

Queensland Health | Prevocational Medical Accreditation Queensland

Guide to prevocational training accreditation



Queensland
Government

Purpose

The purpose of this guide is to provide information and guidance on the system of prevocational medical training accreditation in Queensland, how to prepare an application for accreditation, planning the site visit and interview schedule, and responding to conditions of accreditation and monitoring requirements. The guide is based on the PMAQ Prevocational Training Policy and PMAQ Prevocational Accreditation Standard. Underpinning this guide is the Australian Medical Council's (AMC) National framework for prevocational (PGY1 and PGY2) medical training, which describes the national standards and requirements for training for the first two postgraduate years of medical training in Australia.

National standards

Accredited training providers are required to demonstrate compliance with the standards and requirements outlined in the National framework for prevocational (PGY1 and PGY2) medical training (the national framework). The framework outlines the minimum standards at which prevocational training and assessment should be delivered to uphold quality medical education and training which contributes to provision of quality and safe patient care. The national standards outlined are:

- Standard 1: Organisational purpose and the content in which prevocational training is delivered
- Standard 2: The prevocational training program – structure and content
- Standard 3: The prevocational training program – delivery
- Standard 4: The prevocational training program – prevocational doctors
- Standard 5: Monitoring, evaluation and continuous improvement.

Registration standard

The Medical Board of Australia (MBA) defines the requirements which must be met for a postgraduate year one doctor to be considered for general registration in their *Registration standard: Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of postgraduate year one training*. The national standards are aligned to the registration standard, which also underpins the accreditation system in Queensland.

Prevocational medical training accreditation in Queensland

Prevocational Medical Accreditation Queensland (PMAQ), a service within the Queensland Department of Health, is accredited by the Australian Medical Council (AMC) and approved by the Medical Board of Australia (MBA) as the prevocational medical training accreditation authority for Queensland postgraduate year one (PGY1) training. This authority extends to postgraduate year two (PGY2) training programs and is inclusive of positions which provide training opportunities for PGY1 and PGY2 doctors employed in the public and private hospital setting.

PMAQ assesses training providers and rotations against the requirements and standards outlined in the national standards and the registration standard. The system and processes of accreditation exist to ensure that prevocational training programs promote and uphold prevocational doctor wellbeing and provision of safe and quality patient care.



Section 2 and 3 of the national framework guide accreditation of training programs. Section 2 contains the specific standards, listed in five domains, against which compliance is measured. Section 3 contains additional requirements which each training program and each term must meet to be accreditable.

Responsibility for accreditation – assigned by the national framework

The table below depicts the typical structure of accredited programs in Queensland; however, it is important to note there are many variations to this, which is what provides for a wonderfully rich and diverse training experience across the state. There is clear language used within the national framework to assign responsibility to the various parties involved in the governance and management of the prevocational training program. Application varies based on the training provider's accredited structure. The table below has been included to serve as a guide, acknowledging that each provider's situation is different.

Role named in framework	Application in the Queensland setting
The health service	The parent or most senior entity related to the accredited prevocational training program, noting this can vary. For example, Townsville Hospital and Health Service is the health service <i>and</i> the accredited training provider, whereas Metro North Health is the health service which oversees The Prince Charles Hospital (TPCH), which is the accredited training provider.
The hospital	In some cases, the hospital is the accredited training provider, as in The Prince Charles Hospital example above. In other cases, the hospital is a location or training site within the training program.
The training program	Usually, the training provider is the entity which is responsible for the accreditation of the training program. Using the examples from above, Townsville HHS and TPCH are training programs. Note, training program also refers to the 47-week clinical experience structured over the clinical training year a prevocational doctor will complete or be allocated to. PGY1 and PGY2 programs can be separated, and each may have unique standards / requirements (e.g., the PGY1 program must have protected teaching).
The program manager	Commonly used within PMAQ, the program manager is usually the most senior medical leadership directly involved in managing the training program day-to-day. This is usually a medical education and workforce unit led by a director of medical services or similar.
Prevocational supervisors	Any position with a supervisory responsibility for prevocational doctors.
Prevocational doctors	Related to the framework, this means postgraduate year one (PGY1) and post graduate year two (PGY2) doctors.
The assessment review panel	The panel responsible for considering and making recommendations on prevocational doctor progression to the next stage of training.
Staff	Any staff involved in any aspect of the prevocational training program. This could refer to medical staff, administrative staff, members of multi-disciplinary teams (nursing, midwifery, pharmacy, allied health etc.)

Training providers are encouraged to consider which role or level is named in each standard when they are considering how their program meets the standards, because this will guide the level of information and evidence expected by an assessor. For example, where it is stated that a health service is responsible for ensuring a system of clinical governance is in place, the expectation is that the training program or program manager has little influence over this at the health service level. Therefore, the evidence expected to demonstrate compliance with this standard will be minimal and high-level. Conversely, if a standard states that the training program is responsible for monitoring the quality and consistency of supervision, a detailed response and evidence outlining how the medical education unit (or equivalent) achieves this would be expected.

The system of accreditation in Queensland

Central to the accreditation of prevocational training programs are the national standards and associated registration standard, along with provision of prevocational doctor wellbeing and assurance of quality and safe patient care. The system is depicted on the next page, while the key elements are explained below.

The PMAQ Accreditation Committee

The PMAQ Accreditation Committee develops, monitors and evaluates prevocational accreditation processes, and makes accreditation decisions based on the assessor recommendations. The purpose, role and responsibilities of the committee are outlined in the PMAQ Accreditation Committee terms of reference.

PMAQ secretariat

PMAQ provides secretariat support to the committee and manages the administration of the system.

Assessor pool

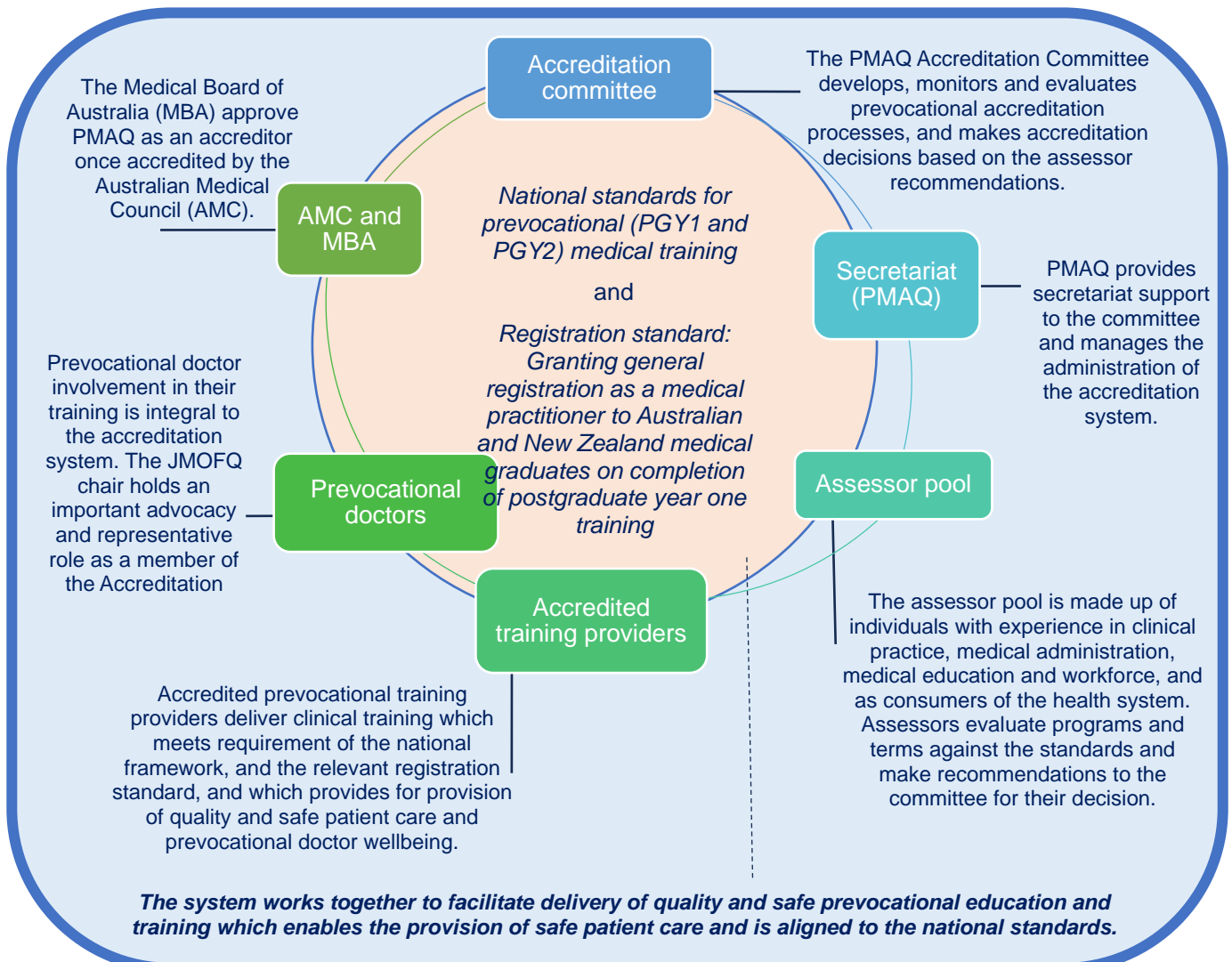
The assessor pool is made up of individuals with experience in clinical practice, medical administration, medical education and workforce, and as consumers of the health system. Assessors evaluate programs and terms against the standards and make recommendations to the committee for their decision.

Prevocational doctors

Prevocational doctor involvement in their training is integral to the accreditation system. The Junior Medical Officer Forum Queensland (JMOfQ) chair holds an important advocacy and representative role as a member of the Accreditation Committee.





The AMC and the MBA

The Medical Board of Australia (MBA) approve PMAQ as an accreditor, once accredited by the Australian Medical Council (AMC).



What does PMAQ accredit?

PMAQ accredits specific elements within the prevocational training system. These are listed in the table below. Please note that again, application varies depending on the accredited provider's structure.

Accredited by PMAQ	
 Gold Coast HHS Logan Hospital	<p>Training provider: The name of the entity which accredits the prevocational training program</p> <p>A training provider can be a hospital, health service, community or general practice, or any other facility providing health care services which can also meet all the standards and requirements in the national standards to ensure a complete PGY1 and / or PGY2 training program can be delivered.</p>
 Rural General Practice - Hughenden Doctor's Surgery Robina Hospital	<p>Training location (site): Location at which training is delivered</p> <p>Training locations or sites are accredited to deliver training as part of a training provider's program. Sometimes, the location is also the rotation (like <i>Rural General Practice – Hughenden Doctor's Surgery</i>), and sometimes, the location offers multiple rotations (like <i>Robina Hospital</i>).</p>
 General surgery Rural generalism - Cooktown	<p>Rotation (term): Clinical area in which training is delivered</p> <p>Rotations must be accredited with each of the required characteristics outlined below defined. Providers are expected to have clear and accessible information available on each rotation (e.g., term orientation guide, term profile), and evaluate the clinical and learning experience of each rotation.</p>
 See examples to the right	<p>Rotation characteristics: Characteristics which must be defined for a rotation to be creditable, including:</p> <ol style="list-style-type: none"> 1. Rotation name (<i>Rheumatology</i>) 2. Location (<i>Robina Hospital</i>) 3. Specialty / Sub-specialty (<i>Medicine / Rheumatology</i>) 4. PGY level and number of posts (<i>PGY1 – 2 posts PGY2 – 4 posts</i>) 5. Type (<i>Team based Not a service term</i>) 6. Min / max weeks (<i>5 to 17</i>)

The accreditation process









The process of accreditation involves PMAQ supporting a peer-based assessor pool to formally assess and make judgements on a training provider's compliance with the standards and requirements set out in the national framework. The process enables good practice from other providers to be shared as assessors undertake their assessment. The process is intended to be collaborative in nature and focus on quality improvement.

The whole process, from the time a provider submits an application to delivery of the outcome report, can take several months. Typically, the provider is required to submit a written application and supporting evidence which demonstrates their compliance with each of the national standards. The application is used to inform lines of enquiry the assessor team will explore at the site visit, which can be one to three days depending on the size of the provider. A report which includes a rating of compliance against each of the standards, and accreditation of every term within the program, is drafted for the PMAQ Accreditation Committee's consideration and decision. Once approved, the provider receives the final report and is awarded accreditation status, with accredited terms published on the PMAQ website.



The following section outlines the steps involved in the accreditation process, commencing with an illustration of the process overall, followed by each step, listed chronologically, which details the responsibilities of PMAQ and / or the Accreditation Committee on the left side of the tables, and the provider responsibilities on the right.




Notifications of concern PMAQ's notification of concern process may trigger a response that mirrors the full assessment process either in whole or in part. A notification of concern describes the process for any party concerned that an accredited prevocational training provider may not be meeting any component of the national standards against which they are accredited. Concerns are expressions of apprehension or dissatisfaction made to PMAQ about any aspect of an accredited prevocational training program, either PY1, PGY2 or both. The actions taken by PMAQ in response to receipt of such information are purposefully designed to afford procedural fairness and natural justice. The full guideline can be found on the [PMAQ website](#).


Steps involved in the accreditation process - overview



Phase	Steps involved	
	Pre-planning and administration	<ol style="list-style-type: none"> 1. Accreditation schedule for the year 2. Assessor team composition
	Provider preparation	<ol style="list-style-type: none"> 3. Complete application and collate evidence 4. Submit application
	Verification of application	<ol style="list-style-type: none"> 5. Verification of application and evidence
	Accreditation assessment commences	<ol style="list-style-type: none"> 6. Accreditation meetings 7. Stakeholder surveys 8. Interview and site visit schedule
	Planning and logistics	<ol style="list-style-type: none"> 9. Interview and site visit logistics 10. Travel and accommodation planning
	Accreditation assessment continues with management of logistics	<ol style="list-style-type: none"> 11. Virtual interviews 12. Provider presentation 13. Manage changes as needed 14. In-person site visit 15. Conclusion of interviews and site visit
	Post interview and site visit activity	<ol style="list-style-type: none"> 16. Drafting of the accreditation report 17. Presentation of the final report to the accreditation committee 18. Finalise report
	Provider receives outcome	<ol style="list-style-type: none"> 19. Accreditation report and monitoring requirements 20. Right to appeal 21. Reporting

Steps involved in the accreditation process – detail

 Pre-planning and administration	
1. Accreditation schedule for the year	AC approves following year's accreditation assessment schedule.
	PMAQ advises provider of their accreditation expiry date and the scheduled date for reaccreditation. A date for submission of application and evidence will be provided, along with the anticipated site visit date.
	PMAQ makes available current version of templates and instructions on PMAQ website.
	Provider confirms acceptance of the scheduled accreditation dates, including submission and evidence due date and anticipated interview and site visit dates.
	Provider sources current application and interview / site visit planning templates from the PMAQ website, confirming with PMAQ if unsure.
2. Assessor team composition	PMAQ assembles suitable assessment team/s. Careful consideration is awarded to assessment team composition to ensure the absence of known conflicts of interest and a fair representation of key stakeholders within the system of prevocational medical training. This means PMAQ seeks representatives from medical executive, medical education and workforce units, prevocational trainees, clinical supervisors, consumers, and other accreditation experts when composing an assessor team.
	Providers are given opportunity to identify any potential conflicts not already identified in the proposed assessor team.
	AC approves proposed assessor teams.
	When asked, providers are required to notify PMAQ of any -unforeseen conflicts within the proposed assessor team prior to the due date provided.
 Provider preparation	
3. Complete application and collate evidence	PMAQ is available to answer any queries.
	Provider encouraged to seek clarity from PMAQ on any aspects of the application form, the prevocational doctor journey, or evidence requirements as they complete it.
	Commitment to continuous quality improvement means that the PMAQ application template and requirements may change.
	<p>Providers are encouraged to access the current version of the PMAQ accreditation application form from the PMAQ website. Minimum requirements for the application form include:</p> <ul style="list-style-type: none"> • A provider self-assessed rating of compliance against each of the standards, as 'fully meeting', 'partially meeting', or 'not meeting'. Transparency is valued by assessor teams and the accreditation committee. • A response to each of the questions provided in the application form. • Submission of the evidence listed in the application form. • A complete list of evidence which has been uploaded to the provider SharePoint site. • A list of terms, including secondment terms, and their details which are being assessed as part of the accreditation. <p>Consistently and clearly referencing documentation is key to a smooth assessment process:</p>

	Provider preparation <i>continued</i>
3. Complete application and collate evidence	<ul style="list-style-type: none"> Documents should be numbered and named using the guide provided in appendix one. Documents referenced in a response should match the document as listed in the list of evidence. Please refer to appendix one for more detailed information numbering and naming evidence. <p>If advised by PMAQ: a response to any outstanding conditions of accreditation may be requested at this time. PMAQ will have provided a template for submission of the response and associated evidence.</p> <p>Provider to note that assessors value clear and concise responses which help them develop an understanding of how the provider believes they meet each standard. Bulleted responses outlining key points are acceptable.</p>
4. Submit application	<p>Once complete, provider uploads the application form and all referenced evidence to the relevant folder on the provider's SharePoint site. Please email pmaq@health.qld.gov.au to advise the upload has been completed.</p>
	Verification of application
5. Verification of application and evidence	<p>PMAQ confirms receipt of the application and verifies that all evidence referred to is available.</p> <p>PMAQ make the full application and evidence available to the assessor team, along with a history of the provider's accreditation status, any stakeholder surveys collection, and any unresolved conditions being evaluated as part of the reaccreditation.</p> <p>The assessor team usually has two to three weeks to evaluate and make initial impressions of the submission. The first accreditation session takes place and enables the - accreditation assessment team to discuss their impressions, confirm understanding and if required, seek further evidence or clarification. As the secretariat, PMAQ liaises between the provider and assessor team.</p> <p>Provider responds to queries from PMAQ if required.</p>
	Accreditation assessment commences
6. Accreditation meetings commence	<p>PMAQ performs a secretariat function to support the assessor team's review and discussion of the application, evidence, responses to the prevocational doctor survey, and any outstanding conditions of accreditation from previous activity.</p> <p>Assessor teams may meet several times prior to undertaking a site visit and use this time to evaluate compliance against the national standards and develop lines of enquiry for exploration at the site visit. These sessions occur over several weeks.</p> <p>Provider responds to requests for additional information or evidence if necessary.</p>
7. Stakeholder surveys are sent	<p>Obtaining feedback from key stakeholders involved in the prevocational training program is an important part of the overall accreditation process. Prevocational doctors and supervisors are two stakeholder groups which PMAQ will survey as part of the process.</p>

	Accreditation assessment commences <i>continued</i>
7. Stakeholder surveys are sent	<p>PMAQ liaises with the provider to distribute two stakeholder surveys:</p> <ol style="list-style-type: none"> 1. A survey to current and past prevocational trainees of the program. 2. A survey to anyone involved in supervision of prevocational doctors (including term supervisors, clinical supervisors, and day-to-day supervisors). <p>The responses are only viewed by PMAQ and the assessor team, with no identifiable data accessible to the provider.</p> <p>PMAQ sends providers the survey links / QR codes and survey opening and closing dates. PMAQ appreciates MEU support to maximise the response rate to the survey.</p> <p>Providers distribute and encourage completion of the surveys.</p>
8. Interview and site visit schedule developed	<p>During this time, provider develops the interview and site visit schedule using templates available on the website, and information provided by PMAQ.</p> <p>PMAQ provides guidance on the interview and site visit schedule requirements after the assessor team's initial meeting. Templates are available on the PMAQ website</p> <p>The schedule includes a mix of virtual and in-person interviews with key stakeholders involved in the management and delivery of the training program, which at a minimum includes:</p> <ul style="list-style-type: none"> • Medical leadership: chief medical officer, executive director of medical services, director of medical services, medical administrators involved in program management. • Program managers: director of clinical training and deputies, medical education officers and staff, medical workforce managers and staff. • Chair and members of the clinical education training committee. • Chair and members of the assessment review panel. • Chair and members of the local prevocational doctor society or advocacy group. • Term and clinical supervisors. • Any multi-disciplinary staff involved in the prevocational training program as educators or assessors. • Prevocational doctors – current and past. <p>PMAQ communicates specific requirements to the provider, including interviews considered as 'must have' by the assessor team.</p> <p>Provider facilitates interviews as requested by the assessor team.</p> <p>Provider is encouraged to contact PMAQ early if they have questions or are having difficulty securing staff to participate in these interviews. PMAQ will provide support to ensure a smooth site visit and interview schedule.</p>
Providers should refer to appendix two for information about interview and site visit planning.	




 Planning and logistics	
9. Interview and site visit logistics	PMAQ liaises with the provider to ensure that rooms, technology and other requirements are available to support the virtual and in-person interviews required to support the accreditation process.
	PMAQ creates MS Teams links for assessor only meetings.
	Provider shares point of contact details with PMAQ to facilitate interview planning.
	Provider arranges interviews, catering, parking, and technology and unique MS Teams links for all interviews (see below for further information on MS Teams links). Distribute schedule and appointments to all scheduled interviewees.
10. Travel planning	PMAQ will provide photos and biographies (pics and bios) of the assessment team members and ask it is distributed to all interviewees prior. This is to maximise interview time as introductions will not be required.
10. Travel planning	PMAQ arranges site visit travel and accommodation for assessor and secretariat.
 Accreditation assessment continues with management of logistics	
11. Virtual interviews	PMAQ supports assessor team attendance at virtual interviews and performs secretariat function.
	Provider ensures interviewees have access to technology, links and other information required to attend virtual interviews
12. Provider presentation to open the assessment	PMAQ supports assessor team attendance at virtual interviews and performs secretariat function.
	<p>Provider delivers provider presentation (usually medical executive or leadership). It is an opportunity to provide an overview of the training program governance, highlight the strengths of the program, identify improvements underway, and provide commentary on self-rated compliance against the national standards. Provider presentations should include the following:</p> <ol style="list-style-type: none"> 1. A depiction and explanation of the program's governance, including the relationship between key roles and / or committees with oversight, decision making or governance responsibilities for the program. 2. A high-level self-assessment of compliance against the national standards, including an overview of program strengths and challenges, including any risks to the program. <p>The presentation should take no longer than 20 minutes and allow 10 minutes for assessor questions.</p>
13. Manage and facilitate changes as needed	Changes to the planned interview and site visit schedule may occur at any time for any number of reasons. PMAQ advises provider of any changes needed; and facilitates any changes requested where possible.
	Provider advises PMAQ of any changes needed; and facilitates any changes requested.
14. Conduct in-person site visit	Assessor team and PMAQ travel to provider and conduct site visit.
	Provider assists with all logistics and content of site visit. At the site visit, it is common for medical education staff to be available to manage logistical aspects of the

	<p>accreditation assessment and assist PMAQ and assessors if needed. It is acknowledged that health care settings are dynamic environments and while careful planning is undertaken to develop the site visit schedule, changes may be required on the day/s.</p>
15. Conclusion of interviews and site visit	<p>Provider requested to be available to clarify or confirm any information requested by the assessor team. Requests for information are facilitated by PMAQ via phone or email contact with the provider.</p> <p>The assessment team concludes their time on site by discussing their impressions and recommended ratings against each of the standards. Conditions of accreditation will also be developed at this time.</p>



Post interview and site visit activity

16. Drafting of the accreditation report	<p>The accreditation report contains four key sections:</p> <ol style="list-style-type: none"> 1. A summary, which includes the period of accreditation granted. 2. Commentary for each domain, with a summary of findings against each sub-set of standards. A rating of compliance is provided for each standard, represented as: <ul style="list-style-type: none"> o fully met o partially met o not met. 3. A list of terms accredited as part of the program. 4. A summary of conditions and their due dates, and information on the next monitoring requirement due. <p>The typical accreditation cycle is four years; however, shorter periods of accreditation are not uncommon.</p> <p>Where a standard is rated as partially met or not met, a condition or conditions are usually applied. Conditions must be responded to within a defined timeframe, and are evaluated by assessors, and presented to the accreditation committee for decision. Condition due dates vary and can range from days to years depending on the severity and nature of the issue to which the condition is assigned. Satisfactory resolution of conditions is required to ensure ongoing accreditation for the provider. Where conditions remain unresolved for a sustained period, alternate intervention may take place.</p> <p>Typically, providers are asked to submit a mid-cycle monitoring report to demonstrate ongoing improvements and actions taken towards remedying issues identified in the most recent accreditation assessment. Any changes approved or actioned in the previous period should also be reported upon. PMAQ will provide details of these requirements to the provider.</p>
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	<p>Post interview and site visit activity <i>continued</i></p>
<p>16. Drafting of the accreditation report</p>	<p>PMAQ drafts the report and provides to the assessment team for review.</p> <p>Assessors have five days to review, comment and provide feedback.</p> <p>Following assessor approval, PMAQ sends the draft report to the provider so they can undertake a fact and error check.</p> <p>Provider reviews the draft report and advises of any factual or other errors by the due date requested. At least five working days is provided for this process.</p> <p>PMAQ collates and notes provider feedback and gives this to the assessor team for review. Changes will be accepted or otherwise, with a new version of the draft report developed for Accreditation Committee consideration.</p>
	<p>Post interview and site visit activity <i>continued</i></p>
<p>17. Presentation of the final report to the committee</p>	<p>The assessment team lead presents the key findings of the assessment and the report to the Accreditation Committee and is available to answer any questions committee members may have.</p> <p>The Accreditation Committee makes the final decision on the report, its content, which includes each accredited term, as well as the timeline and conditions of accreditation status.</p>
<p>18. Report is finalised</p>	<p>PMAQ makes any final changes required to the final report before it is circulated through departmental -correspondence channels for noting. This can take between one and four weeks.</p> <p>PMAQ sends the final report and a certificate of accreditation to the provider.</p>
	<p>Provider receives outcome</p>
<p>19. Accreditation report and monitoring requirements</p>	<p>Provider receives accreditation report and certificate of accreditation.</p> <p>Provider -responds to conditions of accreditation and monitoring requirements by the due dates noted to ensure they maintain compliance with the national standards.</p>
<p>20. Right to appeal</p>	<p>Provider has the right to appeal any accreditation decision in line with the <i>PMAQ Accreditation review procedure</i>.</p> <p>PMAQ follows the published procedure upon receipt of an appeal to an accreditation decision.</p>
<p>21. Reporting</p>	<p>PMAQ provides high-level data to the MBA to fulfil their own reporting obligations, which includes an account of accreditation activity undertaken and the number of PGY1 terms accredited in Queensland.</p>

Accreditation outcomes and ratings

Outcomes of the accreditation or reaccreditation of a training program typically include a rating against each of the standards as well as an overall accreditation status, typically awarded as a period of time.

Ratings awarded against each of the national standards

Fully met	There is evidence of good systems and processes which are consistently and effectively applied and uniformly observed across the prevocational training program overall and in its terms.
Partially met	There is evidence of systems and processes which are either not consistently or effectively applied across the program or are inconsistently observed. Typically, the gaps are clearly identifiable in evidence provided or observations made.
Not met	There is little or no evidence of effective or consistent systems and processes in place to support the relevant standard or requirement.
Not applicable	Some standards may be deemed not applicable to a program, or to all programs, typically indicated by N/A.

Assessor teams consider the quality, consistency and sustainability of evidence provided and observed when assigning ratings to standards. The table below articulates how this is applied in general terms.

	Not met	Partially met	Fully met
Quality and strength of evidence	Little or no documented or observed evidence, or evidence which is poor quality or inconsistent.	A variety of documented or observed evidence is available; some gaps or inconsistencies identified.	A variety of strong documented or observed evidence is available, consistently applied, and demonstrates sustainability.
Consistency of application in practice	There are examples of inadequate or inconsistent application.	There is evidence of consistent application in the majority of examples, with some gaps identified.	There is consistent application in all examples with no gaps identified.
Sustainability and maintenance of application	Most examples are recent or not yet evident.	Most examples and achievements have existed for some time; there are some examples of recent changes or effort.	Examples have been effectively in place for extended periods and where changes are made, they are considered improvements and data-driven.

PMAQ has developed this table based on and modified from resources available from NWS Health Education and Training Institute (HETI) and SA Medical Education and Training (SAMET).

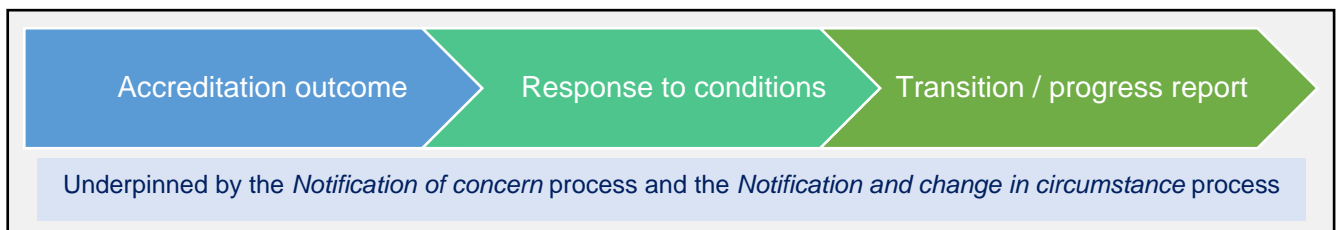
Ratings awarded to a prevocational training program

Accredited	The program has met national standards and requirements and is awarded a four-year accreditation.
Accredited with conditions	The program has met national standards and requirements to an acceptable level and has one or more conditions of accreditation applied. Response/s to condition/s must be submitted by the due date/s indicated to ensure accreditation status is maintained.

Accredited with a shortened period of accreditation	The program has been awarded a period of accreditation which is shorter than the usual four years due to concerns identified in the assessment.
Provisionally accredited	A term or element of a program may be provisionally accredited when new or when not yet fully embedded into practice. Typically, provisional accreditation will be awarded for up to 12 months to enable the provider to implement and evaluate across a full training cycle, ensuring sufficient time to demonstrate compliance.
Not accredited	A program or term may be de-accredited or not accredited if evidence demonstrates that national standards are not or cannot be met and maintained.

The period of accreditation and monitoring requirements

Once the period of accreditation is granted, the monitoring period commences. The main components of the monitoring framework are conditions of accreditation and relevant progress or other reporting, which usually occurs mid-cycle.



Conditions and monitoring

The accreditation report lists conditions of accreditation and their due dates. It is important to note that due dates often vary, and providers are encouraged to pay attention to this. The report will also provide advice of the next monitoring or progress report required. Typically, a mid-cycle progress report is requested; however, this can vary during times of change or if determined appropriate by the accreditation committee.

Conditions are applied to a training provider's accreditation status where standards have been assessed as partially met or not met. Conditions are aligned to a standard or standards, and are designed to prompt improvements required, as identified by the assessor team and approved by the committee, to ensure compliance with the relevant standard/s.

Providers are encouraged to contact PMAQ if they have any questions or are seeking clarification about the intent or purpose of any conditions of accreditation and provide early advice if they are experiencing challenges meeting due dates.

Conditions of accreditation are assessed by an appropriate member of the assessor pool to determine if the commentary and evidence provided demonstrated the activity undertaken sufficiently demonstrate compliance with the relevant standard/s. Conditions are typically assessed as fully met, partially met, or not met. More information of this is provided below.

Outcome	Detail
Fully met	<p>A condition assessed as fully met indicates that the provider has satisfactorily demonstrated that they have met the requirements outlined in the condition, which also indicates compliance with the relevant standard/s to which the condition was applied.</p> <p>A fully met condition is closed and typically requires no further response. Providers are encouraged to include updates on recent activity which relates to recently met conditions in any relevant progress reports.</p>

Partially met	<p>A condition assessed as partially met indicates that while some progress has been made to meeting requirements of the condition and intent of the standard, there is more work required to achieve full compliance.</p> <p>A partially met condition is typically retained, and the provider is asked to submit a further update on activity related to the condition by a specified date in future.</p>
Not met	<p>A condition assessed as not met is generally considered high risk and will demand immediate attention. Not met ratings are assigned when there is limited or no evidence demonstrating that the requirements of the condition and the intent of the associated standard/s have been addressed, or that the provider has not attempted to remedy identified issues.</p> <p>A not met condition generally triggers immediate contact with the provider, with meetings and / or a site visit planned to enable an assessor team to develop an understanding of the concerns and issues, with the goals of ensuring provision of safe patient care and support for prevocational doctor wellbeing.</p>



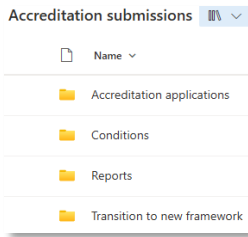

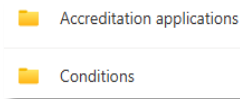



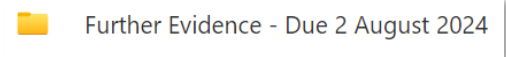

Changes to the training program

Accredited providers are required to notify PMAQ of any change which impacts the training program or prevocational training experience. The guideline outlines the tiered approach to managing changes in acknowledgment of the ever-changing and dynamic environment of healthcare and uses a risk framework as guidance. The requirements for notifying or requesting changes, including the forms which require completion, are on the PMAQ website.

Providers can expect notifications and requests for change to be reviewed and / or assessed by the secretariat or a member of the assessor pool, with recommendations noted, accepted, or modified by the accreditation committee.

Appendix 1 Guide to naming, saving and submitting evidence

It is important that any evidence provided along with the application is clearly named in line with the naming conventions provided by PMAQ. Providers are asked to ensure that the evidence item is numbered and named consistently in the application and in the evidence list. This will assist assessors and the secretariat when reviewing the application and minimise the need for PMAQ to query mis-labelled or missing evidence.

What to do	How to do it	Example
Referring to, naming and saving evidence 	Use this format: <i>XXX File name</i> 001 – 009 010 – 099 100 onwards	001 Term profile 056 Renal medicine evaluation summary 112 General surgery roster
Access the provider SharePoint site 	All submissions and evidence should be uploaded to the provider SharePoint site.	
Use the correct folder 	Ensure you upload into the correct folder for the files you are submitting.	
Create new folders 	For each condition or group of conditions submitted create a new folder and name it 202X – Month – Conditions X to X.	For condition/s 
Further evidence (if requested) 	If further evidence is requested, create a new folder within the existing CiC or conditions folder and name it: Further evidence due xxxx. Ensure all documents are numbered commencing at the number following the documents already submitted. Once the further response and evidence is uploaded, email PMAQ.	Further evidence folder 
Email PMAQ 	Email pmaq@health.qld.gov.au to advise the form and evidence has been uploaded and is ready for assessment.	Dear PMAQ <i>The SuperStar HHS response to conditions 1, 2, 4, 5, and monitoring conditions 6 and 7 has been uploaded to SharePoint.</i> <i>Have a great day!</i> <i>SuperStar MEO</i>

Appendix 2 Detailed requirements to support interview / site visit planning

Detailed requirements to support provider planning and facilitation of interviews and the in-person site visit.

Item	Requirements
Virtual interviews	The MEU is asked to provide support for stakeholders involved in virtual interviews. If the interviewees are largely on site, the provider may like to organise a shared space from which everyone can join. Otherwise, interviewees can join the virtual meetings (on MS Teams) individually. Please ask PMAQ if you are unsure of the most suitable arrangement.
Meeting space / rooms	<p>The composition of assessor teams varies. The provider will be advised of the number of assessors and assessment teams in advance. Generally, one large room for the full team to use as a 'home base' is required, along with one smaller room for smaller interviews.</p> <p>All rooms require reliable internet and ideally network access with a large screen to accommodate interviews online. The provider is asked to supply a device from which MS Teams meetings can be connected for each meeting room.</p>
Technology	<p>Providers are asked to ensure assessor teams and the secretariat have access to working technology to facilitate interviews and meetings. The secretariat will have devices for their own note taking and ask that providers supply devices to use for MS Teams meetings.</p> <p>Even with thorough planning, things sometimes just don't go well on the day. Ready access to MEU or IT staff is beneficial in case of technical emergency.</p>
Site visit and interview schedule	<p>Using the appropriate template, providers are to populate the schedule with interviewee names and interview locations. It is useful for the assessor team to have interview names and positions in advance; however, not mandatory if not known until the day.</p> <p>Providers are to create MS Teams links for any meetings with online attendees. PMAQ will create links for assessor-only meetings.</p> <p>Experience tells us that retaining the schedule in .doc (MS Word) format is the best way to avoid corruption and issues with Teams links.</p>
Pics and bios	PMAQ will provide you with a document containing pics and bios of the assessor team and secretariat. Please share with those involved in the accreditation to facilitate interviews to run smoothly and to time, without the need for repeated introductions.
Opening meeting and provider presentation	Typically, this presentation would be given by the medical executive of a health service or hospital to showcase program highlights, how the program is positioned within the health service or facility, and how the governance of the program works in practice. Those in attendance would typically be senior members of the medical education unit (MEU) and executive representatives.
E/DMS interview	This role is called different things in different hospitals (e.g., executive director medical services (EDMS), chief medical officer (CMO)), but it should be the most senior medical officer (or equivalent) with responsibility for the prevocational training program.
Medical Education Committee	This is the committee that governs your program; however, it may be called something different. The chair and two members of the committee are required. If more members would like to attend, they are welcome to participate.

Item	Requirements
Assessment review panel	This is the panel that adjudicates prevocational doctor performance. The chair and two other members are required to attend. If more members would like to attend, they are welcome to participate.
Prevocational doctor lunch / catch up	<p>Meeting with prevocational doctors is an important component of the accreditation process and is typically done over lunch. The assessor team aim for two meetings with prevocational doctors – one virtual and one in person at the site visit.</p> <p>For the virtual meeting, please ensure that prevocational doctors can access MS Teams in a private space to join the call.</p> <p>For the in-person meeting at the site visit, it is common for the prevocational doctors to enjoy lunch (catered by the provider) during the discussion with the assessor team, so it important that food is allowed in the room / venue provided for this event.</p> <p>The assessors are always keen to speak with as many prevocational doctors as possible, including those PGY3+ who may have trained at the provider in earlier years, and provider support for their attendance is greatly appreciated. Please ensure it is understood that the assessors are seeking to have a conversation about their experience training at the hospital / health service, and not press them with interview type questions.</p>
Supervisor interviews	<p>There will be multiple opportunities for term supervisors to meet with the assessor team.</p> <ul style="list-style-type: none"> • There will be group virtual meeting/s scheduled for term supervisors and the assessor team which provide opportunity for general discussion and feedback on the training program overall. • Supervisors may be organised into like groups (by speciality, by the primary clinical experience category of the term, by issue) for discussions. • Where specific terms have been identified by the provider or the assessor team, interviews may be scheduled during the in-person site visit.
Assessor team breaks and lunches	Providers cater for assessor team and secretariat lunch, morning tea and afternoon tea. The lunch is held following the prevocational doctor lunch so they can focus on the prevocational doctor conversations.
Summation	Executive summation: Typically, the team lead will provide a summation for the executive / medical leadership (EDMS / CMO / DMS) only. General summation: any staff involved in the assessment or interested are welcome to attend the general summation.
Parking	Typically, parking will be required for team members each day. Closer to the date of the site visit PMAQ will inform you of how many parking places are required.