

PMAQ

Accreditation review procedure

PMAQ-PRO-001

1. Statement

Prevocational Medical Accreditation Queensland (PMAQ) administers an impartial system of accreditation that supports quality prevocational education and training and the provision of safe patient care. PMAQ is accredited by the Australian Medical Council and approved by the Medical Board of Australia to accredit postgraduate year one (PGY1) medical training and endorsed to accredit postgraduate year two (PGY2) medical training.

An essential element of the accreditation process is the right of training providers to request a review of, or appeal, accreditation decisions. This document outlines the process for managing such requests in a fair, transparent, and impartial manner, with the aim of supporting sound, evidence-based decision-making.

2. Scope

This procedure applies to all health facilities and training providers in Queensland that are accredited or seeking accreditation to employ and train prevocational doctors (PGY1 and PGY2). Any prevocational training provider (the provider) subject to an accreditation decision has the right to apply for a merits review of that decision.

3. Principles

PMAQ is committed to applying the principles of procedural fairness to all applications for merits review of accreditation decisions.

4. Responsibilities

The Director-General delegates responsibility for managing the review process to a nominated position within the Department of Health. This nominated officer is accountable for overseeing the administration, coordination, and integrity of the review process, ensuring it is conducted in accordance with established policies, procedures, and relevant standards. The role includes liaising with stakeholders, ensuring appropriate governance is maintained, and providing advice or recommendations to support consistent and transparent decision-making.

5. Accreditation review process

A provider may apply for a merits review of a PMAQ accreditation decision.

To be considered, the request for review must:

1. Be submitted in writing; and
2. Be lodged within 30 business days of receiving written notification of the accreditation decision; and
3. Clearly specify the grounds for the application. Grounds may include (but are not limited to):
 - a. That the decision is not the correct or preferable decision.
 - b. The decision is unreasonable or contrary to the facts.
 - c. Material procedural errors; and/or
 - d. Perceived or actual bias.

The application must include all relevant documentation and evidence supporting the reasons for review.

Requests should be addressed to the Director-General, (or nominated officer).

Please note that the original accreditation decision will remain in effect throughout the review process.

5.1 Composition of the accreditation review committee

The accreditation review committee (the review committee) will be composed as follows:

1. Chair
2. A minimum of three members with experience in the accreditation of prevocational training programs, including:
 - at least two members from the PMAQ assessor pool; and
 - at least one member with relevant accreditation experience from an organisation outside the Department of Health or a Queensland public hospital and health service.

Members of the review committee must have had no prior involvement in the accreditation assessment or decision under review. Additionally, they must not have been employed by the training provider—or, if the provider forms part of a hospital and health service, by that service—within the 18 months preceding the accreditation decision.

The Director-General (or nominated officer) is responsible for appointing members to the review committee, including any replacement members should an appointed member be unable to complete the review process. All appointments will be made in accordance with PMAQ's conflict of interest procedure.

5.2 Role of review committee

The review committee will act in accordance with all applicable legislation, policy and procedures.

It will undertake a fresh hearing on the merits of the case, considering all relevant materials and facts to determine the correct and preferable decision in the circumstances.

In conducting its review, the review committee will consider all relevant documentation, which may include, but is not limited to:

- The original accreditation submission.
- The accreditation assessment report and outcome letter.
- The provider's application for review, including supporting evidence.
- Relevant correspondence between PMAQ and the provider; or
- Additional information requested by the committee as part of the review process.

The review committee is entitled to request any information it considers relevant to the review. The committee will make its determination based on the submitted documentation (*on the papers*). Requests for personal representation will be considered at the discretion of the review committee. It is also at the committee's discretion to determine what information is provided to the applicant during the review process.

A merits review will generally be completed within 120 days. In exceptional circumstances, the review committee may request an extension in consultation with the Director-General or nominated officer.

The review committee may make one of the following determinations:

1. Confirm the original accreditation decision.
2. Vary the decision.
3. Set aside the original decision and substitute a new decision; and/or
4. Require PMAQ to conduct a new accreditation assessment.

Where the review committee directs PMAQ to undertake a new accreditation assessment, the committee may either conduct the assessment itself or instruct PMAQ to appoint a new accreditation assessment team.

Decisions of the review committee will be determined by majority vote, following full consideration of all relevant materials and evidence. In the event of a tied vote, the chair of the review committee will exercise a casting vote.

All decisions will be provided in writing and communicated to the nominated officer, the chair of the PMAQ accreditation committee, and the chief executive of the training provider.

Decisions of the review committee are final and not subject to further merits review.

5.3 Role of PMAQ

PMAQ is responsible for the following functions in relation to the merits review process:

1. Acknowledging receipt of the application for review.
2. Recommending members of the review committee for consideration and approval by the nominated officer.
3. Following the appointment of the review committee, coordinating the date, time, and venue for the committee meeting.
4. Assisting the department in notifying the applicant’s chief executive officer of the review committee’s composition and the expected timeframe for the outcome.
5. Providing secretariat support to the review committee.

5.4 Cost

Any costs relating to appearance of members of the review committee (e.g. travel, accommodation) are to be borne by the requesting provider. PMAQ will support all administrative costs associated with the review.

Any costs associated with the participation of review committee members—such as travel, accommodation, or related expenses—are to be borne by the provider requesting the review. PMAQ will cover all administrative costs associated with facilitating the review process.

6. Definitions

Term	Definition
DCT	Director of clinical training
DMS	Director of medical services
EDMS	Executive director of medical services

Evaluation	Evaluation is the process of using the measurements (data) to assess outcomes and impact of an entity (individual, service, program). It is the formal process of gathering evidence (data), reviewing it and using those measures to assess the outcomes and impact of a program or project according to terms of reference or established standards.
External data source	A data source external to the training program, it's hospital or health service. The national standards require the use of both internal and external data sources in its evaluation and monitoring activities. An example is the Medical Board of Australia's medical training survey results.
Formal education program	An education program the facility provides and delivers as part of the prevocational training program curriculum. Sessions are usually weekly and involve a mixture of interactive and skills-based face-to-face or online training.
PGY1	A doctor in their first year of postgraduate training, holding provisional registration with the Medical Board of Australia. Also referred to as an intern.
PGY2	A doctor in their second year of postgraduate training, holding general registration with the Medical Board of Australia.
Junior house officer (JHO)	A prevocational doctor who holds general registration by the Medical Board of Australia, usually but not always in their second postgraduate year (PGY2) and who has not yet been accepted onto a college training pathway. Also referred to a resident or a resident medical officer.
Prevocational training program	<p>PGY1: A 47-week period of mandated, supervised, work-based clinical training that must meet both the requirements of the Medical Board of Australia's registration standard <i>Granting General Registration as a Medical Practitioner to Australian and New Zealand Medical Graduates on Completion of Postgraduate Year One Training and the parameters outlined in the National Requirements for Prevocational Training Programs and Terms</i>. This includes exposure to required clinical experiences, participation in a longitudinal assessment process, and access to education and training opportunities. An assessment review panel will make a recommendation on eligibility for progression to general registration. The training program may be delivered by one or more accredited training providers.</p> <p>PGY2: A 47-week period of mandated, supervised, work-based clinical training that must meet the parameters outlined in the <i>National Requirements for Prevocational Training Programs and Terms</i>. This includes exposure to required clinical experiences, participation in a longitudinal assessment process, and access to education and training opportunities. An assessment review panel will determine eligibility to receive</p>

	a certificate of completion. The training program may be delivered by one or more accredited training providers.
MEO	Medical education officer
PMEO	Principal medical education officer
MEU	Medical education unit The primary function of the medical education unit is to oversee prevocational medical training and associated accreditation activities.
Monitoring	The process of measuring of what is happening. It is the periodic collection of data and information (measures) for the purposes of tracking progress (measuring) of an entity (individual, service, program) according to terms of reference or established standards.
PGY	Postgraduate year usually used with a number to indicate the number of years after graduation from medical school. For example, PGY1 is the first postgraduate year, also known as internship.
Prevocational	A prevocational doctor in the postgraduate years prior to being accepted onto a college pathway.
Quality improvement (QI)	The framework used to provide for a systematic, formal approach to the analysis of practice or program performance and efforts to improve performance, including the implementation of changes in practice if needed.
Term	A component of a medical training program, usually a nominated number of weeks in a particular area of practice. Also called clinical rotation, post or placement.
Triangulation	The process of using different sources and/or methods for data collection to cross check data, reduce bias, and ensure data is valid, reliable and complete. This process lends credibility to an evaluation or assessment process.

7. Approval and implementation

Policy Custodian	Policy Contact Details	Approval Date	Approver
Manager	pmaq@health.qld.gov.au	04 August 2025	PMAQ Accreditation Committee

8. Version control

Version	Date	Comments
1.0	20 December 2019	Approved by Chief Health Officer

1.1	5 August 2020	Transferred to QH template.
1.2	4 August 2022	Considered by the Accreditation Committee
1.3	4 April 2023	Updated to reflect departmental governance structure
1.4	6 July 2023	Endorsed by the Accreditation Committee
2.0	3 August 2023	Approved by delegate
2.1	26 July 2024	Updated statement and included minor grammatical updates
3.0	13 September 2024	Approved by Accreditation Committee
4.0	4 August 2025	Approved by Accreditation Committee