



PMAQ

Management of unmet conditions of accreditation

PMAQ-GDL-002

1. Purpose

This guideline outlines the process for managing unmet accreditation conditions under the Queensland Prevocational Medical Training Accreditation system. It supports consistent, transparent, and risk-based responses to accreditation conditions applied by Prevocational Medical Accreditation Queensland (PMAQ) when a training provider does not fully meet one or more National Standards for Prevocational (PGY1 and PGY2) Medical Training. The guideline aims to promote continuous improvement, safeguard prevocational doctor training and wellbeing, and maintain the quality and integrity of accredited training programs across Queensland.

2. Scope

This guideline applies to all accredited prevocational training providers in Queensland, as well as to PMAQ staff, assessors, and the PMAQ Accreditation Committee. It provides direction on:

- The classification and application of general and monitoring conditions.
- Provider responsibilities in responding to unmet conditions.
- The assessment, review, and decision-making processes related to accreditation conditions.
- Potential actions PMAQ may take in response to non-compliance, including site visits and formal correspondence.
- Escalation and reporting procedures for high-risk unmet conditions.
- The provider's right to request a review of accreditation decisions under the PMAQ Accreditation Review Procedure.

This document forms part of PMAQ's broader accreditation monitoring framework, which assures that training programs remain aligned with national standards and continue to meet quality expectations.

PMAQ is responsible for overseeing the accreditation of prevocational medical training programs across Queensland in alignment with the National Standards for Prevocational (PGY1 and PGY2) Medical Training. As part of this process, accredited providers are assessed against each standard, with outcomes informing their ongoing accreditation status.

When a standard is not fully met, accreditation conditions may be applied to support compliance and continuous improvement. These are classified as:

- **General conditions** – imposed when one or more standards are assessed as partially met or not met.
- **Monitoring conditions** – applied when a standard is met but requires continued observation to ensure sustained compliance.

Each condition is assigned a due date by the assessor team based on risk level and a reasonable timeframe for compliance. These dates are outlined in the accreditation report and, where possible, aligned with PMAQ's annual reporting cycle.

Failure to address conditions by the due date may impact the provider's accreditation status.

3. Process

1. The PMAQ Accreditation Committee formally approves the assessors' recommendation that a condition or conditions have not been met.
2. Written correspondence is sent to the provider outlining the outcome, potential consequences of non-compliance, and a required response (generally within two months of the decision).
3. PMAQ staff contact the provider to advise of the correspondence and offer clarification or support.
4. The provider's response is assessed by the original assessors, with recommendations presented to the PMAQ Accreditation Committee.
5. If the committee determines that the condition has been satisfactorily met, the provider will be formally advised in writing. Ongoing compliance will be monitored through standard PMAQ processes.
6. If the condition is not met, PMAQ will apply a risk-based approach to determine appropriate next steps, taking into account the overall performance of the training program and the specific risks associated with the unmet condition.

Depending on the level of risk, further action may include:

- Additional support from PMAQ to clarify condition requirements.
- A written directive outlining specific actions the provider must take, followed by a formal response.
- Further assessment of the condition or broader aspects of the program, including potential site visits or interviews with key personnel.

Interviews may be conducted:

- Virtually; or
- In person at the provider's facility.

If a site visit is required:

- a. The PMAQ Accreditation Committee will determine the timeframe for conducting interviews, taking into consideration the level of risk, logistical requirements, and the need to provide a minimum of 24 hours' notice.
- b. The scope of the visit will be determined by the committee and may be limited to the relevant condition or expanded to include additional standards, such as those related to program governance.
- c. Wherever possible, the same assessors who reviewed the initial response will conduct the interviews. If this is not feasible, replacement assessors will be endorsed by the committee, and provider acceptance will be sought.
- d. Formal correspondence will be issued to the provider outlining the purpose, scope, required attendees, and potential outcomes of the visit.
- e. PMAQ staff will provide verbal confirmation of the visit and coordinate all logistical arrangements.
- f. Assessor recommendations will be submitted to the PMAQ Accreditation Committee for consideration.
- g. The committee will determine the outcome of the review, including the provider's ongoing accreditation status.
- h. The provider will be formally notified in writing of the outcome.
- i. In cases involving high-risk unmet conditions that require a site visit, PMAQ will notify the Director-General, Queensland Health, in accordance with standard reporting processes.

4. Notification of outcomes

The outcome of the review and any associated impacts will be formally reported to the Director-General, Queensland Health, in accordance with PMAQ's standard reporting processes.

Note: Any prevocational training provider that is the subject of an accreditation decision has the right to apply for review of an accreditation decision. This is outlined in the PMAQ accreditation review procedure.

5. Document approval details

Document custodian

PMAQ- Accreditation Committee

Approval officer

PMAQ- Accreditation Committee

Approval date: 04/08/2025

6. Version control

Version	Date	Comments
1.0	03 December 2020	Endorsed by Accreditation Committee
1.1	26 July 2024	Updated to reflect current processes
1.1	13 September 2024	Approved by the Accreditation Committee
2.0	04 August 2025	Approved by the Accreditation Committee