



CONTEXT

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

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

SCOPE

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

POLICY STATEMENT

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



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

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



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

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

SUPPORTING DOCUMENTATION

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

PERFORMANCE MEASURES/KPI

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



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

Policy contact officer: Quality Assurance Officer