

28 March 2025

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Director-General  
Queensland Department of Health – Prevocational Medical Accreditation Queensland  
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Via email: [SDLO@health.qld.gov.au](mailto:SDLO@health.qld.gov.au); [megan.crawford@health.qld.gov.au](mailto:megan.crawford@health.qld.gov.au)

Dear Dr Rosengren

**AMC resolution on accreditation: Queensland Department of Health – Prevocational Medical Accreditation Queensland**

Thank you for submitting the Prevocational Medical Accreditation Queensland (PMAQ) accreditation extension submission.

The accreditation extension submission is the mechanism for extension of accreditation, between assessment visits. In the submission, the prevocational training accreditation authority is expected to provide evidence that it continues to meet the national standards. If, on the basis of the submission, the AMC's Prevocational Standards Accreditation Committee decides that the prevocational training accreditation authority is continuing to satisfy the domains, it may decide to extend the authority's accreditation.

I am pleased to advise you that the Prevocational Standards Accreditation Committee, at their 17 March 2025 meeting, endorsed the 2024 PMAQ accreditation extension submission, and agreed:

- i. that the Prevocational Medical Accreditation Queensland (PMAQ) meets the domains for assessing prevocational training accreditation authorities, and
- ii. to extend the accreditation of the Prevocational Medical Accreditation Queensland (PMAQ) as a prevocational training accreditation authority for five years to 31 March 2030, taking accreditation to the full period which the AMC will grant between assessments, which is eight years.

The decision is made in accordance with the *AMC Procedures for Assessing and Accrediting Prevocational Training Accreditation Authorities (2024)*.

The AMC has advised the Medical Board of Australia of this decision.

PMAQ has no remaining conditions on accreditation.

A copy of the Committee's detailed feedback on the report is provided below.

**2025 Monitoring submission**

In 2025, PMAQ will be due to submit a monitoring submission.

In order for your submission to be considered by the Committee at their December meeting, the AMC would request that submission be provided by **3 October 2025**. A template for preparing the 2025 submission will be provided before the due date.

If you wish to discuss the outcome of the 2024 submission, please do not hesitate to contact me on the details below.

**Publication of accreditation summary report**

The AMC is committed to transparency in its accreditation and, in accordance with our accreditation procedures (Section 2.9 of *The Procedures*), publishes a summary report on the AMC decision to extend accreditation periods. This report will detail the accreditation decision, and whether the Prevocational Training Accreditation Authority has satisfied or is progressing against conditions.

The AMC will provide a draft report to the prior to it being published to the AMC website.

Yours sincerely

A handwritten signature in black ink that reads "Brooke Pearson". The signature is written in a cursive, flowing style.

Brooke Pearson

**Manager, Prevocational Standards and Accreditation**

[prevac@amc.org.au](mailto:prevac@amc.org.au)

Enclosed: AMC Findings: 2024 PMAQ accreditation extension submission

# AMC Prevocational Standards Accreditation Committee’s consideration of the Queensland Department of Health – Prevocational Medical Accreditation Queensland 2025 accreditation extension submission

## Explanation of findings

Accreditation Condition	
<b>Unsatisfactory</b>	The prevocational training accreditation authority may not meet the related Domain and the AMC should investigate further.
<b>Not Progressing</b>	No progress or overly slow progress.
<b>Progressing</b>	Indicates satisfactory progress against the condition, with further reporting necessary.
<b>Satisfied</b>	The prevocational training accreditation authority has satisfied all requirements and can cease reporting against the Condition. Condition is closed.
Quality Improvement Recommendation/further information requested	
<b>No finding</b>	Insufficient information to make a judgement.
<b>Progressing</b>	Indicates progress against recommendation/information request, with further reporting necessary.
<b>Satisfied</b>	The prevocational training accreditation authority has addressed the recommendation/information request. It does not need to report further.

The summary that follows records an overall finding for each Domain. The findings against specific attributes are listed only where the finding has changed, or this is a finding of substantially met or not met.

## Summary of accreditation conditions and information requests

### Accreditation conditions from the 2021 accreditation report

Domain	Condition	To be met by	Status
Domain 1	1 Develop and implement a selection process for the Chair of the Accreditation Committee that demonstrates independence from the potential, perceived or real undue influence from the Department (Attribute 1.5)	2022 monitoring submission	Satisfied 2022

### Information requests from the 2023 monitoring submission to be included in this report

Domain	Information requested
Domain 1	<p>The Committee welcome updates regarding:</p> <ul style="list-style-type: none"> <li>• The functioning of the PMAQ under the revised organisational and governance arrangements</li> <li>• The outcomes of the independent review of the effectiveness of the PMAQ Accreditation Committee.</li> </ul>
	<p>Please provide an update on any considerations to improve the liaison between committees to support engagement and the sharing of information with medical schools.</p>
	<p>In light of the restructure, the Committee request further reporting on the authority's arrangement and any significant changes or challenges to governance.</p>
Domain 3	<p>Provide further updates on the planning for and implementation of the National Framework for Prevocational Medical Training (recommendation DD), please also include any comment about resources to appropriately respond to the Framework implementation (recommendation CC)</p>
Part II	<p>In the next submission, please provide a copy of the Effective Governance's report on the external review of the Accreditation Committee.</p>

## Organisation details

### Please check this information is correct (update if needed)

Authority Name:	Queensland Department of Health - Prevocational Medical Accreditation Queensland (PMAQ)
Chief Executive Officer:	Dr David Rosengren, Director-General
Address:	33 Charlotte Street, Brisbane, QLD, 4000
Telephone number:	c/o (07) 3708 5990
Email:	c/o <a href="mailto:SDLO@health.qld.gov.au">SDLO@health.qld.gov.au</a>

Officer to contact concerning the report:	Ms Megan Crawford, Senior Director, Medical Advisory and Prevocational Accreditation Unit (MAPAU), Workforce Strategy Branch (WSB), Clinical Planning and Service Strategy Division (CPSS), Queensland Health
Telephone number:	0428 698 731
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## Part I. Information requested against AMC Domains

### Domain 1: Purpose and Governance

At the time of the last submission, this domain was found to be: **Met**

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.

#### 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.
- 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.
- 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.
- 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.
- 1.5 The prevocational training accreditation authority's accounts meet relevant Australian accounting and financial reporting standards.
- 1.6 There is a transparent process for selecting the prevocational training accreditation authority's governing body.
- 1.7 The prevocational training accreditation authority's governance arrangements provide input from stakeholders, including health services, prevocational supervisors and prevocational doctors.

### 1A. Analysis of strengths and challenges, and significant developments (completed or planned)

This section of the report provides an appraisal of the developments since accreditation, and information on plans leading up to the next AMC reaccreditation.

1A(i). Please provide a summary of current strengths and challenges relating to this domain

Provider response:

- 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.

PMAQ remains committed to facilitating high quality education and training by supporting hospital and health services (HHSs) to meet health needs of the community through accreditation of prevocational training providers in Queensland. PMAQ has the responsibility to deliver these accreditation services to Queensland. The 2023 report to the Australian Medical Council (AMC) in [Attachment 1.1](#) advised of an organisational restructure within the Queensland Department of Health and the associated impacts on PMAQ. As a result of the restructure, PMAQ is now a part of the WSB, CPSS.

The CPSS division is responsible for delivering clinical service strategy and planning, workforce strategy and planning and leadership. Workforce Strategy Branch aims to enable a skilled and sustainable workforce that responds to Queensland's unique challenges and delivers and supports direct patient care across the healthcare system. [Attachment 1.2](#) CPSS purpose – key priorities, articulates the CPSS division's alignment with the government's commitment to a dynamic and responsive workforce to deliver quality healthcare to Queensland. While this relates to several system outcomes and system priorities, there is a strong alignment between PMAQ's purpose and CPSS division's responsibilities.

PMAQ's purpose is to ensure a fair, impartial, and transparent system of accreditation for PGY1 and PGY2 medical training in Queensland. The system assures and promotes quality education and training for prevocational doctors, including providing for their wellbeing and the provision of safe patient care and training that meets the health needs of the community.

The PMAQ Accreditation Policy ([Attachment 1.3](#)), reflects some of the priorities identified, including:

- Queenslanders have access to quality and safe healthcare and equitable outcomes.
- Queensland's health workforce is valued, respected and empowered to lead the delivery of world-class health services; each working to the top of their scope of practice.
- First Nations, workforce, consumer safety and quality.

This system vision provides for clear direction and an enhanced 'shared vision'. This alignment also positions PMAQ well to ensure continued commitment to high quality education and training, and to facilitating training to meet health needs of the community, as required by domain 1.1 of the national framework. Overall, the organisational restructure has strengthened the prevocational medical training accreditation function and supported greater integration of this function into the broader workforce planning agenda.

- 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.

PMAQ's governance structure remains unchanged and continues to demonstrate a high level of effectiveness.

The PMAQ Accreditation Committee maintains responsibility for the development, monitoring and evaluation of standards, processes and procedures that support the system of prevocational accreditation and decide on activities related to and the outcomes of accreditation activities (see terms of reference in [attachment 1.4](#)).

To ensure that PMAQ's governance processes remain of a high integrity, the committee's terms of reference require annual self-evaluation with periodic external review. In accordance with this an external review was undertaken in late 2023.

The findings of the review are provided as [attachments 1.5 – 1.7](#).

The review did find several areas for improvement. It is noteworthy however, that many of these had previously been self-identified. [Attachment 1.8](#) summarises PMAQ's response to the recommendations. At the time of writing, recommendations 5 to 8 and 10 have been completed, while 11 and 17 are in progress.

The PMAQ guidelines in place to monitor and ensure that quality training and patient safety are upheld continue to prove effective in performing their intended function. The cyclical accreditation assessment process includes annual monitoring through the period of transition to the national framework, and along with a revised change in circumstance process (see attachment 4.1), allows for effective oversight of program compliance. Accreditation decisions are guided by the risk framework shown below to ensure prevocational doctor wellbeing and patient safety are the focus of decisions.

Figure 1 – PMAQ risk assessment framework for prevocational training programs

Prevocational training program risk assessment framework			
Compliant with standards	Compliant with standards, with risk of non-compliance	Substantially compliant with standards	Substantially non-compliant with standards
No conditions or all conditions met	Low or medium volume of conditions (excluding immediate responses) or monitoring conditions  Demonstrated satisfactory progress towards addressing conditions	Immediate response conditions  High volume of conditions  Deficits in program governance or management  Unsatisfactory progress towards addressing conditions	Not accredited
Stable program and provider history	Stable program and provider history	Recent history of program or provider instability	Program or provider instability
LOW	MEDIUM	HIGH	EXTREME

Further, the accreditation status heatmap (Attachment 1.14) provides for high-level visibility of compliance by standard and by provider and yields an easy way to identify areas requiring attention. Strong partial compliance in the area of monitoring and evaluation, for example, has led to the delivery of information / education sessions about this topic. Communication has increased in other areas via newsletters, Tuesday Top Tips, the ‘standard of the month’, and through monthly community sessions hosted by PMAQ.

Underpinning the work PMAQ undertook internally and to support the sector to interpret the revised standards and requirements of the national framework is the assurance of patient safety and prevocational doctor wellbeing. The Accreditation Committee focused on retaining these two functions at the core of their discussions and decisions, which was translated into the communication and resources provided to the Queensland sector throughout the transition.

## First Nations health and outcomes

PMAQ is committed to improving outcomes for Aboriginal and Torres Strait Islander peoples through work and recognises their right to access culturally safe and responsive workplaces and healthcare, free from racism and inequity. PMAQ's approach is largely underpinned by the government's commitment to delivering healthcare to First Nations with the focus areas being the elimination of racism through support of understanding, cultural capability, responsiveness and equity, promotion of leadership, culture and governance that supports change and a First Nations workforce that feels valued, culturally safe and empowered.

This is reflected in PMAQ's deliverables are articulated in the Divisions operational plan ([Attachment 1.18](#)). All deliverables identified in this plan remain on-track. A number of initiatives have been implemented to support the efficacy of each of these actions including the inclusion of a First Nations representative on the PMAQ Accreditation Committee.

The terms of reference ([Attachment 1.4](#)) have been revised to reflect this; however, the position was recruited, and the individual commenced as an 'invited member' of the Committee in early 2024 pending finalisation of the revised terms of reference. The number of First Nations people involved in the system at other levels, including assessors remains low. Continued efforts to targeted recruitment continue, noting cultural load is frequently cited as a barrier. Consideration of other, less burdensome ways to harness the meaningful contribution of First Nation's peoples to the evaluation and review of PMAQ's processes and procedures as well as accreditation decisions remains a future priority.

The Accreditation Committee convened a face to face half day workshop in early 2024 which enabled focused consideration and development of Committee members and how the work of PMAQ can best support improved outcomes for Aboriginal and Torres Strait Islander peoples. Specific outcomes from this have been progressed, including activities aimed at upskilling medical education personnel across the state. A further workshop in March 2024 provided inclusion of an Aboriginal elder, sharing of experiences, practices, and challenges across the state to promote learning and resource sharing.

Further to this, the recent statewide workshop of the director of clinical training (DCT) / medical education officer (MEO) community saw the local First Nations Community gift a 'story stick' to the Community, with the intent of this to be passed through each subsequent workshop, and communities across the state. This promotes understanding, engagement and cultural connections which are hoped to provide a foundation on which better health outcomes and wellbeing can be built. It is recognised that each of these are small, yet meaningful, steps towards a much greater goal and that this journey must continue and see these efforts translated into enduring change.

The First Nations prevocational workforce remains small in Queensland. The identification and recognition of their unique contributions is in its infancy and is assessed as developing. During the implementation of the National framework for prevocational (PGY1 and PGY2) medical training (NFPMT), the journey towards addressing the standards specifically related to First Nations health and wellbeing were initially considered a significant challenge for many providers. As the year has progressed progress of providers has been monitored. Many providers have made substantial progress in commencing on this journey.

### AMC Commentary

Thank you for the detailed response. The Committee noted:

- Implementation of the new Framework is ongoing, using a three-phase approach. This has included adding accreditation of PGY2 terms, which includes a verification process when a health service is undergoing a full accreditation.

- There have also been incremental improvements in accreditation processes coming out of the governance review.
- The PMAQ risk assessment framework and accreditation status heatmap to provide high-level visibility of compliance.
- Work that has commenced with regard to Aboriginal and/or Torres Strait Islander health and cultural safety, including for PMAQ staff, inclusion of an Aboriginal and/or Torres Strait Islander member on the Accreditation Committee, workshops, and monitoring of progress against the cultural safety standards.

1A(ii). Please provide a short summary of major developments (and the rationale) since the last accreditation assessment related to this domain.

Provider response:

Since the last accreditation report the national framework has been finalised and with implementation now well progressed in accordance with PMAQ's three phased transition plan. PMAQ has expanded its scope to now include accreditation of PGY2 training programs and terms in response to implementation of the national framework. While PGY2 terms had never been accredited in Queensland, there has always been a degree of visibility and understanding of providers' offerings in the second postgraduate year, achieved through the usual PMAQ accreditation process.

When undergoing an accreditation assessment, an anonymous survey is sent to all prevocational trainees at a training provider, with this cohort also invited to attend the in-person / virtual prevocational doctor lunch during the site visit. This means that while previously, standards were applicable to PGY1 training programs and terms, PMAQ assessors gained insights into the experiences and opportunities available to PGY2+.

The framework's expansion into the PGY2 year has resulted in formalisation of many existing processes including:

- Delineation between providers offering PGY1 and / or PGY2 training programs.
- Accreditation of PGY2 programs being verified at the provider's next due, full accreditation assessment.
- PGY2 terms reviewed through a sub-committee of the Accreditation Committee, which endorsed or alternately required all PGY2 terms submitted for accreditation. Until such time, a process of self-assessment of readiness to implement, coupled with submission of a transition report against the national standards, was used to measure provider actual and planned compliance with requirements for PGY2 training programs and terms, considered additional or new, to their existing PGY1 accreditation.
- The transition report submitted annually until a full reaccreditation is undertaken will be used as the primary tool to confirm self-reported compliance with standards and requirements, in combination with PMAQ's usual risk-based monitoring and notification process.
- Processes and guidelines updated to ensure both postgraduate years are referenced and addressed appropriately.

The long standing and well-received prevocational doctor lunch, routinely held on each day of the site visit, will continue to include trainees who have completed either PGY1 or PGY2 training at the provider. The lunch provides an opportunity for confidential discussion about the training experience in a safe and informal environment and is a key component of the evidence gathering process. The same goes for distribution of the survey, which has been amended to more clearly distinguish between the two PGY years of training. It is anticipated that it will take some time for providers and trainees to become used to this change, and some years for meaningful and distinguishable data to be available to PMAQ assessors.

Delineation between PGY1 and PGY2 requirements have been clearly considered and addressed by the Accreditation Committee, and reflected through:

- Guidelines clearly defining that PGY1 programs and terms must meet requirements of both the national framework and registration standard, and that PGY2 programs and terms have more flexibility and must meet requirements and standards within the national framework.
  - Providers have demonstrated a commitment to creating and supporting this workforce by developing programs and offering terms and lines which help build Queensland's future doctors and reflects the needs of the local community as reflected through training opportunities which also support the hospital / health service to deliver vital healthcare services.

Please see response to [1A\(i\)](#) for further information on work undertaken in response to the national framework.

Commensurately the Medical Workforce Planning team within the Department of Health are working closely with HHSs to identify opportunities to convert Principal House Officer (PHO) roles to accredited vocational training roles. The impact of this for the PGY2 cohort is a clear intention to smooth and reduce protracted time in PHO roles whilst awaiting opportunities to enter vocational training.

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.

PMAQ has positive working relationships with its stakeholders which enable it to effectively monitor and ensure that any impact that prevocational training has on patient safety and prevocational doctor wellbeing can be identified, discussed, and addressed.

PMAQ Accreditation Committee membership (attachment 1.4) ensures inclusion of relevant stakeholder group representation. This includes Junior Medical Officer Forum Queensland (JMOfQ) representation. Engagement increased with this group through 2024 through increased collaboration with the Department of Health's Chief Medical Officer (CMO) and the JMOfQ leadership.

Several new initiatives led by department demonstrated this in action and include:

- Wellbeing of medical officers and establishment of the Queensland Health Medical Workforce Wellbeing reference group chaired by the Chief Medical Officer.
  - A targeted suite of online resources specifically developed for Junior Medical Officers titled Mind(re)Set. This resource consists of seven self-paced modules that take a junior medical officer through understanding and assessing their own wellbeing, resources to assist, successful strategies for escalation of concerns and strategies to consider for introduction to their own practice to reduce stress burden.
  - Positive changes to Queensland legislative framework under the Hospital and Health Boards Act 2011, whereby the organization has a clear responsibility articulated to support the psychosocial wellbeing of all employees.
-

- Development of the Queensland Health overarching system – The Queensland Health, Health, Safety and Wellbeing Management System which is underpinned by standards and policies.
- A pilot engagement of a Medical Wellbeing Registrar at a Regional HHS.

Increased engagement with the DCT / MEO community through fortnightly (and at times, weekly) statewide education / information sessions held online has enabled increased and just-in-time response to key issues identified each week. Increased engagement with the Executive Director of Medical Services (EDMS) Forum, with regular reports / updates on key issues through the transition, as well as occasional presentation at meetings.

An example demonstrating increased engagement and collaboration with the chief medical officer (CMO), executive director medical services (EDMS) forum, DCT/MEOs, prevocational doctors and other stakeholders, is in the work done to define an appropriate concern management strategy and framework to support PGY2 doctors on rural and remote placements. A working group was established to develop a statewide process to responding to prevocational doctor issues / concerns while on rural and remote placements. The group comprised all relevant stakeholder groups and was focused on safeguarding patient safety and prevocational doctor wellbeing through its work.

Queensland is in a unique position to offer rich and meaningful rural and remote learning experiences and opportunities while also providing delivery of much needed services in diverse and remote locations.

The process, endorsed by the EDMS forum in December 2024, eliminated the need for multiple smaller, more vulnerable providers of healthcare services to individually determine and define processes on their own. See [attachment \(1.17\)](#). The next phase of this work is looking at evaluative processes and how high value data can be collected with minimal administrative burden to ensure patient safety and prevocational doctor wellbeing remain the focus of these placements.

PMAQ has focused on monitoring and considering the impact of its accreditation process and has used insights to make improvements and drive change. Examples of this include:

- Revision of the change in circumstance process
- Revision of the accreditation application process
- Strengthening of the DCT/MEO community
- Delivery of support visits through 2024
- Use of MTS data to review against provider self-assessment and evaluative data, and the data collected by PMAQ at time of assessment
- Increased opportunities for training providers to provide feedback to PMAQ through pulse surveys, support visits, and the survey done mid-year on implementation.

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.

Activities undertaken recently to assure the ongoing viability and sustainability of PMAQ's delivery of accreditation services has included:

Review of the Accreditation Committee's membership to include representation of an expert in First Nations health.

- Review of the DCT/MEO Forum, as a sub-committee of the Accreditation Committee, to ensure appropriate two-way engagement and adequate representation from the full stakeholder group.
- Continued improvement of accreditation processes which support delivery of quality prevocational training programs, including:

- Consideration and implementation of Effective Governance recommendations.
- Modified and enhanced monitoring through transition to the national framework to ensure adequate visibility of progress and enable early identification and management of concerns.
- Increased focus on quality improvement rather than quality assurance through investing in the growth and development of the sector through 2024 and the transition.
- 24 hospital visits undertaken to provide bespoke support to 23 training programs. Data collected indicates that this approach has provided multiple benefits to providers – see [Attachment 1.19](#) for the highlights.’

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

Continued compliance with contractual obligations and with AMC standards; no changes since last report.

As an entity established within the Department of Health, PMAQ operates within the framework of the Financial Management Practice Manual (FMPM). The FMPM is the principal financial manual and is relevant to all employees of the department. The FMPM clearly articulates the roles and responsibilities of all officers and particularly outlines the responsibility or authorised accounting officers and officers that hold financial delegation.

All Department of Health staff are required to undertake mandatory training which encompasses training in the domains of public service ethics; reporting corrupt conduct, fraud control awareness and cyber security essentials.

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

PMAQ has established a mature Accreditation Committee. Members of the committee are nominated, and their credentials are assessed for committee fit. A recommendation for appointment to the committee is then made to the Deputy Director-General CPSS.

Committee members are engaged, inducted and remunerated in accordance with PMAQ policy which aligns to the Queensland Government Public Sector Commission guidelines for engagement of committee members.

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

The process remains unchanged since last accreditation, and effectiveness has been verified by the external governance review of the accreditation committee ([Attachments 1.5 to 1.8](#)).

## AMC Commentary

Thank you for the response.

The Committee noted:

- Implementation of the new Framework is ongoing, using a three-phase approach. This has included adding accreditation of PGY2 terms, which includes a verification process when a health service is undergoing a full accreditation. There have also been incremental improvements in accreditation processes coming out of the governance review.
- Increased stakeholder engagement and collaboration
- Focus placed on monitoring and considering the impact of PMAQ’s accreditation processes, resulting in revisions to processes, support visits, use of MTS data and feedback opportunities

- Activities undertaken to assure the viability and sustainability of PMAQ's accreditation function

1A(iii). Please provide a description of the authority's development plans for the next five years, and the significant milestones for their implementation related to this domain.

Provider response:

Strong governance

Sustaining the effective governance arrangement of PMAQ remains a priority. Largely the current approach to internal assessment and evaluation, with the capacity to respond with changes as required, will provide for this, however continued priority of these activities must be maintained.

Key actions include:

- Annual self-evaluation of the effectiveness of the PMAQ Accreditation Committee will continue, as will four yearly external review.
- Included in this is the periodic review of policies, procedures, and guidelines. Periodic review of these congruent to the identified review dates will be undertaken. In addition to this, outcomes of evaluative activities will continue to inform review as needed.
- Finalisation and implementation of the DCT/MEO forum terms of reference as a key driver for stakeholder engagement and collaboration.
- Aim to achieve increased stakeholder input specifically via the DCT/MEO forum and JMOFQ, supported by collaboration with the CMO.
- Continued alignment of PMAQ priorities with those of the department.
- Continued high levels of confidence from the sector in PMAQ's capability to provide effective accreditation services.
- Continued compliance with external accountabilities and acceptance / understanding of authorities and responsibilities.
- Continued promotion of patient safety and prevocational doctor wellbeing through accreditation activities, including interventions, which impact both experience of the patient and trainee.
- Increased use and understanding of the data PMAQ have and can collect, to enable real time response to issues, trends and concerns identified in accreditation data.
- Promoting and enabling increased flexibility in training options to best meet community needs, such as the accreditation of rural and remote terms, community terms, and other priority areas (such as in addiction and mental health in some areas, for example).
- Increased awareness and responsiveness of the Accreditation Committee through development of a stronger First Nations perspective.

Cultural competence of PMAQ

As PMAQ has supported the sector to identify and understand cultural safety and health equity as articulated in the national framework, it has also reflected on its own position in this regard. There is work to be done to better understand and define PMAQ's collective and individual cultural competence and translate this into creating a shared understanding of how it, as an accreditor, can best support training providers, to promote and enable provision of culturally safe care which addresses identified gaps in health equity.

With delivery of accredited PGY2 training programs commencing in 2025, there is opportunity to enhance PMAQ's understanding of the impacts on the education and training of this cohort, particularly in the face of ongoing workforce shortages, and Queensland's investment in providing rural and remote communities with healthcare services.

Promotion of increased accountability

PMAQ will continue to highlight to providers the framework-assigned responsibilities for which they are accountable.

### AMC Commentary

Commentary is mainly focused on maintaining current developments but including annual review of governance performance and an increased focus on cultural safety.

An Aboriginal and/or Torres Strait Islander member is now included in the membership of the Accreditation Committee. Improving assessment of cultural safety is acknowledged as a work in progress as well as new challenges posed by PGY2 doctors who are more likely to be working in rural and remote communities. Recognition of work to be done to understand and defined PMAQ's collective and individual cultural competence, to be translated into creating a shared understanding of how it can be support training providers to promote and enable provision of culturally safe care.

1A(iv). Please identify and assess the factors that could influence the authority's achievement of its goals and objectives over the next five years, such as developments within the healthcare system.

Provider response:

There are multiple factors that could influence PMAQ's ability to achieve its goals and objectives in the next five years, and many apply across domains. To avoid repetition in response to part iv of the response in each domain, common and shared factors have been captured in [Attachment 1.20](#). Relevant to this domain are the following factors:

1. Risks under active management.
2. Continued strong governance to respond to the impacts of continued reform.
3. Change in strategic priorities or direction.
4. Medical workforce challenges and reforms.
5. Strategic partnerships and stakeholder engagement.
6. Continued independence given workforce pressures.

### AMC Commentary

The Committee noted the workforce shortages and increased staff movement within health services (e.g. MEOs). Overall the factors are well-articulated, and the maintenance of a risk register for accreditation is helpful in identifying such factors.

**The AMC expects accredited authorities to report on matters that may affect their accreditation status, such as a change to the capacity to meet the domains for assessing and accrediting prevocational training accreditation authorities, or any change that may meet the definition of a material change. If relevant, please report on such matters in this section.**

## Examples of changes

Changes to:

- governance and structure of the organisation
- functions and scope of accreditation activities
- membership provisions (not the names of the members) of the governing body or the process for selection of that body
- organisational purpose or mission
- the agreement with the relevant health departments.

1A(v) If not provided above, have any changes been made in the last 12 months, or are any changes planned for the next 12 months against this domain? Yes  No

1A(vi) If year, describe the changes and the reasons for the changes

Provider response:

Nil

## AMC Commentary

Noted no major changes not already reported.

## 1B. Addressing accreditation conditions

Nil to report

## 1C. Addressing quality improvement recommendations and information requests

### Recommendations for improvement

#### Areas to be addressed in this submission

**AA Clarify for medical school stakeholders who the medical school representative on the Accreditation Committee is, and how this role interfaces with the state-wide Medical School Liaison Committee, which the Accreditation Committee member does not attend. (1.6)**

AMC Feedback from 2023 submission

Finding: No finding.

Thank you for the update. The Committee look forward to further updates regarding considerations to improve the liaison between committees to support engagement and the sharing of information with medical schools.

**In the 2024 submission, please provide an update.**

Provider response:

The Accreditation Committee terms of reference ([Attachment 1.4](#)) have been reviewed and provide clarification that the medical school member is not a direct representative of the Medical Schools Liaison Committee (MSLC), rather a member of the PMAQ Accreditation Committee who brings skill and knowledge

of medical schools, their functioning, and issues to the Committee. Both the member and the Committee are satisfied with this approach and feel that this better delivers on the initial intent.

The interface between PMAQ, (rather than the accreditation committee), and the MSLC continues to develop, with information sharing increasing over the last 12 months and now actively promoted. This approach has seen a collaborative and meaningful relationship evolve, with the recent collaborative development of the Joint statement – supporting the voluntary sharing of information between final year medical students and the Department of Health ([Attachment 1.13](#)) evidencing the effectiveness of this approach. There continues to be opportunity for further development.

### AMC Commentary

Finding	No finding	Progressing	Satisfied
			X

It was noted that the Accreditation Committee terms of reference was reviewed and resulted in the medical school member being filled by an individual with the skills and knowledge of medical schools and their functioning and issues as opposed to a direct representative of the MSLC.

Engagement with the MSLC is undertaken by PMAQ and continues to develop with increased information sharing and collaboration over the past 12 months. The work with the MSLC is clearly demonstrated in the joint statement on the voluntary sharing of final year medical student information. The Committee encourages the continued engagement with the MSLC.

### Information requests

#### Feedback from 2023 submission

The authority contends that the restructure of the Department of Health has not resulted in significant changes to its processes or procedures.

The endorsement of the Assistant Deputy Director-General, Workforce Strategy Branch, enabling the department to seek a contract variation with Ahpra is cited as an example of the authority’s independence, as is the acceptance of the proposal for a phased approach to the implementation of the National Framework for Prevocational Medical Training (NFPMT).

In light of the restructure, the Committee request further reporting on the authority’s arrangement and any significant changes or challenges to governance in the next submission.

**In light of the restructure, the Committee request further reporting on the authority’s arrangement and any significant changes or challenges to governance in the next submission.**

**Please provide an update on the PMAQ’s functioning under the new structure**

Provider response:

Please refer to response to section 1A(i).

The PMAQ year in review – 2023 ([Attachments 1.11 – document and 1.12 - presentation](#)) highlights the achievements of PMAQ in 2023 with these acting to confirm that PMAQ continues to act in accordance with its stated purpose, and that the governance arrangements provide for this to be undertaken in the manner congruent to internal and external accountabilities.

Evaluation data further supports this, with the following being of specific relevance to this reporting request:

- 100% of accredited providers who had undergone an accreditation assessment in 2023 reported they felt PMAQ acted without undue influence and in a fair and just manner.
- 100% of assessors engaged in an accreditation in 2023 felt there was no evidence of undue influence.
- 85% of respondent stakeholders felt that PMAQ’s accreditation processes supported improvement in intern education and training.
- 90% of respondent stakeholders have confidence in PMAQ to support improvements in prevocational doctor training.

### AMC Commentary

Finding	No finding	Progressing	Satisfied
			X

Indirect evidence is provided through the governance review and the communications through a yearly summary. The survey results are noted and provide reassurance that stakeholders regard the Accreditation Committee’s decisions as independent.

### Information requests

#### Feedback from 2023 submission

An independent review of the effectiveness of the PMAQ Accreditation Committee, in accordance with the terms of reference, is currently being undertaken by “Effective Governance Pty Ltd”. It should be anticipated that the review would promote the expanded membership of the Accreditation Committee, such as the inclusion of a First Nations representative.

**The Committee look forward to receiving an update regarding the outcomes of the review.**

**Please provide a copy of the Effective Governance’s report on the external review of the Accreditation Committee (information request from the 2023 monitoring submission Part II)**

Provider response:

Please refer to [attachments 1.5 – 1.8](#) and the response to 1A(i) above.

### AMC Commentary

Finding	No finding	Progressing	Satisfied
			X

Thank you - the reports have been provided as well as evidence of sharing the recommendations with stakeholders.

### Additional attachments

Please list any additional attachments referenced in this domain using the number format below.

1.1 [2023 report from PMAQ to AMC](#)

- 1.2 CPSS purpose / priorities
- 1.3 PMAQ accreditation policy
- 1.4 PMAQ Accreditation Committee terms of reference
- 1.5 Effective Gov report - Cmte Review Rec Report
- 1.6 Effective Gov - Cmte Gov Doc Review Report
- 1.7 Effective Gov - Cmte Review Findings Report
- 1.8 Effective governance recommendations and response
- 1.9 DCT-MEO-Forum-Executive-TOR-2020
- 1.10 PMAQ Risk Register July 24
- 1.11 PMAQ Year in review 2023
- 1.12 PMAQ 2023 Year in review – Presentation
- 1.13 Joint statement - supporting the voluntary sharing of info btw final year med stds and QH
- 1.14 2023 accreditation status heatmap\_Redacted
- 1.15 PMAQ Notification of Concern Guideline v2.0
- 1.16 This attachment has been removed
- 1.17 PGY2 Rural Escalation Guide - FINAL EDMS Forum
- 1.18 CPSS WSB op plan- PMAQ
- 1.19 QI approach survey - highlights - Aug 2024
- 1.20 Summary of factors - response to part iv

<b>In 2024, this domain was found to be:</b>	<b>Met</b>
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## Domain 2: Independence

At the time of the last submission, this domain was found to be: **Met**

The accreditation authority independently carries out accreditation of prevocational training programs.

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

## 2A. Analysis of strengths and challenges, and significant developments (completed or planned)

This section of the report provides an appraisal of the developments since accreditation, and information on plans leading up to the next AMC reaccreditation.

2A(i). Please provide a summary of current strengths and challenges relating to this domain

Provider response:

PMAQ continues to carry out the accreditation of prevocational training programs independently and has sound and effective mechanisms for managing undue influence. 2023 evaluative data indicated that:

- 100% of accreditation committee members felt that accreditation decisions were made without undue influence.
- 100% of accreditation committee members had confidence in PMAQ's ability to identify and manage any undue influence appropriately.
- 100% of providers who underwent an accreditation assessment in 2023 felt PMAQ acted without undue influence and in a fair and just manner.

100% of assessor respondents felt there was no evidence of undue influence.

National framework - Changes to domains

The national framework has seen a change to domain 2, against which PMAQ is accredited. The revised domain reads: 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 influence from any area of the community, including government, health services or professional associations.

Despite the more recent changes to this domain, PMAQ has well embedded processes by which potential influence is managed. These were intentionally designed on commencement of PMAQ and are continually monitored and reviewed through PMAQ's risk management process. Risks 2 and 3 on [Attachment 1.10](#) directly relate to this. [Attachment 1.10](#) also identifies the associated mechanisms to manage these risks or any potential external influence.

Since establishment of PMAQ these mechanisms have proved effective, with PMAQ making accreditation decisions independently. Annual evaluative data acts to substantiate this, with feedback from providers, assessors and accreditation committee members consistently confirming the absence of apprehended bias or undue influence.

#### Risk management

The risk of undue influence, as it relates to PMAQ's independence, has been actively managed since the commencement of PMAQ. On establishment of PMAQ, advice was sought from both the Department's legal team and Crown Law in regard to the mechanisms, structures and processes which would best provide for accreditation to be carried out independently and mitigate the risk of apprehended bias.

This advice was used to inform the purposeful development of PMAQ's structures, processes and procedures, with these intentionally designed to best provide for the accreditation of prevocational training programs to be undertaken independently.

Despite this, the inherent risks to independence are acknowledged. Several specific risks regarding PMAQ's independence continue to be actively and effectively managed:

- Risk 2 – the department, through PMAQ is unable to independently make decisions about accredited programs.
- Risk 3 – the department and PMAQ do not have clear procedures for identifying and managing conflicts or interest relating to all involved in the accreditation process.
- Risk 4a – the Departments or PMAQ's human and financial resources are inadequate to meet accreditation objectives giving rise to assessors not being released or recalled to duty or assessor teams not meeting quorums.
- Risk 4b - the Departments or PMAQ's human and financial resources are inadequate to meet accreditation objectives giving rise to accreditation committee quorums not being achieved.
- Risk 6 – procedures for selecting, appointing, training and reviewing assessor teams and the accreditation committee are insufficient.
- Risk 9 – the departments published processes for complaints, review and appeals whilst rigorous, fair and responsive are insufficient to manage accreditation complaints.

These risks, associated actions, and the unmitigated and mitigated ratings are provided in [Attachment 1.10](#).

The inclusion of these on the risk register explicitly acknowledge, define and communicate the significance of the risk and ensures that purposeful and active management continues.

While to date the controls have been highly effective, continued monitoring provides assurance and will support early remedy as needed.

Each risk on the risk register is comprehensively reviewed, typically at least once each quarter, or more frequently if required. This approach ensures that purposeful attention continues to be awarded to ensuring the independence of PMAQ's decision-making and acts as a mechanism for clear communication and escalation as required.

The Accreditation Committee's review of the risk register was less frequent in 2024 for several reasons:

1. Conducting support visits with all accredited providers provided PMAQ with a real-time and front-line view of the challenges and barriers faced by providers and enabled immediate identification of program-related risks.
  2. Focus was intentionally redirected to supporting framework implementation and ensuring accreditation of all changes to PGY1 programs and terms, as well as first time accreditation of PGY2 terms.
-

3. Data collected from the submission of self-assessment checklists and transition reports, along with existing heat map data, was used to inform the Accreditation Committee's considerations of programs at risk through the transition.
4. Internal (PMAQ and departmental) risks were discussed with divisional leadership throughout the year.

A full review of the risk register is scheduled to commence in March 2025 with a planned presentation to the Accreditation Committee at the April or May 2025 meeting. The risk register will be reviewed and presented quarterly in line with the Accreditation Committee workplan.

#### Embedded assurance mechanisms

PMAQ's evaluative processes, purposefully designed to provide assurance of the integrity of the mechanisms, enabling independence.

These processes, while in place since PMAQ's commencement, have matured over time, and when combined with the emerging longitudinal data act to provide sound assurance. Conversely there is a high level of confidence that these processes would also support the early identification and effective management of any deviations, issues or emerging trends should these arise.

These evaluative processes include:

- Annual self-evaluation of the Accreditation Committee including perceptions or evidence of independence, confirming appropriate membership (broad stakeholders with appropriate skills, knowledge and authority), adequacy of induction and compliance with committee procedures.
- Four-yearly external review of PMAQ providing external validation of the integrity of mechanisms and processes.
- Periodic review of the Accreditation Committee terms of reference to ensure they explicitly provide for independence.
- Feedback from providers and assessors on perceptions of independence, appropriateness of assessor/s, evaluation against standards and clear definition of processes and procedures.
- Annual review of the assessor pool validating the integrity of processes and structures to support independence, including diversity of its composition, appropriateness of training and support, effectiveness of associated processes, procedures and tools in supporting independence and the processes by which assessors are selected.
- Regular review of policies, procedures and guidelines to ensure that, as relevant, these explicitly articulate the independence of the accreditation function and that their content supports and promotes this.
- Monitoring of performance through departmental operational planning, which specifically articulates the independence of the accreditation function.

#### Explicit articulation of independence

The inclusion of explicit articulation of the independent way accreditation must be carried out in key governance documentation is considered a further strength.

The PMAQ Accreditation policy ([attachment 1.3](#)) sits at the apex of the hierarchy, forming the beginning of a cascade consistently articulating this requirement.

The policy articulates the independent manner in which prevocational accreditation must be conducted. Additionally specific reference to this mandate regarding both Ahpra contractual requirements and the AMC's Domains for assessing and accrediting prevocational training accreditation authorities is made. The Department's operational plan includes a key action and performance indicators specific to the independent manner in which accreditation of prevocational training programs must occur.

## Informed design and review of structures and processes

PMAQ's structures and processes were intentionally designed in a manner considered to best provide for independence of the accreditation function. This was informed by extensive legal advice.

The benefits of this approach extend beyond the implementation of the advice itself, with the deep understanding of concepts of independence and apprehended bias, and how this relates to PMAQ, its multiple stakeholders and their respective interests along with PMAQ's processes.

This advice facilitates meaningful review of the risks associated with independence, including the management actions, evaluative and assurance mechanisms.

PMAQ's management and governance structures are both explicitly defined and delineated, as are the responsibilities, accountabilities and authorities of relevant positions and committees. This has proven to be an effective safeguard to the integrity of the systems, processes and procedures which provide for independence of the accreditation function even when faced with significant change or challenging situations.

Following organisational change, effective September 2023, the management and operational reporting arrangements changed to within CPSS.

PMAQ's processes and procedures that enable independence proved adequately responsive and agile, with the integrity preserved and the independence of the accreditation function consistently maintained.

### AMC Commentary

The inclusion of risks against independence through the risk register is to be commended, allowing for both clear identification and looking for mitigation strategies. Noted the specific risks outlined that continue to be actively and effectively managed.

Noted the evaluation processes in place to support assurance of the integrity of internal mechanisms and independence.

2A(ii). Please provide a short summary of major developments (and the rationale) since the last accreditation assessment related to this domain.

Provider response:

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.

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

There have been no changes to the manner in which PMAQ makes decisions about the accreditation of training programs since last report. The efficacy of its current processes has been verified by the external review of the accreditation committee and PMAQ – refer to [Attachments 1.5 to 1.8](#) for details.

In response to the national framework implementation, PMAQ has updated relevant policy, procedures and guidelines, including:

- PMAQ Accreditation policy – identification of the independent way accreditation is to be undertaken remains, with expansion to PGY2 noted.

- PMAQ Accreditation Committee terms of reference – continued reference to independence throughout. The membership of the committee was revised, with the representative responsibilities of different members clarified and expanded to include a First Nations members.
- PMAQ Accreditation review procedure – expansion to PGY2 and reference to NFPMT.
- PMAQ Conflict of interest guideline ([Attachment 2.1](#)) – revision of the timeframe of which previous employment is considered as a ‘conflict’, from 3 years to 18 months, in response to increasing mobility of the workforce. This change was widely consulted and well accepted across the sector.

#### Implementation of the national framework

Integral to demonstration of independence is the assessment of training providers against the national standards.

Implementation of the national framework has provided the standards upon which accreditation judgements are made. The previous PMAQ accreditation standards were directly aligned to the standards in the previous intern framework, significant work has since been undertaken to ensure the revised national standards are understood, interpreted, and are accompanied by guidelines or principles for application.

This relates to both providers applying for accreditation against the standards and for assessors making judgements and recommendations about provider compliance.

Throughout 2023 and 2024 PMAQ prioritised work to develop the Queensland sector’s literacy of the national standards and how they can be applied to specific contexts. As discussed elsewhere in this application, activities to achieve this have been varied and have included:

- Monthly / fortnightly education and community sessions held on MS Teams during which PMAQ provided information one session and a member of the prevocational training community presented on an initiative, innovation or challenge the next.
- Provision of support visits to every accredited training provider, during which bespoke support was provided in an environment free of accreditation judgement and focused on improvement. An evaluation of this approach ([attachment 1.19](#)) determined that 100% of respondents agreed that PMAQ’s approach had helped them understand the accreditation reporting requirements and processes to which they are subjected; and 89% of respondents agreed that the approach had helped them better understand the requirements of the national framework.

#### Self-assessment and external evaluation

In the 2023-24 Department of Health operational plan, a key action was for prevocational training accreditation to be undertaken independently. Quarterly evaluation and subsequent reporting against this have occurred, with the risks considered to be effectively managed and associated mechanisms effective. Assurance of this is provided by evaluative activities informed by multi-source data.

The external review by Effective Governance ([Attachments 1.5 – 1.8](#)) confirmed that the Accreditation Committee, which has responsibility for accreditation decisions, was overall highly effective, as were the processes and procedures by which they conduct their work.

Further to this, internal evaluative data has provided assurance that the current mechanisms for ensuring independence and mitigating the risk of apprehended bias are consistently and reliably effective.

The 2023 data was congruent to that of previous years and indicated that:

- 100% of accreditation committee members felt that accreditation decisions were made without undue influence.
- 100% of accreditation committee members had confidence in PMAQ’s ability to identify and manage any undue influence appropriately.

- 100% of providers who underwent an accreditation assessment in 2023 felt PMAQ acted without undue influence and in a fair and just manner.
- 100% of assessor respondents felt there was no evidence of undue influence.
- Further to this, no complaints, concerns or issues have been raised formally or informally in regard to the independence of the function, with the current mitigated risk considered to be as low as reasonably practicable ([Attachment 1.10](#)).

### AMC Commentary

Noted the updates to relevant policy, procedure and guideline documents.

The change to the timeframe that Col applies with respect to previous employment is noted and seems reasonable. The survey results appear to show that stakeholders believe that this is being handled appropriately.

Noted the self-assessment process and evaluation activities to ensure risks are being effectively managed.

2A(iii). Please provide a description of the authority's development plans for the next five years, and the significant milestones for their implementation related to this domain.

Provider response:

The overarching goal is that independence of the accreditation function is maintained and that the structures, processes, and procedures enabling this remain effective and reliable, yet agile.

A specific area of focus in future considerations of PMAQ's efficacy will be on understanding the impacts of the national framework and the ongoing review of its mechanisms and processes, ensuring these provide for continued reform and improvement yet maintain the required independence.

Quarterly monitoring and review of the risks associated with independence will continue. While the risks have been 'downgraded' it is recognized that this is a direct result of effective controls and that the unmitigated rating of the risks remain. Due to the criticality of consequences should the controls fail, or circumstances give rise to them being less effective, continued active monitoring and intervention, as required will continue.

Monitoring and evaluation activities that provide assurance or identify risks or deviations will continue. This will include annual evaluative activities following accreditation activities from providers and assessors, annual self-evaluation and four-yearly external review of the accreditation committee and ad-hoc targeted evaluation as required. Multi-source data will continue to be used to inform decisions or improvements, as well as act to provide satisfactory assurances (or otherwise).

While annual review of the assessor pool will continue, a comprehensive review of processes associated with the training and selection of assessors, construct of assessor teams and processes by which conflicts or interests are identified and managed, along with the mechanisms that provide for independence in this regard will be considered as future work (beyond 2026). The timing of this is considered to provide for better understanding of the impacts of the NFPMT and overall better outcomes from this activity.

Specific attention will be awarded to confirming (or otherwise) that stakeholder input into decision-making at all levels, is appropriately broad, specifically, as it relates to the expansion of services to the accreditation of PGY2 programs.

### AMC Commentary

Development plans related to this domain are mainly concerned with the changes brought in by the National Framework. Identified mechanisms in place or planned for review and monitoring risks to independence, activities that provide assurance or identify risks, and annual review activities.

2A(iv). Please identify and assess the factors that could influence the authority's achievement of its goals and objectives over the next five years, such as developments within the healthcare system.

Provider response:

Please see response in 1A(iv) and reference factors 1, 3, 4 and 6 in [Attachment 1.20](#).

Inherent to the operations of PMAQ, as a unit within the Department of Health and the recipient of financial contributions from Ahpra, is a risk to the independence of the accreditation function.

Current controls are considered effective, with sound evaluative data substantiating this. The mitigated risk is currently considered to be as low as reasonably practicable. This risk will continue to be subject to ongoing monitoring, with this expected to provide continued independence, with issues or threats both identified and resolved early. This risk and its management is articulated in [Attachment 1.10](#) as risk 2.

Failure of PMAQ's processes for the identification and management of conflicts will adversely impact PMAQ's ability to maintain independence of the function. The impacts of this would be substantial, potentially invalidating accreditation decisions and demonstrating a failure of both PMAQ's operational management and governance. It is, however, highly unlikely that this will occur as these processes are both clearly documented and well embedded into standard processes. Despite this, an inherent vulnerability is that the integrity of the process is, in part, reliant on individuals identifying and declaring conflicts. Guidelines provide common examples, while training and induction processes specifically address these. Additionally, several effective 'safety-nets' including provision for providers to make comment or identify conflicts of potential assessors, and multiple opportunities seeking declarations are in place. This risk is expressed as risk 3 in [Attachment 1.10](#).

Likewise, failure or insufficiency of the processes for complaints, review and appeals will have substantial adverse impact. While this again is unlikely, the fact these processes are yet to be 'tested in real life', their inherent high stakes nature and the infrequency to which they are executed does potentiate this risk. The management actions in response to this are defined under risk 9 in [Attachment 1.10](#), and while the consequences of insufficiency would be substantial, the controls are effective in mitigating such.

The response to section 2A(ii) identifies challenges that implementation of the NFPMT and expansion to accreditation of PGY2 programs may potentiate and PMAQ's purposeful response to this.

As per domain 1, the recent state election and potential change in priorities or direction is noteworthy. The explicit articulation of the independent way the function is to be delivered, along with the suite of explicitly defined processes and procedures is considered to provide for continuity of independence.

### AMC Commentary

PMAQ have identified the risks associated with self-declaration of Col appropriately. It appears that this is under control.

**The AMC expects accredited authorities to report on matters that may affect their accreditation status, such as a change to the capacity to meet the domains for assessing and accrediting prevocational training accreditation authorities, or any change that may meet the definition of a material change. If relevant, please report on such matters in this section.**

#### Examples of changes

- Reviews of, or changes to, structures or processes that specifically contribute to independence of accreditation decision making such as committee organisation and delegations to committees or staff
- New processes for managing conflicts of interest in the governance of the organisation (not for the accreditation processes)

2A(v) If not provided above, have any changes been made in the last 12 months, or are any changes planned for the next 12 months against this domain? Yes  No

2A(vi) If year, describe the changes and the reasons for the changes

Provider response:

Nil to report.

## 2B. Addressing accreditation conditions

Nil to report

## 2C. Addressing quality improvement recommendations and information requests

Nil to report

#### Additional attachments

Please list any additional attachments referenced in this domain using the number format below.

#### 2.1 PMAQ Conflict of interest guideline

Also referred to in the response to this domain are attachments provided in earlier domains (numbered as such).

In 2024, this domain was found to be: **Met**

## Domain 3: Operational Management

At the time of the last submission, this domain was found to be: **Met**

The accreditation authority effectively manages its resources to perform functions associated with accrediting prevocational programs.

### Attributes

- 3.1 The prevocational training accreditation authority manages human and financial resources to achieve objectives relevant to accrediting prevocational training programs.
- 3.2 There are effective systems for monitoring and improving prevocational training accreditation processes and for identifying and managing risk.
- 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.
- 3.4 There are robust systems for managing information and contemporaneous records, including ensuring confidentiality.

### 3A. Analysis of strengths and challenges, and significant developments (completed or planned)

This section of the report provides an appraisal of the developments since accreditation, and information on plans leading up to the next AMC reaccreditation.

3A(i). Please provide a summary of current strengths and challenges relating to this domain

Provider response:

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

The position of PMAQ within the broader Department of Health provides for opportunity to secure additional resources.

While this includes the ability to access additional human and financial resources to respond to increased workload, service demands or process improvement initiatives, the more prevailing strength is the specialist skill, knowledge, and advice these avails.

There is no doubt, that the legal advice from both the Department and Crown Law during the establishment of PMAQ was of substantial benefit.

More recently, for example, collaboration and expertise from a few services within the Department, including the Centre for Leadership Excellence and the Office of the First Nations Health Officer has supported PMAQ in the review of relevant policy and procedure and in defining an approach to advancement of the services cultural competency.

PMAQ's organisational positioning in the Workforce Strategy Branch, and within the Medical Advisory and Prevocational Accreditation Unit has provided for a more informed medical workforce strategy that will best support quality prevocational education and training.

The Department continues to invest in the development of PMAQ staff to ensure sustainability of the service through various means, including attendance at the Australia and New Zealand Prevocational Medical Education Forum (ANZPMEF), and participation in departmental learning opportunities such as brief / correspondence writing courses. Further, principal officers are supported to engage with the national sector through forum and meetings, further facilitating the sharing of knowledge and building of relationships.

Both the pandemic and the introduction of the NFPMT have required agility of these resources. PMAQ's approach to managing the impacts of the pandemic proved effective, as too has the approach to the initial implementation of the national framework.

PMAQ has successfully transitioned the Queensland sector to the national framework through 2023 and 2024 and is positive about progress into 2025 as PGY2 training programs commence, and PGY1 programs are embedded. Focus will be paid to progress and transition to meeting requirements and standards new in the framework, while acknowledging that full transition is not yet expected for some time.

Despite its small staff, PMAQ has managed to support this work and manage additional expected and unexpected workload in recent times, including:

- Implementation of the national framework and expansion into PGY2.
- Accreditation of new PGY2 terms and some new sites.
- Delivery of DCT / MEO forum, support of JMOFQ.
- Increased and at times intensive support of the sector through virtual fortnightly sessions.
- Delivery of bespoke support visits to 23 training providers in 2024, a flexible option offered to providers to support their transition to the national framework.
- Increased monitoring with all providers submitting transition reports in 2024, as well as self-assessments and term reviews.
- Management of increasing change in circumstance requests in response to Queensland's significant health capital infrastructure investment, which sees multiple hospital expansions.
- Management of several immediate actions and notifications through 2024.

Looking forward, a review of the PMAQ structure will be undertaken along with the next budget review to ensure it is best placed to meet current and future needs.

Additionally, the Accreditation Committee remains flexible as demonstrated through additional meetings required in 2024 to manage the workload associated with accrediting over 1000 new terms, and through their commitment to managing items out of session necessitated by urgent actions relating to notifications of concern.

Finally, and relating to resourcing, the PMAQ assessor pool remains strong with 37 new assessors trained in the past six months and more planned for early 2025, again supporting a sustained delivery of accreditation services.

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

#### Overarching infrastructure

The Department's infrastructure provides for ongoing compliance and assurance of, PMAQ's financial management and viability and the management of any associated risks.

Further to this, the department's infrastructure provides for effective information management and its security.

Despite this a specific risk regarding failure of information systems, specifically when undertaking accreditation assessments continues to be actively managed. This risk and its management is articulated as risk 11 on [Attachment 1.10](#). Current controls are considered adequate, however active monitoring will continue.

#### Risk management

The responses to domains 1 and 2 have provided numerous references to PMAQ's risk management processes and demonstrate PMAQ's strong and effective approach to integrated risk management. For PMAQ's risk register, refer to [Attachment 1.10](#).

PMAQ's highly effective governance structures and processes have supported the development and implementation of this approach and its sustainability.

The benefits of PMAQ's positioning in the Department are, again, realised here, where the overarching structures and processes support and guide PMAQ's approach. This is considered to enable more effective processes overall, with clear mechanisms and pathways for the escalation of high risks or those unable to be resolved at local level, for example to the Assistant Deputy Director-General, Workforce Strategy or Deputy Director-General, Clinical Planning and Service Strategy Division. As needed items are included on the division's risk register and as such escalated.

This approach further promotes accountability for resolution, at a level with congruent organisational authority.

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.

#### Continuous quality improvement

PMAQ demonstrates a strong commitment to quality improvement in a range of ways, including the external Effective Governance review and the varied outcomes of 2024's process / guideline reviews undertaken.

This demonstrates that PMAQ has in place effective processes which are responsive to the rapidly changing environment in which it operates and takes a proactive approach to quality improvement.

Leading by example, PMAQ has redesigned the accreditation application process, reduced the administration associated with reporting / requesting changes in circumstance, implementing a simplified transition reporting process, providing support and expertise through education / information sessions and bespoke support visits, aimed at supporting the sector's growth and development.

PMAQ monitors the effectiveness of its approach in multiple ways: by a real time view of compliance status via the heat map; through monitoring and tracking of condition responses (to determine their effectiveness at facilitating positive change); through the feedback offered by the diverse membership on the Accreditation Committee; through formal reporting to the department and the EDMS forum; through engagement with peers via CPMEC; and engagement and feedback from the DCT/MEO forum and JMOFQ. The PMAQ Notification of concern guideline continues to underpin all activity ([Attachment 1.15](#)).

#### Collaboration with other prevocational medical councils (PMCs)

2022 -2024 has seen an increase in collaboration between PMCs through implementation of the national framework. PMAQ has led the approach to sharing information, resources and ideas. PMAQ has hosted the PMC collaboration MS Teams site for this purpose. PMAQ hosted an observer from PMCWA on a 2024 accreditation assessment and looks forward to other observerships in future.

Finally, PMAQ presented at the 2023 and 2024 ANZPMEF on their approach to using data to inform decisions and monitor program compliance, which were received positively as innovative ways to use data in accreditation activity.

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

PMAQ follows departmental guidelines and processes in its information and records management. No changes have been made to processes. Confidentiality is a strong tenet in PMAQ's information and record management stewardship.

PMAQ in the Department of Health uses Content Manager as the approved record management system. Policies and procedures exist for record retention and disposal.

Mandatory training Queensland Health (HR Policy G6) requires all staff to annually refresh 13 key elements of mandatory training including but not limited to: code of conduct; public interest disclosure; due diligence; cyber security; and fraud control awareness.

### **AMC Commentary**

Thank you for the response. Noted that despite a small number of staff, a significant amount of work has been undertaken to support the implementation of the National Framework. Plans for review of the PMAQ structure is noted and the Committee welcome an update, as noted under recommendation CC, once this has been completed.

The Committee commended the approach taken to risk identification, management and monitoring and the implementation of the risk register.

Significant work undertaken to focus on continuous quality improvement, including redesign of the accreditation application process, reduced administration associated with reporting and requesting changes, simplifying the transition reporting process and providing support and expertise to stakeholders. These approaches and their effectiveness are monitored.

3A(ii). Please provide a short summary of major developments (and the rationale) since the last accreditation assessment related to this domain.

Provider response:

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

There have been no major developments since last submission. The expansion into PGY2 training program accreditation has triggered conversation around needing to review existing resources of the PMAQ service to ensure they remain fit for purpose.

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

There have been no major developments since last submission, however:

- PMAQ has introduced the annual transition report to enable visibility of provider progress towards full implementation of the national framework and its requirements, regardless of where they are positioned in their accreditation cycle, all providers, except those undergoing accreditation that year, are required to submit the transition report.
- The work done to enhance PMAQ's approach to risk management and monitoring has been described above.

PMAQ's processes relating to the management of conditions of accreditation and notifications of concern remain and underpin compliance monitoring.

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.

There has been an increased focus on quality improvement (over quality assurance) through provision of a growth and development approach throughout the transition period (2023 – 2024). More information about this has been provided in various responses above, and in [Attachment 3.1](#).

Examples demonstrating PMAQ’s compliance with standard 3.3 are noted below:

1. The chair of the PMAQ Accreditation Committee is an independent accreditation expert providing and ensuring specific expertise in accreditation practice and processes.
2. PMAQ has developed ways to monitor global compliance through a heatmap visualisation ([Attachment 1.14](#)), enabling instant visibility of ‘hot spots’ and areas of strength within the sector statewide, at a provider level, and also in relation to specific standards.
3. Enhanced collaboration and engagement with other prevocational medical council’s (PMCs) in 2024 especially has enabled a deeper understanding of PMAQ practice and processes and highlighted opportunities for improvement, as we have seen the practice of other PMCs.
4. Continued and active participation in the Australian and New Zealand Prevocational Medical Education Forum (ANZPMEF) to learn about innovations, challenges and practice in the field.
5. Review of PMAQ’s accreditation process to streamline the application process and include the prevocational doctor journey to demonstrate compliance (modelled on the ACHS patient journey process).
6. Supporting and enabling sharing of best practice through the fortnightly community sessions facilitated / delivered by PMAQ. Once a month a provider shares an innovation or a problem with the sector, statewide. This practice has continued to develop a culture of collaboration, trust, transparency and accountability. This was particularly useful during the transition to the national framework.
7. PMAQ acknowledging vulnerability in communicating its own challenges through implementation, and the approach of ‘we are all on the journey together’ has resulted in a stronger sense of community, trust and engagement overall. By focusing on improvement, not compliance, providers have reported a sense of ‘togetherness’ and ‘collaboration’ to problem solve issues.
8. Remediation of issues has focused on improvements to ensuring patient safety and prevocational doctor wellbeing. Using deliberate language PMAQ aims to ensure focus on the critical elements of patient safety and prevocational doctor wellbeing through delivery of the training program.

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

There have been no changes to this since last submission and PMAQ continues to appropriately manage information and contemporaneous records, including ensuring confidentiality. PMAQ has increased its use of statistical data to support accreditation deliberations and decisions. The description of how PMAQ uses the heat map earlier is an example of this.

### **AMC Commentary**

A comprehensive description of developments has been provided. Noted the need to review existing PMAQ resources, introduction of annual reporting, enhanced approaches to risk identification, management and monitoring, and focus on quality improvement.

3A(iii). Please provide a description of the authority’s development plans for the next five years, and the significant milestones for their implementation related to this domain.

Provider response:

As mentioned, in the next budget review PMAQ will consider the best way to structure itself to ensure ongoing viability and maximize service delivery.

Supporting staff capability and expertise will also be considered, along with succession planning and internal capability to support and backfill roles. Departmental budgeting timeframes and guidelines will guide this process.

The revised accreditation process has enabled a reset of practice and streamlining of process and will be subject to ongoing evaluation over the next four-year accreditation cycle.

PMAQ plan to develop and articulate a risk-based framework against providers’ progress towards full implementation of the national framework. (refer to response to [1A\(i\)](#)). This, along with the heatmap and other qualitative data analysis will enable early identification of programs at risk, or which may be facing challenges in full implementation of framework requirements.

PMAQ’s increased use of data and mandated submission of the transition plan through each provider’s full accreditation cycle (up until 2027 for some providers) allows strengthened monitoring of implementation.

It is anticipated there will be significant efficiencies achieved by implementing recent changes to the accreditation application and change in circumstance processes (discussed above).

PMAQ will continue to effectively manage information and ensure privacy and confidentiality processes are retained.

PMAQ intends to further increase collaboration with other PMCs to enable activities like benchmarking, consistent application of national standards, observerships, and peer review.

### AMC Commentary

Thank you for the response. The Committee noted:

- Plans for review of PMAQ with the next budget review
- Considerations for supporting staff capability, expertise and succession planning.
- The re-set of practice and streamlining of processes with the revised accreditation process that will continue to be evaluated
- Plans to develop a risk-based framework for provider progress towards full implementation of the framework to support early identification of program risks and challenges in conjunction with other initiatives (heatmap and qualitative data analysis)
- Plans for further collaboration with PMCs to support benchmarking, peer review, observerships and consistent application of the standards.

3A(iv). Please identify and assess the factors that could influence the authority’s achievement of its goals and objectives over the next five years, such as developments within the healthcare system.

Provider response:

Please read the response to 1A(iv) and refer to factors 1, 2, 3 and 5 in [Attachment 1.20](#). In addition:

- Several risks related to this domain are being actively managed. These are expressed in attachment 1.10 as risks 1a, 1b, 4c, 4d, 5, 11.
- PMAQ resourcing – acknowledgment by the department regarding a review of PMAQ resourcing, particularly in light of the implementation of the national framework.
- Upskilling and capacity building of PMAQ staff – staff attrition will have some impact however mentoring and work sharing as well as ensuring staff have a broad cross section of skills and the ability to pull on wider departmental resources is of benefit. Recent backfill opportunities have provided for greater knowledge and skills within the broader sector.
- Continued implementation of revised quality improvement approach and progression of identified quality improvements. There is a strong commitment to this, recent workload of committee has seen a delay to the finalisation of this approach.
- Effective monitoring processes to ensure effectiveness of accreditation standards and processes. Increased collaboration with the broader sector will support this, along with PMAQ’s continued production of the ‘year in review’ and the planned evaluation of the quality improvement approach.
- The planned rebuilding of CPMEC will help with this, as will the national assessor database under development through CPMEC. Queensland has several highly skilled assessors who will bring great value to the national stage.

### AMC Commentary

A number of risks have been identified and noted, as well as the need to review resourcing in the light of the demands of the Framework implementation.

PMAQ appear committed to concentrating on the progression of the revised qualitative improvement approach and identified activities as embedding the Framework settles. Noted the ongoing engagement with changes within and projects of CPMEC to support some of these factors.

The AMC expects accredited authorities to report on matters that may affect their accreditation status, such as a change to the capacity to meet the domains for assessing and accrediting prevocational training accreditation authorities, or any change that may meet the definition of a material change. If relevant, please report on such matters in this section.

#### Examples of changes

Changes to:

- the management of the intern training accreditation function
- resources such as administrative/technical staff and educational expertise
- policy or practice on managing information and records relevant to the accreditation services
- sources and/or amount of funding
- (or reviews of) processes for monitoring and improving accreditation processes, and risk management and any changes made or planned as a result of the existing procedures.

3A(v) If not provided above, have any changes been made in the last 12 months, Yes  No   
or are any changes planned for the next 12 months against this domain?

3A(vi) If year, describe the changes and the reasons for the changes

Provider response:

Nil to report.

### 3B. Addressing accreditation conditions

Nil to report

### 3C. Addressing quality improvement recommendations and information requests

#### Recommendations for improvement

#### Areas to be addressed in this submission

CC Identify resources to allow PMAQ to appropriately respond to the imminent changes to the National Framework for Prevocational Medical Training. (3.1)

AMC Feedback from 2023 submission

Finding: Progressing.

Please refer to the comments under recommendation DD below.

#### In the 2024 submission, please provide an update.

Provider response:

Ongoing consideration and evaluation of PMAQ internal resources continue. Resources have been considered adequate to date. PMAQ developed a three-stage approach to implementation of the NFPMT and has made steady and satisfactory progress to date.

Concurrent to this has been maintenance of PMAQ's monitoring functions as well as the accreditation of several new programs, terms, and sites for PGY2 training.

Human and financial resourcing has been adequate to not only complete this work, but to also provide a swift response to several unexpected or emergent issues; as well as manage several providers subject to intense accreditation intervention.

The high levels of satisfaction with the support and guidance provided by PMAQ in the implementation of the NFPMT demonstrated in [Attachment 1.19](#) further substantiate that resourcing has been adequate to support effective implementation.

A review of the PMAQ structure will be undertaken along with the next budget review to ensure it is best placed to meet current and future needs.

#### AMC Commentary

Finding	No finding	Progressing	Satisfied
		X	

Thank you for the update. Noted that the resources have been adequate to date and the progress made towards the implementation of the framework, while maintaining monitoring and accreditation functions.

It was noted that a review of the PMAQ structure will be undertaken with the next budget review, and the committee welcome an update in future monitoring when the review has been completed.

## Recommendations for improvement

### Areas to be addressed in this submission

**DD** Include planning for, and implementation of, the imminent changes to the National Framework for Prevocational Medical Training in the Accreditation Committee's work plan. (3.1 and 4.4)

AMC Feedback from 2023 submission

Finding: Progressing.

The major operational issue the authority is facing is the implementation strategy for the National Framework for Prevocational Medical Training and describes a 3 phase approach to implementation commencing in 2023 (PGY1 Preparation and Monitoring), January 2024 (PGY1 Accreditation and PGY2 Preparation) and July 2024 (PGY1 and 2 Accreditation and Monitoring) respectively.

The progress and planning reported is appropriate and the survey undertaken provides evidence of support for the process.

The Committee look forward to further updates in the 2024 submission.

**In the 2024 submission, please provide an update.**

Provider response:

The three-phase approach to implementation of the national framework continues, with all stages rolled out, and stages one and two fully complete. Annual reporting of progress towards full implementation of the framework has been introduced, via the 'transition report which requires provider self-assessment and continued reporting of progress using an action plan style approach.

This approach will support longitudinal evaluation of continued improvement, and while the approach requires annual reporting, enhanced reporting requirements have been imposed on several providers in response to identified deficiencies in their reports, failure to demonstrate congruence between areas of reform and identified actions or inadequate progress to date.

While the transition plan supports the reporting of progress, PMAQ has adopted an approach whereby implementation of the framework is supported through regular education sessions as well as sessions where practices are shared with offered optional support visits. The efficacy of this approach is demonstrated in [Attachment 1.19](#).

The accreditation committee has now reviewed relevant policies, procedures and guidelines and re-imagined accreditation processes, which will be implemented in 2025. The 2025 workplan, sees a transition back to 'business as usual' which now extends to annual monitoring via the transition reports and continued promotion of sector wide growth and development.

### AMC Commentary

Finding	No finding	Progressing	Satisfied
			X

Whilst phase 3 is ongoing, the completion of phases 1 and 2 and their own transition to a Business as Usual basis should allow this to be rated as satisfied.

The introduction of annual reporting of progress towards full implementation of the framework is a positive initiative.

#### Additional attachments

Please list any additional attachments referenced in this domain using the number format below.

#### 3.1 Early accreditation of programs - NFPMT - Recommended approach - Apr AC meet

Also referred to in the response to this domain are attachments provided in earlier domains (numbered as such).

**In 2024, this domain was found to be:** **Met**

## Domain 4: Processes for accreditation of prevocational training programs

At the time of the last submission, this domain was found to be: **Met**

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.

### Attributes

- 4.1 The prevocational training accreditation authority ensures documentation on accreditation requirements and procedures is publicly available.
- 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.
- 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.
- 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.
- 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.
- 4.6 The accreditation process facilitates continuing quality improvement in delivering prevocational training.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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).
- 4.13 There are published processes for complaints, review and appeals that are rigorous, fair and responsive.

## 4A. Analysis of strengths and challenges, and significant developments (completed or planned)

This section of the report provides an appraisal of the developments since accreditation, and information on plans leading up to the next AMC reaccreditation.

4A(i). Please provide a summary of current strengths and challenges relating to this domain

### Strengths

The following have been described and evidenced in earlier sections of this submission:

- PMAQ has strong engagement with its stakeholder base which is broad and varied. PMAQ has received positive feedback on its formal communication and provision of information about accreditation requirements.
- The outcomes of the external committee review was overall very positive and confirms the effective governance arrangements in place which enable PMAQ to perform at a high standard (see [Attachments 1.5 to 1.8](#)).
- The accreditation application process, which now includes a 'prevocational doctor journey' to reflect good practice and proven methods of assessment. The application is modelled on the existing transition report. The revised process aims to reduce the burden on providers when applying for reaccreditation and more clearly articulate expectations regarding volume of response and evidence. The committee are keen to evaluate the redesigned application following its use in 2025.
- The focus on quality improvement over quality assurance in 2024 has been described above and is an approach that has improved PMAQ relationships with the broader sector.
- The flexibility and supportive approach offered through 2024's support visits have been well received and have yielded many unexpected benefits (articulated elsewhere in this application).
- The notification of concern process has proven effective when enacted in 2024.
- The committee reviewed and approved an immense volume of new terms in 2023 and 2024 and because of time invested in discussing and interpreting the framework, have a deeper understanding of the registration standard and framework requirements.
- PMAQ's ability to retain independence and assure robust decision making has been supported by the results of the external review of committee processes.

### Challenges

The challenges relating to risk management described in 2A(i) about First Nations health and outcomes in [1A\(i\)](#) apply. So too do the medical workforce challenges and reforms as described in response [1A\(iv\)](#).

Further, outlined in the response to 2A(iv) are the challenges associated with PMAQ's ability to maintain independent execution of its accreditation function while the healthcare sector faces current pressures, such as responding to unprecedented MEU turnover (and therefore loss of knowledge / skill and / or reduced accreditation literacy).

The Accreditation Committee is giving careful consideration to the challenges associated with managing an increased workload associated with expansion of scope into PGY2 training. As providers better understand implications of the framework's implementation, and especially the impacts on the second year of training, an increase in notifications or request for changes in circumstance is expected.

The expansion into PGY2 may also present challenges to maintain a conflict-free assessor pool, as the workforce becomes more mobile and as the number of terms and sites accredited has increased, as too has the number of PGY2 rotational (rural and remote) placements.

PMAQ will monitor this closely in coming months, and confirm the current process is fit for purpose in the new operating environment. Maintaining a skilled and current assessor pool in the early stages of accreditation under the national framework will require an investment of PMAQ time and resources.

Implementing an accreditation approach which is congruent to the framework while also responsive to specific context has been a challenge, especially as PMAQ accredited PGY2 terms. Guiding principles were developed and applied, and while some providers were challenged by this, overall, strong stakeholder engagement and communication led to broad acceptance and understanding of the approach.

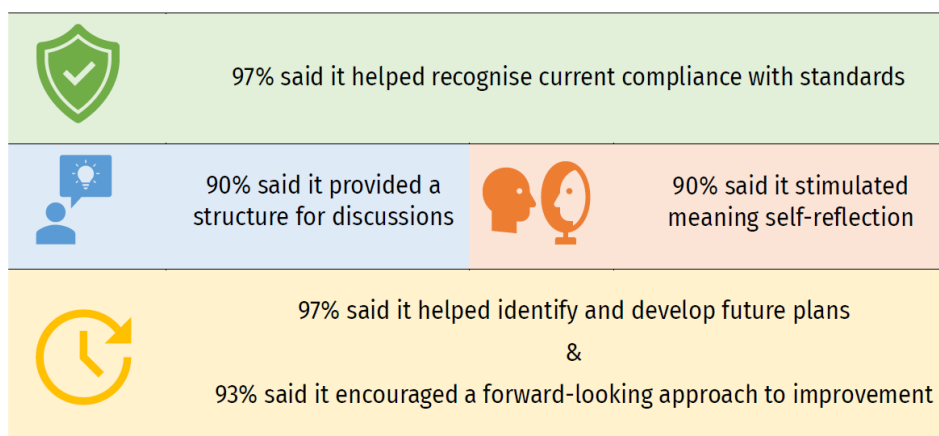
85% of the respondents to a survey about PMAQ’s quality improvement approach in 2024 indicated they were strongly confident in PMAQ’s ability to support quality prevocational training in Queensland, while 90% had strong confidence in PMAQ’s ability to support implementation of the framework.

While encouraging, this confidence is not yet reflected in the prevocational doctor cohort and will be an area of focus in future. Several strategies to achieve this have been discussed, and one is to include prevocational doctors in the provider presentation requested at the commencement of each site visit, during which they could discuss their impressions and experiences of the program’s strengths, challenges and improvements over their time with the facility.

There is an opportunity to improve PMAQ’s interface with the department as it works on initiatives to address areas impacting on prevocational doctor wellbeing and training (impact of the IMG workforce, employment of Students in Medicine, relationships with specialty colleges and so on).

On the secretariat’s agenda this year is a discussion around the management of negative connotations associated with conditions of accreditation, especially how these are used in a period of significant reform. Long-standing stigma associated with accreditation conditions needs attention, and PMAQ hopes to build upon the success and acceptance of 2024’s approach to QI and use of the transition report to shift this mind set.

Deployment of the transition report, which focuses on improvement and not compliance, was successful in 2024 with high acceptance of the report and its intent, and unexpected broad adaptation as a quality improvement tool in its own right. Meaningful discussions held during support visits revealed that many providers had chosen to use the transition report as an operational tool because it encouraged a forward-looking approach to quality improvement, helped objectively recognise current compliance and identify gaps against the standards, and provided a structure for reflection and team-based discussions (see the snip below for the data highlights).



### AMC Commentary

A number of risks previously identified are restated here. Clear reflection of challenges and approaches identified to mitigate or make improvements. The unexpected utility of the transition report as a tool for quality improvement is to be commended, reflecting the relevance of the work.

4A(ii). Please provide a short summary of major developments (and the rationale) since the last accreditation assessment related to this domain.

Provider response:

Addressing the requirements of the NFPMT

The standards in domain 4 of the NFPMT have seen a number of changes from the former framework. The first of these changes is the requirement for the National standards and requirements for programs and terms to be used as the standards against which accreditation functions are carried out. This requirement is reflected in:

- 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.
- 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.

These standards have been adopted by PMAQ and underpin all framework implementation activities across Queensland. All relevant policies, procedures and guidelines have been reviewed to reflect this including the PMAQ Accreditation policy ([Attachment 1.3](#)). The policy defines the purpose of PMAQ to include compliance with the framework and the requirements being the development, implementation, and maintenance of contemporary accreditation processes congruent to the framework.

Accreditation of programs against these standards commenced in 2024, with full assessments conducted against these, while the transition reporting process has been (and continues to be) used to monitor progress of providers in implementing the reforms required of these standards and requirements.

The Notification and change in circumstance guideline ([Attachment 4.1](#)) has been revised and ensures that the national standards and requirements for programs and terms are used to determine if changes to posts, programs or providers will impact their accreditation status.

The domains of the national standards require prevocational training accreditation authorities to:

- have accreditation processes which include consideration of 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 met (4.5)
- have mechanisms for dealing with and / or reporting concerns about patient care and safety. These concerns might arise through accreditation assessments and monitoring, or through complaints or information from external sources (4.8)
- have 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 (4.9)

PMAQ notification of concern procedure ([Attachment 1.15](#)) is well embedded in the service and provides for any concerns regarding an accredited program being raised by an interested party and defines the mechanisms by which these concerns are managed. This procedure addresses the processes for concerns that are both in and outside the scope of PMAQ, as well as those that arise during an accreditation assessment, monitoring activities or through other means.

The procedure has recently been reviewed to reflect the requirements of the framework, the intent and the way such concerns are identified and managed remains unchanged.

This procedure has been applied to numerous situations since its finalisation. The accreditation committee has purposefully reflected their response and management of a number of these situations to support ongoing improvements.

Further to this procedure, PMAQ's approach to the management of unmet conditions ([Attachment 4.2](#)) articulates the process by which failure of a program to remedy the identified deficits may give rise to concern. The procedure also details the mechanisms by which this is addressed.

External data may give rise to identification of concerns regarding an accredited program, specifically as it relates to patient safety or prevocational doctor wellbeing. While the notification of concern procedure adequately covers both the identification and response to such concerns, the use of junior doctor survey data ([Attachment 4.3](#)) articulates that this data may be used for monitoring purposes.

Since the last accreditation report, nine situations have been managed through the notification of concern procedure:

- one which arose from an external complaint, however, was outside the scope of PMAQ and referred to the relevant provider for their management.
- three which arose during accreditation assessment and monitoring activities, all of which resulted in enhanced monitoring and prompted additional site visits and accreditation intervention. These concerns related to three different providers, two of which remain the subject of substantial accreditation intervention and monitoring.
- one which arose from an external complaint which required a swift and substantial response from the provider and enhanced monitoring applied.
- two which arose from external complaints, to which the response from the providers were considered satisfactory and the concerns closed.
- two which arose because of publicly available information, to which the response from each provider was considered to be satisfactory and the concern closed.

4.12 requires the prevocational training accreditation authority to communicate 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).

PMAQ process for the communication of the status of programs to stakeholders including regulatory authorities, health services and prevocational doctors are considered satisfactory. These outcomes, however, were not 'published' in alignment with the intent of this criteria, being, to make them publicly available.

The Accreditation Committee has awarded extensive consideration to the approach to 'publishing' of accreditation outcomes, considering several approaches on their merits and risks, presented in an options paper ([Attachment 4.4](#)).

The benefits of transparency and accountability that such publishing is likely to create are well acknowledged, as are the risks, with the most considerable being 'dilution' of the message of accreditation reports for the primary recipients and reputational risks to providers when outdated information is considered.

During these deliberations, the committee consulted with the Junior Medical Officer Forum Queensland seeking their input, specifically regarding the information they consider to be important and how this can be presented in the most usable way.

Following consideration, the committee has confirmed their approach which will ensure this information is published reflecting contemporaneous performance, with the content, and way this is done meeting the needs of prevocational (or prospective) prevocational doctors and other stakeholders. This approach is defined in [Attachment 4.5](#), which also contains an example of the published data and how it will be displayed. Publication of this data is yet to occur and is pending finalisation of the accredited program and term data for 2025, it is anticipated that this data will be 'published' by mid-2025, with all accreditation decisions from 2025 assessments reflected.

### AMC Commentary

The Committee noted:

- the alignment of reporting with the National Standards
- plans for publishing accreditation decisions/outcomes from mid-2025, following Accreditation Committee discussion and stakeholder input, and the example of content to be published.
- The way that complaints and notifications have been handled appears appropriate.

4A(iii). Please provide a description of the authority's development plans for the next five years, and the significant milestones for their implementation related to this domain.

Provider response:

The development plans described in earlier responses also apply to the standards in this domain, including:

- The revised accreditation process, with enhanced accountability placed up on the provider and their self-evaluation of compliance.
- Continued implementation of the quality improvement approach to accreditation practice and support to the Queensland sector.
- Increased use of data to inform accreditation status review, monitoring, and committee decisions.
- Continued development of the committee's cultural capability.
- Continue to develop the prevocational medical accreditation literacy of the Queensland sector, especially in light of recent unprecedented MEU staff turnover.
- Seek opportunities for national sharing of information, benchmarking, and consistent application of the national standards across jurisdictions.
- A revamp of the PMAQ website to enhance usability.
- Publication of accreditation data (refer to 4A(ii) above).

### AMC Commentary

The expansion of self-assessment and using a QI approach in particular are noted.

4A(iv). Please identify and assess the factors that could influence the authority's achievement of its goals and objectives over the next five years, such as developments within the healthcare system.

Provider response:

Please see response in [1A\(iv\)](#) and refer to factors 1 to 6 in [Attachment 1.20](#).

Further impacting on PMAQ's ability to achieve these goals and objectives include:

- The sector's acceptance of the revised accreditation process. Early feedback from those providers undergoing accreditation in 2025 has been positive. PMAQ will ensure strong and clear communication about the nature and rationale for changes and focus on benefits to the provider. Early feedback will be sought and presented to the accreditation committee for consideration, with any necessary adjustments made.
- Capability and capacity of PMAQ staff to sustain a heightened level of 'change' over coming years. This will be managed through individual and team-based coaching and development to ensure shared understanding. As discussed earlier, succession planning and building of internal backfill opportunities will also be a focus in coming years.
- Medical workforce challenges impacting on providers and programs. This has been discussed in the responses to domains one and two. PMAQ will continue to foster relationships with the Chief Medical Officer, the department, and the sector.
- Challenges arising from implementation of PGY2 terms / programs not predicted. PMAQ's monitoring and notification of concern processes will enable early identification and therefore intervention, if necessary, to any unexpected issues or challenges arising from expansion of the national framework into the second year of prevocational training. The focus on maintaining and building relationships with relevant stakeholders supporting newly accredited rural and remote terms in Queensland will also assist (e.g., Queensland Country Practice, administrators of the John Flynn and jDoc programs).

### AMC Commentary

Noted that the factors that could impact the ability to achieve goals and objectives are similar to the other domains, including acceptance of the revised accreditation process, capability and capacity of PMAQ staff to sustain the level of change, medical workforce challenges and challenges from implementation of PGY2 terms and programs. Plans to manage such challenges have been noted.

The AMC expects accredited authorities to report on matters that may affect their accreditation status, such as a change to the capacity to meet the domains for assessing and accrediting prevocational training accreditation authorities, or any change that may meet the definition of a material change. If relevant, please report on such matters in this section.

#### Examples of changes

Changes to:

- changes to documented accreditation procedures
- review or change to key accreditation policies such as the definition of a material change or change to circumstances, length of period of accreditation granted
- changes to procedures for monitoring accredited programs/posts/facilities
- review of the accreditation standards, including any mapping of the local standards to the new national standards
- new or changed processes for monitoring and evaluation of the prevocational training accreditation authority's accreditation services
- new or changed processes for managing conflicts of interest in the work of accreditation teams and committees.

4A(v) If not provided above, have any changes been made in the last 12 months, or are any changes planned for the next 12 months against this domain? Yes  No

4A(vi) If year, describe the changes and the reasons for the changes

Provider response:

Nil to report.

## 4B. Addressing accreditation conditions

Nil to report

## 4C. Addressing quality improvement recommendations and information requests

### Recommendations for improvement

#### Areas to be addressed in this submission

**GG** Create structured opportunities to share practice and learning from accreditation processes and innovation/excellence in intern training programs promoting learning across Queensland health services and intern training providers. (4.5, 4.11 and 5.1)

#### AMC Feedback from 2023 submission

Finding: Progressing.

It is commendable that the authority has held weekly sessions with its relevant key stakeholders involved in the implementation of the NFPMT. It would appear that this has resulted in enthusiastic engagement.

The Committee encourages the resumption of the accreditation highlights section of the newsletter, which has been previously reported to be well received by stakeholders.

**In the 2024 submission, please provide an update regarding whether the inclusion of the 'accreditation highlights' section of the newsletter has been resumed.**

Provider response:

The implementation of the national framework has focused attention on supporting the understanding and application of the revised and expanded standards. It is acknowledged that medical education and training is delivered across a diverse context. The activities of mid-2023 to date have intensely focused on this reform, with targeted activities taking the place of those such as the 'accreditation highlights' sections of the newsletter.

As such, inclusion of the 'accreditation highlights' section in the PMAQ newsletter has intentionally not recommenced. While it is planned this will recommence in early to mid-2025, this will be an 'adjunct' to the now, well embedded and more extensive systems and processes, by which sharing of practices and learnings occur.

This includes fortnightly MS Teams sessions, facilitated by PMAQ, with the medical education community alternating sessions between innovations or challenges and a session focusing on the interpretation and application of a component of the framework. These sessions include the sharing of practices and experiences and extend to the sharing of accreditation data and its interpretation.

Sessions have seen ongoing engagement of the medical education community with a persistently high number of attendees and have assisted in fostering a culture supportive of ongoing improvement across the sector. The most valued components of these sessions were the recognition that ongoing improvement and challenges are normal, opportunities for open conversations without accreditation judgement, input from PMAQ, hearing about how others have overcome challenges, sharing of resources and recognition that everyone is on the same journey.

As the implementation of the NFPMT progresses and providers become more 'comfortable' with the framework, it is anticipated that newsletter content will be adjusted and see the re-introduction of the 'accreditation highlights' section.

<b>AMC Commentary</b>			
<b>Finding</b>	<b>No finding</b>	<b>Progressing</b>	<b>Satisfied</b>
		X	
The Committee noted that the 'accreditation highlights' section of the newsletter has not yet resumed, and the reasons behind this decision. Please confirm in the next monitoring submission if the reintroduction has been implemented as planned in mid-2025.			

**Additional attachments**

- [4.1 PMAQ Notification and Change in Circumstance Guideline v3.1](#)
- [4.2 Guide to the management of unmet conditions of accreditation v2.0](#)
- [4.3 Use of junior doctor surveys - Discussion paper](#)
- [4.4 Options - Public reporting of ITP accreditation outcomes - Nov 2023 AC meet](#)
- [4.5 Decision - Publication of accreditation outcomes - EXAMPLE](#)

Also referred to in the response to this domain are attachments provided in earlier domains (numbered as such).

<b>In 2024, this domain was found to be:</b>	<b>Met</b>
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## Domain 5: Stakeholder collaboration

At the time of the last submission, this domain was found to be: **Met**

The accreditation authority works to build stakeholder support and collaborates with other prevocational training accreditation authorities and medical education standards bodies.

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

## 5A. Analysis of strengths and challenges, and significant developments (completed or planned)

This section of the report provides an appraisal of the developments since accreditation, and information on plans leading up to the next AMC reaccreditation.

5A(i). Please provide a summary of current strengths and challenges relating to this domain

Provider response:

Summary of strengths

For a small team of five staff supporting a geographically dispersed and vast footprint, PMAQ believe they have strong stakeholder engagement. This can be verified through the various data points provided as evidence elsewhere in this submission ([Attachments 1.11.](#), [1.12](#), [1.19](#)).

The PMAQ team are well-regarded and considered approachable by the sector. A PMAQ officer was told by an MEO at the 2023 ANZPMEF that she (the officer) had 'humanised accreditation' and made her (the MEO) feel like she could 'do' accreditation.

Stakeholder feedback received anecdotally through the 23 providers visited in 2024, as part of PMAQ's approach to supporting providers to transition to the revised framework, indicates that PMAQ knowledge and advice are highly valued. Also highly valued is the practical and 'on the ground' approach taken with change and accreditation processes.

PMAQ experience good engagement evidenced by feedback received on newsletters, Tuesday Top Tips, participation in virtual education / information sessions, ad-hoc and planned discussions, and enquiries following dissemination of communication. There are frequent requests for inclusion on the PMAQ distribution lists for those outside MEUs.

The effectiveness of PMAQ responsiveness and provision of sector support has been explained in detail above.

Other examples of tangible response to stakeholder needs include:

- Increasing the monthly virtual sessions from monthly to fortnightly, weekly at the end of 2023.

- Commencement of Tuesday Top Tips to address hot issues.
- Redesign of the newsletter to incorporate sections for assessors as well as providers.
- Time spent with several providers following their support visits to enable clarification and follow up of points discussed while on site.

Members of PMAQ and MAPAU participate in relevant internal and external groups and fora including liaison with medical schools, junior doctor groups, state and national workforce strategy, health workforce taskforce, EDMS, CPMEC, principal officers (nationally), the national ePortfolio board, Queensland Country Practice and managers of the John Flynn and Rural Generalist programs.

They also engage ad-hoc with clinical networks and other groups, such as General Practice Registrars Association, on request.

#### Summary of challenges

Supporting a sector that is experiencing unprecedented workforce shortages and challenges is a challenge frequently considered.

PMAQ and the committee have invested time in reviewing and developing processes which relieve administrative burden on providers, and especially on MEUs, so they can divert attention from preparation for accreditation to front line support.

Another challenge faced, especially through the transition to the NFPMT, is the expectation provider's have regarding PMAQ providing direct responses to their questions which would indicate if they are 'right' or 'wrong'. The approach taken by PMAQ is to provide information with which the provider can use to make their own informed decision.

Similarly, PMAQ provides guidance on framework requirements (for example) and expects that providers interpret that guidance in the context of their own unique settings to determine their own implementation plan. PMAQ has had to manage the journey for providers to understand that they are accountable for the decisions and actions relating to their program and its accreditation, and that the role of the accreditor is to verify their compliance in doing so.

Internally, PMAQ has faced the challenge of balancing aspirational work with the resources available to achieve said work. This is a team-based work in progress as we continue to focus on prioritizing the sector's needs through the transition.

PMAQ would like to increase collaboration with other PMCs, and welcomes the recent work undertaken via CPMEC to develop a national assessor pool. We are hopeful that the current limited opportunities for meaningful practice collaboration and engagement with other states will increase once transition arrangements are finalized and new practices relating to the framework changes are embedded into practice.

#### **AMC Commentary**

The achievements of a relatively small team are noted and commended. Evidence of increased stakeholder engagement activities and PMAQ engagement across numerous internal and external groups across Queensland and nationally.

Noted the challenges relating to this domain, including workforce shortages and balancing resources with aspirational work. The increased reliance on providers making their own decisions is also noted. Interest in increased meaningful collaboration with other PMCs.

5A(ii). Please provide a short summary of major developments (and the rationale) since the last accreditation assessment related to this domain.

Provider response:

The national framework has seen standard 5.1 expanded to the requirement for processes for engaging stakeholders to explicitly include relevant medical schools and specialist colleges, professional organizations, health consumers and the broader community.

Activity undertaken recently to address this requirement includes:

- Increased communication with the Queensland sector (and other relevant stakeholders on the PMAQ mailing list) through a revamped newsletter.
- Introduction of Tuesday's Top Tips aimed at providing useful tips for both providers and assessors, largely related to changes resulting from the national framework.
- The PMAQ Manager and Principal Officer visited 24 hospitals in 2024 to provide support visits to every accredited training provider. The visits were led by the provider and were aimed at providing support, advice and expertise aimed at improvement, without the element of an accreditation judgement. These visits facilitated valuable relationship development with not only key stakeholders in programs (i.e., medical education units), but also benefited from engagement with hospital and health service executive, medical leadership, clinical supervisors, medical workforce and multidisciplinary staff involved in prevocational training.
- Increased engagement with other agencies and groups, through MAPAU and other channels has continued, including with: Medical Schools Liaison Committee, the Queensland EDMS Forum, the CMO, national principal officers and CPMEC.
- The increased engagement with the EDMS Forum and CMO has resulted in collaborative works undertaken to support the sector, and in 2024, included development of a guideline to responding to prevocational medical officer concerns when on rural placement ([attachment 1.17](#)). PMAQ attended the EDMS Forum at which the guideline was ratified and has committed to supporting the next phase of the program's development: establishing a state-wide evaluation process for PGY2 rural, remote and secondment terms.
- Through 2024 the manager had increased engagement with the AMC and MBA through its interpretation and application of national framework and updated registration standard requirements.
- Throughout 2024 PMAQ ran monthly, fortnightly and at times weekly information education sessions to support the sector in their implementation of the framework. In direct response to needs expressed by the sector in the state-wide Teams chat or the pulse survey undertaken in 2023 – 2024, PMAQ ran sessions on requested topics, or facilitated providers sharing their own innovations, ideas, challenges, or solutions. Data presented already confirms the benefit to the sector of these sessions.
- PMAQ reporting includes monthly reports to the Assistant Deputy-Director General WSB following each accreditation committee meeting, monthly updates to MAPAU and the EDMS Forum.
- The PMAQ website is currently under development for an enhanced user experience.

Evaluative data collected ([Attachments 1.11](#), [1.12](#) and [1.19](#)) highlight the importance of communication and engagement and demonstrate which work best.

### AMC Commentary

Thank you for the response. An impressive level of engagement is noted.

5A(iii). Please provide a description of the authority's development plans for the next five years, and the significant milestones for their implementation related to this domain.

Provider response:

Many of the plans already outlined above also apply to this domain, including:

- Continued engagement with EDMS Forum and the CMO to strengthen collaboration on statewide initiatives which impact on prevocational education and training, and its accreditation.
- Continued delivery of the PMAQ newsletter and facilitation of monthly (or fortnightly) information and education sessions.
- Finalisation of the current review of the DCT/MEO Forum and its best structure to support needs of the community and the accreditation committee to which it reports.
- Increased and continued collaboration with other PMCs through sharing of practices and ideas, and consideration of how to consistently apply the national standards across jurisdictions.
- Through accreditation assessments planned for 2025 (and beyond), PMAQ (itself and its assessor pool) will have increased communication and engagement with a range of staff and services.
- PMAQ seeks to develop initiatives and approaches to supporting First Nations doctors and promoting health equity through the provision of culturally safe care. This will be the next step in PMAQ's journey.

Further, PMAQ aims to consider how to increase collaboration with medical schools and in relation to the needs and challenges of the increasing international medical graduate cohort employed in Queensland hospitals and health services.

The PMAQ website will undergo a review in 2025 with the aim to increase information shared and usability. Work will also be undertaken to consolidate information hosted on the website and that hosted internally on the statewide MS Team, to ensure the right people can access the right information at the right time. Finally, PMAQ will consider creating an 'assessor only' section on the website, or as an internally managed MS Team, to enable targeted, specific and timely information sharing with this cohort.

### AMC Commentary

Thank you. Noted the relevant development plans related to the stakeholder collaboration domain, including consideration of increased collaboration with medical schools and the IMG cohort employed in Queensland hospitals and health services; and plans for a website review and provision of information through the statewide MS Team.

5A(iv). Please identify and assess the factors that could influence the authority's achievement of its goals and objectives over the next five years, such as developments within the healthcare system.

Provider response:

Please refer to the in 1A(iv) and refer to factors 1 to 6 in [Attachment 1.20](#).

It is likely that current and future pressures on the local and national health sector, described earlier in this application, will impact on achievement of these goals.

Also likely is that these factors will change the stakeholder groups with which PMAQ engages. Similarly, local strategies such as employment of students in medicine (SIM) will impact on PMAQ's stakeholder group.

PMAQ anticipates heightened engagement with relevant branches / teams within the department in response to pressures from either end of the medical training pipeline (that is, medical schools and specialist training) impact on prevocational training. This will not be unique to PMAQ or Queensland rather a national challenge which should result in expansion of stakeholder groups to ensure continued delivery of quality training and education and delivery of safe patient care.

### AMC Commentary

Noted the factors that could influence the authority's achievement of its goals and objectives. These factors may influence and change the stakeholder groups that the PMAQ engages with and there is anticipation of increased engagement with branches and teams within the department in response to pressures from the medical school and specialist training ends of the training continuum.

**The AMC expects accredited authorities to report on matters that may affect their accreditation status, such as a change to the capacity to meet the domains for assessing and accrediting prevocational training accreditation authorities, or any change that may meet the definition of a material change. If relevant, please report on such matters in this section.**

Examples of changes

Changes to:

- New communication mechanisms or strategies.
- Changes to mechanisms for collaboration with other accreditation and standard setting bodies including new joint projects.
- Reviews of practises against national or international standards or frameworks.

5A(v) If not provided above, have any changes been made in the last 12 months, Yes  or are any changes planned for the next 12 months against this domain? No

5A(vi) If year, describe the changes and the reasons for the changes

Provider response:

Nil to report.

## 5B. Addressing accreditation conditions

Nil to report

## 5C. Addressing quality improvement recommendations and information requests

Nil to report

In 2024, this domain was found to be: **Met**

## Part II. Data

### Work program for the next financial year

Outline the intern training accreditation work program for the next financial year including number of visits scheduled, and in what categories e.g. new posts, reaccreditations. If this is an atypical year in terms of the number of accreditation assessments, please explain why and what is a typical accreditation load.

Provider response:

2025 will see PMAQ resume a full schedule of planned re-accreditation assessments and mark the first year where all programs are assessed against the NFPMT for PGY1 and PGY2 programs. The 2025 accreditation schedule can be viewed in [Attachment 5.1](#).

Ongoing monitoring of providers progress towards full implementation of the NFPMT will continue, with annual reporting of progress and outcomes to continue via the transition plan process.

Monitoring activities, including assessment of responses to conditions of accreditation and assessment of change in circumstances will continue, as will assessment of notifications of concerns, should they arise.

At the time of writing, two programs remain the subject of intense monitoring and intervention, with additional site visits scheduled to occur in 2025 (included in the attached accreditation schedule).

### AMC Commentary

Information provided

Yes

No

Noted the resumption of a full schedule of re-accreditation assessments in 2025, with eight reaccreditations and/or site visits planned, ongoing monitoring of progress towards full implementation of the Framework.

### Accredited programs/posts

List programs/posts accredited since the last report arranged by assessment type e.g. new, continuing, change of circumstances/material changes.

Provider response:

Since the last report all PGY2 posts have been reviewed, along with a substantial number of revisions to PGY1 posts. A number of these changes will take effect from commencement of the 2025 training year. [Attachment 5.2a and 5.2b](#) provide detail of all programs or terms accredited since the last report.

### AMC Commentary

Information provided

Yes

No

It was noted that all PGY2 posts have been reviewed in addition to revisions to PGY1 posts.

## Evaluation activities

Provide a summary of evaluations undertaken e.g. evaluation following accreditation, evaluation of procedures, the main issues arising and the response to them. Include a short description of any situation where a facility or service undergoing accreditation raised concerns about the accreditation processes.

Provider response:

There have been no instances of concern raised regarding PMAQ's accreditation procedures.

Evaluation of PMAQ's governance

As referenced in the response to domain 1, an external review of PMAQ's governance was undertaken by Effective Governance. The outcomes of this, along with the responses to recommendations are also referenced in the response to domain 1.

Evaluation of PMAQ's approach to quality improvement

[Attachment 1.19](#) provides the results of an evaluation undertaken of PMAQ's approach to quality improvement through delivery of support visits in 2024, as opposed to ensuring compliance through accreditation. This was undertaken in support of providers implementing changes required of the national framework, including expansion into PGY2.

Review of PMAQ's assessor pool

PMAQ undertakes an annual review of the assessor pool to ensure adequacy of its diversity, capacity, and capability. This review considers the processes for engaging, training, appointing, and retaining assessors and their effectiveness.

In response to the implementation of the NFPMT, this review awarded specific attention to the upskilling of current assessors and acknowledged the journey that prevocational medical education in Queensland will be on over the coming years as the framework becomes embedded and associated processes mature.

[Attachments 1.11 and 1.12](#) (2023 PMAQ year in review) provides the outcomes of this review and a recommendation for further changes to the approach to assessor training and support. The specific approach is articulated in [Attachment 5.3](#) Approach to assessor training from 2024. This approach was endorsed by the Accreditation Committee in June 2024 and has subsequently been implemented. This has seen the revised approach to training, upskilling and support implemented. While a number of these initiatives require further time to fully embed and evaluate, initial evaluative data indicates:

- High levels of satisfaction, acceptance, and perceived effectiveness of training activities, including formal training of new assessors, upskilling of current assessors and support of current assessor teams.
- Targeted communications have been well received and are valued highly by the assessor pool. A 'pulse survey' indicated:
  - 96% of respondents felt that the targeted information provided to assessors in the PMAQ newsletter and Tuesday Top Tips assisted them to better understand the accreditation standards.
  - 100% felt these communications were relevant to their role of assessor; and
  - 100% felt that these communications will support the ongoing improvement of prevocational medical education and training in Queensland.

While the recent changes to training and upskilling of the assessor pool appear to have had a positive impact, several challenges remain, with the availability of assessors with direct clinical responsibilities considered a risk to the service. This is reflected in the PMAQ risk register ([attachment 1.10](#)) as risk 4a.

While this was identified as a potential risk in late 2020, due to the impacts of the pandemic, it was only in mid-2023 that PMAQ began to experience situations where assessors were unable to be released. Most providers unable to release clinical staff have reaffirmed their commitment to the service but cited the impacts of the medical workforce shortage as the cause, necessitating the need to prioritize service delivery and the subsequent wellbeing of clinical staff. While to date, this has had no impact on the delivery of PMAQ's service the risk continues to be actively managed.

The risk register articulates several actions to mitigate any impacts of this, with the most noteworthy being:

- A review of PMAQ's accreditation processes to decrease the administrative burden on both providers and assessors.
- Regular targeted education sessions and written communications designed to support the accreditation literacy of the medical education sector.
- Expanding assessor pool capacity through regular flexible training options.
- Regular targeted communications to the assessor pool to support maintenance of their skill and knowledge, particularly in the context of the current reform.
- Adopting a growth and development approach to supporting quality improvement of prevocational training programs, with increased capability, networking and sharing of practices in the medical education sector.

#### Year in review

The 2023 PMAQ year in review ([Attachments 1.11 and 1.12](#)) support holistic evaluation and self-assessment of PMAQ's performance, in its entirety, confirming areas of strength or effectiveness and informing both quality improvement initiatives and risk management processes. Specific attention is awarded to the review of previous issues or initiatives and confirms the effectiveness of actions, and where necessary, resolution of issues from previous years.

Multi-source data, both empirical and non-empirical, informs this document, with sources including:

- Provider evaluations following accreditation assessments.
- Assessor evaluations following participation in accreditation assessments.
- PMAQ's JMO survey results.
- Accreditation Committee self-evaluation and external review.
- Secretariat observations.
- Assessor Team Lead feedback.

Consistent with previous years, the findings of the 2023 year in review are overall positive and confirm the satisfactory performance of the service. More importantly is that these findings act to confirm PMAQ's internal self-evaluation and the effectiveness of risk management and quality improvement processes, with each area for improvement currently addressed through one of these processes.

The recommended priorities presented in this document were all endorsed by the PMAQ Accreditation Committee. The review of the Accreditation Committee terms of reference has been completed.

Work to progress the remaining priorities has commenced, and is broadly summarised below:

- Re-imagine accreditation processes – the revised processes have been developed and approved. Work towards implementing these has recently commenced, with revised processes planned to take effect from 2025.
- Support to providers in regard to the increased accountability, trust, honesty and self-evaluation.

- Continue to develop approach to improvement through growth and development – current activities including regular MEU education sessions, facilitation of a community of practice, increased collaboration and sharing of experiences, practices and resources are now well embedded.
- Upskilling of the assessor pool – well progressed, as per dialogue above. This however is anticipated to be an ongoing activity with continual upskilling to remain a priority.
- Continue to foster a ‘community of practice’ – as with the growth and development approach to quality improvement, foundations are now embedded, with work towards shared ownership currently underway.
- Increased use of data – use of the ‘heatmap’ to monitor accredited providers, identify trends, emerging issues or indicators for concern is well embedded and proving efficacious and sustainable.
- Evaluation of the impacts of accreditation. Full integration of these into PMAQ’s standard operations and development of further ‘intelligence’, understanding and application of this data remains will continue to be progressed.
- Strengthen the ‘voice’ of the JMOFQ and translation of priorities into actions and outcomes – the events of 2024 have seen considerable improvements to this.
- Increased engagement of key stakeholders including the Departments Medical Workforce team and the Chief Medical Officer have supported the progression of priorities and initiatives outside the remit or scope of PMAQ in response to JMO feedback.
- Increased ‘partnership’ between PMAQ and the JMOFQ with several initiatives progressed or issues resolved as a result.
- Strengthen stakeholder engagement – increased stakeholder communication, collaboration, and engagement within the Department, across the state and nationally has been promoted through the purposeful design of specific activities or approaches.

It is acknowledged that each of these will require further time, for the full and intended outcomes, to be realized. Early impacts are evident, the 2024 Year in Review which is currently being collated is anticipated to demonstrate this.

#### Evaluation of accreditation data

Comprehensive collation of accreditation assessment outcome data has been undertaken, with processes implemented to provide for review of historical information as well as real time visibility of compliance by standard and provider.

In its most simple form, this provides for the Accreditation Committee to view a ‘heatmap’ of provider/s performance against the standards, analysis of the performance of a specific provider as well as trend the impacts of PMAQ’s accreditation processes.

While PMAQ has relatively limited historical data, as a service that commenced in 2019, some early longitudinal data is becoming available as the service progresses into the second cycle of accreditation and manages several providers with identified areas of concern. Early longitudinal data indicates a high level of effectiveness in both monitoring and quality improvement processes, with identified deficits largely substantially managed.

PMAQ will continue to work on this approach to ensure alignment with the national framework and its standards and requirements. PMAQ plans to compare its data to that of the MTS to identify trends, alignments or otherwise, and consider any correlations. It is suspected that there will be a strong correlation between high compliance with accreditation standards and high levels of prevocational doctor satisfaction, wellbeing and patient safety, as reported by prevocational doctors in PMAQ surveys and the MTS.

Review of Directors of Clinical Training / Medical Education Officer Forum terms of reference (ToR)

The DCT/MEO Forum terms of reference are currently under review, in collaboration with a number of interested Medical Education Unit personnel. This forum is intended to support the delivery of quality prevocational education and training through effective representation of Directors of Clinical Training / Medical Education Officers at all levels of the accreditation system.

The ToR review was prompted in part, by acknowledgement of the ongoing challenges the group has faced in terms of organisation and outcomes achieved. Significant time has been invested in the consideration and discussion of a redesigned group which fulfils the needs of the committee, the sector and supports prevocational doctor wellbeing and their provision of safe patient care.

The full-day February 2025 accreditation committee workshop and meeting dedicated time to further discussion and finalisation of a redesigned terms of reference for this group.

#### Review of PMAQ Accreditation policies, procedures and guidelines

The following policies, procedures and guidelines have been reviewed in early 2024. The implementation of the NFPMT largely provided for prioritisation of this review.

The review effected congruence to the NFPMT and expanded beyond this with these documents now supporting:

- Clarity and consistency in purpose.
- Meaningful consideration of the impacts of PMAQ’s systems and processes on First Nations peoples and communities, promoting purposeful approaches to support meeting their specific needs, including those which promote the wellbeing of First Nations medical practitioners and better health outcomes for individuals and communities.
- An approach that places prevocational doctor wellbeing and patient safety at its core.
- Processes and procedures that are responsive to the diverse needs of the medical workforce and communities in Queensland.
- Prevocational education and training to meet community health need, including the delivery of education and training in diverse and varied contexts.

The policies, procedures and guidelines reviewed include:

- PMAQ Accreditation policy (Attachment 1.3)
- PMAQ Conflict of interest guideline (Attachment 2.1)
- PMAQ Notification of concern guideline (Attachment 1.15)
- PMAQ Notification and change in circumstance guideline (Attachment 4.1)
- Guide to the management of unmet conditions ([Attachment 4.2](#)).

#### AMC Commentary

Information provided

Yes

No

Thank you for the comprehensive list of evaluation activities that has been provided.

#### Management of conflicts of interest

Describe any situation where a facility or service raised questions about the process for managing interests of accreditation assessment teams and working committees and how this was addressed.

Provider response:

No situations have arisen where questions have been raised regarding PMAQ's process for managing the interests of accreditation assessment teams or committees.

### AMC Commentary

Information provided

Yes

No

Noted.

### Accreditation procedures

Provide a link to the current accreditation procedures.

Provider response:

PMAQ's accreditation procedures and relevant documents are available on the PMAQ website, which can be accessed via this link: [Prevocational Medical Accreditation Queensland | Queensland Health](#)

### AMC Commentary

Information provided

Yes

No

Thank you. The accreditation procedures are publicly accessible on the PMAQ website.

### Additional attachments

Please list any additional attachments referenced in this domain using the number format below.

5.1 2025 revised Accreditation Assessment schedule Aprvd 5 Dec 2024

5.2a Programs and terms accredited since last AMC report

5.2b Accredited PGY2 terms 2024

5.3 Approach to assessor training 2024 - Jul 2024 AC meet

Also referred to in the response to this domain are attachments provided in earlier domains (numbered as such).

## Part III. Details regarding the use of the Medical Training Survey data

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

In this section the AMC is asking the prevocational training accreditation authority to comment on how it has used, or plans to use the results.

Your feedback on the survey will be shared with the Board and Ahpra for survey evaluation purposes. Please let the AMC know if you do not want your responses shared.

### The Medical Training Survey

Please advise if the prevocational training accreditation authority has investigated, or is planning to investigate the results of the Medical Training Survey.

If yes, please provide details.

Provider response:

PMAQ reviews the results of the MTS at both a statewide level and at individual provider level.

At a statewide level the accreditation committee has considered the data in the context of the accreditation system and approach, identifying areas for focus, further interrogation, or global improvement.

In addition, the MTS results have been used as a data point to evaluate the effectiveness and impacts of accreditation processes, with themes of the MTS correlated to the relevant accreditation standard and statewide trends as well as individual ratings.

This has demonstrated that accreditation findings strongly correlate to the reported experiences of prevocational doctors. Improved programmatic performance, reflected in greater compliance with the standards, for example when conditions of accreditation are met, positively impacts the prevocational doctors' experience.

Please advise if the prevocational training accreditation authority has explored the survey results with stakeholders, and if so, provide an overview of the engagement.

Provider response:

PMAQ has distributed results to stakeholders including EDMSs, DCTs and MEOs in Queensland and promoted the use of the data through various forums and communiques. This has occurred through formal letters, emails and written updates to relevant groups. These have focused on the overall results and trends for Queensland in regard to PGY1 and PGY2 training.

During accreditation activities providers are specifically asked to demonstrate their responses to MTS data. If this has not been considered by the provider, then individual results are provided along with data enabling comparison of their program to those across the state. The provider is asked to submit a reflection on the data and how it relates to their self-assessment. If necessary, action plans to address concerns maybe requested, however, to date, the findings of accreditation activities have been congruent to the issues highlighted through the data and largely improvements have been covered by conditions of accreditation.

Please advise if any changes have been made or are planned based on investigation of survey results and/or work with stakeholders.

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Provider response:

During the notification of concern process undertaken with two providers in 2024, providers were asked to provide a reflection of their internal evaluative data as compared to that of the MTS. This was one element of an executive presentation requested at the commencement of the site visit. The executive from both providers commented on the value of going through the comparative process, and while they routinely referred to and reviewed MTS data internally, the direct comparison with their own data was novel.

PMAQ believes the approach outlined above provides an additional valuable data point for providers and assessors to reference when undertaking an assessment and will continue to take this approach through 2025.

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#### Additional attachments

Please list any additional attachments referenced in this domain using the number format below.

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Nil attachments for Part III.