authorities with *initial accreditation,* and
- established prevocational training accreditation authorities granted AMC accreditation and seeking *reaccreditation*.

Purpose of the assessment

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.

Each prevocational training accreditation authority undergoes a reaccreditation assessment by an AMC team at least every eight years.

From 2024, AMC accreditation assessments are conducted against the approved accreditation domains, *Domains for assessing prevocational training accreditation authorities*.

The assessment will follow the process set out in the. *Procedures for assessing and accrediting prevocational training accreditation authorities*.

Overview of the assessment process

The AMC writes to the prevocational training accreditation authority in advance of the accreditation assessment requesting a submission and providing a draft timeline for the assessment. The timeline will be negotiated between the prevocational training accreditation authority and the AMC.

The Prevocational Standards Accreditation Committee appoints an assessment team to complete the detailed assessment. The team will consider whether the prevocational training accreditation authority has demonstrated that it is meeting or will meet the requirements of the document, *Domains for assessing prevocational training accreditation authorities*.

The team considers the prevocational training accreditation authority's documentation (including this submission), undertakes a program of meetings and prepares a report. The report is considered by the Prevocational Standards Accreditation Committee, which makes a recommendation on accreditation to the AMC Directors. The Directors make their decision within the options described in the Procedures. The AMC then provides an accreditation report to the Medical Board of Australia.

In these accreditation reviews, the AMC will follow the standard procedures which apply to the conduct of accreditation assessments. These cover matters such as: conflicts of interest, confidentiality, AMC conduct, appointment and work of the team, reviews and complaints.

[1] The National Health Practitioner Regulation Law Act 2009 uses the term ***education provider*** for organisations that may be accredited to provide education and training for a health profession. The term covers universities; tertiary education institutions, other institutions/organisations that provide vocational training; or specialist medical colleges or other health profession colleges. For consistency, the AMC uses National Law terminology.

Accreditation submission

The AMC asks authorities undergoing review to provide their accreditation submission three to four months before the AMC assessment.

The team conducting the assessment will meet to consider this submission. If necessary, the team will then provide guidance on areas where further information should be presented. If in doubt about the level of detail to be presented, please seek guidance from AMC staff in the first instance, who may seek advice from the team chair.

Guide on formatting and submitting to the AMC

The accreditation submission should be a **complete document** providing summary answers to all topics covered in this guide. To prepare the documentation required for an AMC review, the applicant should start with this guide then consider any other relevant external reports, including any previous reviews. The format of this guide reflects the requirements of *Domains for assessing prevocational training accreditation authorities*:

1. **Purpose and governance –** The accreditation authority is committed to ensuring high quality education and training, and to facilitating training to meet the health needs of the community. The Prevocational training accreditation authority effectively governs itself and demonstrates competence and professionalism in performing its accreditation role.
2. **Independence –** The accreditation authority independently carries out accreditation of prevocational training programs.
3. **Operational management –** The accreditation authority effectively manages its resources to perform functions associated with accrediting prevocational training programs.
4. **Processes for accreditation of prevocational training programs –** The accreditation authority applies the *National standards and requirements for programs and terms* in assessing whether programs enable PGY1 doctors to progress to general registration and PGY2 doctors to progress to receiving a certificate of completion. It has rigorous, fair and consistent processes for accrediting prevocational training programs.
5. **Stakeholder collaboration –** The accreditation authority works to build stakeholder support and collaborates with other prevocational training accreditation authorities and medical education standards bodies.

Format

Part 1: Executive summary

The executive summary should be brief and highlight any major developments since the last accreditation, and the strengths of and challenges facing the authority.

Part 2: Addressing accreditation domains

From the submission, the AMC team will attempt to gain an overall picture of the prevocational training accreditation authority, its policies and procedures, and the structures relevant to its prevocational training accreditation role. Of equal importance to this factual information is the reflection on and critical analysis of performance and plans against the domains and the prevocational training accreditation authority's own objectives. Under each domain, the applicant should identify relevant strengths and challenges, and the processes for addressing the challenges, with examples.

Part 3: Response to results of the Medical Training Survey

The Medical Training Survey (MTS) was developed by the Medical Board of Australia and the Australian Health Practitioner Regulation Agency (Ahpra). The inaugural survey was run in 2019.

The AMC is asking the prevocational training accreditation authority to comment on how it has used, or has plans to use the results from the MTS.

Word length

The submission should be a complete document providing summary responses to all the topics covered in this guide. The AMC has not specified a maximum word length for the submissions but the team will appreciate clear, direct and succinct statements. These will enable useful dialogue between the team and the prevocational training accreditation authority, as well as a collegial and constructive process.

Appendices

Please append detailed documents, such as handbooks and policy documents. In the submission, please ensure it is clear how the appendix addresses the standard and if applicable, draw the team's attention to any relevant parts of the appendix.

Please submit the report electronically via email to prevac@amc.org.au.

Contact AMC Staff

If you have any questions about the information required, please contact AMC staff.

Name: Ms Tahlia Christofersen, Accreditation Officer, Prevocational Accreditation

Email: tahlia.christofersen@amc.org.au or phone: 02 6270 9707.

Please check this information is correct

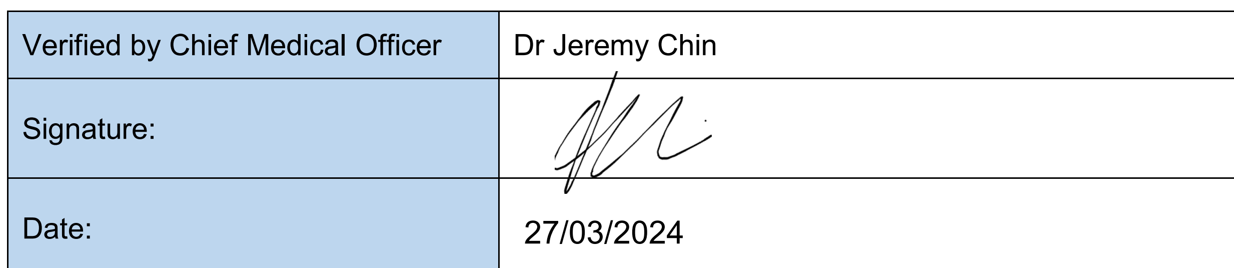
Prevocational training accreditation authority details

Authority name:	Northern Territory Prevocational Medical Assurance Services
Address:	PO Box 40596, Casuarina, NT 0811

Chief Medical Officer:	Dr Jeremy Chin
Telephone number:	08 8922 7725
Email:	Jeremy.Chin@nt.gov.au
Manager	Maria Halkitis
Telephone number:	08 8999 2836
Email:	maria.halkitis@nt.gov.au METC.DoH@nt.gov.au
Officer to contact regarding the submission:	Maria Halkitis
Telephone number:	08 8999 2836
Email:	maria.halkitis@nt.gov.au METC.DoH@nt.gov.au

Verify submission reviewed

The information presented to the AMC in this submission is complete, and it represents an accurate response to the relevant requirements.



Verified by Chief Medical Officer	Dr Jeremy Chin
Signature:	
Date:	27/03/2024

Acronyms

- Accreditation Continuous Improvement Register - ACIR
- Administrative Officer - AO
- Advanced Completion within 60 days - AC60
- Australian Medical Council - AMC
- Canberra Region Medical Education Council - CRMEC
- Central Australia Health Service - CARHS
- Chief Medical Officer - CMO
- Confederation of Postgraduate Medical Education Councils - CPMEC
- Conflict of Interest - COI
- Expression of Interest - EOI
- Full Time Equivalent - FTE
- Governance Committee - GC
- High Priority Requirement - HPR
- Junior Medical Officer Forum - JMOF
- Medical Board of Australia - MBA
- Medical Education and Training Centre - METC
- Medical Education Officer - MEO
- Medical Education Unit - MEU
- Medical Director - MD
- Medical Training Survey – MTS
- National Prevocational Medical Training Framework - The Framework
- NT accrediting authority - PMAS
- Northern Territory Postgraduate Medical Council - NTPMC
- Out of Session - OOS
- Prevocational Accreditation Committee - PAC
- Prevocational Accreditation Panel - PAP
- Prevocational Medical Assurance Services - PMAS
- Prevocational Training Provider - PTP
- Principle Officers - POs
- Quality Action Plan - QAP
- Terms of reference - ToR
- Top End Regional Health Services - TERHS

Part 1. Executive summary

This section should highlight significant developments since the last accreditation, including the strengths of the education provider and the challenges faced. Details of this summary should be elaborated under **Part 2: Addressing the accreditation domains**.

Following is a general guide and questions for the authority to consider in the structuring of the executive summary.

- Provide a summary of **significant developments** undertaken or planned since the last accreditation assessment (initial accreditation). The response may highlight:
  - changes in governance structure of functions.
  - changes in operational management
  - changes in processes for accreditation of prevocational training programs
  - Significant reviews/evaluations/consultation undertaken resulting in change
- Briefly highlight the strengths of the authority, the main areas of excellence in the accreditation of prevocational training programs since the last accreditation.
- Briefly describe the challenges faced by the authority, the main areas presenting complications or obstacles in the accreditation of prevocational training programs against the accreditation domains.
- Provide a brief commentary on the impacts of the COVID pandemic and related restrictions on the authority's operations and processes.
- Provide commentary on the authority's implementation of the *National Framework for Prevocational Medical Training*.

The most recent agency restructure came into effect on 1 July 2021 with changes through the NT Health Service ACT 2021 integrating the NT Health system into a single organisation with 5 service delivery regions **(Folio 1).** The NT accrediting authority (PMAS) remains within the Office of the Chief Medical Officer (OCMO) which sits in the Commissioning and System Improvement Division (previously known as Sector System Leadership) allowing PMAS to continue fulfilling its role as the NT accrediting authority.

Recruitment for the Chief Medical Officer (CMO) position has been completed with Dr Jeremy Chin commencing in the role in February 2024. Dr Karen Stringer has been able to provide continuity to PMAS through her nominal role as the Senior Medical Advisor within the OCMO and retaining the role of PMAS Medical Director (MD).

PMAS nominal manager (Shirley Bergin) is continuing to undertake professional development with the current manager (Maria Halkitis) continuing to act in the role. Even though this arrangement has not created any gaps in the delivery of accreditation services, it is acknowledged that permanent recruitment to this position would be preferential to ensure staffing stability, continuity and capacity building.

To support the implementation of the new National Prevocational Medical Training Framework (the Framework), NT Health has committed an additional resource to support the delivery of accreditation services.

The COVID-19 pandemic saw the PMAS Governance Committee (GC) go into abeyance. A review of PMAS functions, governance and resourcing was undertaken. The need for the reinstatement of the GC was not supported following this review with the responsibility to ensure the appropriate resourcing and prioritisation of prevocational accreditation remaining with the MD with support from the CMO.

The PMAS governance structure is a reflection of the reporting lines adopted since the commencement of the pandemic with the Prevocational Accreditation Committee (PAC) and Prevocational Accreditation Panel (PAP) continuing to provide the governance and management of the accreditation service as independent entities.

In recognition of the impact of the pandemic, in 2022 the PAC approved a 12 month extension to the prevocational accreditation status of all NT regional health services **(Folio 2, 3 & 4)**. This was on the proviso that an additional progress report was to be provided in the interim. Accreditation assessments and outcomes continued to be met throughout the pandemic using online portals where necessary.

A key strength of PMAS is the overall staffing stability over the years which has not only provided business continuity, corporate knowledge retention and strengthening of stakeholder engagement but also continuous refinement of the NT prevocational accreditation system.

PMAS values stakeholder relationships and has worked hard on strengthening and forging new relationships with stakeholders which has allowed for the exchange of ideas, advice and resources.

A challenge that PMAS continuously manages is the transitory nature of the NT's medical workforce with COVID-19 further impacting this. PMAS increased contact with both the Medical Education Unit (MEU) staff and prevocational doctors to ensure the safety and wellbeing of patients and prevocational doctors and the provision of contingency plans during these challenging times.

Maintaining and increasing the pool of surveyors has been at times difficult. Training is delivered twice per year (with the exception of 2019 due to COVID-19 restrictions). The use of interstate surveyors has increased however accreditation services have been delivered within the allocated budget due to surveyors volunteering their time and experience. Increased stakeholder engagement over time with the support of the CMO and MD will allow for service delivery to continue to be managed within the allocated budget.

Another challenge has been supporting facilities in the uptake of PGY2 accreditation given it is not yet nationally mandated. PMAS continues to work with all NT health services towards achieving PGY2 accreditation in preparation for the implementation of the Framework PGY2 requirements in 2025.

PMAS has completed the review of the NT prevocational accreditation system and documents which can be found on the PMAS website to align with the Framework. PMAS is continuing to work closely with its local prevocational training providers and national counterparts to ensure appropriate ongoing implementation of the Framework, and the development of shared resources.

In closing I would like to thank PMAS staff and stakeholders who contribute their time and knowledge in supporting the delivery of prevocational accreditation services, for their commitment and passion in ensuring prevocational doctor and patient health, safety and wellbeing.

Part 2. Addressing assessment and accreditation domains

This section is for the authority to provide a description of its operations and processes, including **reflection and critical analysis** of its performance and plans against the accreditation domains. Evidence should be provided to address the individual attributes, including pertinent documents and data tables. Relevant strengths and challenges should be identified by the authority, including processes for addressing specific challenges.

Domain 1: Purpose and governance

The accreditation authority is committed to ensuring high quality education and training, and to facilitating training to meet the health needs of the community. The prevocational training accreditation authority effectively governs itself and demonstrates competence and professionalism in performing its accreditation role.

Current accreditation status:	**Met**

The response to this domain should encompass the following:

- Describe how the authority is committed to ensuring high quality education and to facilitating training to meet health needs of the community. [1.1]
- A short summary of the history of the prevocational training accreditation authority– when established, major milestones. [1.2]
- The mission and/or purpose of the organisation and the range of roles it undertakes. Describe any reviews of the purpose in the last three years. [1.2]
- The prevocational training accreditation authority's governance structures and functions, including, the selection processes and membership of the governing committee, roles and responsibilities of senior officers, and if relevant the members of the authority. [1.2 and 1.6]
- Describe how the governance and management structures give appropriate priority to the accreditation of prevocational training programs. This should include consideration of the impact of these programs on patient safety and the way they address the wellbeing of junior doctors. [1.3]
- An outline of the structure and accountabilities for managing the prevocational training accreditation function. Please include a flow chart to illustrate reporting relationships. [1.3]
- Practices to review the effectiveness of the organisation's governance, and competence and professionalism in the prevocational training accreditation role. Specifically outline any governance reviews in the last three years and the resulting changes. [1.3]
- Information to demonstrate business stability, including financial viability. [1.4]
- Information to demonstrate the authority's accounts meet relevant Australian accounting and financial reporting standards. [1.5]
- Information which shows the current level of stakeholder input into governance, for example a list or diagram indicating the committees/boards etc. that include the stakeholders listed in attribute 1.6 and other stakeholders or any policies on stakeholder contribution to governance. [1.6]
- Other relevant strengths and challenges in relation to the governance of the prevocational training accreditation authority, plans for development and the processes for addressing the challenges, with examples.

Attributes

1.1 The prevocational training accreditation authority is committed to ensuring high quality education and training, and to facilitating training to meet health needs of the community.

The PAC has developed a robust and transparent accreditation system based on national and international best practice. The system encourages quality improvement to ensure the highest quality education and training for prevocational doctors and collaboration between prevocational training providers and PMAS.

The accreditation system is designed to evolve therefore there is ongoing review and development of components of the accreditation system to ensure currency and excellence **(Folio 5**).

PMAS appreciates and encourages the involvement of all stakeholders in the implementation and improvement of the prevocational accreditation system through:

- Implementation of a prevocational doctor survey which is conducted on an annual basis looking to identify concerns in the delivery of high quality training.
- Opportunity for stakeholders to make an anonymous notification to PMAS through the PMAS website.

A review of the PAC and PAP terms of reference (ToR) was undertaken with a focus on aligning with the new Framework and to continue to strengthen the membership which further supports the delivery of high quality education and training, and meeting the health needs of the community. In addition to the consumer/community representative, membership now includes representation from an Aboriginal peak body, the local medical school (Flinders University), Chair of the NT Junior Medical Officer Forum (JMOF) and specialist training colleges **(Folio 6)**.

NT Health recognised the need to continue delivering high quality accreditation services to support the training needs of prevocational doctors and the implementation of the new Framework and accreditation standards. This commitment is reflected in the approval for PMAS to recruit an additional 1 FTE at an administrative officer (AO) level 6 on an ongoing basis **(Folio 7)**.

1.2 The prevocational training accreditation authority is, or operates within, a legally constituted body subject to a set of external standards or rules related to governance, operation and financial management.

The Northern Territory Postgraduate Medical Council (NTPMC) was established in 1998 with membership including a broad range of stakeholders.

In 2006 the NTPMC fell into abeyance until July 2008 following the NT Review of Medical Education and Training in 2007.

A Chair was appointed by the NT Minister for Health when the NTPMC was re-established in July 2008. From 2008 until 2015, the NTPMC continued to administer and provide intern accreditation services across the NT.

In 2015, the Medical Education and Training Centre (METC) was formed to facilitate and coordinate medical education and training, support health services with the policy and process for prevocational recruitment, lead and support workforce planning to achieve sustainable workforce in the NT and be a point of jurisdictional coordination in relation to medical staff matters. The function of prevocational accreditation was transferred to the METC and remained in this area as it related to and could inform other prevocational medical matters **(Folio 8)**.

In January 2018, the METC transferred under the People and Organisational Capability Division of NT Department of Health, and in early 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 Office of the Chief Medical Officer which sits within the Commissioning and System Improvement division (previously known as Sector and System Leadership Division and Organisational Capability Division prior to that) with no changes made to its functions.

PMAS is subject to the NT government's legislation regarding governance, operation rules and standards. This includes the NT Financial Management Act and regulations for all financial operations.

The PAC and PAP have been established as independent entities and provide the governance and management of the accreditation service, thereby preventing 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. The NT is a small jurisdiction with a limited pool of stakeholders to draw from so some roles are an appointment by default of holding a position (e.g. Medical Education Officers (MEO) or by invitation to the relevant organization to nominate an appropriate representative. In most cases representatives have a conflict of interest (COI) and that is managed as per the COI policy (**Folio** 9). In making appointments to the PAP and PAC, regard is given to ensuring appointees have skills and experience as appropriate to undertake accreditation functions. Further information on the PMAS governance and management structure, relevant ToR and membership of the PAC and PAP can be found in the Committee and Panel Member Handbook **(Folio 6 Page 10-13)**. Secretariat support is provided by PMAS staff who also manage the accreditation activities.

1.3 The prevocational training accreditation authority's governance and management structures give appropriate priority to accrediting prevocational training programs, including considering the impact of these programs on patient safety and the way programs address the wellbeing of prevocational doctors.

PMAS's mission is to ensure *"All prevocational medical trainees in the Northern Territory have access to quality training, supervision and safety of practice*" and operates under a governance model which has adopted and expanded on the United Nations characteristics of good governance **(Folio 6 page 10)**.

The functions of PMAS are to facilitate, promote and support prevocational medical education and training by:

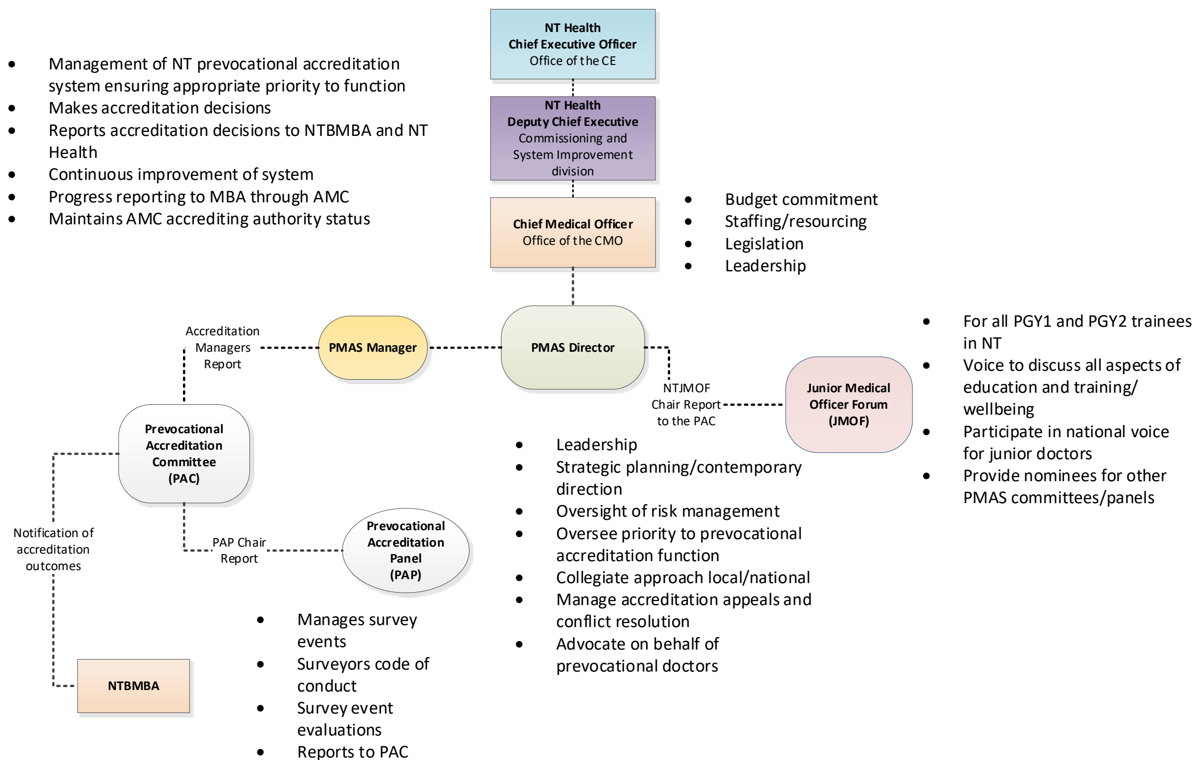
- Providing and maintaining NT prevocational accreditation services;
- Working with NT health services on policy and processes for recruitment of prevocational medical staff;
- Coordination of the NT Bonded Medical Scheme;
- Contribute to prevocational workforce planning & mapping in the NT; and
- Monitor the health and wellbeing of prevocational medical trainees.

As already stated prevocational accreditation is governed by the PAC and PAP. The remaining function of PMAS are managed by the manager and governed by the MD of PMAS with the support of the CMO **(Folio 6 page 13)**.

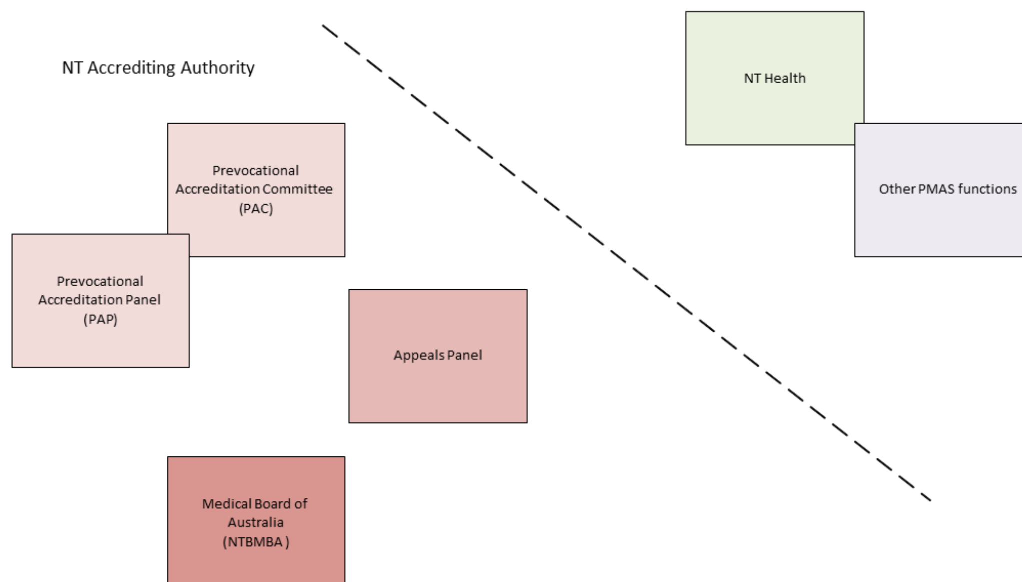
As PMAS sits within NT Health there is an inherent close working relationship through the MD and the CMO **(Folio 56)**. The MD is responsible for supporting the provision of strategic leadership and direction to the prevocational medical education and

accreditation services in the NT. The CMO is responsible to ensure that PMAS delivers on the required outcomes for prevocational medical education and training. The CMO provides additional strategic leadership and direction on prevocational medical workforce.

PMAS's governance and management reporting lines are reflected in the flowchart below.



PMAS's structure shows that it is separate from the prevocational accreditation service provided. Transparency for prevocational accreditation service is maintained at all times. The below diagram reflects the role separation of PMAS as the NT accrediting authority accountability and responsibility vs NT Health and PMAS's other functions.



PMAS also has a prevocational accreditation roles, accountability, consultation and information register which clearly identified the work area and relevant stakeholder roles and responsibilities **(Folio 10)**.

Regular scheduled meetings between the accreditation manager and the MD allow for continuous review of the PMAS business unit work load allocation to ensure that prevocational accreditation services are not compromised. The advocacy and support from the MD in the prioritisation of the delivery of accreditation services was instrumental in securing approval of an additional 1 FTE in the PMAS team on an ongoing basis. PMAS has been fortunate to have dedicated and committed stable staffing which has not only provided retention of corporate knowledge but also extensive network building with stakeholders.

PMAS has a comprehensive list of documents of interest and use to key stakeholders in delivering prevocational accreditation services which can be found on the PMAS website. This includes an appeals policy and process to guide any appeals or grievances regarding prevocational accreditation processes or systems **(Folio 11 & 12)**.

PMAS actively encourages, supports and undertakes reviews of the effectiveness of its governance, competence and professionalism in the prevocational training accreditation role **(Folio 119)**. Continuous improvement is everyone's responsibility with staff and stakeholders encouraged to provide feedback on all of PMAS functions. This is through:

- Evaluations following prevocational accreditation survey events (surveyors and the training provider being assessed) **(Folio 13 & 14)**. A summary of these is then also reviewed by the PAP **(Folio 15 & 16)**.
- Annual evaluations of committee, panel and stakeholders **(Folio 17 & 18).**
- PMAS staff meetings/de-briefs.

Suggestions received are recorded in the accreditation continuous improvement register **(Folio 19)** and actioned accordingly by the relevant staff/committee/panel. A continuous improvement process ensures prevocational accreditation services are measured and are fit for purpose and meet stakeholder needs and expectations.

PMAS's prevocational accreditation system implements and monitors standards for both the safety of patients and the training and welfare of prevocational trainees. At all 3 levels of governance (survey team, PAP & PAC), a strong focus is placed on assessing whether the prevocational training provider has clear procedures to immediately address any concerns about patient safety related to prevocational doctor performance, including appropriate communication procedures to enable immediate action. Additionally indicators such as the case mix and workload, the quality and modality of education programs, the provision of advocacy and pastoral care and the accessibility of personnel who support the prevocational training program are considered. This approach supports patient safety and the way programs ensure the wellbeing of prevocational doctors.

A recent example of this is evidenced by the decision not to approve the requested number of accredited positions within the unit **(Folio 20)**. In this example a training provider requested to increase the number of prevocational positions with the survey team only recommending to the PAP and PAC a partial increase. This was to ensure patient and trainee safety and wellbeing given this term did not already have PGY1 positions accredited and caution was taken in light of the impact of the new Framework. This decision was informally challenged by the head of department with PMAS addressing concerns raised with the response acknowledged and accepted by the Director of Medical Services **(Folio 21 & 22)**.

Accreditation has been suspended and then subsequently withdrawn from a term; those involved in the delivery of accreditation services are not reluctant to do so again should this be required due to significant concerns about patient safety and prevocational trainee health and wellbeing **(Folio 23)**.

PMAS not only supports prevocational trainee health and wellbeing through the accreditation standards but also through the provision of information in the "Guide for interns in the NT" section 6 **(Folio 24)**. This guide provides prevocational trainees with information to assist their transition from medical student to medical practitioner. It acknowledges they will be faced with many new challenges and provides information about looking after themselves and where to access help should they need it. This is also recognised by PMAS achieving accreditation by the Australian Medical Council (AMC).

1.4 The prevocational training accreditation authority is able to provide assurance of the ongoing viability and sustainability of the organisation in delivering accreditation services.

The financial position of PMAS remains stable with funding continuing to be provided from NT Health in an annual budget as well as receiving the Australian Health Practitioner Regulation Agency (Ahpra) contribution to deliver accreditation services in the NT for PGY1 positions with no changes in the management of these budgets. As stated in attribute 1.1 NT Health has acknowledged the additional work required to implement the Framework and has committed an additional 1 FTE at an AO level 6 on an ongoing basis to support PMAS in delivering accreditation services into the future **(Folio 7)**.

The MD is responsible for:

- Providing leadership and strategic direction to PMAS in relation to education, training and accreditation in the NT.
- Providing risk management oversight.

The MD's job description provides further information on their role and responsibilities **(Folio 25)**.

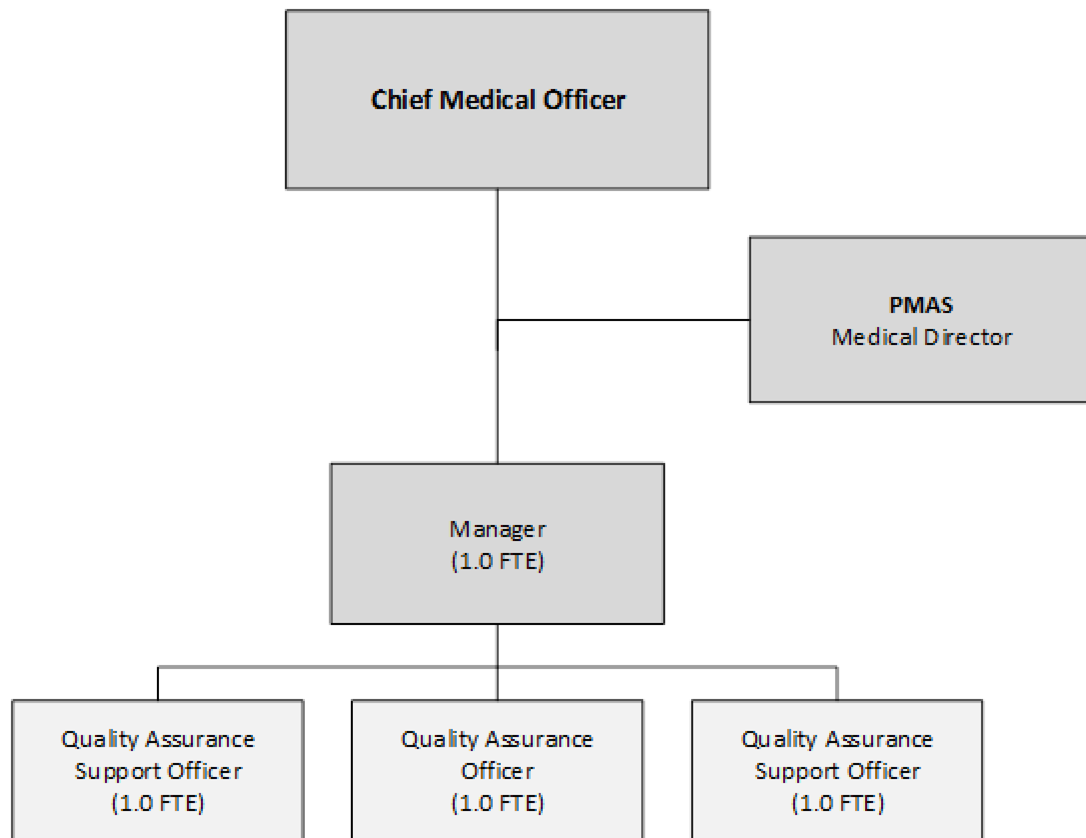
The manager is responsible for:

- Delivering high level strategic prevocational accreditation services that maintain prevocational accrediting authority status for the NT.
- Providing system wide advice and support for strategic prevocational medical education and training.
- Management of the functions of PMAS.
- Oversight of human and financial resourcing.

The manager's job description provides further information on their role and responsibilities (**Folio** 26). PMAS has a further 3 FTE which support the ongoing viability and sustainability of PMAS to continue delivery accreditation services well into the future. These are:

- 1 x AO7 Quality Assurance Officer **(Folio 27)**.
- 2 x AO6 Quality Assurance Support Officers **(Folio 28)**.

The below reflects the PMAS staffing position profile.



1.5 The prevocational training accreditation authority's accounts meet relevant Australian accounting and financial reporting standards.

PMAS is primarily funded by NT Health and receives a small funding contribution from the Medical Board of Australia (MBA) through Ahpra for the delivery of intern (not PGY2) accreditation services. The manager is the cost centre manager for PMAS which includes funding for the delivery of accreditation services.

The manager reports to the MD on a fortnightly basis in regards to the financial management of PMAS and has monthly meetings with the finance department to ensure all financial and accounting practices within PMAS follow the NT Financial Management Act and regulations for all financial operations. This ensures financial management and reporting complies with national and state legislation, financial reporting and accounting practices. As part of the Ahpra contract PMAS provides a 6 monthly report on the accreditation services delivered which includes a financial statement relating to the expenditure for the accreditation function **(Folio 29)**.

There has been no indication from NT Health or the MBA/Ahpra that there will be any changes in the future which may hinder PMAS's capacity to deliver prevocational accreditation services.

1.6 There is a transparent process for selecting the prevocational training accreditation authority's governing body.

As stated, prevocational accreditation is governed by the PAC and PAP. The remaining function of PMAS are managed by the manager and governed by the MD with the support of the CMO. Recruitment and selection for the MD, CMO and PMAS staff follows the NT Government public service recruitment and selection policy.

The PAC and PAP provide the governance and management of the accreditation service as independent entities. All committees and panels have a chair either

appointed through an expression of interest process (EOI) **(Folio 30)** or elected from the membership of the respective committee or panel. This process is managed at arm's length from the OCMO to ensure no perceptions of 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.

The MD then assesses and endorses the recommendation and the CMO confirms the appointment of the Chair **(Folio 31)**. Due to the small pool of stakeholders where membership can be drawn from, there are some positions such as the MEO and Directors of Clinical Training (DCT) which are included by default. Other positions are either filled through a nomination by their representative organisation e.g. vocational training representative **(Folio 32)**, or through an EOI on the PMAS website and through online platforms **(Folio 33 & 37)** or direct invitation due to their contribution to prevocational medical training through research projects, conference presentations, etc. All members appointed are provided with the TOR and "Declaration of COI form" must be signed prior to participating in any meetings **(Folio 34)**.

Being a small jurisdiction this presents as a challenge for PMAS as COI will always arise however these are managed as per the COI policy and process **(Folio 9 & 35)**. Due to the transient nature of staffing in the NT overall a further challenge is having all membership positions filled on an ongoing basis. This is something that PMAS actively works towards however is not always achieved.

1.7 The prevocational training accreditation authority's governance arrangements provide input from stakeholders, including health services, prevocational supervisors and prevocational doctors.

PMAS committees and panels have a cross section of stakeholders that input into the governance of the PAC and PAP as the governing body of accreditation services. PMAS undertook a review of the ToR of the governance of prevocational accreditation with a focus on aligning with the Framework and diversify the membership to enhance the independence required for the delivery of accreditation decisions; this also supports and encourages broader input from key stakeholders. Membership now includes representation from an Aboriginal peak body, the local medical school (Flinders University), the Chair of the NT JMOF and specialist colleges **(Folio 6)**.

As mentioned earlier being a small jurisdiction the pool of representatives in each stakeholder group is limited which may present a challenge. The consumer/community member and Aboriginal representative positions are currently vacant. PMAS has launched a variety of strategies to recruit to these positions however none of these have been successful to date **(Folio 36, 38, 39 & 40)**. PMAS is exploring other avenues to fill these roles including continuing to work with stakeholders through network building and potentially engaging through the Chief First Nations Health Office. There is also an active EOI on the PMAS website as we recognise this is an ongoing challenge.

PMAS has worked diligently to include all stakeholders in the accreditation decision making processes to ensure stakeholders have a voice and can participate in the processes used to make good policy and deliver on programs and services. Further information on the current PAC and PAP membership can be found in **Folio 41**.

Strengths and challenges

Being a smaller jurisdiction there is agility to respond to issues as they arise and ability to get feedback from services, and implement change. The PAC formed a Framework working group following an EOI process with membership including DCTs, MEOs, clinical supervisors, prevocational doctors and an experienced surveyor. The working group contributed and supported the review of the NT prevocational accreditation

system to meet the AMC requirements. Changes implemented to the accreditation system are fit for purpose whilst remaining sensitive to the impact these changes may have on service delivery **(Folio 42)**.

As already stated in the report, being a smaller jurisdiction can sometimes mean fewer resources within stakeholders which can be challenging in meeting the governance requirements for the delivery of the accreditation function. This can include PMAS staffing, surveyors and committee and panel membership. Even though this is an identifiable challenge for PMAS, specifically for the PAC and PAP, it has not hindered the delivery of accreditation services. PAC and PAP 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 or if a quorum is not achieved during a planned meeting and accreditation decisions need to be made. PMAS has an out of session (OOS) policy and process **(Folio 43 & 44)** to facilitate the ongoing delivery of accreditation services.

PMAS is also required to manage the conflict of interest (COI) that many of our stakeholders face through being involved in the governance of the accreditation function. PMAS views this as a strength as being a smaller jurisdiction, the management of COI across health administration in the NT is frequently practiced and tested. Even though the PAC and PAP membership is passionate and committed about medical education, training and its accreditation processes which can cause an overlap in their varied roles and responsibilities, they acknowledge the need to declare and manage any perceived and real interests being in conflict with the decision making process. Further details on how PMAS manages COI is detailed in attribute 2.2 of this submission.

PAC and PAP agendas and corresponding minutes of meeting (OOS emails if a quorum was not achieved) for meetings held in 2023 and early 2024 have been provided in folios 57 to 64.

Domain 1: Documents to be provided Please provide the **latest version** of these documents as an appendix (as an attachment **or** link to the prevocational training accreditation website as appropriate).	
☐	Constitution
☒	Most recent Annual Report, including financial statements – PMAS does not have an independent annual report. The NT Health annual report can be found on this link NT Health annual report 2022-23
☒	A diagram or diagrams showing the prevocational training accreditation authority's governance structure
☒	If separate from the Constitution, the terms of reference of the governing authority and committees associated with the prevocational training accreditation role
☐	Reports of any relevant reviews of the organisation
☐	Strategic plan or other document to demonstrate accreditation is a priority area
☒	Copies of the agendas and minutes for the last three meetings of each governance body (de-identified as required)

Domain 2: Independence	
The accreditation authority independently carries out accreditation of prevocational training programs.	
Current accreditation status:	**Met**

The response to this domain should encompass the following:

- Practices employed to support the independence of the accreditation function, such as:
  - Any agreements or regulations that help to define the prevocational training accreditation authority's independence. [2.1]
  - Internal structures or processes that specifically contribute to independence of accreditation decision making, for example:
    - A hierarchy of committees providing for review/balanced decision making, including governance-level structures, different levels of decision-making, stakeholder input.
    - Delegation or defined processes for staff decision making concerning accreditation
    - Evidence of applying mechanisms to insure independence from potential sources of undue influence
    - Relevant elements of the prevocational training accreditation authority's risk management plan. [2.1]
- As examples of processes, any situations in the last 12 months where the independence of decision making about accreditation of prevocational training programs or posts has been threatened, and the response. [2.1]
- Procedures for managing conflicts of interest in the work in the committees and officers of the prevocational training accreditation authority. [2.2]
- Other relevant strengths and challenges in relation to the governance of the prevocational training accreditation authority, plans for development and the processes for addressing the challenges, with examples (e.g. review of conflicts of interest policy).

Attributes

2.1 The prevocational training accreditation authority makes decisions about accrediting programs independently. There is no evidence of undue influence and the authority can demonstrate mechanisms for managing potential undue influence from any area of the community, including government, health services or professional associations.

PMAS, as the prevocational training accreditation authority for the NT continues to undertake the accreditation of prevocational training programs and terms adopting systems and structures that ensure these functions remain independent of the NT Department of the Health and the regional training provider. PMAS has no formal agreements or regulations that help to define its independence. The Chairs of the PAC and PAP are both independent members. All stakeholders involved with the governance of prevocational accreditation contribute to the intent and practice of independence which has been maintained throughout the years.

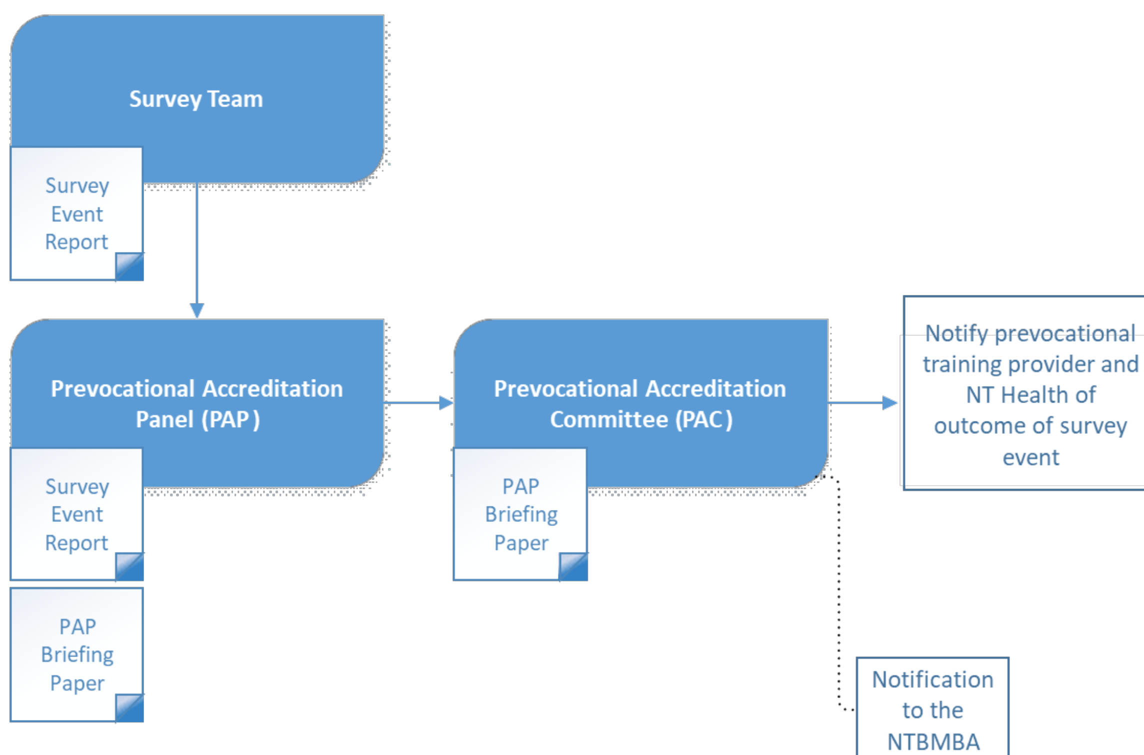
As reported in previous progress reports and even though there have been a number of departmental organisational changes, there has been no identified or reports of undue influence or impact on PMAS's independence to meet its goals and objectives.

This is supported by the vigorous governance structure around accreditation decisions of prevocational training programs and terms, the stability of staffing and strong long term committee/panel membership along with the pool of surveyors who are independent of NT Health or a regional prevocational training provider. This enables PMAS to coordinate and manage the accreditation service for the NT.

PMAS uses 3 layers of governance to support the independence of prevocational accreditation decisions. Surveyors, who are independent from the NT Health regional training provider are engaged to undertake accreditation surveys. These surveyors are appointed by the PAC and are responsible for the assessing the accreditation standards and drafting the survey report **(Folio 120 & 127)**. The report includes recommendations, any conditions that maybe required to be met by the prevocational training provider and the recommended period for accreditation **(Folio 65)**. The PAP then reviews the survey report, in doing so assesses that surveyors and administration staff have completed the survey as per the surveyors code of conduct, followed accreditation system policies and processes and that there were no issues or conflicts of interest raised during the process. The PAP, if satisfied, will then endorse the survey teams' findings or is not satisfied will provide alternative recommendations to the PAC through a briefing paper **(Folio 66)**.

The PAC considers the PAP's recommendations and makes the final accreditation decision on prevocational training programs and terms. The outcome is then communicated to the prevocational training provider, the NT Medical Board of Australia and NT Health Chief Executive **(Folio 67, 68 and 69)**.

The below flowchart reflects the prevocational accreditation decision making process.



The PAC and PAP are independent of the other functions of PMAS. Although the committee and panel are funded largely by NT Health and the funding contribution from the MBA through Ahpra, it retains its independence in terms of prevocational accreditation system and decision making. PMAS provides progress reports to Ahpra quarterly regarding accreditation activities undertaken and the acquittal of the funding provided.

PMAS prevocational accreditation systems and the governance of decision making processes are outlined in the policies, processes and guideline available on the PMAS website. This provides a rigorous and transparent approach to accreditation decisions.

As stated in attribute 1.7 PMAS undertook a review of the ToR of the governance of prevocational accreditation (PAC and PAP) with a focus on aligning with the Framework and to diversify and strengthen the membership to further enhance the independence required for the delivery of accreditation decisions. Membership now includes representation from an Aboriginal peak body, the local medical school (Flinders University), Chair of the NT JMOF and specialist colleges (2).

PMAS staff are instrumental in ensuring that accreditation decisions are independent, managing any conflicts of interest and ensuring there is no undue influence from any area of the community, including government, health services or professional associations; this stance is also supported by the MD who works within the department and is not aligned to either of the allocating prevocational training sites. Building the capacity of PMAS staff in relation to our accreditation function continues to be a priority to ensure succession planning and back up support to cover for period of leave and should there be any unforeseen need.

PMAS continues to improve our accreditation performance through regular review of our policies and processes to ensure they remain contemporary and close any gaps that may have existed. This includes the staff training on the recognition and management of conflicts of interests and confidentiality. The membership of the PAC and the PAP is regularly assessed to ensure accreditation decision making is made by experienced and committed stakeholder groups, including consumers and community representatives.

PMAS reports within the Office of the CMO which reports to the Commissioning and System Improvement Division (previously known as Sector System Leadership). The CMO now sits on the NT Health Leadership Board. The PMAS MD directly reports to the CMO. This ensures that PMAS has a direct line of communication through the MD to the NT Health executive leadership team and can support and escalate strategic issues or risk whilst still allowing independence in the delivery of accreditation services.

The MD has oversight of PMAS' processes and strategic direction however they are not a member of the PAP or PAC and therefore have no involvement in the decision making process for prevocational accreditation. By being independent of this process it allows them to have the independence to provide NT Health advice and be informed on areas of concern without unduly influencing any accreditation decisions that need to be made. This role is the conduit to NT Health and through the OCMO interacts with the regional Directors of Medical Services and other medical leader, and assists in driving cultural change and perceptions within the clinical environments our prevocational trainees work in. The MD is a strong advocate for medical education and the importance and value of accreditation in our health services for both acute care and primary care settings.

The independence of decision making in regards to accreditation has not been threatened to date. The prevocational accreditation system has an appeals policy and process to follow should this be required **(Folio 11 and 12)**.

2.2 The prevocational training accreditation authority's governing body has developed and follows clear procedures for identifying and managing conflicts of interest.

NT is a small jurisdiction and conflict of interest is managed through clear procedures. In addition to the information included within the committee and panel handbook

(Folio 6) PMAS has both a COI policy and process **(Folio 9 and 35)** to support staff in managing stakeholder COI. This includes the selection of surveyors and invitation to join the PAP and PAC. Each PMAS staff member and panel/committee member signs a Declaration of Conflict of Interest and Confidentiality form **(Folio 34)**. Committee and panel members are also encouraged to undertake the surveyor training so that they understand all aspects of the accreditation system.

There are also clear and well established processes for the management of conflicts of interest at the PAP and PAC meetings. Members with identified COI are not provided with meeting papers for that particular agenda item **(Folio 53 & 54)**. Members with a known COI (or where identified during a meeting) are asked to leave the meeting prior to the discussion of the relevant agenda item/s. Any COIs are identified as part of the meeting agenda and recorded in the minutes of meetings **(Folio 47, 48, 61 and 62)**.

In addition, prevocational training providers are provided advanced notice of the survey team members and given the opportunity to raise any perceived COI or issues that may preclude the nominated surveyor/s from participating in that survey. If any conflicts of interest are raised these are either managed by the manager prior to the survey event assessment or depending on the circumstances, taken to the PAC for consideration and decision making. This doesn't occur often, however, a situation did arise when preparing for a reaccreditation survey whereby the prevocational training provider raised a COI concern about one of the proposed surveyors **(Folio 70)**. This potential COI was also flagged by the proposed surveyor **(Folio 71)**, as the proposed surveyor had been employed by the training provider within the previous 12 months and this would therefore not meet PMAS COI policies and processes. On review this was identified as a PMAS administrative error, as it was thought that the proposed surveyor had not been employed with that training provider for over 2 years. It was therefore determined that the proposed surveyor would not participate in this survey. This demonstrates the robustness of the system and the awareness demonstrated by both potential surveyors and the training provider.

By virtue of being NT government public servants, staff are also bound by the NT governments' code of conduct and NT Health's COI policy and process outlining accountability for the access and dissemination of government information **(Folio 72, 73 & 74)**.

All surveyors sign a surveyor position description which outlines their code of conduct, responsibilities and how their performance is evaluated **(Folio 75)**.

Domain 2: Documents to be provided Please provide the **latest version** of these documents as an appendix (as an attachment **or** link to the prevocational training accreditation website as appropriate).	
☐	Copies of formal agreements to act as the prevocational training accreditation authority
☒	Procedures for managing conflict of interest if separate from constitution, for example Terms of Reference of the Accreditation committees

Domain 3: Operational Management	
The accreditation authority effectively manages its human to perform functions associated with accrediting prevocational programs.	
Current accreditation status:	**Met**

The response to this domain should encompass the following:

- Practices the prevocational training accreditation authority employs to ensure that its accreditation activities are supported by appropriate human and financial resources. Please address the direct resources of the prevocational training accreditation authority, the support available to it through health services (e.g. accreditation surveyor time) and collaboration with other bodies. [3.1]
- How the prevocational training accreditation authority evaluates the adequacy of its resources. Give examples of changes made as a result of review in the last three years. [3.1 and 3.2]
- Challenges and risks facing the prevocational training accreditation authority in resourcing its accreditation activities for the next three years. [3.2]
- Processes for monitoring and continuous renewal of structures, functions and policies relating to prevocational training accreditation. Summarise important changes in the last three years that have resulted from these processes. [3.2]
- The prevocational training accreditation authority's approach to risk management. [3.2]
- How the prevocational authority adopts a quality improvement approach to its accreditation standards and processes, including any mechanisms to benchmark to overarching national and international structures of quality assurance and accreditation. [3.3]
- Details of the systems for managing information and records, and ensuring confidentiality. [3.4]
- Other relevant strengths and challenges in relation to operational management, plans for development and the processes for addressing the challenges, with examples.

Attributes

3.1 The prevocational training accreditation authority manages human and financial resources to achieve objectives relevant to accrediting prevocational training programs.

The PMAS manager with support from the MD through fortnightly meetings effectively manages the day to day and regular administrative activities, including the management of financial and human resources to successfully deliver accreditation services and meet program objectives.

PMAS continues to receive an annual budget allocation from NT Health, in addition to the MBA/Ahpra funding contribution. There has been no indication from NT Health or the MBA/Ahpra that there will be any changes in the future that may affect PMAS's capacity to deliver prevocational accreditation services.

The manager is the cost center manager for both the general PMAS and accreditation budget. Monthly meetings are held with the relevant NT health finance unit to ensure ongoing monitoring, with the manger also reporting to the MD in regards to the financial position of PMAS. The CMO has ultimate financial accountability for PMAS functions. All PMAS staff observe and follow the NT government procurement, financial and

travel policies when undertaking accreditation surveys, with these outlined in the surveyor guidelines **(Folio 76).**

PMAS has been fortunate to retain current staff for an extended period of time which has allowed both continuity and capacity building to ensure succession management. As a result of this staff retention and capacity, minimal impact on the accreditation system and processes would be expected, should a staff member become unavailable or leave the accreditation team. This was evident, with the redeployment of the long-term manager in January 2021, where the position was filled internally from existing PMAS staff with no impact on the ongoing and successful delivery of the prevocational accreditation function.

PMAS is well supported by NT Health regional health services in the provision of personnel to be trained as surveyors **(Folio 77)**, however surveyor selection remains a challenge due to the small pool of staff and to achieve diversified representation and availability. To address this PMAS has successfully retained several doctors who previously undertook prevocational training in the NT, as accreditation surveyors despite their move interstate,

PMAS continues to train new surveyors and further build the capability of existing experienced surveyors as survey team leaders **(Folio 78)**. All surveyors have their performance reviewed through an evaluation that is routinely conducted following the prevocational accreditation survey event. The evaluation responses are reviewed by the PAP **(Folio 15 & 16)**. Survey team members are also provided with constructive feedback from the survey team leader to assist them further develop their skills and knowledge in prevocational accreditation surveying **(Folio 79)**.

PMAS is also keen to work with the Confederation of Postgraduate Medical Education Council's (CPMEC) in developing/maintaining a national surveyor register, as this would provide the NT increased opportunity to identify and utilise interstate surveyors. PMAS is currently collaborating with the Canberra Region Medical Education Council (CRMEC) on the delivery of surveyor training. This is a great opportunity for both jurisdictions to support and enrich the surveyor training experience. Cross jurisdictional participation of surveyors is also an option to further support surveyor professional development and expand the available surveyor pool.

PMAS is alert to opportunities to increase the pool of surveyors, for example the recent engagement of a prevocational doctor from South Australia to undertake a reaccreditation survey visit planned for 2024. This came about through network building with stakeholders.

In addition to surveyors, the regional health services provide and release representatives to attend the PAP and PAC. Other medical education and training stakeholder groups also provide representatives for these committees where required. These membership positions are by invitation and nominations from stakeholder groups are sought where a position or role is not already filled. PAP and PAC members volunteer their time however the position for the consumer/community and Aboriginal peak body representatives is remunerated by PMAS as those members may by virtue of attending any meetings have a loss of income.

3.2 There are effective systems for monitoring and improving prevocational training accreditation processes and for identifying and managing risk.

PMAS has a continuous improvement policy and process **(Folio 80 and 81)** where all members of committees, panels, surveyors and staff are expected to consistently strive to improve all of PMAS services including prevocational accreditation services

to maintain the highest standards. A continuous improvement process ensures that all aspects of PMAS services including prevocational accreditation are measured and are fit for their purpose and meet our stakeholders and community's needs and expectations.

To monitor the effectiveness of the prevocational accreditation system, PMAS utilizes a number of methods including an online evaluation requesting feedback from all stakeholders involved in the survey; this includes both training provider staff and surveyors **(Folio 119, 13 and 14)**. Feedback is collated and presented to the PAP by the manager for discussion and appropriate action. Required actions are then recorded in the accreditation continuous improvement register (ACIR) which is monitored by the manager with ongoing reporting to the PAC on work completed to date **(Folio 49 agenda item 5.7)**.

A recent example, identified following a reaccreditation survey, was that the current status table did not detail specific locations accredited for the Population & Primary Health Care rotation **(Folio 19 – ACIR 2023-005)**. To rectify this a new register was created listing all accredited locations within this term **(Folio 82)**.

PMAS encourages stakeholders to raise any suggested improvement, concern or issue with any part of the accreditation system. The suggestion, concern or issue is recorded, actioned by the appropriate person and/or committee/panel with final oversight by the PAC.

An example of review and improvement, was the formation of a working party in 2023 to review and update all accreditation system documents to align with the new Framework **(Folio 19 – ACIR 2023-002)**. Previously this continuous improvement process has guided the improvements and refinement of the prevocational accreditation system that is now in use **(Folio 81)**.

PMAS has defined processes for the review and evaluation of accreditation documents/resources that underpin our system **(Folio 5)**. The system document register is maintained by the manager and lists all documents that relate to accreditation services and timeframes for documents review and evaluation by the PAC, if not reviewed before.

PMAS's risk management system identifies potential risks and mitigations to ensure effective accreditation systems, processes and survey activities. This approach is underpinned by NT Health's risk management policy and framework **(Folio 83)**. PMAS does not have a separate risk management policy to NT Health however PMAS does have an accreditation service risk plan/register **(Folio 84)**.

The robust monitoring processes in place in the prevocational accreditation system, means that the risk of finding a prevocational training provider non-compliant which may call for the refusal to award or withdraw accreditation, although possible it is highly unlikely.

To manage the risk of refusal or withdrawal of accreditation, PMAS has adopted High Priority Requirement (HPR) and Advanced Completion within 60 days (AC60) ratings. To determine if a HPR or AC60 should be awarded surveyors would undertake a risk analysis using the likelihood versus consequences matrix **(Folio 85)**.

These extra risk assessment ratings give surveyors the opportunity to risk manage any high priority or more serious risks that they identify regarding a training provider's capacity to be compliant with the national standards for prevocational training programs and terms. These extra steps prior to awarding a refusal or withdrawal of accreditation status are used by the survey team leader where they believe that an acceptable level of performance can be achieved in a short timeframe, either 60 days for an AC60 or within a predetermined time frame for a HPR, where it is deemed to be

a high risk to prevocational doctors and/or patients **(Folio 23)**. Not all the standards are worthy of a HPR or AC60 and therefore it is important that the risk assessment is undertaken if a concern/issue is identified.

If any of these ratings need to be awarded, the team leader would immediately notify the training provider's executive and the PMAS manager of their concerns and intention to award a rating that requires immediate attention. The manager would also directly notify the PAC Chair to discuss the survey team's findings and notify the NTBMBA. It is anticipated that these steps would ensure the safety and wellbeing of patients and prevocational doctors.

Patient safety and a safe learning environment for prevocational doctors is of a high priority for PMAS and if either of these was thought to be compromised it would trigger the need for a survey team to immediately review and evaluate the prevocational training provider's program.

3.3 The prevocational authority adopts a quality improvement approach to its accreditation standards and processes. This should include mechanisms to benchmark to overarching national and international structures of quality assurance and accreditation.

In addition to the information provided in attribute 3.2, PMAS is an active member of the CPMEC principle officers' Framework implementation project. The project's purpose is to enable a nationally consistent implementation of the Framework in each jurisdiction through the development of policy and practice, and support the achievement of the aims of the Framework. Membership includes principle officers (PO) from all Australian jurisdictions and New Zealand allowing the opportunity for PMAS to benchmark its prevocational accreditation system to overarching national and international standards of quality assurance **(Folio 86 & 87)**.

3.4 There are robust systems for managing information and contemporaneous records, including ensuring confidentiality.

PMAS uses the NTG record keeping system HPE Content Manager which is now called 'TRM' for all accreditation documents. Caveats and security permissions are used on all accreditation documents to maintain confidentiality as per the NTG records management framework. Only staff who work within PMAS have access to these documents. All final reports are published on the PMAS website on behalf of the PAC after the prevocational training provider being assessed and the NT Board of the MBA have been informed of the accreditation decision/s.

As stated in attribute 2.2 PMAS staff are bound by the code of conduct **(Folio 72)** which requires public servants to maintain confidentiality in regards to their work. In addition as PAP and PAC membership includes stakeholders external to the NT government they are all required to sign a PMAS declaration of conflicts and confidentiality form **(Folio 34)**.

Domain 3: Documents to be provided Please provide the **latest version** of these documents as an appendix (as an attachment **or** link to the prevocational training accreditation website as appropriate).	
☒	Risk management plan/policy
☒	Policy for records management

☒	Policy on confidentiality
☒	Evaluation plan/strategy

Domain 4: Processes for accreditation of prevocational training programs	
The accreditation authority applies the National standards and requirements for programs and terms in assessing whether programs enable PGY1 doctors to progress to general registration and PGY2 doctors to progress to receiving a certificate of completion. It has rigorous, fair and consistent processes for accrediting prevocational programs.	
Current accreditation status:	**Met**

The response to this domain should encompass the following:

- The standards and criteria for accreditation and the aims of its accreditation process. Describe any reviews of the standards and criteria in the last three years and highlight any changes made as a result. [4.1, 4.4 and 4.5]
- How the prevocational training accreditation authority select, appoints, trains and reviews the performance of its survey teams. [4.2]
- How conflicts of interest in the work of survey teams and working committees is managed. [4.3]
- The prevocational training accreditation authority's process for accreditation of posts/programs for training. The response should cover:
    - what the prevocational training accreditation authority accredits, e.g. positions, facilities, networks of facilities
    - types of accreditation surveys – e.g. new unit, modified unit, full survey etc.
    - the key steps in the process
    - methods used to assess whether the prevocational training program is meeting the national standards, (e.g. surveys/questions, self-assessment by the prevocational training program, paper-based review, video/teleconference discussions, and site inspections), how decisions are made about methods and who manages particular approaches (e.g. prevocational training provider or prevocational training accreditation authority)
    - how the prevocational training accreditation authority seeks the contribution of prevocational doctors and supervisors to the review of the suitability of institutions / programs / posts
    - the information the prevocational training accreditation authority asks the health facility/prevocational training program to provide to demonstrate that prevocational doctors are involved in high quality clinical care.
    - the process for making accreditation decisions
    - how the prevocational training accreditation authority ensures its processes are rigorous, fair and consistent, and free of undue influence by any interested party
    - the cycle of accreditation and length of the periods of accreditation available. [4.4 and 4.10]
- How the prevocational training accreditation authority has mapped its requirements to the new national standards for prevocational training accreditation and the Medical Board standard, *Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of prevocational training*. [4.4]
- How the prevocational training authority considers external sources of data, where available, including mechanisms to manage data or information arising outside the regular cycle of accreditation that may indicate standards may not be being met. [4.5]

- How the prevocational training accreditation authority accesses educational expertise for development, management and continuous improvement of its prevocational training accreditation activities. [4.6]
- How the prevocational training accreditation authority informs and educates health facility staff about accreditation standards. [4.5 and 4.11]
- How the prevocational training accreditation authority monitors accredited health services, programs or posts. [4.7]
- Describe the prevocational training accreditation authority's mechanisms for dealing with concerns for patient care and safety identified in its accreditation work, including accreditation assessment, monitoring and complaints processes. [4.8]
- Describe the prevocational training accreditation authority's mechanisms for identifying and dealing with concerns about junior doctor wellbeing or environments that are unsuitable for junior doctors in its accreditation work including accreditation assessment, monitoring and complaints processes. [4.9]

  Note: *Issues related to patient safety and prevocational wellbeing could be identified through usual accreditation mechanisms (including site visits, evidence submission, direct contact with prevocational doctors, or regular monitoring processes) and through additional means such as a complaint to the accreditation authority or through information available in the public domain.*
- The changes in a health service, program and/or post which would cause the accreditation status to be reviewed and the prevocational training provider's process for such reviews. [4.10]
- How the authority follows documented processes for accreditation decision making and reporting that enable decisions to be free from undue influence. [4.11]
- How the prevocational training accreditation authority communicates about its accreditation requirements, processes and accreditation decisions. [4.12]
- Processes to address any system wide or common complaints or concerns raised through accreditation. [4.13]
- The dispute resolution and appeals mechanisms available. [4.13]
- Relevant strengths and challenges in relation to resolving problems and disputes with accredited health services/programs.
- Other relevant strengths and challenges in relation to the prevocational training accreditation process, plans for development and the processes for addressing the challenges, with examples.

Attributes

4.1 The prevocational training accreditation authority ensures documentation on accreditation requirements and procedures is publicly available.

A major review of the NT accreditation standards and their underpinning criteria was undertaken in 2013. Following the launch of the Framework, a review of the model used to accredit NT training providers was completed and is publicly available on the PMAS website.

The aim of the review was to ensure changes to the accreditation system were fit for purpose whilst remaining sensitive to the impact these changes may have on service delivery and still meeting the requirements of the AMC.

This review used a collaborative and consultative process with the establishment of a working party with broad stakeholder representation **(Folio 42, 88, 89 & 90)**.

The PAC communicates accreditation decisions through letters to the various stakeholders involved in the accreditation of prevocational medical programs and terms **(Folio 67, 68, 69)**. To ensure transparency, decisions are also documented on

the PMAS website.

PMAS uses the NT Health record keeping system TRM for all documents including accreditation submissions and reports. Caveats and security permissions are used on all accreditation documents to maintain the security and confidentiality of these documents. All final reports are made publicly available after the prevocational training provider being assessed and NTBMBA have been informed of the accreditation decision.

4.2 The prevocational training accreditation authority has policies on selecting, appointing, training and reviewing performance of survey team members. Its policies ensure survey teams with an appropriate mix of skills, knowledge and experience to assess prevocational training programs against the *National standards and requirements for programs and terms.*

The selection and appointment of surveyors is undertaken as per the surveyor policy **(Folio 91)** and new surveyor selection process **(Folio 92 & 125)**. PMAS staff identify potential surveyors who have undertaken NT surveyor training and who have experience in prevocational accreditation processes and do not appear to have a COI **(Folio 126)**. The proposed survey team always includes one surveyor who has participated on the previous survey for that prevocational training provider, enabling continuity between surveys. History has shown this approach to be an invaluable part of the survey process for survey teams.

The broad stakeholder membership of the PAC, which includes several prevocational training providers' representatives, enables robust discussion on accreditation matters including the final selection and endorsement of the proposed/nominated survey team members. The PAC also considers whether there are any potential/perceived COI, the team composition and level of experience within the survey team. If the selection of surveyors is unopposed (i.e. no COI, sufficient experience etc.) the PAC membership endorse the proposed survey team which is then recorded in the PAC meeting minutes. If PAC raise any concerns, the accreditation staff can provide alternative surveyors to be considered either at that meeting or via an OOS meeting **(Folio 47 item 4.6)**.

The prevocational training provider are also given the opportunity to identify any reason a nominated/proposed surveyor should not be used prior to the surveyors being engaged. COI issues must be considered as the NT is a small jurisdiction and many clinicians wear many hats making COI something that needs to be managed diligently to ensure fairness and equitable outcomes are reached for all stakeholders.

To date there has been only 2 instances where a prevocational training provider identified a concern/issue related to a survey team with further details provided below:

- **Example:** 2 out of 3 of the survey team members were considered prevocational doctors which the training provider *cited "may well introduce the potential for bias and/or confounding as a result of unintentional, undue influence of a single senior position"*. The accreditation staff took this to mean that having only one senior clinician on the team with 2 prevocational doctors may prevent a fair and equitable discussion with the single senior clinician overriding any comments or assessment offered by the them when finalising the survey report. **(Folio 93)** reflects the process that followed in order to address the training providers concern providing a fair and equitable outcome.

- **Example:** A prevocational training provider raised a COI concern with one of the proposed surveyors. This concern was also raised by the proposed surveyor themselves as the proposed surveyor had been employed by the training provider within the previous 12 months which would not meet PMAS policies and processes. On review this was assessed as an administrative error as it was thought that the proposed surveyor had not been employed with that training

provider for over 2 years. It was therefore decided that this surveyor would not participate in the survey. **(Folio 70 & 71)**.

Following completion of a survey an evaluation **(Folio 13, 14 & 79)** is undertaken. The evaluation aims to identify improvements to the accreditation process and includes an assessment of surveyors. The evaluation results are reported to the PAP for review and action as required **(Folio 61 item 6)**. This provides the opportunity for improvements to be identified and actioned in a timely manner. This information assists PAC's decision making on the future engagement of a surveyor. The process checklist used for a given survey event **(Folio 94 & 95)** identifies when the surveyors are contacted and invited to participate in a survey.

PMAS has commenced the development of an online training module for surveyor training, however this work was placed on hold in 2023. It takes 8-12 months to develop an online module and as further changes would be required due to the implementation of the Framework, progressing with development would have been an inefficient use of PMAS resources. The surveyor training package for new surveyors **(Folio 96)** has been updated and now includes additional information specifically for survey team leaders. PMAS will continue to deliver this training package and monitor for any required improvements to be made over the next 12-18 months following implementation of the Framework. PMAS will then progress with the development of an online format. A blended approach is being considered that would include an online component with a face to face follow up component as part of the design. In addition, PMAS has developed a training resource for current, trained surveyors to familiarise themselves with the changes of the Framework **(Folio 55)**.

PMAS tries to rotate surveyors and provides one on one refresher training if a surveyor has not undertaken a survey in more than 2 years. There is ongoing engagement with current trained surveyors to ensure both currency of knowledge and training as well building their capacity to be able to step into the team leader role at an appropriate time.

PMAS is also collaborating with the CRMEC on the delivery of surveyor training. Being a small jurisdiction, the opportunity for robust discussions is not always available due to the small number of participants. This collaboration provides an excellent opportunity for both jurisdictions to support and enrich the surveyor training experience.

PMAS staff take every opportunity to participate in and access educational expertise during accreditation activities. The current manager of PMAS participated in the AMC survey team for the South Australian Medical Education and Training accreditation survey in 2023. This was an excellent opportunity to observe another accreditation system and their processes and consider opportunities for improvement in the delivery of PMAS accreditation services.

4.3 The prevocational training accreditation authority has developed and follows procedures for identifying, managing and recording conflicts of interest in the accreditation work of survey teams and working committees.

This has been addressed in attribute 2.2 and 4.2 with examples also provided.

4.4 The accreditation process includes self-evaluation, assessment against the standards, site visits where appropriate, and a report assessing the program against the national standards for prevocational training. in this process, the prevocational training accreditation authority uses the *National standards and requirements for programs and terms.*

The PAC monitors the NT's accredited prevocational training programs and terms through the accreditation cycle of events. The AMC national standards and

requirements for prevocational training programs and terms are used with the support of the NT Prevocational Accreditation Evidence and Rating Scale guideline which provides examples of potential evidence to meet the standards and the frequently used accreditation terms document **(Folio 97, 98 & 99)**.

Prevocational training providers are required to submit a monitoring (desktop) survey each year they are accredited. The accreditation cycle schedule is prepared at the beginning of each training provider's accreditation cycle and starts with a site visit at which time the accreditation status period (max 4yrs) is determined. The schedule is provided to the training provider to ensure their awareness and to support planning for the next survey within their continuous improvement cycle assessment **(Folio 100 & 101)**.

PMAS has detailed documented policies, processes and supporting documentation to support accreditation: these inform both training provider of the requirements as well as guiding accreditation staff and surveyors in delivering accreditation services. These documents can be found on the PMAS website.

A prevocational training provider requesting the accreditation of a new (or offsite) term must demonstrate through submitted evidence how the primary allocation center will communicate and partner with the offsite term in providing prevocational training **(Folio 102)**. The survey team has the option to and may call for wider evidence to understand any possible impacts on the full primary allocation centre's prevocational training program. If the survey event is to modify a term, the survey team will focus only on the modification request **(Folio 103)**. This survey type doesn't provide the survey team with the wider opportunity to review the training provider more broadly than the evidence provided within the term modification request.

PMAS has a system for tracking the recommendations from site visit surveys dating back to 2008. This provides the PAC with an ability to track any recurring concerns raised through accreditation survey assessments. Attached is an example of one prevocational training provider recommendation tracking history from 2008 – 2019 **(Folio 104)**.

All surveys continue to be formally evaluated by training providers and surveyors following each survey and reported to the PAP for review and action where required **(Folio 15, 16 & 105)**. This provides opportunities for any areas of improvements to be identified and actioned in a timely manner. These identified improvements are recorded in the ACIR register and actioned with oversight of the PAC as the governing body **(Folio 19)**. The use of the ACIR register has been central in tracking improvements made to the prevocational accreditation system with internal and external stakeholders utilising this tool over time.

The prevocational accreditation system continues to be reviewed and evaluated through the use of the accreditation document register which is instrumental in ensuring that all accreditation documents remain contemporary **(Folio 5)**. This register identifies the review and evaluation timeframes for all of the accreditation system documents.

4.5 The prevocational training accreditation process includes considering external sources of data where available. This includes mechanisms to manage data or information arising outside the regular cycle of accreditation that indicate standards may not be being met.

In early 2022, the PAC approved the introduction of an annual prevocational doctor survey with the aim of identifying issues/themes to support and direct survey teams when reviewing prevocational accreditation submissions **(Folio 106)**. Feedback from surveyors has indicated this is useful as an additional piece of information to assist with triangulation of evidence. The information gathered (results and rate of

completion) is also made available to the training provider to assist them in their efforts for continuous improvement and compliance with the national standards for prevocational training programs and terms **(Folio 107 & 108)**.

In addition to the above, PMAS also reviews and considers the data collected through the Ahpra Medical Training Survey (MTS). PMAS provides briefing papers for review and discussion at the NT Health Strategic Workforce Committee and the Medical Executive Leadership Committee which includes senior medical administrators from each prevocational training provider **(Folio 109 & 110)**. Briefing papers invite NT Health staff (including prevocational training providers) to develop strategies to address areas of concern, particularly around culture and prevocational wellbeing.

Discussions with the MEUs were also held to discuss the survey outcomes. The discussion also included how best to market and achieve higher response rates for future surveys to support training providers in meeting accreditation standards and PMAS in monitoring quality assurance.

PMAS is keen to continue supporting the promotion of the MTS to facilitate an increase in the response rate, which will in turn allow for greater use of the data as additional evidence to support future accreditation surveys.

The Chair of the NT JMOF also provides the PAC with a report at each meeting which is also another source of external information to guide and advise delivery of the accreditation function **(Folio 111)**.

4.6 The accreditation process facilitates continuing quality improvement in delivering prevocational training.

The PAC and PMAS staff undertake various evaluations of the accreditation system and its components. The accreditation system is continuously refined and improved with a number of new policies, processes, forms and report templates, including a step by step guide for prevocational accreditation over the last few years. The accreditation document register provides information regarding these documents including the original date of approval by the PAC, review date completed and date it is due to be reviewed again amongst other information **(Folio 5)**.

Feedback from stakeholders that translated into a continuous improvement within the accreditation system was an amendment to the accreditation cycle. Previously, 6 months prior to a reaccreditation survey site visit, the training provider was required to provide documentation and supporting evidence addressing all prevocational standards. They were also expected to submit any updated amendments for the site due reaccreditation. The feedback received from the training provider was that these were both resource intensive required in a short space of time on top of their usual duties in delivery the prevocational training program. Through the continuous improvement process the PAC considered the risk and benefits to the provision of prevocational training including the need for the ‘monitoring’ survey event and agreed to adjust the scheduled survey event into a progress report due at least 10 months prior to the reaccreditation site visit. This change also gave the accreditation support staff and surveyors more time to process and review survey documentation with improved outcomes both the training provider and the survey team.

A further refinement of the accreditation system was identified by a survey team who noted that there was a gap within the assessment rating scale. The assessment rating scale had 2 levels, “Satisfactorily Met (SM) or Not Met (NM)”. This assessment rating scale offered no provision to recognise that a training provider had partially met an accreditation standard that they may have been in the process of actioning but not completed at the time of the accreditation submission. As a result of the 2 level assessment rating scale it was difficult for the survey team to recognise and acknowledge the work undertaken up to the point of the submission being received. A

number of surveys have now utilised the additional assessment rating of "Partially Met (PM)" acknowledging the work undertaken to date of the training provider being assessed.

As stated in attribute 3.2 the PAC also evaluates following accreditation surveys and these results are provided to the PAP for their review and actioning where needed **(Folio 15 & 16)**.

4.7 The accreditation process is cyclical, in line with national guidelines and standards, and provides regular monitoring and assessment of prevocational programs to ensure continuing compliance with national standards.

The PAC has the delegated authority to undertake accreditation of prevocational training term positions by the MBA. The maximum duration of accreditation that can be awarded is for a period of 4 years. A full survey is required to be undertaken in the calendar year prior to lapse of accreditation. The accreditation cycle document **(Folio 100)** outlines the principles that underpin the accreditation cycle, the cycle of events and types of survey events. The accreditation cycle includes a site visit at either end of the cycle with monitoring desktop survey/s in between. This cycle promotes a continuous improvement approach for the training provider to continuously monitor and improve their prevocational education and training program.

Below are the processes and policies which support the delivery of accreditation surveys and have not been provided elsewhere within this submission.

- Initial application for accreditation **(Folio 112)**
- Application for change of accreditation status **(Folio 113)**
- Full survey accreditation **(Folio 114)**
- Modified term survey **(Folio 103)**
- New and offsite term survey **(Folio 102)**
- Quality action plan survey **(Folio 115)**
- Accreditation event extension request **(Folio 116)**
- Notification of a potential breach of accreditation status **(Folio 117)**
- Notification of a change of circumstances which may affect accreditation status **(Folio 118)**
- Accreditation policy **(Folio 122)**
- Prevocational training provider allocation status policy **(Folio 123)**
- Supervision policy **(Folio 124)**

There are also resources that assist prevocational training providers to prepare accreditation submissions. These are:

- Accreditation step by step guide **(Folio 121)**
- Frequently used accreditation terms **(Folio 99)**
- NT prevocational accreditation evidence and rating scale guideline **(Folio 98)**
- NT prevocational accreditation – Example interview questions **(Folio 174)**

These processes and resources and other relevant accreditation documentation can also be found on the PMAS website.

The methods used to assess whether a training program is meeting the national standards and requirements for prevocational training programs and terms includes both site visits and desktop monitoring methods. The PAC's prevocational accreditation system has been set up to determine what survey event and method is to be used at what point within the training provider's accreditation cycle. The cycle has been developed for the maximum period of accreditation status (4 years). If the awarded accreditation period is less than 4 years, the cycle is adjusted to meet the period of accreditation awarded by the PAC **(Folio 67 & 101)**.

Training providers are informed at the beginning of each accreditation cycle of the scheduled surveys and are also reminded prior to an upcoming survey.

Every site survey team has a prevocational doctor, and a supervisor as part of the survey team. For desktop/monitoring surveys a prevocational doctor is part of the team where possible and available. The PAC endeavors to provide continuity between surveys by ensuring, where possible, one survey team member is on the next survey team.

4.8 The prevocational training accreditation authority has mechanisms for dealing with and/or reporting concerns about patient care and safety. These concerns might arise through accreditation assessment and monitoring, or through complaints or information from external sources.

Attribute 4.8 is addressed below.

4.9 The prevocational training accreditation authority has mechanisms for identifying and dealing with concerns about prevocational doctor wellbeing and/or environments that are unsuitable for prevocational doctors. These concerns might arise through accreditation assessment and monitoring, or through complaints or information from external sources.

Attributes 4.8 and 4.9 are addressed together in this section.

When undertaking a survey (particularly a site visit), surveyors may identify issues which pose a risk to both patient and/or prevocational doctor safety. In such cases surveyors are obliged to investigate further and inform the relevant stakeholders (training provider executive, and the PAC through the manager) of actions to be taken to ensure patient and prevocational doctor safety **(Folio 23, 128 & 129)**.

The NT accreditation system is designed to evolve, therefore there is ongoing work to refine and improve components of the accreditation system and ensure compliance with the AMC domains for assessing and accrediting prevocational training authorities. The PAC acknowledges that information regarding patient safety and care, prevocational doctor wellbeing and/or environments that are unsuitable for prevocational doctors can be obtained outside the cycle of accreditation. As the accrediting authority, the PAC and PMAS staff have a duty of care to ensure patient and prevocational doctors safety and wellbeing.

To support this PMAS's accreditation staff through consultation with local and national stakeholders developed a local prevocational doctor's survey which is completed once a year (towards the end of the year) to allow prevocational doctors to reflect and realign their expectations, etc. This survey also provides a mechanism for the PAC to identify/be notified of any concerns about patient care and safety, prevocational doctor wellbeing and/or environments that are unsuitable for prevocational doctors **(Folio 106)**.

PMAS through open communication ensures training provider compliance with the accreditation standards. Should significant issues be identified from the prevocational doctor survey, this would trigger further action by PMAS. This does not mean that a survey would be conducted and/or recommendations/conditions be awarded from just the outcomes of this prevocational doctor survey. If PMAS was to be notified of a potential breach, the health service would be notified and given a timeframe to address the issue and report back to PMAS as per the notification of a potential breach of accreditation status process **(Folio 117)**. An example of this process being followed has been provided **(Folio 130 & 131)**. Should the health service fail to take action, the PAC would launch an investigation to confirm the presence of a breach and make recommendations/conditions if required.

PMAS also has a role in advocating on behalf of prevocational doctors for the betterment of their prevocational training experience. This advocacy role provides another avenue to increase prevocational doctor awareness of PMAS's role, including the opportunity for trainees or supervisors to make an anonymous notification to PMAS through the website.

Survey results are made available to training providers to support and encourage open, transparent and collegial working relationships as we all work towards the common goal of ensuring patient and prevocational doctor safety and wellbeing.

New issues/concerns identified through the results of this survey do not have an impact on the training provider's current accreditation cycle. Outstanding recommendations/conditions awarded at a reaccreditation survey are reported as per the required timeframes of the accreditation cycle with new issues/concerns raised through the prevocational doctor survey addressed separately as described above.

4.10 The prevocational training accreditation authority applies the *National standards and requirements for programs and terms* in determining if changes to posts, programs and institutions will affect accreditation status. It has clear guidelines on how training program providers report on these changes, and how these changes are assessed.

Change of circumstance refers to any circumstance which may result in the training provider no longer meeting the national standards for prevocational training programs and terms. Where a change of circumstance occurs it may require the accrediting authority to undertake a survey which might include a site visit.

The *accreditation policy* clearly states that the accrediting authority's manager must be immediately notified when changes occur. The notification of change of circumstances that may affect accreditation status process is then followed **(Folio 118)**.

Notifications from training providers, to date, have not required a survey to be undertaken. All notifications are tabled at the following PAC meeting **(Folio 132 & 49)**.

There is also the opportunity for stakeholders to report a potential breach of accreditation status due to a change of circumstance. Stakeholders include:

- the prevocational training provider manager
- an employee of the prevocational training provider, or individual/consumer
- a survey team engaged in a survey, or
- recognised body interested in prevocational training.

In the above circumstance, the notification of a potential breach of circumstance process is followed **(Folio 117, 130 & 131)**. Where a whistle-blower is involved, this process will maintain confidentiality at all times according to the relevant NT government policy.

4.11 The prevocational training accreditation authority follows documented processes for accreditation decision-making and reporting that enable decisions to be free from undue influence by any interested party.

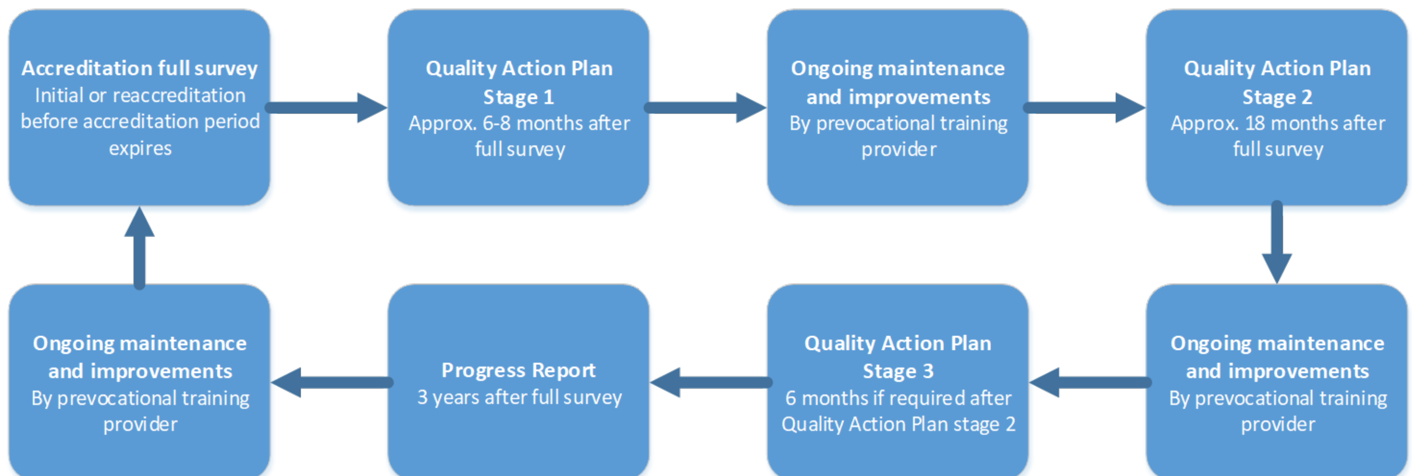
Prevocational accreditation decisions and reporting are made through the accreditation governance structure (PAP and PAC) with accreditation surveys administered as per the relevant survey type process. These have been provided under attribute 4.7 and can also be found on the PMAS website under section 2.

PMAS staff also use a process checklist/spreadsheet to monitor the process milestones in each survey event **(Folio 95 & 133)**. This spreadsheet is guided by the accreditation cycle schedule depending on the awarded accreditation duration status by the PAC. The cycle schedule outlines to the training provider when each survey

event submission is due during the accredited period **(Folio 101)**. This is sent out to the prevocational training provider with the report from the full accreditation/reaccreditation survey and the PAC's decision.

PMAS 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 ending with a reaccreditation assessment (site visit) which also begins the next cycle.



The cycle of accreditation and length of the periods of accreditation are:

- Maximum of 4 years for full accreditation status
- New or offsite term accreditation – initial maximum of 1 year with a monitoring desktop QAP required 6 months after a prevocational doctor has completed a term. If endorsed after this time, it will be incorporated into the training provider's current accreditation cycle.
- Modified term accreditation – if endorsed and accreditation status remains unchanged, will retain the existing accreditation cycle that the training provider is currently undertaking.

Prevocational training providers are accredited as a:

- Primary allocation centre (can meet MBA general registration requirements); or as an
- Offsite term – a term located geographically away from the primary allocation centre that operates within the prevocational training program (PTP) of the primary allocation centre and/or an alternative prevocational term structure which operates within the PTP of the primary allocation centre.

PMAS accredits the PTP and the number of positions within the terms to ensure that the education and training program delivers a safe, patient and prevocational doctor experience.

The PAC ensures its processes are rigorous, fair and consistent by applying the general principles of accreditation **(Folio 134)**.

In summary the accreditation process includes the survey team that recommends conditions and recommendations for quality improvement from the evidence provided by the training provider. The survey team leader documents these findings in a written report to the PAP. The survey team leader attends and presents the survey event report to the PAP meeting and clarifies any questions, issues or concerns that the panel may have regarding the survey. The PAP also reviews the survey processes undertaken by the survey team and ensures they have followed the surveyor code of conduct. The panel members will then discuss the report and findings, and will either endorse or not endorse the survey report. The PAP provides the PAC with their comments and/or recommendations in a briefing paper that is presented by the PAP chair and/or team leader to the PAC. The PAC deliberates on the briefing paper and can where necessary refer to the survey event report for further clarification. Once the PAC has made a determination regarding the survey and its report, the prevocational training provider, NTBMBA and NT Health CEO are informed of the PACs decision and recommendations. A diagram of this process in a flowchart has been provided in attribute 2.2.

4.12 The prevocational training accreditation authority communicates the status of programs and accreditation outcomes to relevant stakeholders including regulatory authorities, health services and prevocational doctors. It publishes accreditation outcomes including duration, recommendations, conditions and commendations (where relevant).

PMAS staff liaise regularly through scheduled and adhoc meetings with the prevocational training providers and encourage them to seek advice and clarification on the accreditation standards and processes. PMAS also offers to provide information sessions to training provider staff more broadly on its role as the NT prevocational accrediting authority, its system and processes, and to answer any questions they may have. To date, this offer has not been taken up formally, however, there are many examples of staff involved in medical training contacting PMAS seeking clarification **(Folio 21, 135 & 136)**.

PMAS staff attend the JMOF on invitation to provide information on their role as the NT accrediting authority and answer any questions regarding the Framework and how that applies to prevocational trainees **(Folio 137)**.

Through the PAP and PAC meetings many stakeholders without COI to that specific survey event are made aware of the prevocational training provider's accreditation outcome.

Following the PAC's accreditation decision, survey reports are published on the PMAS website after the training provider being assessed and NTBMBA have been informed of the accreditation decision/s. Training providers and the NTBMBA are informed through a formal letter **(Folio 138 & 139)** which includes information on the:

- terms accredited;
- level of prevocational trainee position;
- number of accredited positions;
- date of accreditation;
- expiry of accreditation status

- cycle accreditation with due dates of progress reports; and
- survey report

4.13 There are published processes for complaints, review and appeals that are rigorous, fair and responsive.

PMAS policy and process for an appeal against the PAC decision **(Folio 11 & 12)**, would be followed if there is a dispute or appeal made in writing by a prevocational training provider against a PAC decision. PMAS also offers the opportunity for stakeholders to make an anonymous report of any concerns through the PMAS website. To date, there has not been a complaint or an appeal regarding an accreditation decision, or anonymous notification received through the website.

As the NT is a small jurisdiction, there is scope for more personal and informal communication and business interaction with training providers, whilst still maintaining professional standards and understanding of PMAS staff role within the delivery of the accreditation function. This facilitates and supports PMAS having early awareness of any issues and can assist in achieving change through influencing and discussion rather than requiring procedural mechanisms being imposed that could distance PMAS from the collegiate approach currently used.

Complaints, Reviews and Appeals **[Please adjust table as required]**			
Complaints - Nil			
Details	**Number**	**Outcome**	
Reviews - Nil			
Reason	**Number**	**Outcome**	
		Upheld	Dismissed
Appeals - Nil			
Reason	**Number**	**Outcome**	
		Upheld	Dismissed

Domain 4: Documents to be provided Please provide the **latest version** of these documents as an appendix (as an attachment **or** link to the prevocational training accreditation website as appropriate).	
☒	A list of accredited health services, programs and / or posts – Can be found on the PMAS website
☒	The following information for the last three years: • the number of programs, sites, and/or posts reviewed by the prevocational training accreditation authority, and the accreditation decisions **(Folio 157)** • the new posts/sites/or programs accredited for training **(Folio 158)** • a summary of any investigations of programs/posts judged at risk of not meeting standards, including a short summary of process followed and outcomes (names of facility not required**) (130 & 131)** • a summary of any other unplanned or unscheduled reviews, the reason for them and the outcomes (name of facility not required) **(Folio 159)**
☒	A copy of the current accreditation procedures
☒	Some sample accreditation reports that illustrate the range of decisions your organisation makes – Can be found on the PMAS website.
☒	Policies for managing conflicts of interest in survey teams (if different to the procedures for managing conflict of interest in the governing committees)
☒	Dispute resolution and appeals policy

Domain 5: Stakeholder collaboration	
The accreditation authority works to build stakeholder support and collaborates with other prevocational training accreditation authorities and medical education standards bodies.	
Current accreditation status:	**Met**

The AMC considers the following to be key stakeholders: junior doctors; supervisors of prevocational training; local health department; other organisations providing prevocational training accreditation services and education providers for other phases of medical education.

The response to this domain should encompass the following:

- Relationships with the relevant health departments and opportunities to discuss expectations of and requirements for training. The response should include information on any formal agreements (if not covered elsewhere). [5.1]
- Relationships with health services and opportunities to discuss expectations of and requirements for training. The response should include information on any formal agreements (if not covered elsewhere). [5.1]
- Relationships with other stakeholders, including junior doctors, supervisors, the community and opportunities to discuss expectations of and requirements for training. [5.1]
- How the prevocational training accreditation authority communicates with and seeks the views of stakeholders about its purpose and roles. [5.1 and 5.2]
- Communication strategies or mechanisms. How is the effectiveness of the strategy reviewed? Give some specific examples. [5.2]
- A summary of the existing and/or proposed collaborative links with other institutions and describe the nature of those links, for example membership of CPMEC, contribution/attendance at national or international meetings. [5.3]
- How the prevocational training accreditation authority collaborates with local medical schools about the transition to prevocational training and works with local networks of specialist medical colleges to understand the implication of requirements for stages of training. Summarise any changes to processes or requirements made as a result of these collaborations. [5.3]
- Other relevant strengths and challenges in relation to stakeholder collaboration, plans for development and the processes for addressing the challenges, with examples.

Attributes

5.1 The prevocational training accreditation authority has processes for engaging with stakeholders, including health departments, health services, prevocational doctors, doctors who supervise and assess prevocational doctors, the Medical Board of Australia, relevant medical schools and specialist colleges, professional organisations, health consumers and the broader community.

PMAS works diligently to engage and include a broad range of stakeholders in the accreditation decision making processes to ensure stakeholders have a voice and can participate in the processes used to make good policy and deliver on programs and services.

The medical education and training community of the NT is very passionate and committed to prevocational medical training as evidenced by the wide range of stakeholders on the PAC, PAP and working groups. These stakeholders provide

valuable input and also help disseminate information back to their representative organisations **(Folio 6, 42 & 156)**.

Survey teams have a cross section of senior clinicians, term supervisors, prevocational doctors, health department staff (MEOs and DCTs), external medical education and training provider personnel (specialist colleges) as well as interstate surveyors **(Folio 140)**.

The consumer/community representative role was successfully filled for an extended period of time which provided great input and strengthened the independent voice of the accreditation function (**Folio 141 & 142).** Since the resignation of that member PMAS has adopted a number of strategies to fulfil this vacancy **(Folio 38 & 39)**. There is ongoing work progressing to fill this role.

As PMAS is funded and sits within NT Health there is a close working relationship through the MD and the CMO. The MD is responsible for supporting the provision of strategic leadership and direction to the prevocational medical education and accreditation services in the NT. The CMO is responsible to ensure that PMAS delivers on the required outcomes for prevocational medical education and training. The CMO provides additional strategic leadership and direction on prevocational medical workforce matters.

The MD is a Board Director of CPMEC and the Flinders University Medical Program Board and sits on the NT Health Strategic Education Committee. The MD reports to the CMO who sits on the NT Health Leadership Board and chairs the NT Health Medical Executive Leadership Committee. Together they represent the NT on a number of national medical workforce committees and working groups.

The manager is a member of several committees as listed below:

- CPMEC (Prevocational Medical Accreditation Network, Principle Officer Committee and a proxy to the CPMEC Board)
- Flinders University (Medical Program Board, NT Course Curriculum Development Committee and NT Student Tracking committee)
- National eportfolio Project Board

Involvement in the above supports and enables many opportunities to seek the views of external medical education and training providers and build links to continue the delivery of high quality prevocational training and accreditation services in the NT.

The working relationship with the NTBMBA is structured, with the PAC communicating accreditation decisions. The manager on invitation from the Chair of the NTBMBA attends board meetings to present survey reports and discuss concerns and issues regarding prevocational accreditation **(Folio 143)**. The manager is also in regular contact with the Ahpra regional manager to discuss issues relating to prevocational accreditation **(Folio 144)**.

PMAS actively supports MEOs and DCTs through regular scheduled and adhoc meetings with stakeholders identifying these as valuable **(Folio 154 & 155)**. Discussions at these meetings covers the delivery of prevocational medical training programs, implementation of the Framework, support and clarification to enable accreditation standards to be met.

The PAP and PAC have prevocational doctor representation. The JMOF Chair is a member of the PAC thereby strengthening representation of the JMO voice. The JMOF Chair provides the PAC with a formal written report at each meeting **(Folio 111)** where there is an opportunity for the PAC to be made aware of any concerns or suggestion on improvements in the accreditation system **(Folio 19 ACIR 2023-003)**. PMAS also facilitates the annual election of the NT JMOF executive (**Folio** 145) and

promotes information on the PMAS website. PMAS staff attend the JMOF on invitation to provide information on their role as the NT accrediting authority and answer any questions regarding the Framework and how that applies to prevocational trainees **(Folio 146)**.

PMAS is also a member of the National Medical Intern Data Management (NMIDM) Working Group which manages the national approach to intern application and recruitment data. This involvement enables national sharing of knowledge and experience in the recruitment and employment of interns across the country. Involvement in the NMIDM is not directly related to the accreditation function however can provide an opportunity to identify potential upcoming accreditation demand and supports any future accreditation strategic planning and resourcing needs.

5.2 The prevocational training accreditation authority has a communications strategy, including a website providing information about the prevocational training accreditation authority's roles, functions and procedures.

The PMAS governance collaboration and networking model **(Folio 147)** provides information on the communication and promotional strategies adopted. Evaluation of this model is regularly completed informally every year through open and frank discussions with stakeholders around their expectations, how they are being met and any suggestions for improvement. Most recently PMAS implemented a formal evaluation for all of the services it delivers with feedback received specific to the accreditation function being positive with no improvement suggestions that were directly related to the delivery of accreditation services **(Folio 17 & 18)**.

To date, no adverse feedback has been received which would cause for a review of the current communication strategy adopted by PMAS. Evaluation drives PMAS's continuous improvement with suggestions for improvement recorded in the PMAS continuous improvement register for other PMAS function and the ACIR register for improvements relating to accreditation.

The PMAS website (www.ntmetc.com) is a source of information for stakeholders as it provides information on PMAS roles, functions, governance structure, policies and procedures.

5.3 The prevocational training accreditation authority collaborates with other relevant accreditation organisations.

As already stated in attribute 5.1, PMAS through the MD and manager has significant engagement with other relevant accreditation organisations. In addition, the manager and quality assurance support officer were members of the scientific and organising committees respectively for the Prevocational Medical Education Forum held in Perth in late 2023. A detailed example of collaboration between CRMEC and PMAS is described in attributes 3.1 and 4.2. PMAS has always collaborated with other accreditation authorities however the POs initiative to set up a separate POs national framework implementation working group has proven invaluable as a source of information, exchange of ideas and support while there is considerable change taking place within the prevocational medical training and accreditation space **(Folio 148, 149, 150 & 151)**.

PMAS has also been involved in a number of roles with the AMC including the review and implementation of the Framework and more recently with the manager participating as a surveyor for the AMC accreditation of SA MET.

PMAS places a strong focus on maintaining and growing these synergies as this supports a small jurisdiction which can be impacted at times due to the limited resources available.

Domain 5: Documents to be provided Please provide the **latest version** of these documents as an appendix (as an attachment **or** link to the prevocational training accreditation website as appropriate).	
☒	A link to authority's website - Northern Territory Prevocational Medical Assurance Services (ntmetc.com)
☒	A list regular meetings with stakeholders and if relevant provide sample minutes of meetings as evidence of topics discussed **(Folio 154 & 155)**
☒	Samples of communiques on topics related to the prevocational training accreditation role **(Folio 165 up to 173)**
☒	A list any formal stakeholder consultation processes in the last 12 months on changes to prevocational training accreditation policies, or processes – **Folios 42 and 156** identify stakeholder groups who contributed to the formal consultation of the prevocational accreditation system review.
☒	If a formal communications strategy exists, provide a copy.

Part 3. Response to Medical Training Survey

The Medical Training Survey (MTS) was developed by the Medical Board of Australia and the Australian Health Practitioner Regulation Agency (Ahpra). The AMC is considering how the results of the MTS can be used in accreditation and monitoring processes. The AMC is asking the prevocational training accreditation authority to comment on how it has used, or has plans to use the results from the MTS. Can the authority please provide comment in the table below to the following questions? Your feedback on the survey will be shared with the Medical Board and Ahpra for survey evaluation purposes. *Please let the AMC know if you do not want your responses shared.*

Please advise if the prevocational training accreditation authority is planning to investigate the results of the Medical Training Survey. If yes, please provide details.
PMAS is actively involved in the promotion of the MTS across the NT however the small number of responses given the NT size has limited any opportunity to focus any major changes. The annual MTS results are discussed at the NT Health executive level which includes senior representatives from each regional health service. Briefing papers are also prepared for review and discussion at the NT Health Strategic Workforce and the Medical Executive Leadership committees **(Folio 109 & 110)**. Discussions with the MEUs were also held to discuss the outcomes overall. The discussion included how best to market and achieve higher response rates for future surveys. PMAS is keen to continue supporting the promotion of the MTS to facilitate an increase in the response rate, which will in turn allow for greater use and investigation of the results. As such the manager is the representative from PMAS to sit on the MBA MTS NT doctor in training network **(Folio 152)**.
Please advise if the prevocational training accreditation authority plans to explore the survey results with stakeholders.
As advised above due to the smaller numbers an overarching brief is provided to the NT Health medical executive group of the outcomes on an annual basis inviting them to develop strategies to address areas of concern. Workplace culture and the safety of the workforce particularly from bullying, harassment discrimination and other forms of inappropriate behaviour remain issues of high priority within NT Health. The results were also disseminated to each of the NT Health regional health services along with the NT JMOF. The survey outcome has previously been reported to the NT strategic workforce committee. The MD will also share the findings with the Strategic Clinical Education Committee and their education advisory forum.
Please provide an update on initiatives undertaken in response to previous survey results, and if any further changes are planned on investigation of the recent survey results.
PMAS has and will continue to increase the marketing and promotion of the MTS to enable more doctors in training responses that will in turn provide a better picture of the medical education and training being delivered in the NT **(Folio 153)**.