

# Accreditation Report: Northern Territory Prevocational Medical Assurance Services

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Prevocational Standards Accreditation Committee

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## Acknowledgement of Country

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The Australian Medical Council (AMC) acknowledges the Aboriginal and/or Torres Strait Islander peoples as the original Australians, and the Māori people as the original peoples of Aotearoa New Zealand.

We acknowledge and pay our respects to the Traditional Custodians of all the lands on which we live, and their ongoing connection to land, water and sky.

We recognise the Elders of all these Nations both past, present and emerging, and honour them as the Traditional Custodians of knowledge for these lands.

## Executive summary

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This report records the findings of the Australian Medical Council (AMC) assessment of the Prevocational Medical Assurance Services (PMAS), the prevocational training accreditation authority for the Northern Territory.

The PMAS was granted initial accreditation by AMC Directors in December 2013 as the prevocational training accreditation authority for the Northern Territory.

In June 2024, an AMC team completed an assessment of the prevocational training accreditation authority's work. The AMC conducted this assessment following the steps in the document *Procedures for assessing and accrediting prevocational training accreditation authorities*. The AMC team assessed the prevocational training accreditation activities of the authority against the requirements of the document, *Domains for assessing and accrediting prevocational training accreditation authorities*.

The team reported to the AMC Prevocational Standards Accreditation Committee in September 2024.

AMC Directors at their 24 October 2024 meeting resolved:

- i. that the Northern Territory Prevocational Medical Assurance Services (NT PMAS) *substantially meets* the domains for assessing accreditation authorities;
- ii. that the Northern Territory Prevocational Medical Assurance Services (NT PMAS) be accredited as a prevocational training accreditation authority for five years to 31 March 2030, subject to satisfactory annual monitoring reports to the AMC;
- iii. that this accreditation is subject to the conditions set out below:

In the 2025 monitoring submission:

- Develop mechanisms to strengthen the systematic application of the national standards through the survey visit process. (Attribute 4.4)
- Ensure the monitoring processes operates effectively, as intended by:
  - updating the *Quality Action Plan Survey Process* documentation to set achievable expectations and requirements of training providers at each quality action plan stage and realistic review and decision making timelines, and
  - communicating the updated monitoring documentation to training providers, surveyors and members of governance and fostering a shared understanding of monitoring requirements. (Attribute 4.7)
- Demonstrate that the governance groups and members involved in endorsing recommendations and the decision making process are consistently briefed on their role and understand their responsibilities before participating in the process. (Attribute 4.11)

In 2029, before this period of accreditation ends, the AMC will seek an accreditation extension submission from PMAS. The report should address the requirements of the *Domains for assessing and*

*accrediting prevocational training accreditation authorities* and outline PMAS' development plans for the next three years. The AMC will consider this report and, if it decides PMAS is continuing to satisfy requirements, the AMC Prevocational Standards Accreditation Committee may extend the accreditation by a maximum of three years (to March 2033), taking accreditation to the full period which the AMC will grant between assessments, eight years.

Before this extension ends, an AMC team will conduct a reaccreditation assessment.

- i. **Accreditation for a period of five years subject to satisfactory monitoring submissions.** Accreditation may also be subject to certain conditions being addressed within a specified period and to satisfactory monitoring submissions. In the year the accreditation expires, the accreditation authority will submit an accreditation extension submission. Subject to a satisfactory submission, the AMC may grant a further period of accreditation, of no more than three years, before a new accreditation assessment.
- ii. **Accreditation for a shorter period.** If significant deficiencies are identified or there is insufficient information to determine that the accreditation authority satisfies the 'Domains for assessing and accrediting authorities', the AMC may grant accreditation with conditions and for a period of less than five years. At the end of this period, or sooner if the accreditation authority requests, the AMC will conduct a follow-up review. Should the accreditation be extended to five years, in the year the accreditation ends the prevocational training accreditation authority will submit an accreditation extension submission. Subject to a satisfactory submission, the AMC may grant a further period of accreditation, of no more than three years, before a new accreditation assessment.
- iii. **Accreditation refused or revoked where the prevocational training accreditation authority has not satisfied the AMC that it can meet 'Domains for assessing and accrediting authorities'.** The AMC would take such action after considering in depth the impact on the healthcare system and on individuals of withdrawing accreditation, and of other avenues for correcting deficiencies. If the AMC withdraws accreditation, it will give written notice of the decision, its reasons and the procedures available for reviewing the decision within the AMC (see Part 3.3.12). An accreditation authority that has its accreditation refused or revoked may re-apply for accreditation. The organisation must first satisfy the AMC that it has the capacity to deliver prevocational training accreditation services that meet the 'Domains for assessing and accrediting authorities' (Section 2 of AMC domains and procedures).

## Overview of findings

The key findings of the 2024 AMC assessment against the requirements of *Domains for assessing and accrediting prevocational training accreditation authorities* are set out below.

The left column of the Table includes commendations and recommendations for improvement. Recommendations for improvement are suggestions for the authority to consider, and are not conditions on accreditation. The authority must advise the AMC on its response to the suggestions.

The right column summarises the findings for each domain and lists any accreditation conditions. The AMC imposes conditions where requirements are 'not met' or 'substantially met' to ensure that the prevocational training accreditation authority satisfies the domain in a reasonable timeframe. The AMC requires accreditation authorities to provide evidence of actions taken to address the condition and to meet the domain in a specified timeframe.

Domain with commendations and recommendations for improvement	Findings and conditions
Domain 1 – Purpose and governance	Met

<p><u>Commendations</u></p> <p>A The clear commitment of the PMAS and NT health system across the medical education and training continuum to ensuring the delivery of high quality training that meets the needs of the community. (Attribute 1.1)</p> <p>B The clear structures for governance and operational management that support the priority dedicated to prevocational training accreditation. (Attribute 1.3)</p> <p><u>Recommendations for improvement</u></p> <p>AA Consider whether the Prevocational Accreditation Committee, augmented by some current panellists, could provide a more efficient and similarly robust governance approach as a single governing body. (Attribute 1.2)</p> <p>BB Review the ongoing sustainability and stability of long-term 'acting' positions within the PMAS secretariat and the potential risk this may pose to the accreditation function. (Attribute 1.4)</p> <p>CC Formalise the membership requirements and selection process for members of the Prevocational Accreditation Committee in the terms of reference, to increase transparency and reflect actual practice. (Attribute 1.6)</p> <p>DD Increase the representation of clinical supervisors or senior medical staff from across different health services within the NT or interstate within the Committee. (Attribute 1.7)</p> <p>EE Review approaches and continue efforts to formally engage and appoint to the community and Aboriginal representative positions on the PAC to provide voice that is reflective of the health needs of the NT community. (Attribute 1.7)</p>	<p><u>Conditions</u></p> <p>Nil.</p>
<p><b>Domain 2 – Independence</b></p>	<p><b>Met</b></p>
<p><u>Commendations</u></p> <p>C The independent decision making by the PAC, with diverse membership and evidence of the ability to make independent</p>	<p><u>Conditions</u></p> <p>Nil.</p>

<p>decisions in difficult circumstances. (Attribute 2.1)</p> <p><u>Recommendations for improvement</u></p> <p><i>Recommendations under 1.2 and 1.7 (increase clinical membership of the Committee) are relevant. (Attribute 2.2)</i></p>	
<b>Domain 3 – Operational management</b>	<b>Met</b>
<p><u>Commendations</u></p> <p>D The dedication and work of the PMAS staff through periods of change and increased workload. (Attribute 3.1)</p> <p>E The demonstration of a mature awareness of capacity challenges and strategic focus, emphasising continuous improvement. (Attribute 3.1)</p> <p>F The comprehensive documentation and processes for facilitating continuous improvement and regular review and monitoring of registers. (Attribute 3.2)</p> <p>G The active cross-jurisdictional collaboration to develop and improve accreditation processes. (Attribute 3.3)</p> <p><u>Recommendations for improvement</u></p> <p><i>Recommendation under 1.4 applies.</i></p>	<p><u>Conditions</u></p> <p>Nil.</p>
<b>Domain 4 – Processes for accreditation of prevocational training programs</b>	<b>Substantially met</b>
	<p>4.4 <i>The Accreditation processes</i> is substantially met</p> <p>4.7 <i>The accreditation cycle</i> is substantially met</p> <p>4.11 <i>Application of documented decision making processes</i> is substantially met</p>
<p><u>Commendations</u></p> <p>H Efforts to expand the composition of the surveyor pool through the inclusion of interstate assessors and individuals with diverse backgrounds and a balanced understanding of the local context. (Attribute 4.2)</p> <p>I Collaboration to develop and provide cross-jurisdictional surveyor training to improve the experience, diversity, expertise and skill of surveyors. (Attribute 4.2)</p>	<p><u>Conditions</u></p> <p>1 Develop mechanisms to strengthen the systematic application of the national standards through the survey visit process. (Attribute 4.4)</p> <p>2 Ensure the monitoring processes operates effectively, as intended by:</p> <ul style="list-style-type: none"> <li>• updating the <i>Quality Action Plan Survey Process</i> documentation to set achievable expectations and requirements of training providers at each quality action plan stage</li> </ul>



<p>J The strong engagement of the NT Junior Medical Officer Forum in the accreditation function and governance of PMAS. (Attribute 4.5)</p> <p>K The development of a guide to support prevocational trainees in the Northern Territory, including clear information for seeking support and escalating concerns for prevocational doctor wellbeing and the training environment. (Attribute 4.9)</p>	<p>and realistic review and decision making timelines, and</p> <ul style="list-style-type: none"> <li>communicating the updated monitoring documentation to training providers, surveyors and members of governance and fostering a shared understanding of monitoring requirements. (Attribute 4.7)</li> </ul>
<p><u>Recommendations for improvement</u></p> <p>FF Provide refresher training for experienced surveyors to support understanding of the requirements and practical application of the new national standards. This should include consideration of the cultural safety standards and how to approach surveys in a culturally sensitive manner to support the upskilling of surveyors. (Attribute 4.2)</p> <p>GG Develop and implement a formal process for survey team leader performance review to support the continued development and engagement of individuals of the surveyor pool. (Attribute 4.2)</p> <p>HH Develop a formal conflict of interest register to record and update identified conflicts to support effective management. (Attribute 4.3)</p> <p>II Consider additional strategies to promote the prevocational doctor survey and medical training survey to support increased response rates. (Attribute 4.7)</p> <p>JJ Develop a procedure document that details the mechanisms for identifying and addressing concerns for patient safety and prevocational doctor wellbeing, including all possible escalation pathways and the process for management of concerns arising through accreditation activities and external sources. (Attributes 4.8 and 4.9)</p> <p>KK Review and streamline the documentation outlining the processes for the notification of change in circumstance, managing modifications to units and accrediting new and offsite terms for increased clarity of the process and requirements for training providers. (Attribute 4.10)</p>	<p>3 Demonstrate that the governance groups and members involved in endorsing recommendations and the decision making process are consistently briefed on their role and understand their responsibilities before participating in the process. (Attribute 4.11)</p>

Domain 5 – Stakeholder collaboration	Met
<p><u>Commendations</u></p> <p>L The clear structures which facilitate the engagement of a wide range of stakeholders within the NT health system. (Attribute 5.1)</p> <p>M Collaboration with other accreditation authorities which has resulted in resource sharing and improvements to accreditation processes. (Attribute 5.3)</p> <p><u>Recommendations for improvement</u></p> <p>LL Work with prevocational supervisors to develop formal mechanisms for engagement with the Authority's accreditation processes and/or governance. (Attribute 5.1)</p> <p><i>Recommendation under 1.7 applies.</i></p>	<p><u>Conditions</u></p> <p>Nil</p>

## Introduction

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The Australian Medical Council (AMC) is the designated accreditation authority for the medical profession under the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory. Its purpose is to ensure that standards of education, training and assessment promote and protect the health of the Australian community.

The AMC assesses and accredits medical programs and providers in three of the four stages of medical education: primary medical education, specialist medical education and the continuing professional development phase.

It assesses prevocational training accreditation authorities under a registration function of the National Law. The Medical Board's approved registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of prevocational year one training defines the training requirements that interns (PGY1s) must complete and also states that 'the location of training, the PGY1 program and all terms must be accredited against approved accreditation standards by an organisation accredited by the AMC and approved by the Board'.

The AMC has been contracted by Australian Health Practitioner Regulation Agency (on behalf of the Board) to review and accredit authorities that accredit prevocational training programs in each state and territory.

The AMC assessments focus on prevocational training accreditation and do not address other functions performed by these organisations. The AMC assesses the prevocational training accreditation authorities' processes and standards against a quality framework, *Domains for assessing and accrediting prevocational training accreditation authorities*. The assessment process provides a quality assurance and quality improvement mechanism for these prevocational training accreditation processes.

A summary of the key documents in the National Framework for Prevocational (PGY1 and PGY2) Medical Training is provided below and the documents are available on the [AMC website](#)

Framework document	Summary
Domains for assessing and accrediting prevocational training accreditation authorities 2024	Details the domains the prevocational training accreditation authority must demonstrate and the attributes of each domain.
Procedures for assessing and accrediting prevocational training accreditation authorities 2024	Outlines the procedures the AMC has adopted for assessment and accreditation of prevocational training accreditation authorities. Where possible these procedures are aligned with procedures for accreditation of medical schools and specialty colleges.
National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms	Outlines requirements for processes, systems and resources that contribute to good quality prevocational (PGY1 and PGY2) training. Requirements for prevocational (PGY1 and PGY2) training programs and terms outlines the experience that prevocational doctors should obtain during programs and terms. The requirements for PGY1 build on the Medical Board of Australia's Registration standard – Australian and New Zealand graduates.

<p>Training and assessment requirements for prevocational (PGY1 and PGY2) training programs</p>	<p><u>Section 2</u></p> <p><i>Prevocational outcomes statements</i> - state the broad and significant outcomes that prevocational (PGY1 and PGY2) doctors should achieve by the end of their programs.</p> <p><i>Entrustable professional activities (EPAs)</i> - describe the key work of PGY1 and PGY2 doctors. The EPAs prioritise clinical experience as a critical part of prevocational training. The assessment of EPAs will increase structured opportunities for observation, feedback and learning and inform global judgements at the end of terms/ years.</p> <p><i>Record of Learning</i> - supports the revised training and assessment process, includes an outline of and access to training and assessment material, records of achievement of training requirements (including the prevocational outcome statements) and of assessments.</p> <p><u>Section 3</u></p> <p><i>Assessment approach</i> – details requirements for assessing prevocational doctors (PGY1 and PGY2) participating in accredited training programs. Based on prevocational doctors achieving outcomes stated in the prevocational outcome statements.</p> <p><i>Improving performance</i> – outlines the supportive and constructive educational approach for prevocational doctors experiencing difficulties. Includes the process to address performance concerns, emphasises early identification and feedback and support.</p> <p><i>Certifying completion of PGY1 and PGY2 training</i> – states requirements to certify completion for prevocational doctors (PGY1 and PGY2) participating in accredited training programs. Completion requirements differ for PGY1 and PGY2.</p> <p><i>National assessment forms</i> – summarises the national assessment forms to support a consistent approach to assessment and the development process.</p> <p><i>Prevocational training term assessment form</i> – form to support assessment and the performance of prevocational doctors, and to support decisions for satisfactory completion of each year. Used during mid and end of term assessments.</p> <p><i>Prevocational training entrustable professional activity (EPA) assessment forms</i> - form used to assess an EPA of a prevocational doctor. The form includes an entrustability rating; the level of supervision required for the junior doctor to perform this work safely.</p>
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The AMC's Prevocational Standards Accreditation Committee oversees the assessment and accreditation of prevocational training accreditation authorities, and reports to AMC Directors.

For each accreditation assessment, the Prevocational Standards Accreditation Committee appoints an expert team. The prevocational training accreditation authority's accreditation submission, which

addresses the *Domains for assessing and accrediting prevocational training accreditation authorities*, forms the basis of the assessment. Following a review of the submission, the team discusses the submission with staff and committees of the prevocational training accreditation authority and meets stakeholder representatives. The team may also observe some of the authority's usual prevocational training accreditation activities. Following these discussions, the team prepares a detailed report for the Prevocational Standards Accreditation Committee, providing opportunities for the authority to comment on successive drafts. The Committee considers the team's report and then submits the report, amended as necessary, to AMC Directors. The Directors make the final accreditation decision. The granting of accreditation may be subject to conditions.

Once accredited by the AMC, all prevocational training accreditation authorities are required to report annually to the Prevocational Standards Accreditation Committee against the domains and any conditions on their accreditation.

### **AMC assessment of the PMAS**

The Prevocational Medical Assurance Services (PMAS) is the prevocational training accreditation authority for the Northern Territory.

In 2016, an AMC team completed the assessment of the PMAS' intern training accreditation work. On advice from the Prevocational Standards Accreditation Committee, at their November 2016 meeting, AMC Directors agreed that they were reasonably satisfied that PMAS substantially met the Intern Training: Domains for assessing accreditation authorities and granted accreditation to PMAS as the intern training accreditation authority for Northern Territory for the maximum period of five years, to 31 December 2022.

Based on a satisfactory comprehensive report in 2021, AMC Directors extended accreditation for three years to 31 March 2025, with accreditation to continue until an AMC team completed an assessment of the prevocational training accreditation services in 2024.

This report details the 2024 assessment of PMAS against the requirements of *domains for assessing and accrediting prevocational training accreditation authorities* and the findings of that assessment.

The key steps in the assessment process were as follows:

- The AMC contacted PMAS regarding the commencement of the assessment process in January 2024, after which there were regular discussions between AMC and PMAS staff to plan the assessment.
- PMAS developed an accreditation submission, addressing the domains in the Domains for assessing and accrediting prevocational training accreditation authorities and responding to guidelines provided by the AMC.
- The AMC appointed an expert team to complete the assessment, after PMAS had an opportunity to comment on the proposed membership. The membership of the team is shown in Appendix 1.
- The AMC invited stakeholder bodies to comment on PMAS' accreditation submission. To assist this process, PMAS placed its submission on its website.
- The team met on 13 and 14 June 2024 to consider PMAS' submission and to plan the review.
- A subset of the AMC team observed PMAS' survey visit to Central Australia Regional Health Service in Alice Springs from 28 to 29 May 2024.
- The team met with PMAS executive and staff, PMAS members and selected stakeholders from 19 to 20 June 2024.
- The team observed PMAS' Prevocational Accreditation Panel and Prevocational Accreditation Committee meetings on 19 June and 27 June 2024.

- The AMC invited PMAS to comment on the factual accuracy of the draft report and on any recommendations, conclusions, or judgements in the draft report.
- The report and the comments of PMAS were considered through the AMC's committee processes.

**Appreciation**

The AMC thanks the PMAS for the support and assistance of its staff and committee members, and its stakeholders who contributed to this assessment.

It acknowledges the additional work of PMAS staff to develop the documentation, and plan the review. The AMC also acknowledges with thanks the collegial and open discussion by individuals and groups who met the AMC team between May and June 2024.

The groups met by the 2024 AMC team are listed at Appendix 2.

## **1 Governance of the Northern Territory Prevocational Medical Assurance Services**

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**Domain:** 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.

### **1.1 Commitment to ensuring high quality education and training**

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.

The Northern Territory prevocational accreditation system has been designed to be robust and transparent, encouraging quality improvement to ensure the highest quality education and training for prevocational doctors.

The Prevocational Accreditation Committee Terms of Reference outline the following responsibilities to demonstrate commitment to high-quality education and training, and facilitating training to meet the health needs of the community:

- provide strategic leadership, guidance and advice on all issues relating to prevocational medical accreditation in the Northern Territory
- advocate for prevocational doctors' training opportunities with a focus on optimal learning opportunities and outcomes, particularly those that enhance patient care and cultural safety
- promote continuous quality improvement in all accreditation services.

The *PMAS Committee and Panel Members Handbook* clearly reflects the context of the Northern Territory, including that it is an environment with a small number of doctors, dispersed population, high Indigenous population, challenging geographical and climatic conditions, and one large urban centre with several smaller regional hospitals. The Northern Territory provides doctors with a unique training environment, with the opportunity to encounter cross-cultural experiences, tropical medicine and infectious diseases, and develop rural generalist procedural skills.

To support the assurance of high-quality education and training and meeting the needs of the community, the accreditation system is designed to evolve, with regular review and development of components of the system and accreditation process to maintain currency and excellence.

PMAS additionally encourages and has developed the structures to support broad stakeholder input in the implementation and improvement of the accreditation system. This includes through engagement in:

- governance, which has been strengthened to involve representation that reflects the broader community, as discussed under attribute 1.7
- accreditation surveys
- completion of an annual prevocational doctor survey to identify concerns in the delivery of high-quality training
- opportunities to make anonymous notification to PMAS.

Across 2023 and 2024, PMAS reviewed the Northern Territory prevocational accreditation system and documents to align with the National Framework for Prevocational Medical Training (NFPMT). Alongside this work and national implementation, PMAS works closely with local prevocational training providers and national counterparts to ensure appropriate implementation and development of shared resources. The authority additionally continues to work with all Northern Territory health services to achieve PGY2 accreditation.

### **Team findings**

PMAS demonstrated commitment to ensuring high-quality education and training and facilitating training to meet the needs of the broader community.

There was a shared focus across PMAS staff, the NT Department of Health, health services and stakeholders from the medical education continuum and community to prioritise collaboration and working towards the common goal of high-quality training for prevocational doctors. This includes developing and improving pathways for Northern Territory medical graduates and prevocational doctors who have an understanding of the diverse Northern Territory context and community needs to remain practising in the Territory.

## **1.2 Northern Territory Prevocational Medical Assurance Services**

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.

The Northern Territory Prevocational Medical Council (NTPMC) was established in 1998. In 2006, the NTPMC fell into abeyance until outcomes of the NT Review of Medical Education and Training resulted in the recommendation to re-establish NTPMC with delegation from the Medical Board of the Northern Territory for the accreditation of training programs for interns and the establishment of three committees (Accreditation, Education and International Medical Graduates). The NT Minister for Health appointed a Chair and Medical Advisor to support the re-establishment of intern accreditation services by NTPMC in 2008.

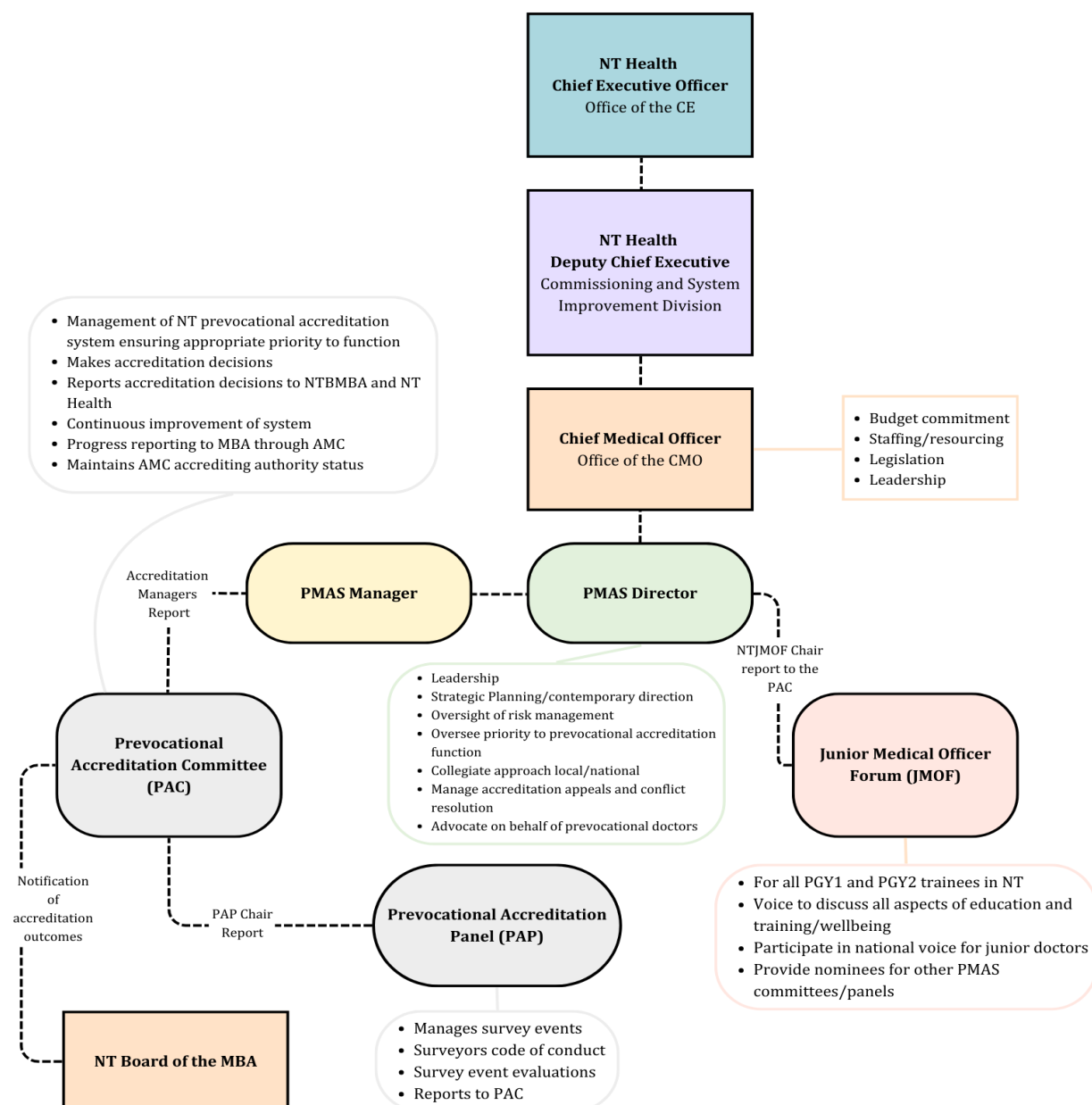
The Medical Education and Training Centre (METC) was formed in 2015 to facilitate and coordinate medical education and training, support health services with policy and processes for prevocational recruitment, and lead and support workforce planning to achieve a sustainable workforce within the Northern Territory. The prevocational accreditation function of NTPMC was transferred to the METC to support the informing of other prevocational medical matters, but was to remain an independent function. In 2018, METC transferred to the People and Organisational Capability Division of the NT Department of Health, and following a review in April 2019, METC was renamed Prevocational Medical Assurance Services, with all functions retained.



The positioning of PMAS was moved in 2021 to sit under the Chief Medical Officer Unit within the Commissioning and System Improvement Division.

Positioned within the NT Department of Health, PMAS is subject to NT Government legislation with respect to governance, operation rules and standards, including the NT *Financial Management Act* and regulation for financial operation.

The central governing body of PMAS is the Prevocational Accreditation Committee. The PMAS governance and reporting structure is illustrated in Figure 1.



The Prevocational Accreditation Committee (PAC) is the governing and managing body for accreditation functions of PMAS. The PAC holds responsibility for a range of functions, some of which include:

- making accreditation decisions
- advising the Northern Territory Board of the Medical Board of Australia (NT Board of the MBA) and prevocational training providers on requirements for prevocational training
- establishing, implementing, managing, monitoring, evaluating and reviewing an objective, robust and transparent system to accredit all prevocational training programs and terms
- maintain Northern Territory accreditation services
- providing strategic leadership, guidance and advice on all issues relating to prevocational medical accreditation services in the Northern Territory
- advocating for prevocational doctors' training opportunities with a focus on optimal learning opportunities and outcomes, particularly those that enhance patient care and cultural safety
- appointing, facilitating and supporting survey teams to undertake accreditation reviews of prevocational training providers
- promoting continuous quality improvement in all accreditation services.

The PAC meets quarterly unless otherwise required for an urgent out-of-session meeting. PMAS is structured with a tiered approach to governance with the committee supported by the Prevocational Accreditation Panel (PAP). The PAP was established to consider prevocational accreditation survey team findings through survey reports, and holds the following functions:

- refer all accreditation appeals and/or grievances including any conflicts of interest regarding surveyors engaged to undertake the survey event to the PAC
- provide final prevocational accreditation advice and recommendations to the PAC in relation to accreditation of postgraduate year 1 and 2 (PGY1 and PGY2) training positions and programs
- provide advice to the PAC on any areas for improvement regarding the Northern Territory prevocational accreditation system, policies or processes.

An independent PAP is established as required to support the accreditation cycle of survey events and the PAP Chair attends PAC meetings to present and provide written briefings to the PAC for decision.

The PMAS secretariat is situated within the NT Department of Health and provides operational and administrative support to the committee, panel and all accreditation activities.

### **Team findings**

PMAS is an established unit within the NT Department of Health, subject to a set of external standards and rules related to governance, and operational and financial management.

Review of departmental processes applied to the operational management of the PMAS secretariat and financial management were considered to be clear and well abided by.

The authority has maintained separation of accreditation decision making and appropriate prioritisation of prevocational training through two restructures of governance and the administration of the accreditation function.

The governance structure of the PAC and PAP is set out in the terms of reference for each group, which clearly detail the PAC to hold responsibility for the overarching governance of PMAS.

The team acknowledges that the last AMC assessment resulted in a governance change and recognises the challenge of maintaining robust governance in a jurisdiction with two primary health services. The PAC appeared to be mature and function well.

There may be opportunities for streamlining the process by removing the PAP level of review. The team observed and heard of some misunderstanding for the requirements of the panel. It was noted that the terms of reference indicate that each PAP should be appointed independently for each survey

activity. The Chair and Accreditation Manager ensure continuity. This creates a degree of administrative burden and, potentially, a challenge in supporting the engagement of clinicians who are episodic panellists. The individuals engaged as members of the PAP were committed to supporting the review of documentation and their role in the governance structure; however, some of those that the team spoke to, while interested and engaged in the process, questioned the necessity of this step within the process and whether review by the committee alone would increase consistency of accreditation decision making.

While a multi-layered approach to governance has benefits in mitigation of undue influence and management of conflict of interest because of the multiple people involved, it may be that a single committee with an appropriately broad membership could provide a simpler and equally robust framework.

### **1.3 Priority to accreditation of prevocational training positions**

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.

The PMAS mission is to ensure 'All prevocational medical trainees in the Northern Territory have access to quality training, supervision and safety of practice'.

PMAS endeavours to achieve its mission by:

- supporting the personal (health and wellbeing) and professional development of prevocational medical trainees
- promoting and facilitating prevocational medical trainee education and training
- developing and maintaining a quality, efficient and effective prevocational accreditation system
- identifying and acting on issues affecting the prevocational medical workforce
- communicating and collaborating with relevant stakeholders to advocate for prevocational medical trainees.

As noted under attribute 1.2, functions of the PAC include advocating for prevocational doctors' training opportunities with a focus on optimal learning opportunities and outcomes, particularly those that enhance patient care and cultural safety; and providing strategic leadership, guidance and advice on all issues relating to the prevocational medical accreditation services in the Northern Territory.

The authority has a broad remit and other functions to facilitate, support and promote prevocational medical education and training, including:

- working with Northern Territory health services on policy and processes for recruitment of prevocational medical staff
- coordinating the NT Bonded Medical Scheme
- contributing to prevocational workforce planning and mapping in the NT
- monitoring the health and wellbeing of prevocational medical trainees.

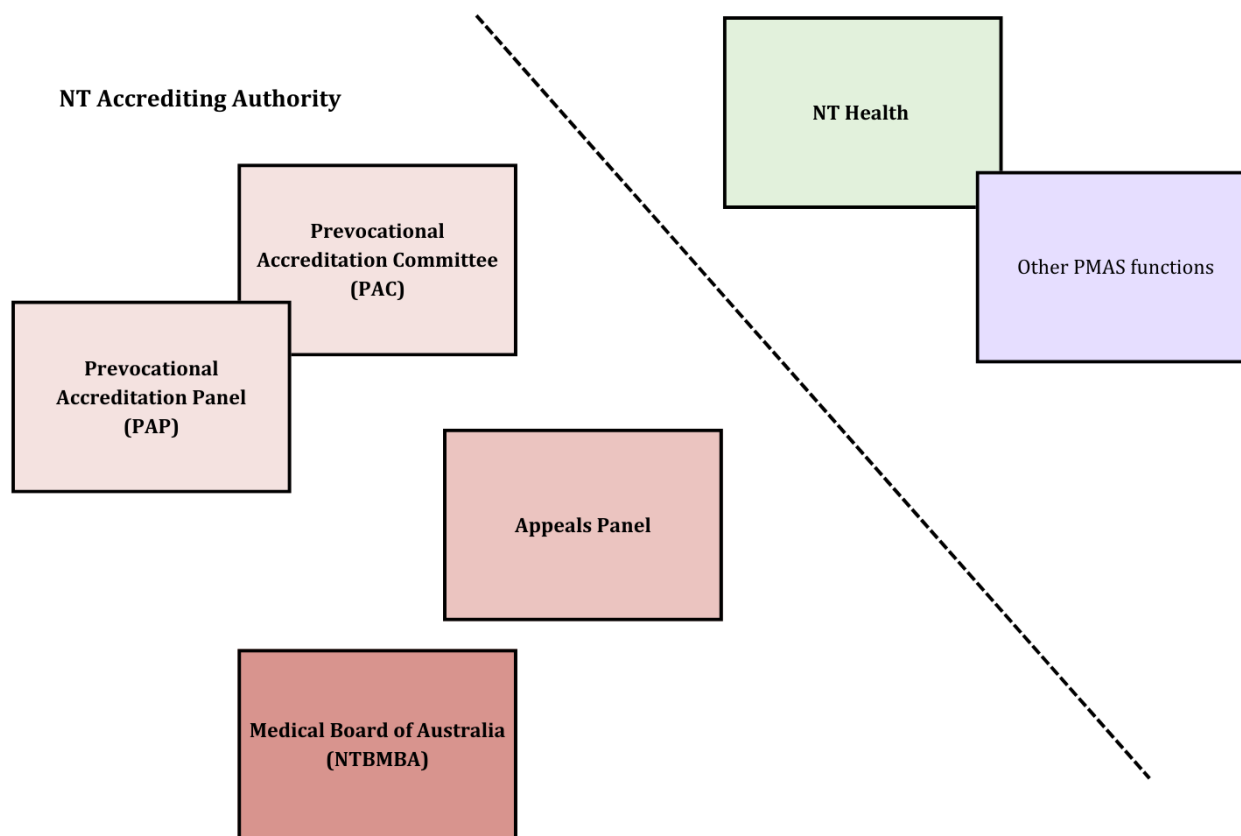
The PMAS accreditation governance and management structures are designed to prioritise the accreditation function, with a tiered approach to governance that manages the prevocational accreditation system. This ensures appropriate priority to the function, with an operational manager and a Medical Director who oversee the strategic direction, risk management and priority attributed to accreditation.

PMAS' NT Prevocational Accreditation RACI matrix clearly details an accreditation roles, accountability, consultation and information register. This demonstrates independence from NT

Health, prevocational training providers, MBA/ Australian Health Practitioner Regulation Agency (Ahpra) and the AMC across a range of accreditation-related work areas.

Separation of the accreditation function of PMAS to its other functions and NT Health is reflected in Figure 2.

**Figure 2: Separation of PMAS functions**



The PMAS Manager meets regularly with the Medical Director to allow for continuous review of the business unit workload allocation to ensure accreditation functions are not compromised. The Medical Director's advocacy and support in the prioritisation of the delivery of accreditation services was reported to be instrumental in securing an additional 1.0 FTE for the PMAS team.

As detailed under attributes 4.8 and 4.9, PMAS applied accreditation standards which have direct reference to patient safety and prevocational doctor wellbeing, in addition to mechanisms for identification and management of concerns for patient safety, prevocational doctor wellbeing and unsuitable training environments.

PMAS developed a *Guide for Interns in the Northern Territory*, which contains information to support prevocational doctors in the transition from medical student to practitioner. The guide provides information on accreditation, rotations and registration, practical skills and roles, and advice on self-care, mandatory reporting, available supports and how to access help, if needed.

### Team findings

The governance and management structures clearly prioritise the accreditation of prevocational training programs, supported by an accreditation service which places a focus on considering the impact of training programs on patient safety and prevocational doctor wellbeing.

There was substantial evidence and reflection from staff, governance members and stakeholders that prevocational doctor wellbeing and patient safety is the ultimate aim and focus of accreditation.

Collaboration across the health system and medical education and training continuum to prioritise the culture, experience and wellbeing of prevocational doctors, and by virtue patient safety, is a strength.

#### **1.4 Business stability**

The prevocational training accreditation authority is able to provide assurance of the ongoing viability and sustainability of the organisation in delivering accreditation services.

The NT Department of Health provides funding for PMAS through an annual budget allocation, including a budget for all staffing and operational expenditure. PMAS additionally receives a contribution from the Ahpra to deliver accreditation services for PGY1 positions.

PMAS reported that the financial positioning remains stable with no changes to the management of the budgets.

The NT Department of Health committed additional resourcing to support the PMAS workload and expanded workload requirements related to the implementation of the NFPMT, resulting in the appointment of a 1.0 FTE ongoing position to support accreditation service delivery.

The PMAS Medical Director holds responsibility for the provision of leadership and strategic direction with relation to education, training and accreditation, in addition to providing risk management oversight. The PMAS Manager is responsible for delivering high-level strategic prevocational accreditation services, providing system-wide advice and support for strategic prevocational medical education and training, managing the functions of PMAS and overseeing human and financial resourcing. The Manager is the cost centre manager for PMAS, including funding for the delivery of accreditation services. This involves fortnightly reporting to the Medical Director on financial management and monthly meetings with the NT Health finance department.

#### **Team findings**

PMAS' position within the NT Department of Health supports the ongoing business stability and financial viability of delivering accreditation services. It was noted that the PMAS budget is sufficient and reviewed on an annual basis.

PMAS has remained stable and well-led across changes in management in the operational team. Evidence was provided of the recognition of the requirement for extra human resourcing to support the ongoing delivery of the accreditation function and increased workload resulting from implementation of the NFPMT, with the department committing an additional 1.0 FTE on an ongoing basis.

It was noted that the PMAS operational team have carried a considerable additional workload during 2024, particularly given this assessment and with hosting the ANZ Prevocational Medical Education Forum. There is considerable experience within the PMAS operational team of four. It was noted that two of these role holders have been in acting positions for over two years. An inherent challenge in the departmental model for the accreditation function is the management of roles within a public service context, including supporting secondments; the team identified that the ongoing nature of the acting roles could pose risk to the ongoing sustainability of PMAS, including the stability of staffing and capacity building of team members into the future.

#### **1.5 Financial arrangements**

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

PMAS' positioning within the NT Department of Health facilitates monthly meetings with the finance department to ensure financial and accounting practices follow the *NT Financial Management Act* and

regulations for financial operation. As a result, financial management and reporting is compliant with national and state legislation and financial reporting standards and accounting practices.

A report is provided to Ahpra every six months following contractual obligations, which include reporting on accreditation services delivered and a financial statement for the accreditation function expenditure.

### **Team findings**

In complying with the practices and requirements of the NT Department of Health, PMAS was considered to meet the relevant Australian accounting and financial reporting standards.

#### **1.6 Selection of the governing body**

There is a transparent process for selection of the prevocational training accreditation authority's governing body.

Membership of the PAC is drawn from local stakeholder groups via nomination by a representative organisation, expression of interest or direct invitation. Considering the context of the Northern Territory prevocational accreditation space and the small pool of stakeholders from which membership can be drawn, there are several ex-officio positions including Directors of Clinical Training, Medical Education Officers, and the Chairs of the NT Junior Medical Officer Forum (JMOF) and PAP.

The information on membership on the PMAS website indicates that the expression of interest will be sought from representative groups and interviews are facilitated through the Accreditation Manager. Final selection appointment decision is referred to the Chair of the PAC by the Accreditation Manager.

The Chair of the PAC is appointed through nomination from membership of the committee or an expression of interest process, including an external source where they meet the requirements of the role. The Medical Director endorses the recommendation and the Chief Medical Officer confirms the Chair's appointment.

In making appointments to the committee, regard is given to ensuring appointees have the relevant skills and experience and have no conflicts of interest as appropriate to undertake the committee functions. Selection is based on expertise and demonstrated interest in prevocational medical education and training.

Members of the committee may hold office for three years, or until the member resigns or is deemed to have resigned under the following circumstances:

- at expiration of their office or term of office
- improper use of information obtained as a committee member
- failure to attend three or more consecutive meetings without providing apologies or seeking a leave of absence for an extended period
- death.

Committee members have the option to extend their term for a further three years, to a maximum of six consecutive years.

### **Team findings**

Appointment to the PAC is drawn from local stakeholder groups to support a representative-based model. The terms of reference detail a selection process through nomination, expression of interest or ex-officio through other positions held, notably for the Director of Clinical Training, Medical Education Officer and NT JMOF Chair and PAP Chair roles.

The Chair of the committee may be appointed via an expression of interest process or by nomination from current PAC membership. The Medical Director endorses recommendations on the Chair's appointment which is subsequently confirmed by the Chief Medical Officer.

Recognising the context of prevocational education and training within the Northern Territory, there was acknowledgement of the smaller pool of stakeholders who have the required experience and interest in engaging in the work of the committee, and it was heard that expressions of interest for vacant positions are circulated through stakeholder networks or by direct invitation from PMAS staff.

Noting the commentary under attribute 1.2, the team identified inconsistencies in the terms of reference of the PAC and the *PMAS Committee and Panel Members Handbook* with regard to the process of selection, particularly for specific positions (e.g. ex-officio roles). The terms of reference could benefit from review to improve the transparency of the selection process and clarify how the expression of interest and nomination process is undertaken for the role of Chair, with subsequent endorsement by the Medical Director.

### **1.7 Stakeholder input to governance**

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

PMAS governance arrangements are structured to engage a range of representative stakeholder groups from across the medical education continuum for both the PAC and PAP.

The terms of reference of the PAC outline a representative-based model, with membership including:

- an independent Chair
- Term Supervisor
- Directors of Clinical Training
- Medical Education Officers
- two prevocational doctors (one from each primary allocation centre)
- Chair, NT JMOF
- Chair, PAP
- Flinders University representative
- vocational training representative
- Aboriginal representative
- consumer/community member
- Accreditation Manager.

Membership of the PAP is designed to be independent for each accreditation survey and comprising no less than four members. The Chair and Accreditation Manager are ongoing members to support continuity; however, membership may vary for each meeting to manage conflict of interest, but typically includes a:

- Chair
- practised surveyor
- prevocational doctor without conflict of interest
- vocational training representative
- health service representative without conflict of interest
- Accreditation Manager.

Members of the PAC and PAP are permitted to nominate a proxy (under advice of the Accreditation Manager) if they are unable to attend a meeting to support quorum.

PMAS identified the challenges of being a small jurisdiction and maintaining ongoing representative stakeholder input into governance, particularly due to the transient nature of staffing in the Northern Territory. At the time of the assessment, the consumer/community member and Aboriginal representative positions on the PAC were vacant, despite various strategies engaged to recruit to the positions.

## Team findings

The PAC has been designed to support the input of a range of stakeholders across the Northern Territory and medical education continuum. A review of the terms of reference facilitated increased representation from a broader group of key stakeholders, resulting in a membership structure that includes junior medical officers, health services, prevocational supervisors, medical schools and specialist colleges, Aboriginal representation and community members.

PMAS acknowledged the difficulties that have been experienced with recruiting to PAC positions and maintaining continued engagement. The team recognises the significant challenge of stretched health services, compounded by a high proportion of transient health professionals across the Northern Territory, and the impact this has had on developing a sustainable governance model that ensures representation of key stakeholders.

Through observation of the PAC and PAP meetings, the team found minimal input from senior medical staff (e.g. clinical supervisors) in discussion of survey reports, which was considered to be a missed opportunity for constructive discussion, recommendation and decisions that take into account risk and areas for health services to prioritise. PMAS should consider strategies to strengthen the active engagement of senior medical staff/clinical supervisors in the governance process.

The team heard that PMAS staff have employed strategies to fill the vacant Aboriginal representative and community member positions without success; however, there is regular informal engagement with individuals of Aboriginal and/or Torres Strait Islander background through identified networks, and continued plans to support appointment to these positions.

Considering the context of the Northern Territory, continued efforts to formally engage stakeholders and appoint members to vacant positions and support ongoing engagement for the Aboriginal representative and community member positions are encouraged to ensure key stakeholders have a voice, and can provide feedback and engage in the governance and work of PMAS.

### *Commendations*

- A The clear commitment of the PMAS and NT health system across the medical education and training continuum to ensuring the delivery of high quality training that meets the needs of the community. (Attribute 1.1)
- B The clear structures for governance and operational management that support the priority dedicated to prevocational training accreditation. (Attribute 1.3)

### *Conditions to satisfy accreditation domains*

Nil

### *Recommendations for improvement*

- AA Consider whether the Prevocational Accreditation Committee, augmented by some current panellists, could provide a more efficient and similarly robust governance approach as a single governing body. (Attribute 1.2)
- BB Review the ongoing sustainability and stability of long-term 'acting' positions within the PMAS secretariat and the potential risk this may pose to the accreditation function. (Attribute 1.4)
- CC Formalise the membership requirements and selection process for members of the Prevocational Accreditation Committee in the terms of reference, to increase transparency and reflect actual practice. (Attribute 1.6)
- DD Increase the representation of clinical supervisors or senior medical staff from across different health services within the NT or interstate within the Committee. (Attribute 1.7)



EE	Review approaches and continue efforts to formally engage and appoint to the community and Aboriginal representative positions on the PAC to provide voice that is reflective of the health needs of the NT community. (Attribute 1.7)
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## 2 Independence

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**Domain:** 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.

### 2.1 Independence of accreditation decision making

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.

The PAC and PAP have been structured to provide governance and management of the PMAS' accreditation functions in an independent manner and separate to the other functions of the authority.

Despite the administrative positioning within, and funding by, the NT Department of Health, the authority has prioritised maintaining the independence of the accreditation function across restructures, with the approach to governance and resourcing arrangements enabling this. PMAS noted that the secretariat staff are instrumental in ensuring that decisions are made independently and that there is no undue influence from any area of the community, including the government.

While the Medical Director of PMAS holds a nominal role as Senior Medical Advisor within the office of the Chief Medical Officer, the Medical Director remit involves provision of strategic leadership and risk management oversight. The role acts as a conduit to NT Health and for reporting to the Chief Medical Officer, who sits on the NT Health Leadership Board. This structure is identified to support PMAS having a direct line of communication to the NT Health executive leadership team to support and escalate strategic issues and risk while maintaining the independence of the accreditation function.

The PAC provides a progress report through the Accreditation Manager to the Medical Director on prevocational accreditation positions, program status and any operational accreditation system matters or issues that require PMAS staff attention or action.

As noted under attribute 1.2, PMAS has a tiered approach to governance and decision making, designed to support the independence of the accreditation function and management of potential undue influence. A team of three to five surveyors, drawn from a broad range of Territory and national stakeholder groups, are appointed by the PAC to undertake accreditation surveys to assess a prevocational training program against the accreditation standards and draft a survey report with recommendations, conditions and a recommended period of accreditation.

The PAP's role is to consider the survey report in detail to ensure that standards are uniformly applied, evaluate survey teams and administration processes and provide final accreditation advice and recommendations to the PAC in relation to accreditation of training programs and positions.

Decisions about the accreditation of programs sit with the PAC. As noted under attribute 1.7, the PAC is composed of broad stakeholder representation which is designed to mitigate potential undue influence by any particular individual or stakeholder group in decision making.

Built into the terms of reference of the PAC is the requirement for the Chair to be an independent member. The current PAP Chair has also been appointed as an independent member.

The business of meetings can only be conducted if quorum is present and decisions are determined by a majority of votes, with the Chair having a casting vote at all meetings.

A review of the PAC and PAP terms of reference was undertaken to focus on alignment with the NFPMT and to diversify and strengthen the membership to further enhance the independence of accreditation decision. This included the inclusion of representation from an Aboriginal peak body, the local medical school, Chair of the NT JMOF and specialist colleges.

PMAS additionally have an Appeal Against the PAC Decision Policy and Appeal Against the PAC Decision Process which is discussed under attribute 4.13.

### **Team findings**

PMAS was found to have structures and processes in place to maintain the independence of decision making, and mitigate the potential for undue influence from any area of the community, with no evidence of undue influence identified.

The structure of survey teams and layered governance is designed to include a diversity of perspectives from a broad range of stakeholder backgrounds. This was considered to support the independence of accreditation recommendations and decisions through the accreditation process.

There was assurance that despite the administrative positioning of PMAS within the NT Department of Health and nominal role the Medical Director holds within the office of the Chief Medical Officer, there was an appropriate level of separation between the accreditation function, other functions of PMAS (overseen by the Medical Director) and the department, with this structure providing an avenue for escalation of strategic issues and areas of risk, as required.

The independence of the Chairs of the PAC and PAP was identified as a strength to decision making. The individuals currently holding these roles have held previous roles in the Northern Territory, bringing an awareness of the Northern Territory health system, but are based in different jurisdictions. This was considered to support the management of independence, risk and prioritisation of junior doctor wellbeing and patient safety in decision making, and therefore contribute to the integrity of the accreditation process.

Independence of decision making was further evidenced through examples of decisions made to not approve requests to increase the number of accredited positions within a unit, and suspend and subsequently withdraw training positions and term accreditation due to concerns for patient safety and prevocational doctor wellbeing.

## **2.2 Managing conflicts of interest**

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

PMAS has a Conflict of Interest Policy and Conflict of Interest Process, which is applicable to individuals who engage in the work of PMAS, including the governing body.

The Conflict of Interest Process provides examples of how to identify conflict of interest and details a clear process for management, including:

1. All committee members complete an initial written declaration of conflicts of interest and confidentiality statement. This is to be updated when a change has occurred by completing a new declaration and recording this in applicable minutes.
2. All committee agendas are to begin with a 'declaration of conflicts of interest' in which members are requested to declare any personal or professional interests which might, or might be perceived to, influence their capacity to undertake their roles as members of the

committee. The committee may decide that a member's interest in a particular item requires the member to be excluded from the committee's usual duties with respect to that item, including discussion of the item; or it may decide that the member should continue to participate.

3. Committee members will not vote on matters on which they have a declared personal or professional interest.
4. Committee members should consider if they have a private financial and/or other interest that may give rise to a conflict of interest.
5. Committee members should consider if immediate family members or other persons with whom they have a close relationship have personal or business/financial activities that may give rise to a conflict of interest with their committee duties, whether real or apparent.
6. If yes, committee members must disclose conflict of interest prior to or at the time of the committee meeting or event so that it can be managed and recorded.
7. If no, nothing further is required; however, any changes in the financial and other interests of committee members and/or their immediate family/other relevant persons should be reported either in a declaration in writing or verbal disclosure to the PMAS Manager as soon as they become aware of a possible conflict so that it can be managed and recorded.
8. All declarations are to be recorded in committee meeting minutes and steps taken as a result of conflict of interest. Any written declarations of conflict of interest will be filed with committee or event documentation.

All committee members must complete the *PMAS Committee/Panel Members Declaration of Conflict of Interest and Confidentiality* statement, which asks individuals to document any real, potential or perceived conflicts of interest between their duties to the committee and their personal interests, or duties to others.

As noted in the Conflict of Interest Process, committee meetings commence with a declaration of conflicts of interest and members with identified conflicts are not provided with the meeting papers for the particular conflicted agenda item. Any members with a known conflict of interest, identified in advance of or during a meeting, are asked to leave prior to the discussion of the item/s.

As employees of the NT Government, PMAS staff are additionally bound by the NT Government Code of Conduct and NT Health Conflict of Interest Policy and Conflict of Interest Declaration NT Health Procedure.

### **Team findings**

PMAS has documented processes for the identification and management of conflict of interest in the work of the governing body, the PAC, and protocols for the identification and management of conflict of interest were observed.

It was recognised that as a small jurisdiction, management of conflict of interest is frequently tested; however, the importance of identifying and appropriately managing conflicts of interest was maturely recognised by all members of governance and stakeholders.

In advance of the PAC meeting, PMAS staff did not share agenda items with members with identified conflicts and during observation of the meeting, the committee demonstrated the process of noting identified conflicts and asking for additional declarations, and did not involve conflicted members in discussion or decision of the relevant items.

It was noted that appropriately observing the protocols for managing conflict of interest could sometimes leave a small number of members for decision making, reducing the breadth of stakeholder engagement, particularly clinician input. As noted under attribute 1.2, focusing on a single governing committee with increased membership (potentially drawing from experienced panellists) may strengthen decision making.

*Commendations*

- C The independent decision making by the PAC, with diverse membership and evidence of the ability to make independent decisions in difficult circumstances. (Attribute 2.1)

*Conditions to satisfy accreditation domains*

Nil

*Recommendations for improvement*

Recommendations under 1.2 and 1.7 (increase clinical membership of the Committee) are relevant. (Attribute 2.2)

### 3 Operational management

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**Domain requirement:** 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

#### 3.1 Resources to achieve accreditation objectives

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

Responsibility for the management of human and financial resources to deliver accreditation services and regular administrative activities sits under the remit of the PMAS Manager, with support by the Medical Director through fortnightly meetings.

The Manager is the cost centre manager for the both the general and accreditation budgets of PMAS. There are monthly meetings with the NT Health finance unit to ensure ongoing monitoring of finances, and the authority follows the NT Government procurement, financial and travel policies for survey-related accreditation requirements.

In 2023, the staffing profile was reviewed and increased to support the increased workload of PMAS, taking into consideration the additional work required to implement the NFPMT. The staffing profile consists of:

- Manager, 1.0 FTE
- Quality Assurance Officer, 1.0 FTE
- two Quality Assurance Support Officers, 2.0 FTE.

PMAS noted the retention of the current staff, which has allowed for stability, continuity, corporate knowledge retention, capacity building to ensure succession management, strengthening of stakeholder engagement and continuous refinement of the accreditation system. Following the redeployment of a long-term manager in January 2021, the position was filled internally with no identified impacts to the ongoing delivery of the prevocational accreditation function.

To support the accreditation function, the PMAS secretariat write to Northern Territory health services annually for their continued support to release medical practitioners and non-medical staff to engage in prevocational accreditation survey events and PMAS governance meetings. The authority has a pool of 33 trained surveyors, but acknowledged that surveyor selection is an ongoing challenge due to the small pool of staff and active engagement required to achieve diverse representation and availability. PMAS has prioritised the retention of several medical practitioners who have previously undertaken prevocational training and staff previously employed in the Northern Territory, in addition to engagement of interstate assessors and plans for cross-jurisdictional collaboration with other

authorities to support assessor training and development efforts, and expansion of the available surveyor pool.

### **Team findings**

The PMAS secretariat is a small, committed and knowledgeable professional team, dedicated to delivering and achieving the objectives of the prevocational accreditation function in the Northern Territory. There was clear evidence of a cohesive and well-functioning team who, despite a significantly increased workload across 2023 and 2024, have prioritised the smooth functioning of accreditation activities. Each team member has an individual portfolio of work; however, the secretariat has prioritised cross-team capacity building of all staff as a contingency method to support ongoing operations while mitigating single-person risk and corporate knowledge loss.

The stability of the staffing, which remains well-led since the change in management within the operational team in 2021, was identified as a strength for maintaining effective stakeholder relationships across the Northern Territory, continuous improvement of the accreditation function, and changing perceptions of accreditation to encompass both the regulatory and supportive/guidance roles. This was found to be critical for the achievement of accreditation objectives, notably considering the transient nature of staffing within Northern Territory health services.

Stakeholders consistently reported respect for and positive engagement with PMAS staff, with consistent reference to the responsive and supportive nature of both formal and informal interactions.

PMAS staff had a mature awareness of current capacity challenges, with management reflecting on the priority that will be placed on areas of strategic focus for PMAS in 2025 when business returns to normal levels. Such areas included resuming the actioning of the continuous improvement register plans; further developing the capacity of staff; introducing further process efficiencies; and engaging in work at a cross-jurisdictional and national level with relation to surveyor training and surveyor pool expansion.

As noted under attribute 1.4, the PMAS team has managed an increased workload deftly, implementing change in a supportive way while maintaining core business and preparing for the binational forum. These achievements were recognised by members of governance groups and broader health service and community stakeholders. While it was considered that the resourcing for the secretariat is appropriate, noting the return to standard functioning in 2025, the length of time that two of the staff members have worked in an acting capacity was found to present a risk to the ongoing sustainability and stability of human resourcing. This risk was subsequently thought to hold potential adverse impacts to the continued effective functioning of accreditation programs into the future.

### **3.2 Monitoring and improving accreditation processes**

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

PMAS has systems in place for monitoring and improving accreditation processes and for identifying and managing risk through policy and process documents, evaluation activities and maintaining risk registers.

The Continuous Improvement Policy and Continuous Improvement Record Process identify continuous improvement of prevocational accreditation processes and services to be the work of the PMAS secretariat, committees, panels and surveyors. The continuous improvement process is designed to ensure all aspects of PMAS services, including accreditation, are measured and fit for purpose, and meet the needs and expectations of stakeholders. Under the policy document, continuous improvement is defined as a long-term systematic approach to achieve small, incremental changes in process to improve efficiency and quality. The Continuous Improvement Record Process aims to achieve:

- recognition of stakeholders
- stakeholder focus
- enhanced quality of service delivery
- simplified processes and procedures
- attitudinal change.

The process for quality improvement is as follows:

1. PMAS staff complete the continuous improvement register on receiving an issue or item.
2. The Quality Assurance Officer identifies the responsible person/committee to implement improvement/corrective/preventative action.
3. The Quality Assurance Officer monitors progress of implementation action and reports progress to the PMAS Manager.
4. For accreditation matters, the Accreditation Manager signs off completed actions and reports progress to the PAC.
5. All other PMAS matters are signed off by the Quality Assurance Officer and reported to the PMAS Manager.
6. The Quality Assurance Officer actions review and evaluation six months following action of improvement.

All continuous improvements identified are logged on the Accreditation Continuous Improvement Register (ACIR), which contains a record of 54 items identified since 2015. The register clearly details the date the item was raised and who identified it, the item and action required, progress notes, who the item was referred to and communication of outcomes, AMC notification, expected and actual date of completion, review status and outcomes.

To supplement the internal monitoring and improvement process, PMAS monitors the effectiveness of the accreditation system through seeking feedback from all stakeholders involved in the survey process. A 360-degree evaluation process is employed by the PAC and monitored by the PAP, and involves seeking feedback from:

- the prevocational training provider: on the survey team and administration of the accreditation process
- the survey team: on the training provider administration of the accreditation process
- the PAP: commenting on the administration of the accreditation process, training provider and survey team's compliance with accreditation processes.

Any feedback received is presented to the PAP for discussion and identification of the appropriate action before being added to the ACIR, which is a standing agenda item at PAC meetings.

#### *Risk identification and management*

The PMAS approach to risk management is underpinned by the NT Health Risk Management Policy and Framework. PMAS developed an Accreditation Service Risk Management register which identifies the risk, likelihood, impact, rating priority and control techniques. The register identifies 10 risks, all with low impact.

To support the prevocational accreditation system, PMAS adopted High Priority Requirement (HPR) and Advanced Completion within 60 days (AC60) ratings to manage the risk of refusal or withdrawal of accreditation. Accreditation support staff guide the survey team in using this risk assessment approach when required during a survey, which involves:

- HPR: identified by undertaking a risk analysis, using the likelihood versus consequence matrix. PMAS has identified the accreditation standards that are most relevant for consideration for a HPR, and any HPR received requires immediate rectification and accreditation is not recommended.



- AC60: given when deemed to be a high risk to the prevocational doctor and/or patients when the survey team leader believes an acceptable level of performance can be achieved in 60 days. AC60s are awarded to an individual criterion within an accreditation standard.

In the instance that two or more AC60s are applied in a full survey, accreditation will be granted for a maximum of one year, following which another full survey is required.

When the additional risk ratings are awarded, the team leader immediately notifies the training provider executive and PMAS Manager of concerns and intention to apply a rating that requires immediate attention. The Manager notifies the PAC Chair and NT Board of the MBA.

### **Team findings**

PMAS has effective mechanisms for monitoring and improving accreditation processes through the policies, processes and registers that are maintained for continuous improvement purposes and accreditation document review.

The authority demonstrated a mature understanding of risk management, mitigation and escalation, with risk management underpinned by the NT Government framework. PMAS maintains an accreditation risk management register and has adopted additional risk rating approaches specifically for survey teams to undertake a risk analysis when high-priority or more serious risks arise during a survey. This was found to be a considered approach to managing concerns that may arise, with a clear risk analysis approach and guidance for team members, as an additional layer to ensuring the safety and wellbeing of prevocational doctors and patients. Examples were provided of instances where accreditation has been suspended using this approach.

The monitoring of continuous quality improvement and risk management registers was observed to be a standing agenda item at the PAC meeting. Appropriate escalation of risk was also communicated in discussion, with any accreditation-related risk escalated to the PAC and Chair, and risks to PMAS resourcing raised with the Medical Director.

### **3.3 Working within accreditation frameworks**

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.

As detailed in attribute 3.2, PMAS has a Continuous Improvement Policy and Continuous Improvement Record Process which have the context of ensuring that all aspects of PMAS services, including prevocational accreditation, are measured and fit for purpose, in addition to meeting stakeholder needs and expectations.

The ACIR lists continuous improvement items and required actions relating to the review and improvement of accreditation processes and standards. PMAS seeks feedback from health services and surveyors to inform areas for improvement which can be added to the register for ongoing monitoring by the Manager and reporting to the PAC.

In 2023, a working party was formed to undertake a review and update of all accreditation system documents to support alignment with the new NFPMT. PMAS utilises a NT Accreditation System Document Register and Review Schedule, which details all accreditation-related documents along with the latest amendment date, who authorised the review/amendment, and next review date.

PMAS is an active member of the Confederation of Postgraduate Medical Education Councils (CPMEC) and the Principal Officers Framework Implementation project, which has the purpose of enabling a nationally consistent implementation of the framework in each jurisdiction through the development of policy and practice. These fora have broad jurisdictional representation, presenting opportunities for PMAS to benchmark its prevocational accreditation system to overarching national standards of quality assurance and accreditation.

## Team findings

PMAS was found to adopt a quality improvement approach to its accreditation standards and processes, including a broad range of stakeholders to contribute to improvements of the accreditation function. The authority actively seeks and encourages stakeholders to provide feedback on accreditation processes, with a mature policy and continuous improvement register maintained to record, action and monitor improvements.

It was heard that the implementation of the NFPMT facilitated the opportunity for cross-jurisdictional and national collaboration, which has strengthened relationships to support resource sharing, contributing to ongoing development and improvements to accreditation processes. The authority developed a Territory-based working party to review and update all accreditation documents to align to and meet the requirements of the framework, which was clearly evidenced by the detail included in the NT Accreditation System Document Register and Review Schedule.

As a small jurisdiction, PMAS have taken opportunities to benchmark to national structures of quality assurance and facilitate the sharing of resources across jurisdictions to continuously improve the accreditation function, as discussed under attribute 5.3.

### 3.4 Management of records and information

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

The positioning of PMAS within the Department of Health permits the use of departmental resources, policies and record-keeping systems to support the management of information and contemporaneous records.

PMAS uses the NT Government record-keeping system Content Manager (TRM) for all accreditation documentation and is compliant with the NT Government records management framework and Northern Territory Public Sector Organisation Records and Information Management Standard.

Under this framework, caveats and security permissions are used on accreditation documentation to maintain confidentiality, and access is limited to PMAS staff.

PMAS staff are bound by the Code of Conduct for the Northern Territory Public Sector, requiring confidentiality with all aspects of work. As detailed under attribute 2.2, all individuals engaged with the work of PMAS, including committee and panel members, and surveyors, are required to sign a *Committee/Panel members Declaration of Conflict of Interests and Confidentiality* form prior to commencement in an appointed role. The document outlines that all information made available, orally or in writing, while the member is performing the duties is deemed confidential information; and to not disclose confidential information to anyone not directly involved in the committee or panel business without written permission of the PMAS Manager.

## Team findings

PMAS has systems for the effective management of information and contemporaneous records, including security permissions used on all accreditation documentation align with the requirements of the NT Government records management framework.

The systems in place for sharing information and contemporaneous records with members of governance bodies and survey team members included the use of email and Microsoft Teams. This was found to be appropriate, with PMAS staff including reminders of the confidential nature of the documentation being shared. The PMAS website also has a dedicated page for survey team members to access the submission and other relevant documentation to undertake an accreditation survey, which is password protected.

*Commendations*

- D The dedication and work of the PMAS staff through periods of change and increased workload. (Attribute 3.1)
- E The demonstration of a mature awareness of capacity challenges and strategic focus, emphasising continuous improvement. (Attribute 3.1)
- F The comprehensive documentation and processes for facilitating continuous improvement and regular review and monitoring of registers. (Attribute 3.2)
- G The active cross-jurisdictional collaboration to develop and improve accreditation processes. (Attribute 3.3)

*Conditions to satisfy accreditation domains*

Nil

*Recommendations for improvement*

Recommendation under 1.4 applies.

## 4 Processes for accreditation of prevocational training programs

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**Domain requirement:** 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*.
- 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.

#### **4.1 Documentation on the accreditation requirements and procedures**

The prevocational training accreditation authority ensures documentation on accreditation requirements and procedures is publicly available.

The PMAS website contains information on accreditation requirements, policies and procedures, which is publicly available.

In 2023, a review of Northern Territory accreditation standards and their underpinning criteria was undertaken by a newly formed working party to align with the requirements of the NFPMT.

As outlined on the website, the Northern Territory prevocational accreditation system is made up of one part and five sections, with linked policy and process documents:

- Part 1: Information on principles and cycle of accreditation – *Principles of Accreditation and the Accreditation Cycle*
- Section 1: Accreditation Policies – with eight accreditation policies
- Section 2: Accreditation Processes – with 15 accreditation process documents
- Section 3: Accreditation Standards
- Section 4: Accreditation Resources – including the *NT Prevocational Accreditation Evidence and Rating Scale Guideline* and *Accreditation Step by Step Guide*
- Section 5: Surveyor information – including the Surveyor Policy, Surveyor Conflict of Interest Policy and *Northern Territory Surveyor Guidelines*.

Additionally available on the website is the Accreditation Status Table, information on the PMAS governance and accreditation reports for full survey visits, quality action plan (QAP) stages and modification/new units for the two primary Northern Territory health services.

PMAS has a dedicated page with information and resources to support implementation of the NFPMT.

#### **Team findings**

The PMAS website is clear, comprehensive and well-structured for stakeholders to engage with relevant information relating to accreditation requirements, policies, processes and resources.

Stakeholders and survey team members reported the website to be a useful source for accessing information around the policies and processes.

#### **4.2 Selection, appointment, training and performance review of accreditation visitors**

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*.

PMAS has policies on selecting, appointing, training and reviewing the performance of survey team members. The authority additionally has a *Surveyor Guidelines* document designed to assist surveyors in the preparation of an accreditation survey.

##### *Survey team composition and selection*

The Surveyor Policy details the requirements of a survey team, with members who must possess the following attributes:

- suitable background and experience

- appropriate training
- maintenance of currency of surveyor status.

Surveyors can be drawn from the following stakeholder groups at a state or national level:

- prevocational doctor (intern through to registrar)
- clinicians from the public or private sector
- directors of clinical training
- medical education officers
- directors of medical services
- prevocational accreditation staff
- medical services/workforce managers
- general practitioners
- retired medical practitioners (who have been retired for less than five years)
- others with suitable experience.

Survey teams must consist of:

- at least three and no more than five surveyors for a full survey visit, one of which must be a prevocational doctor, or
- at least two surveyors for a rural hospital, general practice or new, offsite term or modified term survey, one of which must be a prevocational doctor.

All surveyors must have undergone training prior to their first survey and maintain currency and status as an accreditation surveyor.

A survey team leader must:

- have completed at least one full survey visit (this can include experience in other jurisdictions or at a national level)
- be from any of the surveyor backgrounds listed
- attend the survey team leader training workshop
- complete at least one survey event (which must be as a team leader) every three years to maintain currency
- be endorsed by the PAC according to the survey team leader selection process.

The Survey Team Leader Selection Process outlines that selection of team leaders is completed annually and/or as required. New survey team leaders must have been a surveyor on at least one site visit and two desktop surveys. The process for selecting a team leader is as follows:

1. PMAS staff seek expressions of interest from surveyors who have undertaken at least one site visit and two desktop surveys.
2. The authority reviews the expressions of interest received to ensure surveyors qualify for the role and to identify any conflicts of interest that may preclude participation in the proposed survey.
3. If qualified, the authority puts forward the surveyor to the PAC for consideration.
4. The PAC makes a decision to endorse or reject the proposed survey team leader. Rejection of the nomination would be based on unsatisfactory performance as a surveyor in terms of:
  1. knowledge of standards and accreditation processes
  2. comparability of accreditation experience
  3. teamwork
  4. timeliness in performance of duties.
5. The PAC endorses or rejects the proposed team leader and the nominee is informed in writing.
6. The authority organises the survey team leader training if not completed already.

The Surveyor Selection Process details that applicants for a surveyor position must understand the *Surveyor Position Description* and *Code of Conduct*. The document includes a process flowchart and description of the selection process, which is as follows:

1. PMAS staff call for expressions of interest or receive a surveyor application form.
2. A surveyor application form must be completed prior to consideration of the request to be a surveyor.
3. PMAS staff receive the written application and determine if the application meets the criteria outlined in the Surveyor Policy.
4. If the application does not meet the necessary criteria as outlined in the policy, the nominee is notified in writing.
5. If the application meets the criteria, the application is forwarded to the Accreditation Manager for endorsement.
6. Once the endorsement of the Accreditation Manager has been received, the nominee is informed in writing and the appropriate training is organised.

The *Surveyor Position Description* identifies the criteria, responsibilities and code of conduct which a surveyor must adhere to.

PMAS currently has a register of 33 trained surveyors with details of employing location, survey history and comments.

Annually, PMAS requests advance confirmation of the release of surveyors for scheduled events from the prevocational training provider Director of Medical Services, and work towards ensuring surveyors are equitably drawn upon across prevocational training providers.

#### *Surveyor training*

The Surveyor Policy states that a surveyor must undergo the following training prior to their first survey:

1. Surveyor training workshop, which must include orientation to prevocational accreditation policies, processes and the surveyor code of conduct.
2. Where possible, observation of at least one survey event (visit or desktop) to reinforce the surveyor training by observing experienced surveyors at work.

PMAS delivers a surveyor training workshop for new surveyors. The workshop package was updated in 2023 to include information specifically for the survey team leader and is divided into eight modules:

1. Overview: what is accreditation and aims of accreditation; the PMAS accreditation decision-making structure; information on survey teams, the PAP and PAC.
2. NT Prevocational Accreditation System: types of surveys, the accreditation cycle and framework.
3. Standards and Rating Scale: quality framework, accreditation standards and criteria, information on suggested evidence and guidelines, and the rating scale and risk assessment process.
4. Roles and Responsibilities of Surveyors: the survey team; responsibilities; evaluation; code of conduct; conflict of interest; the role of PMAS; roles and requirements before, during and after the survey event.
5. Pre-Survey Meeting: aim, process and preparation requirements.
6. Conduct of Interviews (full survey events): covering types of interviews and questions, and improving questioning technique.
7. Finalisation of Survey: report types, triangulating evidence, writing the report, conditions and recommendations with examples, and the report process.
8. Survey Team Leader: roles and responsibilities and documentation.

The authority commenced development for an online training module for surveyors; however, this was put on hold in 2023. There are plans to progress development of the online format in 12 to 18 months, following implementation of the NFPMT.

PMAS developed a training resource for current, trained surveyors. This resource focuses on providing surveyors with information on the changes to prevocational medical education and accreditation related to the NFPMT.

To maintain currency as a surveyor, an individual must attend a surveyor refresher training workshop at least every three years, or complete one accreditation survey event every three years. Where currency is deemed to have lapsed, the individual must attend a refresher training workshop.

Surveyors additionally receive the *Surveyor Guidelines* document, which includes an overview of PMAS, the survey process and practicalities of being a surveyor.

PMAS indicated that it is currently collaborating with another authority on the delivery of surveyor training, to support and enrich the training experience.

### *Evaluation*

PMAS has an Accreditation Evaluation Process, which outlines the process for provision of feedback to all involved in a specific accreditation visit, including the survey team. The process details that feedback is received from and/or provided to:

- the prevocational education and training provider staff involved in the survey visit
- surveyors
- survey team leader
- the PAC through the PAP.

The evaluation process involves the following:

1. Within two weeks of the visit, PMAS staff distribute an email link for the online survey evaluation tool to the training provider, surveyors, survey team leader and accreditation staff involved in the event.
2. Submission of evaluation and feedback to PMAS staff within one month of the survey visit.
3. Accreditation staff compile the feedback and return collated feedback to the Accreditation Manager, survey team and the PAP and PAC.
4. The training provider and team leader have right of reply, and should do so in writing to the PMAS Manager. Mediation can be arranged when necessary.
5. The survey team leader must complete a surveyor feedback form for each individual surveyor and provide this verbally and in writing to the surveyor.
6. The surveyor signs the form as sighted, and returns it to the accreditation team for filing or provides a written response to the feedback received for the Manager.

The *Survey Team Leader Feedback – Individual Surveyors* form provides criteria for the team leader to rate each surveyor's performance on a scale from dissatisfied to very satisfied, or not applicable. The form additionally includes space for additional feedback.

Surveyor evaluation summaries are provided to the PAP for action and review, as required.

### **Team findings**

Observation of a survey event demonstrated that the survey team was composed with an appropriate mix of skills, knowledge and experience. PMAS engaged interstate surveyors and individuals with a mix of contextual knowledge and experience in the Northern Territory health system, which was commendable to support diverse perspectives and a balanced understanding of the local context and need to manage conflict of interest.



PMAS has clear policies on the selection, appointment, training and review of performance for survey team members. There are individual selection requirements for team members and team leaders. Evidence provided and observation of the PAC meeting indicated that the proposed team leaders and team members for both survey types – visit and paper-based – are discussed and approved at the committee level.

PMAS was found to value collaboration with other accreditation authorities, particularly regarding the development of resources for surveyors. The current training workshop documentation is comprehensive and PMAS is encouraged to continue collaboration with the CRMEC on the delivery of training as a strategy to enrich the training experience. New surveyors reflected positively on the training and preparation received by PMAS to prepare for engaging in the survey process for the first time, including comfortability to engage in the interview and assessment process and engage in discussion with more experienced team members.

Acknowledging the implementation of the new standards in 2024, an opportunity was identified for PMAS to provide refresher training in advance of a survey event. Feedback received during the visits indicated that surveyors would welcome refresher training on the practical application of the updated standards, including a focus on the cultural safety standards and how to maintain cultural sensitivity during a survey visit.

PMAS has a process for the evaluation of survey team members, which was undertaken both through the formal team leader written feedback process and informally on the ground at a visit. Surveyors indicated that feedback has been constructive, well thought out and useful to apply for future engagements. An identified area for improvement is the performance review of survey team leaders. PMAS currently does not have a formal process for reviewing the team leader performance and providing constructive feedback following an assessment. It was heard that this was an initiative that would be welcomed among the team leader cohort.

The small pool of surveyors and transient nature of employment in the Northern Territory was observed to result in key person reliance for the undertaking of survey events. The ongoing development of surveyors to support balanced engagement is encouraged. Acknowledging that PMAS includes at least one surveyor who has participated on the previous survey to support continuity, the authority should consider strategies to support opportunity for the engagement of other members of the survey pool across the accreditation of different health services.

#### **4.3 Managing conflicts of interest in the work of accreditation visitors and committees**

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

As noted under attribute 2.2, PMAS has a Conflict of Interest Policy and Conflict of Interest Process, which are applicable to the governing body and working committees of the authority. All PAC and PAP members are required to complete the *PMAS Committee/Panel Members Declaration of Conflict of Interest and Confidentiality* statement. These documents support the identification, management and recording of conflict of interest, including not sharing conflicted agenda items with members and asking the conflicted to leave the meeting for discussion and decision.

PMAS has a separate Surveyor Conflict of Interest Policy, which encompasses any prevocational accreditation surveyor with current accreditation surveyor status and who has been chosen as a member of an accreditation survey team.

This policy identifies that a perceived or potential conflict of interest may exist where a surveyor:

- is currently employed by a prevocational training provider that is being accredited
- has been employed by the prevocational training provider that is being accredited within the past two years in any role that influences prevocational accreditation

- has a significant relationship with a person either directly involved in medical education of prevocational doctors, or a stakeholder with an interest in accreditation at the prevocational training provider being accredited
- has any other reason/s that may suggest a conflict of interest.

The training provider undergoing accreditation has the right to formally object the inclusion of a surveyor on the survey team where they consider these conditions apply, following the Conflict of Interest Process for identification.

A surveyor can identify a conflict of interest and decline to participate in a survey. If any previously unidentified conflict of interest or breach of confidentiality emerges during an assessment, the survey team leader will determine the appropriate course of action in consultation with the Manager. Such action may include changing report-writing responsibilities, requiring the surveyor to abstain during relevant discussion or altering the survey program. Any surveyor conflicts identified or subsequent courses of action taken are reported to the PAC and PAP.

The policy indicates that PMAS staff can also identify potential conflicts of interest and refer the matter to the PAC for consideration.

### **Team findings**

PMAS has developed and follows procedures for identifying, managing and recording conflicts of interest in the work of survey teams and working committees. This is evidence by two distinct conflict of interest policies relating to governance and surveyors, a detailed Conflict of Interest Process and the requirement for individuals who engage in the accreditation function of PMAS to sign a declaration.

Recognising the context of the prevocational and medical education and training environment in the Northern Territory, and small pool of stakeholders who engage in the accreditation work of PMAS, there was found to be a mature approach to and understanding of conflict of interest across members of governance, surveyors and stakeholders. With the transient nature of Northern Territory health service employment, stakeholders reflected that it is common for individuals to wear multiple hats, which can create challenges for the appropriate management of conflict of interest. However, it was heard that the multi-layered approach to accreditation decision making and mechanisms for identifying any conflicts at a survey team and governance level supports management.

All stakeholders were cognisant of the risk that conflict of interest presents to the accreditation function and were satisfied that PMAS appropriately manages this process.

During observation of governance meetings and an accreditation survey, conflict of interest appeared to be appropriately identified and managed, with appropriate recording in agendas and the minutes of meetings. Conflicted members did not receive agenda items and were removed from the meeting for discussion and decision.

PMAS provided several examples of identification and management of conflict of interest, particularly at the level of survey team membership and on the basis of training provider feedback. While real or perceived conflict of interest appeared to have been identified and managed appropriately, it was considered that the process was more ad hoc and that the authority could benefit from the development of a formal conflict of interest register to support recording and future management.

### **4.4 The accreditation process**

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*.

PMAS has developed an Accreditation Policy and *Accreditation Cycle* documents which outline the cycle of accreditation events and the accreditation process. There are individual process documents for each type of accreditation requirement.

#### *Full survey accreditation process*

The process for a full accreditation survey is detailed in the Full Survey Accreditation Process and Accreditation Step by Step Guide. A full survey is undertaken at the beginning of an accreditation cycle for a prevocational training provider that is currently accredited with primary allocation status or secondment status; as a component of the process for an 'application for change of accreditation status'; or when a training provider requests prevocational accreditation for the first time.

To commence the process, the authority notifies the training provider manager and relevant health service staff in writing of the survey requirements and dates, and provides relevant documentation for completion. A form and *NT Prevocational Accreditation Evidence and Rating Scale Guideline* is provided to the training provider, which provides an opportunity to reflect on performance and compliance with the *National standards for prevocational (PGY1 and PGY2) training programs and terms*, including a self-assessment against the standards and criteria and supporting commentary. The training provider can self-identify areas of strength and further development. The provider should submit completed documentation and supporting evidence eight weeks in advance of the survey.

The authority arranges a survey team and has members endorsed by the PAC. The survey team is responsible for reviewing submission documentation and requesting further information, as required, in advance of the survey visit. A pre-survey meeting is held to discuss survey interview questions and areas of concern, in addition to allocating roles and responsibilities of the survey team members for the visit.

The survey team visits the prevocational training provider and conducts the survey. A survey may range from one to five days in duration and involves meetings with stakeholders, including health service executive, prevocational doctors, the prevocational doctor clinical training committee chair and members, medical education unit staff and term supervisors.

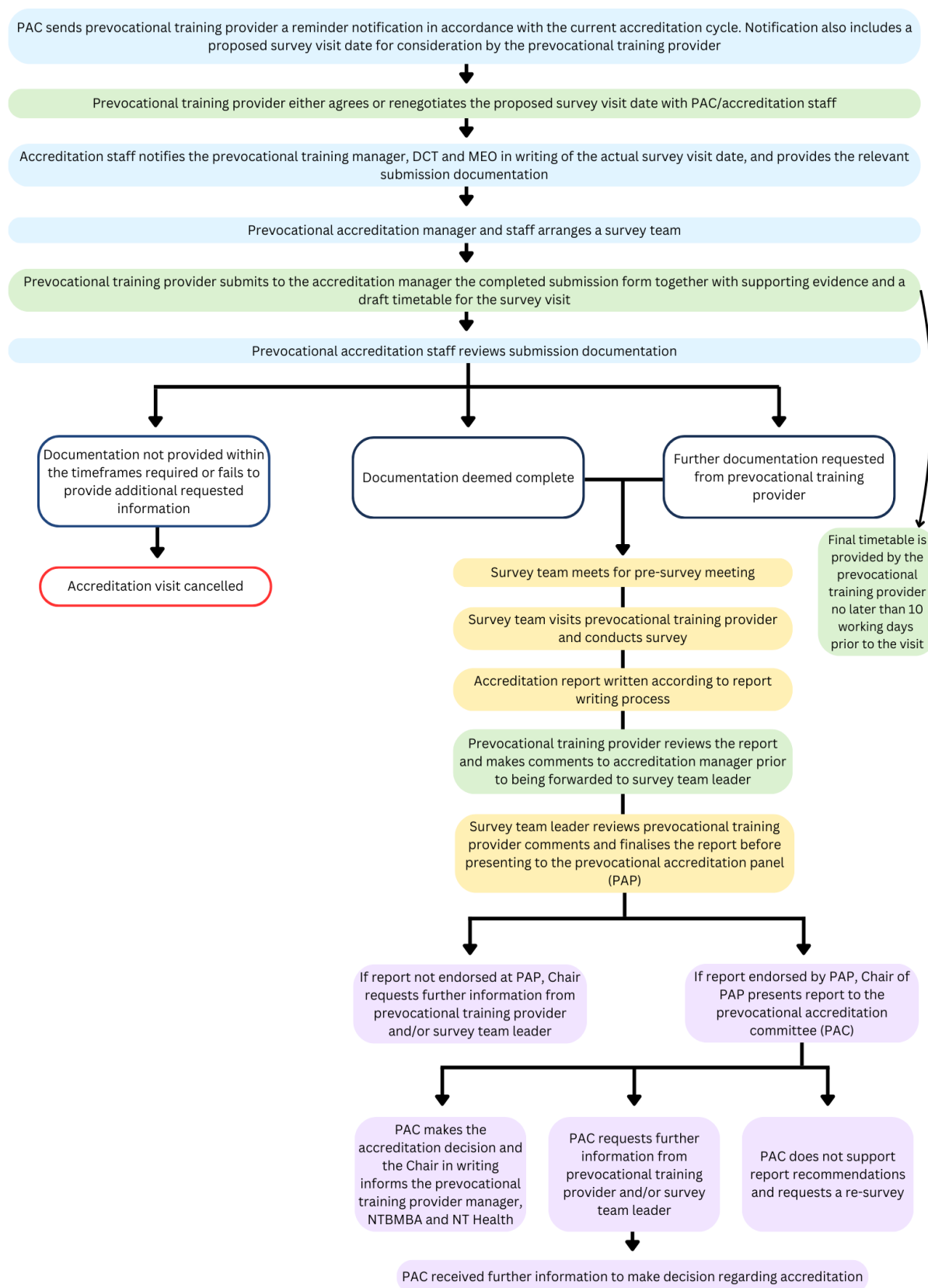
At the end of each survey visit, a summation debrief will be held with relevant training provider staff, chaired by the survey team lead. The purpose of the debrief is to communicate and review major issues that are likely to appear in the accreditation report.

The survey team drafts the survey report in accordance with the Report Writing Process and Report Writing Guide. The report assesses the performance of the training provider against the standards with a rating against each criterion, and includes a recommendation for accreditation, conditions, quality improvement recommendations and commendations, as applicable.

The draft report is sent to the training provider to review and make comment. Any comments requiring address will be managed by the survey team leader and PMAS Manager in liaison with the training provider executive staff and PAC Chair, where required.

The survey report is presented to the PAP by the survey team leader, or a delegate, to progress through the decision-making process (detailed under attribute 4.11).

**Figure 3: PMAS full survey accreditation process**



### *Initial application for accreditation*

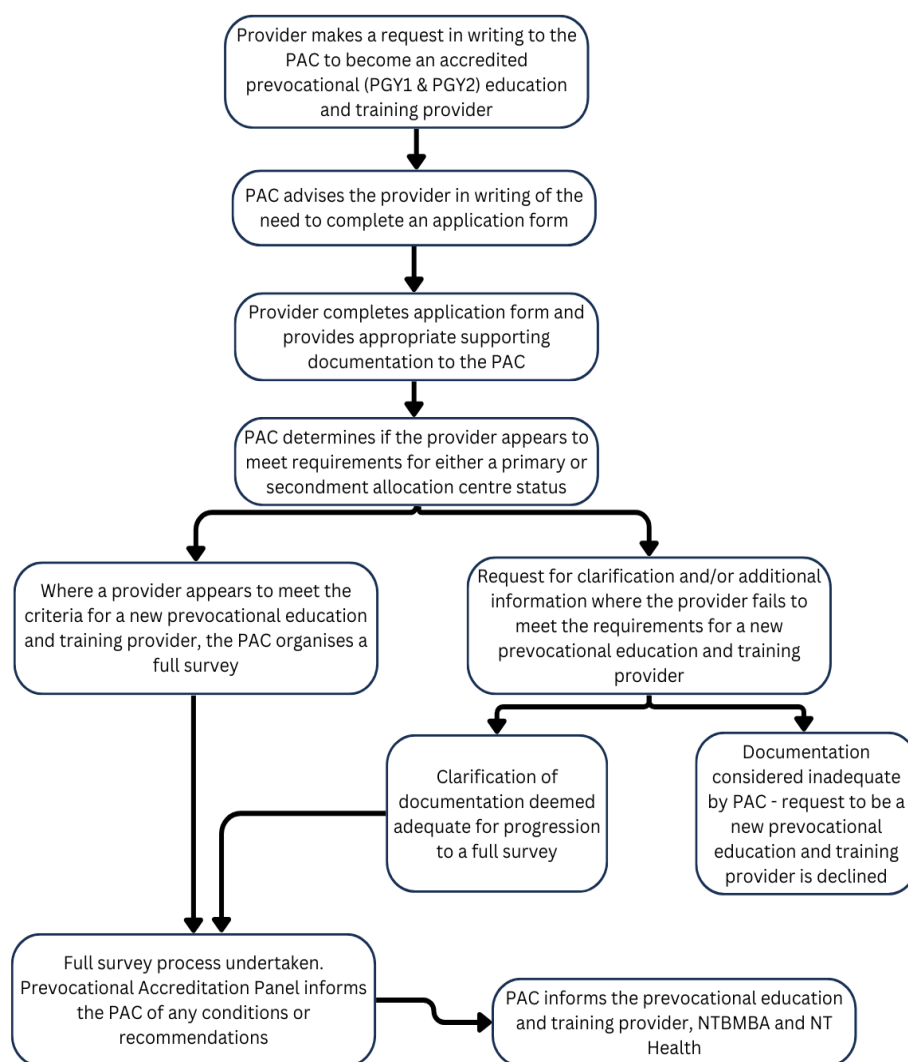
The Initial Application for Accreditation Process outlines the steps for requesting accreditation as a new prevocational (PGY1 and PGY2) doctor education and training provider. A provider can apply for initial accreditation with either:

- **primary allocation status:** the accreditation status awarded to a training provider capable of providing all compulsory terms required to meet the MBA registration standard
- **secondment allocation status:** the accreditation status awarded to a training provider with accredited terms, but which is unable to provide one or more of the compulsory terms required for intern registration.

The timeline for the initial accreditation process is in accordance with the full survey process, with the provider making a written request to the PAC asking for consideration to be accredited to provide a training program for prevocational doctors. The PAC advises the provider in writing of the need to complete a prevocational accreditation application form, which the provider submits to the PAC. The committee reviews the provider responses and either:

- a. supports the application and advises the provider of the need for a full survey, or
- b. advises the provider of areas that require modification prior to their application being considered further.

**Figure 4: PMAS initial accreditation process**



## **Team findings**

The authority has a documented accreditation process that includes self-evaluation, assessment against the standards, site visit and a report assessing the program against the national standards for prevocational training. PMAS has several documents that outline the process for different types of survey events, with all resulting in an assessment against the standards through the development of a survey report.

Observation of PMAS undertaking a survey visit found that the process incorporated training provider self-evaluation against the standards, a site visit to interview core stakeholders and the development of a report assessing the program. The historical reports also demonstrated this approach.

The observed assessment did not demonstrate systematic application of the new national accreditation standards throughout the survey. During the two days of the three-day assessment observed, there did not appear to be triangulation across the breadth of the standards. This includes the approach taken to assess a training provider against the cultural safety standards and maintaining a culturally sensitive approach during interviews, particularly recognising the broader context of the Northern Territory geographic and population characteristics. The standards and areas for further information were briefly highlighted at the end of the second day. Acknowledging that the AMC team did not observe the entirety of the survey, stakeholders reported that in the final days of the visit, the survey team undertook a rating against all standards to support the report-writing process. Review of previous survey reports indicated that the standards were covered, and evidence appeared to be appropriately validated. The team also noted that PMAS had provided appropriate documentation to support a robust assessment against the new national standards.

With the implementation of the new standards, and variable refresher training to upskill assessors to assess against these (as detailed under attribute 4.2), there was an identified opportunity for further review of the support documentation made available to surveyors to guide the survey process and create a structured approach to conducting the quality assurance function.

### **4.5 Considering external sources of data and information outside the regular cycle of accreditation**

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.

In 2022, PMAS introduced an annual prevocational doctor survey, with the aim of identifying issues and themes to support and direct survey teams when reviewing accreditation submissions. The survey is circulated at the end of each year with the aim of capturing as much reflective feedback as possible from prevocational doctors.

The intent of the survey is to allow PMAS to ensure health service compliance with the standards through open communication. Survey information is made available to health services to assist in their efforts for continuous improvement and compliance. This source of data further provides PMAS with an additional pathway to receive notification of potential breaches of accreditation, following which the relevant health service would be notified and given a timeframe to address the issue and report back to PMAS.

PMAS additionally reviews and considers the data collected through the Ahpra Medical Training Survey (MTS). The authority develops briefing papers based on the MTS data for review and discussion by the NT Health Strategic Workforce Committee and Medical Executive Leadership Committee, with training provider senior medical administrations sitting on each committee. The briefing papers are described to invite NT Health staff, including the training providers, to develop strategies to address areas of concern, with a particular focus on culture and prevocational wellbeing.

The secretariat has held discussions with training provider Medical Education Units to review the outcomes and develop strategies to best market the MTS to achieve a higher response rate for future surveys.

Each PAC meeting includes a report from the Chair of the NT JMOF, which is identified as another source of external information to guide and advise the delivery of accreditation functions.

There is an opportunity for individuals to submit anonymous feedback to PMAS through the website.

### **Team findings**

The PMAS accreditation process includes consideration of external sources of data, and has mechanisms to manage the data and information arising outside the regular cycle of accreditation.

There is currently an active JMOF in the Northern Territory, with an enthusiastic and engaged Chair and renewed interest in working collaboratively with PMAS to better the educational and professional development of Northern Territory doctors. The forum provide a report, delivered by the Chair, at each meeting of the PAC which provides an update on the current work, advocacy, concerns and areas of focus for the forum.

The development of a prevocational doctor survey is a positive initiative to identify how the prevocational trainee experience is going and as a further mechanism for monitoring and ensuring health service compliance with the accreditation standards. The briefing paper to the PAC to support the approval of the survey implementation detailed a clear approach to managing the data and information collected, including providing outcomes to health services to support continuous improvement and compliance and the approach to be taken if concerns are identified. While it was noted that there was a low response rate to the survey, there was evidence of PMAS sharing the survey outcomes with training providers. Observation of a PMAS survey visit demonstrated that the survey results are considered by the survey team in advance of and during the survey visit.

Evidence detailed the briefing papers the PMAS secretariat prepared with relation to the MTS results and discussions with Medical Education Units, with identified areas of concern to support further discussion and strategies for management.

It was noted that the response rate of both the prevocational doctor survey and MTS has been relatively low, and there was evidence of the authority's interest in continuing to support promotion efforts to facilitate greater uptake PMAS is encouraged to consider additional strategies to further promote these surveys, which can positively contribute to ensuring positive prevocational doctor experience, training program improvement and compliance, and strengthening of the accreditation system.

There is a clear process for managing urgent issues which arise outside the accreditation cycle, which is discussed under attributes 4.8 and 4.9.

### **4.6 Fostering continuous quality improvement in intern training posts**

The accreditation process facilitates continuing quality improvement in delivering prevocational training.

The PMAS accreditation system and processes are designed to promote a continuous improvement approach to delivering prevocational training. The authority has a *Principles of Accreditation* document which outlines the general principle of Northern Territory prevocational accreditation, which is:

- Processes which foster improvement and excellence beyond a baseline level of compliance with the national standards and requirements for prevocational (PGY1 and PGY2) training programs and terms.

The process facilitates continuing quality improvement through the self-assessment, survey, implementation of quality improvement recommendations, and ongoing regular monitoring of training programs through QAPs.

The *NT Prevocational Accreditation Evidence and Rating Scale Guideline* provided to training providers to support completion of an accreditation submission was developed with the intent to assist training providers in implementing best practice and guide continuous improvement in training programs.

The inclusion of quality improvement recommendations in the accreditation report are further designed to provide advice to a facility on how the overall quality of the training program may be improved. The recommendations are to be completed within the awarded accreditation cycle timeframe.

As detailed under attribute 4.7, PMAS requires at least two QAPs in the 18 months following a full survey to support monitoring of how the provider addresses quality improvement recommendations and conditions, planning towards actioning quality improvement and timeframes for achieving this.

PMAS developed and implemented a prevocational doctor survey in 2022, which was reviewed following feedback in 2023, and has the intent of assisting health services in their efforts for continuous improvement and compliance with the standards. As discussed under attribute 4.5, the authority shares the survey feedback with the relevant training program annually for review, consideration and actioning, where appropriate.

### **Team findings**

The accreditation process in the Northern Territory facilitates continuing quality improvement in the delivery of prevocational training. There was a clear focus from PMAS staff, governance bodies and stakeholders that prioritised the improvement of training programs for prevocational doctors.

In addition to the components of the accreditation process which assist with quality improvement, recommendations, monitoring requirements and the prevocational doctor survey, it was found that there is a collaborative approach to improvement, with PMAS appropriately balancing their regulatory role with the provision of support to training programs and health service staff. There was evidence of PMAS staff meeting regularly with training program and Medical Education Unit staff to support understanding of the process and outcomes of accreditation reports, to foster ongoing improvement to the program.

Stakeholders consistently provided feedback that the accreditation process was supportive for facilitating continuous improvement, providing an external lens, recommendations and conditions for action, and a structured timeframe to make changes and improvements, which were recognised to strengthen internal training program quality improvement initiatives.

While the accreditation process was considered to facilitate quality improvement, concerns were held with relation to the timing of actioning QAPs through the PMAS survey review and governance process, which was considered to present challenges for a training program to succeed in actioning quality improvement initiatives in a timely manner. This is discussed further under attributes 4.7 and 4.12.

### **4.7 The accreditation cycle and regular monitoring of prevocational training programs**

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.

The PMAS accreditation cycle is cyclical, with a maximum duration of accreditation being a period of four years. The authority developed *Accreditation Cycle* and *Accreditation Step by Step Guide* documents to detail the principles and stages of the cycle, which includes regular monitoring and assessment of programs to ensure continuing compliance with the national standards.

The cycle of events for a full four-year accreditation includes:



- **Full survey:** initial or reaccreditation addressing the standards and criteria as detailed under attribute 4.4
- **Quality Action Plans:** paper-based monitoring surveys
  - QAP Stage 1
  - QAP Stage 2
- **Progress report:** occurring three years into the accreditation cycle, covering all standards and criteria. This assessment may include outstanding quality improvement recommendations and/or conditions not finalised under the QAPs.

The Quality Action Plan Survey Process outlines the two-stage process for a QAP, used to monitor the progress of conditions and quality improvement recommendations of a full survey (initial accreditation or reaccreditation).

Following a full survey, two QAPs are required for every accredited prevocational training provider, regardless of their status as a primary allocation or secondment. The first QAP occurs six to eight months following a full survey and the second QAP occurs 18 months following the full survey.

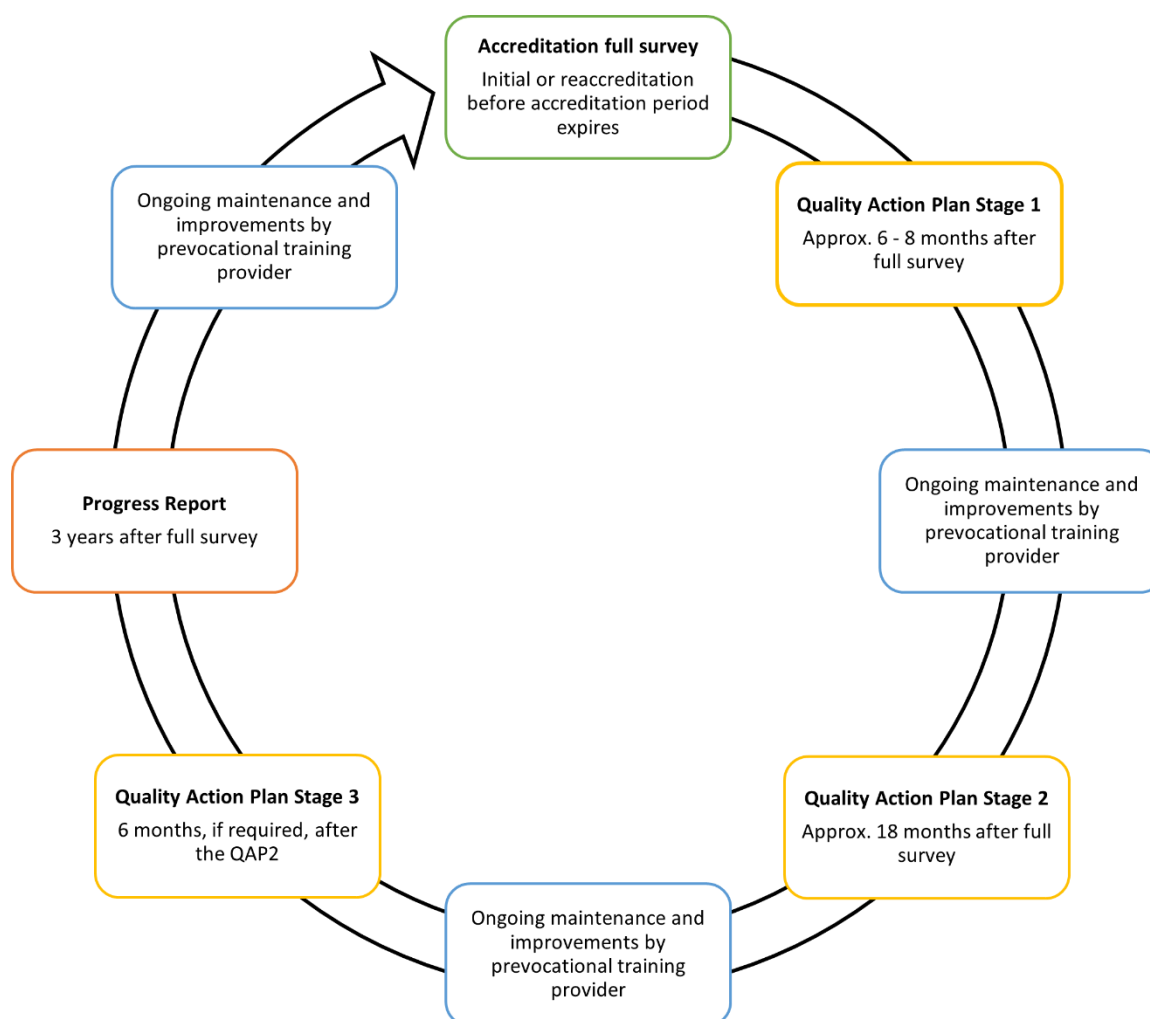
QAPs are a paper-based survey unless a visit is deemed necessary by the survey team. At the second QAP survey, the provider must indicate any term which has not been used by prevocational doctors for a period of six months or more since the last survey, and if they wish the term to remain accredited. Accreditation of an individual term will have deemed to have lapsed if a prevocational doctor has not been placed within it for a period greater than two years following accreditation.

The process for a QAP survey is as follows:

1. The prevocational training provider is notified by accreditation staff of the need for a QAP.
2. The provider submits their QAP and supporting documentation to the accrediting authority by the required deadline.
3. Accreditation staff organise a review of the QAP by the previous full survey team leader (where possible) and one additional surveyor, along with a prevocational doctor (where possible).
4. Following review of the QAP, surveyors write the report according to the report-writing process and either:
  - a. endorse the QAP, or
  - b. request clarification and/or additional information.
5. Once surveyors are satisfied with the report, the survey team leader presents it to the PAC.
6. Where surveyors remain dissatisfied with the information provided, a follow-up visit is implemented according to the requirements of the PAC.
7. The PAC either:
  - a. endorses the report and make a recommendation to the PAC, or
  - b. requests further information from the survey team leader and/or training provider, or
  - c. does not endorse the report and requests/recommends a re-survey.
8. The PAC either:
  - a. endorses the report and informs the training provider, NT Board of the MBA and NT Health, or
  - b. requests further information from the survey team leader and/or training provider, or
  - c. does not endorse the report and requests/recommends a re-survey.
9. The training provider's manager, NT Board of the MBA and NT Health Director of Clinical Training are informed of the decision.

The QAPs allow training providers to provide evidence of action toward quality improvement recommendations and conditions, including who is responsible for actioning and the result. Reasoning needs to be provided for any recommendations or conditions that have yet to be actioned, in addition to any planning undertaken to lead action and expected timelines for completion, to support continuing compliance with the national standards.

**Figure 5: PMAS accreditation cycle**



As detailed under attribute 4.5, the implementation of the prevocational doctor survey presents another mechanism for annual monitoring, and potential identification of non-compliance with the national standards.

### Team findings

PMAS has a clear four-year cycle of accreditation, which includes regular monitoring and assessment of prevocational training providers to ensure continuing compliance with the accreditation standards.

Stakeholders reflected positively on the intent of the QAP monitoring process to support ongoing quality improvement and comply with and maintain compliance with the accreditation standards. It was heard that PMAS staff balance the regulatory and support roles, through detailing the requirements of the provider in addition to providing guidance and advice on required changes/actions, where necessary.

While the documented process for regular monitoring appears to be robust, and the intent of the QAPs are a strength for the continued progress and planning for training providers to address conditions and recommendations, concern was held for the resourcing to support the effective functioning of the QAP monitoring requirements and timeframes, and understanding of the requirements of each of the QAP stages.

Timelines for monitoring are clearly laid out at the beginning of the accreditation cycle for health service awareness of expectations; however, stakeholder feedback and observation of governance meetings in 2024 demonstrated significant delays for review and consideration through governance

processes, which did not align with the documented process description. Training provider stakeholders expressed an expected timeframe of April 2024 for receiving the outcome of QAP Stage 1, based on PMAS scheduling; however, the PAP and PAC did not consider the documentation and desktop review until June 2024. There was subsequent concern for appropriately addressing the requirements of QAP Stage 2, scheduled to be submitted in August 2024, with limited time to prepare the submission with the context of Stage 1 feedback. The team noted the further information provided by PMAS indicating that the governance meetings are pre-planned each year on the basis of expected accreditation activities, and the training provider requested an extension which subsequently impacted the timing of QAP review, consideration through governance and overall outcomes observed by the team.

Furthermore, there appeared to be varying levels of understanding of the requirements and intent of the two-stage QAP process. Some stakeholders outlined expectations for clear action and progression against conditions and recommendations in Stage 1; others identified that it is used as an interim update to facilitate the provider's continued consideration of and progression of planning to address conditions and recommendations. PMAS staff expect Stage 1 to be an action plan that indicates preliminary planning and estimated timeframes to address conditions and recommendations, with the provision of greater evidence of progress against conditions an expectation of the Stage 2 submission.

The inconsistent expectations and timeframes for considering the QAP monitoring reports potentially undermines the achievement of quality improvement in a timely manner, particularly in what was considered to be an otherwise very supportive and responsive accreditation monitoring system. The process and documentation should be reviewed and updated to clearly set out the expectations of each stage of the QAPs, and subsequent requirements of training providers to appropriately meet the monitoring requirements.

#### **4.8 Mechanisms for dealing with concerns for patient safety**

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.

PMAS has several mechanisms through which concerns about patient care and safety can be identified or reported.

The accreditation standards include criteria which directly relate to patient safety. When undertaking a survey, surveyors may identify issues that pose risk to patient care and safety. If identified, the surveyors are obliged to investigate further and inform relevant stakeholders, such as the training provider executive and the PAC, of actions required, which may include conditions on accreditation, and suspension or withdrawal of an accredited term.

As detailed under attribute 3.3, surveyors will undertake a risk assessment when required if an area of concern is identified. Under the HPR risk assessment, a risk analysis using the likelihood versus consequences matrix is applied. Levels of consequence focus on the level of risk to patient and prevocational doctor welfare, as shown in the following table.

Level	Descriptor	Description
1	Extreme	Immediate risk to the welfare of patients or interns, e.g. interns managing patients independently without Level 1 or 2 supervision available; interns in unaccredited terms
2	High	Potential for risk to the welfare of patients or interns, e.g. intern in a remote location with only Level 2 supervision available
3	Moderate	Moderate risk to the welfare of patients or interns, e.g. interns rostered to extended periods of night duty
4	Low	Low risk to the welfare of patients or interns, e.g. no unit-based orientation; no appraisal system in place
5	Minimum	No immediate risk to patients or interns, e.g. poor attendance at FEP

AC60 is applied when there is deemed to be a high risk to prevocational doctors and/or patients but it is believed that an acceptable level of performance can be achieved in 60 days or less.

Evidence was provided of a notification of suspension of an accredited term as a result of significant issues identified with concerns for patient safety and prevocational doctor health and wellbeing. Accreditation conditions can also be applied when concerns for patient care and safety are identified during an accreditation assessment, with processes for monitoring as outlined under attribute 4.7.

PMAS have a Notification of a Potential Breach of Accreditation Status Process for managing potential breaches of accreditation. All notifications are treated as serious until they are proven not to cause any patients or prevocational doctors to be unsafe. The process details that notifications may be raised by:

- the training provider manager
- an employee of the training provider, or individual/consumer
- a survey team engaged in a survey
- a recognised body interested in prevocational training.

Upon receipt of a notification of a potential breach, PMAS determines actions in a timely manner that may include:

- contacting the training provider's Executive Director of Medical Services and/or other clinical and non-clinical staff to discuss the circumstances
- investigating to confirm if there is a breach of standards
- if a breach is confirmed, identifying actions to resolve (through risk assessment or suspension of accreditation status for the program or term)
- if required, issuing a notice of suspension
- informing the stakeholder who reported the breach of the outcome
- notifying the PAC Chair of notification, outcome of investigation and actions to resolve.

The PAC is notified at the next scheduled meeting and there is a follow-up process with the training provider.

As noted under attribute 4.5, the authority has implemented a prevocational doctor survey, which is used as a mechanism to identify and be notified of any concerns about patient care and safety. In the instance that survey results identified patient safety concerns, and subsequently a potential breach of accreditation, the health service would be notified and given a timeframe to address the issue, with

reporting back to PMAS following the Notification of a Potential Breach of Accreditation Status Process. If a health service were not to take action, PMAS would launch an investigation to establish the presence of the breach or concern, and apply recommendations or conditions.

PMAS additionally has an avenue for stakeholders, including prevocational trainees and supervisors, to make an anonymous notification to PMAS through the authority's website.

### **Team findings**

PMAS has mechanisms for identifying and managing concerns for patient care and safety through the assessment and monitoring process and through notification and escalation from external sources.

Surveyors reported that flexibility is built into the survey timetable to support the appropriate investigation and management of issues relating to patient safety if a concern were to be identified. A clear process was described, including reference to risk analysis and policies for management and escalation to relevant health service staff for discussion. The survey team, via the PMAS staff, can escalate significant concerns to the Chair of the PAC as required.

There is a clear process for notification of potential breaches which places a focus on the impact on patient safety and prevocational doctor wellbeing. Evidence was provided of PMAS applying conditions on accreditation, or suspending accreditation from an accredited term on the basis of patient care and safety concerns.

Outside of the accreditation process, there are pathways for escalating concerns, through anonymous notification via the PMAS website and the results of the prevocational doctor survey. The outlined approach to investigation and management was considered to be appropriate.

An opportunity was identified for PMAS to develop a comprehensive procedure document that outlines the mechanisms for identifying, escalating and addressing concerns for patient safety and prevocational doctor wellbeing. While the authority has multiple mechanisms in place to support identification and management of concerns, having a single source of information that details escalation pathways to the PMAS secretariat/PAC and processes for managing concerns raised through accreditation activities and external sources would support transparency and understanding of the mechanisms.

### **4.9 Mechanisms for identifying and managing concerns for junior doctor wellbeing**

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.

The accreditation standards include criteria which directly relate to junior doctor wellbeing. As described under attribute 4.8, the survey team may identify concerns for prevocational doctor wellbeing or environments that are unsuitable for prevocational doctors through the course of an accreditation survey. For such concerns, surveyors are obliged to investigate and inform relevant stakeholders, including training provider executives and the PAC. The outcomes and risk assessment process are the same as documented under attribute 4.8.

The Notification of a Potential Breach of Accreditation Status Process mechanism additionally applies to the identification and management of concerns for prevocational doctor wellbeing and unsuitable training environments.

The prevocational doctor survey seeks direct feedback on the training experience and wellbeing of prevocational doctors. The survey presents an additional mechanism for PMAS to be notified of or to identify any concerns for prevocational doctor wellbeing and/or training environments that are unsuitable. Implementation of the survey further supports another avenue to increase prevocational doctor awareness of PMAS and its role, and to recognise the authority as a place to escalate concerns.

Concerns identified through the survey process with relation to wellbeing are raised with the health service for review, action and reporting back to PMAS.

The NT JMOF presents another avenue for identifying and dealing with concerns for prevocational doctor wellbeing. The scope of the NT JMOF includes discussion of medical trainee safety and wellbeing, workload, education and training programs, and supervision. The NT JMOF develops a report that the JMOF Chair presents at each meeting of the PAC.

The anonymous notification process facilitated through the PMAS website is additionally applicable for stakeholders to escalate concerns for wellbeing and training environments.

### **Team findings**

The accreditation process supports mechanisms for identification and management of concerns for prevocational doctor wellbeing and/or unsuitable training environments. Concerns can be identified through in-person and desktop surveys, with appropriate mechanisms defined for management.

As noted under attribute 4.8, surveyors reported that there are clear processes for investigating and managing concerns related to prevocational doctor wellbeing, with escalation pathways to health service executive and PMAS governance, risk analysis, and recommendations for conditions on accreditation, as required.

It was heard that due to the small prevocational training context of the Northern Territory, prevocational doctors have escalated concerns directly to PMAS through phone calls. Depending on the nature of the concern or issue discussed, PMAS staff would escalate as required to the PAC Chair or Medical Director in instances of a health system problem. PMAS staff protect the privacy of the individual through the management process.

There is a clear focus and priority attributed to prevocational wellbeing, and it was found that strong connections between PMAS and stakeholders result in the authority receiving early notification of concerns or having an awareness of challenges and potential concerns for wellbeing and the training environment. These relationships and contexts support a granular approach to accreditation, with regular monitoring considered to support training providers managing concerns.

Stakeholders consistently agreed that there is a shared goal of ensuring patient safety and prevocational doctor wellbeing, with collaboration across the system to work to meet the needs of patients and prevocational doctors and mitigate any risk. Health service staff additionally recognised the possibility of escalating safety and wellbeing concerns to PMAS if they cannot be managed internally, and providing an update on management.

Surveyors reflected that contribution to ensuring the welfare for prevocational doctors was a significant reason for ongoing and active involvement in the accreditation process. Examples were provided of making difficult decisions during a survey as a result of identified concerns for prevocational doctor wellbeing, which was identified as the priority of accreditation work.

The *Guide for Interns in the Northern Territory*, discussed under attribute 1.3, is a commendable development, providing information and advice, as well as the support networks available and information for prevocational doctors to access help and support if it is needed.

The NT JMOF is currently an active group, with an engaged Chair who has developed strong links with the work and governance of PMAS. Between this forum and the prevocational doctor survey, there are strong mechanisms for PMAS to identify concerns through external sources.

### **4.10 Considering the effect of changes to posts, programs and institutions on accreditation status**

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.

The Accreditation Policy states that the PMAS Manager must be immediately notified when changes occur within any prevocational training provider, as the change of circumstance could affect the accreditation status or the provider or term.

PMAS have four process documents which guide training program providers on how to report on changes and how these are assessed.

The Notification of Change of Circumstance that May Affect Accreditation Status Process identifies a change of circumstance as changes in a prevocational training program or term which may impact prevocational doctors and the quality of their training and supervision. Such changes may involve the failure or potential failure to satisfy any of the *National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms*. A change of circumstance can be identified through the training provider manager, an employee of the provider, individual or consumer, a survey team engaged in a survey event, or a recognised body interested in prevocational education and training.

Significant changes in circumstance may include:

- absence or changes to senior staff with important roles in prevocational training
- plans for a significant redesign or restructure of the health service that impacts on prevocational doctors; for example, clinical services provided and ward or service closure that can change caseloads and casemix for a term
- workforce or rostering changes that significantly change the access and level of supervision provided to prevocational doctors or their access to educational opportunities
- resource changes that significantly reduce available administrative support, facilities or education programs.

If a serious breach is identified by a survey team undertaking a survey event that requires immediate action, the team leader will notify the PMAS Manager of the circumstances, providing evidence of the issue. The Manager will consult with the PAC Chair and serve a notice of suspension for a given area of concern to provider executives; this has associated conditions and actions with a required timeline to address.

If a change does not require an immediate notice of suspension, the PAC is notified of the change that could affect the provider's accreditation status. If the change notification doesn't originate from the provider, PMAS writes to them requesting clarification. The explanation is provided in writing to the PAC, who review the response and:

- if accreditation status is found to be unaffected, the provider and complainant are informed of the outcome
- if the information requires further investigation, a survey event visit or modified term survey is initiated.

The survey event visit is conducted per the full survey process documented under attribute 4.4, and includes assessment against the standards.

#### *Changes to terms*

Where a term has been physically relocated to a new site, but retains the same governance, casemix, patient numbers and supervision, the term will be deemed to maintain current accreditation. A notification of change of circumstance would be required to notify the Manager and PAC of the changes. If changes are made to the casemix, patient numbers or supervision of the term, a modified term survey will be required and consideration will be given to offsite term status.

For modifications to prevocational training terms, a Modified Unit Survey Process is applied, if the modification has not already been submitted with a new term or full survey application. Modifications

include those which would significantly alter or impact on workload, clinical experience and opportunities, teaching and supervision, and can include:

- plans for significant redesign or restructure of a health service that impact on prevocational doctors
- workforce or rostering changes that significantly change the access and level of supervision provided to prevocational doctors or their access to educational opportunities
- resource changes that significantly reduce available administrative support, facilities or education programs
- change to the number of prevocational doctors.

The process is undertaken as a paper-based survey with interviews of relevant stakeholders. Modifications to term content require interviews with the term supervisor and prevocational doctors, whereas modifications that affect supervision require interviews of the term supervisor/s. A survey visit will be undertaken if considered necessary by surveyors and the PAC.

The modified term survey only addresses standards that are affected by the requested change, which is determined by the Manager and PAC Chair. Documentation supplied by the provider at time of submitting self-assessment material must include a signed statement from the term supervisor outlining the intended modification and evidence that the education and training committee or equivalent have been involved in consideration of the change.

Once a modified term is entered on the training provider matrix, it is managed through QAPs and progress reports.

#### *New and offsite terms*

Accreditation of a new or offsite term where prevocational doctor placement occurs in a training provider located geographically away from the primary allotment centre, but operates under the governance of the training program (e.g. general practice), a New and Offsite Term Survey Process takes place.

The process details that new and offsite terms are accredited for a maximum of one year, with a QAP required six months after the first prevocational doctor has completed the term (unless a full survey is scheduled). Prevocational doctor evaluations for the term are required 12 months post survey.

Most often, a paper-based survey is conducted over a site visit for a new term if it:

- is staffed by those who have previously supervised prevocational doctors in a similar setting
- has been created through rearranging staffing and patient casemix, or extending other accredited terms
- provides similar clinical cases and patient numbers to other accredited terms.

If a new term is geographically distant from the primary allocation centre, a visit is required as determined by the Manager or PAC Chair.

Information to support consideration of the new or offsite term must include evidence of casemix, workload, daily timetable, and a roster including ward and remote call requirements and supervisor contact details. Two accredited surveyors conduct a paper-based survey process, which can include phone interviews with the Medical Education Unit and term supervisor, where necessary.

#### *Change of accreditation status*

PMAS has an Application – Change of Accreditation Status Process for training providers who request a change in status from a secondment to a primary allocation provider. Such a change in status is only possible when the provider can demonstrate capacity to meet all accreditation requirements outlined in the national standards.



The provider completes a self-assessment form and provides supporting documentation to the PAC, with the following required evidence: ability to provide compulsory terms required for full intern registration and to meet the requirements of the national standards; for example, supervision, orientation, assessment and education.

The PAC Chair determines if the documentation is sufficient to proceed to a full survey, which is implemented according to the Full Survey Accreditation Process. If documentation remains inadequate to support the request for change, the training provider will be informed in writing that the request is declined, with indication of areas requiring improvement to reach the desired status.

For each change process, the provider must make a written request to the PAC to consider the change, and a report is drafted according to the report-writing process and includes assessment against the standards. The report is then considered through the PMAS governance and decision-making process.

The Notification of a Potential Breach of Accreditation Status Process can also be triggered as a result of a change of circumstance.

To date, no notifications from training providers have required a survey to be undertaken and any notifications have been tabled at the next PAC meeting.

### **Team findings**

PMAS has process documents for reporting changes which may have an impact on accreditation, with processes for how changes are assessed. The national standards are applied when it is considered that a change may have an impact on training program and accreditation status.

Stakeholders reported that the templates provided by PMAS staff to report on changes to terms and programs clearly outline the information required, with the process for requesting and reporting on changes typically managed through the Medical Education Unit. Furthermore, health service stakeholders indicated a comfortability to consult with and request guidance from PMAS staff regarding potential changes and the process for reporting.

The inclusion of a dedicated process for reporting and managing a change of accreditation status was developed following identification of this process being a potential area of need moving forward, noting the nature of health service delivery in the Northern Territory.

Noting that no change notifications to PMAS have required surveys to be undertaken to date and the monitoring and stakeholder engagement processes support early identification and response to proposed changes, there was an identified opportunity to streamline the documentation for ease of understanding. While the templates for reporting change were found to be clear to stakeholders, the four separate process documents for reporting and assessing difference changes (change of circumstances, term modification, new or offsite terms, and change of accreditation status) were considered to pose potential challenges for navigating which situation is applicable and the relevant process and reporting requirements.

Each process document includes definitions, a different flow chart and slightly different process for reporting and assessing the change, and PMAS is encouraged to consider opportunities to streamline and update the process documents and flow charts to support ease of understanding, routine change of circumstances, and the process and ability for training providers to independently engage with the documentation.

#### **4.11 Application of documented decision-making processes**

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.

The Accreditation Policy and supporting documentation for the various PMAS survey processes document the processes for accreditation decision making.

A survey team, whether via a visit or paper-based survey process, form recommendations on the basis of evidence provided and interviews, as applicable, and assessment of the provider against the accreditation standards, on the period of accreditation and any conditions, recommendations and commendations in a written report to the PAP. The health service has an opportunity to review the accreditation report and make comments before it is submitted to the PAP.

The PAP may either endorse or not endorse the report recommendations, including the recommended period of accreditation to be granted. The panel additionally reviews the survey processes undertaken to ensure the code of conduct was followed. The PAP presents a briefing paper to the PAC, who makes a decision on accreditation. As noted under attribute 4.12, accreditation decisions are communicated to the training provider, NT Board of the MBA and NT Health.

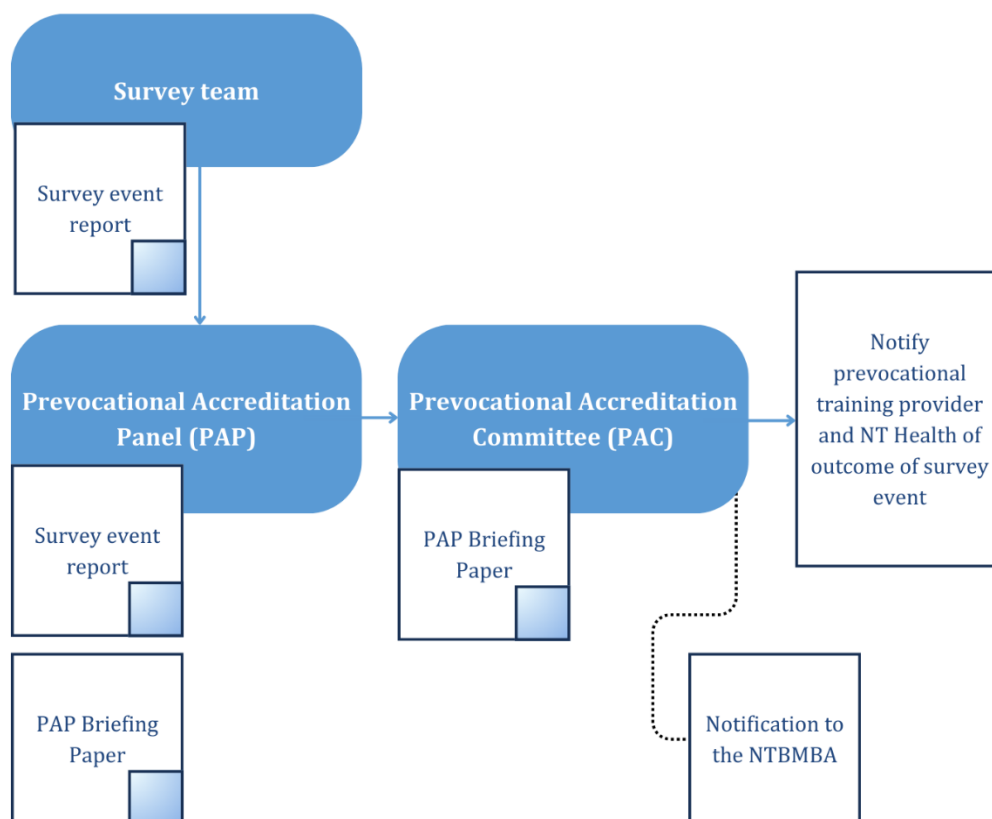
The maximum accreditation period awarded to a training provider is four years from the date of the visit or expiry of its previous accreditation status.

Periods of reduced accreditation can be awarded by the PAC where limited or lack of compliance with the standards has been identified, or where otherwise deemed appropriate by the survey team, PAP or PAC. The team leader within the survey report will recommend this to the PAC through the PAP. It is the responsibility of the prevocational training provider to ensure their accreditation does not lapse while they are employing prevocational doctors as part of an accredited training program.

The accreditation decision may be subject to:

- **conditions:** additional activities required to fully adhere to a standard. These are issued to allow a training provider to address identified deficiencies within a defined period, while maintaining accreditation.
- **quality improvement recommendations:** used to provide advice to a facility on how the overall quality of the training program may be improved. Quality improvement recommendations are to be completed within the awarded accreditation cycle timeframe.

**Figure 6: Prevocational accreditation decision-making process**



### *Out-of-session decisions*

For situations that arise outside the scheduled governance meeting schedule and require prompt resolution or endorsement, an out-of-session meeting is held to expedite decision making to continue achieving business needs.

The Out of Session Committee Meeting Process outlines that out-of-session meetings can occur via:

- telephone, video link or other means of communication with a number of committee members, being not less than the appropriate quorum. Notice of at least three days or as required must be given to every member of the committee to link into the meeting. The outcome will be documented and presented at the next scheduled meeting.
- circulation of a draft resolution via email only, requesting each member to endorse the resolution within a specific period (minimum three days) or as required. Where a response has not been received within the specified time, the minutes will indicate endorsement of the proposed resolution. The outcome will be recorded along with the members' email replies and recorded in the minutes of the next scheduled committee meeting.

As detailed under attribute 2.1, the tiered approach and stakeholder-based approach to governance is designed to support the independence of the process and ensure the decision-making process is free from undue influence by any interested party.

The *Principles of Accreditation* are applied to ensure the accreditation and decision-making processes are rigorous, fair and consistent.

### **Team findings**

The documented process for decision making is clear, with the PAP considering and endorsing/not endorsing a survey team accreditation report and making recommendations through a briefing paper to the PAC. The PAC is the decision maker of the accreditation function. This process was verified in the team's discussion with committee and panel members.

The broad stakeholder input across survey teams, the PAP and PAC facilitates a range of perspectives in the accreditation and decision-making process, which was agreed to mitigate the potential for bias or undue influence.

Despite the decision-making process being clear, the team queried the effectiveness and reliability of the approach in practice. The team heard a number of instances of misunderstanding the role and responsibility of the panel, with reference to considering survey reports and making recommendations to the PAC from PAP members. The panel Chair is sometimes not able to attend committee meetings, so the presentation of the PAP consideration is made by the survey team lead or PMAS staff. The approach of constituting different panels for each survey increases challenges in ensuring processes are followed and making recommendations/decisions is consistent.

As noted in attribute 1.2, it may be that the PAP level of scrutiny is not required. If the PAP process remains, work is required to demonstrate that all PAP members understand their role and follow the documented process.

### **4.12 Communicating accreditation decisions**

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).

The Accreditation Policy states that prevocational training providers will be notified of accreditation status following a decision by the PAC, and ideally within two weeks of the scheduled meeting.

The Full Survey Accreditation Process and Quality Action Plan Survey Process further identify that following the decision-making process, the prevocational training provider's manager, NT Board of the MBA, and NT Health are informed in writing of the outcomes of accreditation and status of programs, with the following information included:

- terms accredited
- level of prevocational trainee positions
- number of accredited positions
- date of accreditation
- expiry of accreditation status
- accreditation cycle with due dates of monitoring requirements
- survey report.

The same groups are formally notified of outcomes of change of circumstance, modification to terms and new or offsite term surveys.

The PMAS maintains an Accreditation Status Table on the website, which details the location, department, number of accredited PGY1 and PGY2 positions, type of terms, date of accreditation and expiry.

The accreditation reports for each accredited health service are publicly available, inclusive of duration of accreditation, recommendations, conditions and commendations, where relevant. Reports available include:

- full survey visit reports
- QAP Stage 1
- QAP Stage 2
- progress reports
- modification/new unit survey reports.

Reports from the previous health service accreditation cycle are also publicly accessible on the website.

### **Team findings**

There are clearly documented requirements for communicating the status of training programs and accreditation outcomes to stakeholders, including the training provider, NT Board of the MBA and NT Health.

It was heard that reporting of outcomes to the MBA and Ahpra met contractual requirements, with more frequent reporting as required if issues arise.

The outcomes of accreditation, including survey reports with accreditation duration, recommendations, conditions, commendations, and the status of accredited terms are publicly available on the PMAS website.

There was evidence of delayed timelines for consideration of QAP monitoring processes, which affected communication of accreditation outcomes related to monitoring. This has been addressed under attribute 4.7.

### **4.13 Complaints, review and appeals processes**

There are published processes for complaints, review and appeals that are rigorous, fair and responsive.

PMAS have an Appeal Against the PAC Decision Policy and Appeal Against the PAC Decision Process published on the authority's website.

A prevocational training provider that is the subject of an accreditation decision may apply to have the decision reviewed by an appeals committee within 14 days of receipt of written advice of the

accreditation decision. Applications for appeal are to be addressed to the PAC Chair and only written submissions will be considered.

The grounds for appeal include any or all of the following:

- an error in due process occurred in the formulation of the earlier decision
- relevant and significant information which was available and provided to the surveyors was not considered in the making of the recommendations
- the decision of the PAC was inconsistent with the information put before that committee
- perceived bias of a surveyor.

When lodging an appeal, the training provider is required to provide detailed information on the reason for the appeal and specific items raised in the accreditation report that the provider may wish to dispute. The appellant will bear the burden of proof to establish the grounds of appeal. Appellants are liable for costs associated with the convening of an appeals committee, including travel, accommodation, honoraria and any additional costs, which may range from \$5000 to \$8000. Any associated costs of a successful appeal will not be billed to the appellant.

An independent appeals committee consisting of at least three people will be formed following receipt of an appeal, with membership including:

- a Chair (may be one of the experienced surveyors)
- a minimum of two experienced surveyors, none of whom were involved in the original survey team. At least one of the surveyors will be from an external organisation (e.g. another authority or the AMC).
- any other independent person who was not a party to the accreditation decision related to the appeal.

A PMAS staff member who was not party to the accreditation decision will provide secretariat support to the appeals committee but does not form part of the committee.

The Appeal Against the PAC Decision Policy states that the appeals committee must act according to the laws of natural justice and decide each appeal on its merits. The committee is not bound by the rules of evidence and is subject to the rules of natural justice.

The appeal process, following the decision-making process outlined in attribute 4.11, is as follows:

1. An independent appeals committee is convened to examine all relevant documentation that will include:
  - a. completed notice of appeal against the PAC decision
  - b. the training provider's survey event report underpinning the PAC decision
  - c. responses from surveyor and training provider feedback provided to the accrediting authority following a survey
  - d. relevant committee and panel meeting minutes/briefing papers
  - e. any other supporting documentation provided by the appellant
  - f. any other relevant documents requested by the independent appeals committee.

The appeal will be registered in the prevocational accreditation appeals register and minutes of the hearing of the appeals committee along with all reviewed documentation will be recorded in a confidential EFILE.

2. The appeals committee makes a decision that either:
  - a. affirms and upholds the previous decision made by the PAC; or
  - b. sets aside the previous decision and refers the decision back to the PAC for further consideration (this may require additional information or a re-survey); or
  - c. sets aside the PAC decision that is the subject of the appeal before the committee, and advises the accrediting authority's director or delegate in writing of an alternative

accreditation decision that includes revised conditions and/or quality improvement recommendations for the appellant.

3. The appeals committee will inform the accreditation authority or delegate in writing of their advice regarding the appeal and of any associated or additional costs the appellant may be liable for.
4. The accrediting authority's director or delegate will inform the PAC in writing of the appeals committee's advice and findings.
5. The PAC will be bound to accept the advice and findings of the appeals committee and will uphold the appeals committee accreditation decision accordingly.
6. The PAC will inform the training provider, NT Board of the MBA and NT Health of the outcome in writing. The training provider will retain its earlier accreditation status during the appeal process.

The appeal process should take no longer than four weeks to complete following the end of the 14-day appeal lodgement period.

Per the *PMAS Committee and Panel Members Handbook* and *PAC Terms of Reference*, the Medical Director holds responsibility for managing conflict resolution and prevocational accreditation appeals through the establishment of an independent appeals committee on a case-by-case basis.

At the time of submission, PMAS reported that no complaint or appeal regarding an accreditation decision, or anonymous notifications, has occurred.

### **Team findings**

The PMAS policy and process for managing appeals was found to be robust, with the process appearing to provide a rigorous, fair and responsive approach to managing complaints, reviews and appeals. It was noted that these documents were last reviewed and amended in June 2023, and are publicly available on the PMAS website.

The appeals policy has yet to be tested for the robustness of the process in practice due to no formal complaints or appeals being lodged with the authority. However, it was heard that a strength of being a small jurisdiction is the scope for increased personal and informal communication and interaction with training providers. This was noted to support early awareness of any issues and can facilitate early change and collegial discussion in advance of or during survey events, without the need to impose procedural mechanisms.

The opportunity for health services to review the accreditation report prior to consideration and decision making through the governance process was also noted to support the identification of discrepancies before a formal decision is made and has mitigated the requirement for the formal appeals process.

#### *Commendations*

- |   |  |
|---|--|
| H | Efforts to expand the composition of the surveyor pool through the inclusion of interstate assessors and individuals with diverse backgrounds and a balanced understanding of the local context. (Attribute 4.2)                                 |
| I | Collaboration to develop and provide cross-jurisdictional surveyor training to improve the experience, diversity, expertise and skill of surveyors. (Attribute 4.2)  |
| J | The strong engagement of the NT Junior Medical Officer Forum in the accreditation function and governance of PMAS. (Attribute 4.5)   |
| K | The development of a guide to support prevocational trainees in the Northern Territory, including clear information for seeking support and escalating concerns for prevocational doctor wellbeing and the training environment. (Attribute 4.9) |

*Conditions to satisfy accreditation domains*

- 1 Develop mechanisms to strengthen the systematic application of the national standards through the survey visit process. (Attribute 4.4)
- 2 Ensure the monitoring processes operates effectively, as intended by:
  - updating the *Quality Action Plan Survey Process* documentation to set achievable expectations and requirements of training providers at each quality action plan stage and realistic review and decision making timelines, and
  - communicating the updated monitoring documentation to training providers, surveyors and members of governance and fostering a shared understanding of monitoring requirements. (Attribute 4.7)
- 3 Demonstrate that the governance groups and members involved in endorsing recommendations and the decision making process are consistently briefed on their role and understand their responsibilities before participating in the process. (Attribute 4.11)

*Recommendations for improvement*

- FF Provide refresher training for experienced surveyors to support understanding of the requirements and practical application of the new national standards. This should include consideration of the cultural safety standards and how to approach surveys in a culturally sensitive manner to support the upskilling of surveyors. (Attribute 4.2)
- GG Develop and implement a formal process for survey team leader performance review to support the continued development and engagement of individuals of the surveyor pool. (Attribute 4.2)
- HH Develop a formal conflict of interest register to record and update identified conflicts to support effective management. (Attribute 4.3)
- II Consider additional strategies to promote the prevocational doctor survey and medical training survey to support increased response rates. (Attribute 4.7)
- JJ Develop a procedure document that details the mechanisms for identifying and addressing concerns for patient safety and prevocational doctor wellbeing, including all possible escalation pathways and the process for management of concerns arising through accreditation activities and external sources. (Attributes 4.8 and 4.9)
- KK Review and streamline the documentation outlining the processes for the notification of change in circumstance, managing modifications to units and accrediting new and offsite terms for increased clarity of the process and requirements for training providers. (Attribute 4.10)

## 5 Stakeholder collaboration

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**Domain requirement:** 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.

### 5.1 Engagement with stakeholders

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.

PMAS has processes for engaging a diverse range of stakeholders through its governance structure, and engagement with committees and networks across the Northern Territory.

As detailed under attributes 1.6 and 1.7, the terms of reference for the PAC and PAP detail a representative-based membership model, engaging stakeholders from across the Northern Territory. This approach supports the engagement of health service staff, prevocational supervisors, prevocational doctors, medical schools and specialist colleges, consumers, and Aboriginal representatives. Committee membership is also used as a mechanism for disseminating relevant information to their respective representative groups and organisations.

The membership requirements of stakeholder groups additionally facilitates the engagement of senior clinicians, term supervisors, prevocational doctors, health service staff, external medical education and training provider personnel, and interstate surveyors.

PMAS' operational positioning and funding relationship with the NT Department of Health supports the close working relationships and engagement with the department, particularly with and via the Medical Director and Chief Medical Officer. The Medical Director holds responsibility for supporting the provision of strategic leadership and direction to prevocational medical education and accreditation, and therefore PMAS staff meet with the Medical Director fortnightly, with the potential for ad hoc meetings and emails as required.

PMAS has reporting requirements to the NT Board of the MBA, with the PAC communicating accreditation decisions. By invitation, the PMAS Manager attends NT Board of the MBA meetings to present survey reports and discuss concerns and issues relating to prevocational accreditation.

The authority provides support to Directors of Clinical Training and Medical Education Officers through regular scheduled and ad hoc meetings to discuss prevocational training programs and NFPMT implementation, and provide support and clarification for accreditation requirements.

Prevocational doctors hold representation on the PAC, including the NT JMOF Chair, and two prevocational doctors from each primary allocation centre. The NT JMOF is an active group with



membership open to all medical students, interns, PGY2 doctors and international medical graduates. The NT JMOF Chair provides a formal report to each meeting of the committee, and on invitation PMAS staff will attend the NT JMOF meetings to provide information about their role and answer questions relating to accreditation and the NFPMT.

PMAS has regular representation on external Northern Territory committees and groups, including:

- National Medical Intern Data Management Working Group
- NT Health Strategic Education Committee
- NT Health Medical Executive Leadership Committee
- Flinders University: Medical Program Board; NT Course Curriculum Development Committee; and NT Student Tracking Committee.

### **Team findings**

PMAS has clear structures and avenues for engaging with stakeholders, with a strength being the representative governance model, which facilitates engagement from a broad group of stakeholders engaged in prevocational training and across the medical education continuum.

The small jurisdictional context of medical education and training in the Northern Territory facilitates informal and relationship-driven interactions between stakeholders and PMAS. Individuals involved in governance positions support PMAS by disseminating information back to their respective stakeholder groups or organisations.

Stakeholders had positive feedback regarding the engagement of PMAS, reporting that the operational team are approachable, responsive and supportive.

It was noted that despite strategies to recruit to consumer and Aboriginal representation on the PAC, there is an ongoing challenge of filling these positions. PMAS reported that informal networks are proving to be more beneficial for engaging with individuals of Aboriginal background; however, it is important to continue efforts to fill the consumer and Aboriginal positions to support a formal network for these representatives to engage in the accreditation function and processes.

Opportunities to further engage prevocational supervisors in the accreditation work of PMAS was also identified as an area for continued development.

## **5.2 Communications strategy**

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.

PMAS utilises its website as a source of information for stakeholders, including information on roles, functions, policies and procedures.

The PMAS has a *Governance Collaboration and Networking Model* which outlines communication and promotional strategies adopted by the authority, which has the aim of supporting subject matter experts to come together to share knowledge and solve common problems. The model identifies that adopting a collaborative approach to produce 'synergy' is critical to the success of PMAS.

Features of the model include providing:

- clear linkages between PMAS committees, sub-committees, the panel and the activities of the groups and networks
- different mechanisms for operating depending on subject matter and needs of particular groups
- accountability through more rigorous reporting and measurement of performance targets
- greater flexibility of structures within which collaboration and networking can occur
- focus on work outputs but continuing to facilitate sharing and relationship building
- achievement of PMAS priorities as well as practitioner-driven needs

- clarity of expectations for participants, agencies and secretariats.

The model is structured at three levels, with an assigned PMAS Contact Officer to facilitate meetings:

- **Groups:** meet twice per year and interact via teleconference, email and project work throughout the year. Groups have formal links to PMAS committees through agreed work plans and outcomes.
- **Technical Groups:** to explore and resolve technical or practical aspects of recruitment, accreditation, medical education and training. These groups solve problems, provide detailed explanation and develop good practice for accreditation, medical education and training.
- **Networks:** generated for particular practice areas or interest and may interact via teleconferencing, email or circulating matters of interest.

Included within the model is a *NT PMAS Communications and Promotion Plan* which details a description, nature, and agenda of communications and promotions by individual stakeholder groups. The plan includes formal reporting and meeting requirements, and informal channels and strategies to engage and communicate with stakeholders.

### Team findings

PMAS has a clear website with accessible information related to roles, functions and accreditation policies and procedures, as noted under attribute 4.1.

There is a sound communications strategy, engaging the *Governance Collaboration and Networking Model*, to foster collaboration of individuals from across Northern Territory health services, medical education and training providers, and other stakeholders to facilitate information sharing and inclusion in the development of PMAS policies, strategic direction and initiatives, and to support continuous improvement in accreditation, medical education and training.

Stakeholders reported positive communication received by PMAS, particularly with relation to updates and information on the requirements of the NFPMT.

Acknowledging the small jurisdictional context of accreditation and training programs in the Northern Territory, it was recognised that the PMAS operational team also engages in informal communication with stakeholders as a result of the well-established networks and relationships that have been developed.

### 5.3 Collaboration with other accreditation organisations

The prevocational training accreditation authority collaborates with other relevant accreditation organisations.

PMAS collaborates with other relevant accreditation authorities, particularly through the Medical Director and PMAS Manager, who have representation on several Territory-based and national committees and groups.

A member of the CPMEC, PMAS has regular contact with postgraduate medical councils across all jurisdictions in Australia. The Medical Director is a Board Director of CPMEC, and the Manager engages in Prevocational Medical Accreditation Network (PMAN) and Principal Officer Committee meetings, in addition to being a proxy to the CPMEC Board.

PMAS representatives additionally sit on the following organisation boards and committees, engaging in accreditation and other medical education and workforce discussion:

- Flinders University: Medical Program Board, NT Course Curriculum Development Committee, NT Student Tracking Committee
- NT Health Strategic Education Committee
- NT Health Medical Executive Leadership Committee
- National E-portfolio Project Board

- Principal Officers National Framework Implementation Working Group.

The PMAS Manager and Quality Assurance Support Officer were members of the scientific and organising committees for the 2023 ANZ Prevocational Medical Education Forum, hosted by the Postgraduate Medical Council of Western Australia.

The authority has additionally established working relationships and collaboration with the Canberra Region Medical Education Council with relation to the delivery of surveyor training. PMAS identifies this as an opportunity for both jurisdictions to support and enrich the surveyor training experience, with subsequent benefits for the running of accreditation activities.

In 2022, the PMAS Manager engaged in the accreditation work of the AMC as a survey team member assessing another prevocational training accreditation authority.

In 2024, PMAS are hosting the ANZ Prevocational Medical Education Forum.

### **Team findings**

PMAS effectively collaborates with other relevant accreditation organisations and has active representation on multiple Territory and national committees and groups, to facilitate the sharing of information, contribution to new initiatives and support across accreditation, medical education and workforce matters.

The authority has notable involvement with CPMEC, PMAN and Principal Officer meetings, with feedback from other authorities reflecting positively on its contribution and collaboration. Evidence was provided of PMAS staff actively facilitating the exchange of ideas, resource sharing and seeking advice on accreditation managers from other prevocational training accreditation authorities.

PMAS is encouraged to continue cross-jurisdictional collaboration, particularly with relation to continued quality improvement of accreditation functions and to support the development and diversity of survey team members.

#### *Commendations*

L The clear structures which facilitate the engagement of a wide range of stakeholders within the NT health system. (Attribute 5.1)

M Collaboration with other accreditation authorities which has resulted in resource sharing and improvements to accreditation processes. (Attribute 5.3)

#### *Conditions to satisfy accreditation domains*

Nil

#### *Recommendations for improvement*

LL Work with prevocational supervisors to develop formal mechanisms for engagement with the Authority's accreditation processes and/or governance. (Attribute 5.1)

Recommendation under 1.7 applies.

## **Appendix One    Membership of the 2024 AMC Team**

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**Dr Georga Cooke, Chair**, BSc MBBS(Hons II) MHM GradCertClinEpi FRACGP GAICD. Deputy Executive Director of Medical Services, Princess Alexandra Hospital; Deputy Chair, AMC Prevocational Standards Accreditation Committee; Member of the AMC National Framework for Prevocational Training Working Party.

**Associate Professor Katrina Anderson**, BMed MTh FRACGP. Medical Education Advisory, Canberra Region Medical Education Council; Director of GP Education, Academic Unit of General Practice, Australian National University; Member of the AMC Prevocational Standards Accreditation Committee; Member of the AMC National Framework for Prevocational Training Working Party

**Dr Sean Jolly**, MBBS MMed(CritCare). Advanced Trainee, Emergency Medicine, Royal Adelaide Hospital; Senior Lecturer, Adelaide Health Simulation, The University of Adelaide; Clinical Lecturer, Adelaide Medical School, The University of Adelaide; Member, Health Advisory Council, South Australian Medical Education and Training.

**Dr Kieran Cubby**, BMedSc MD. Junior Medical Officer, John Hunter Hospital

**Ms Tahlia Christofersen**, Policy Officer, Prevocational Accreditation, Australian Medical Council

**Mr Alexandros Papas**, Policy Officer, Prevocational Accreditation, Australian Medical Council

## Appendix Two Groups met by the 2024 AMC Team

Location	Meeting
<b>Alice Springs, NT</b>	
<i>Tuesday 28 – Wednesday 29 May 2024 – Dr Georga Cooke, Dr Sean Jolly, Ms Tahlia Christofersen (AMC staff) and Mr Alexandros Papas (AMC staff)</i>	
Observation of PMAS accreditation visit to Central Australia Regional Health Service	Various meetings
<b>Darwin, NT and Videoconference – Microsoft Teams</b>	
<i>Wednesday 19 June 2024 – Dr Georga Cooke, Associate Professor Katrina Anderson, Dr Sean Jolly, Dr Kieran Cubby, Ms Tahlia Christofersen (AMC staff) and Mr Alexandros Papas (AMC staff)</i>	
PMAS Executive Team	Chief Medical Officer PMAS Medical Director Chair, Prevocational Accreditation Committee Acting Manager, PMAS
Directors of Clinical Training	Director of Clinical Training, Alice Springs Hospital Directors of Clinical Training, Royal Darwin Hospital
Prevocational Accreditation Panel	Chair Vocational Training representatives Prevocational Doctor representative
Prevocational Accreditation Committee	Chair Medical Education Officer Vocational Training representative Director of Clinical Training University representative Chair, NT Junior Medical Officers Forum
Observation of PMAS Prevocational Accreditation Panel meeting	Prevocational Accreditation Panel Members
<i>Thursday 20 June 2024 - Dr Georga Cooke, Associate Professor Katrina Anderson, Dr Sean Jolly, Dr Kieran Cubby, Ms Tahlia Christofersen (AMC staff) and Mr Alexandros Papas (AMC staff)</i>	
Director of Medical Services	Director of Medical Services, Alice Springs Hospital Director of Medical Services, Tennant Creek Hospital Director of Medical Services, Royal Darwin Hospital
Medical Education Officers	Senior Medical Education Officer, Royal Darwin Hospital Medical Education Officer, Royal Darwin Hospital

<b>Location</b>	<b>Meeting</b>
Accreditation Assessors	Various assessors
Medical Schools	Director of NT Medical Program, NT Flinders University Dean, Rural and Remote Health, NT Flinders University
Junior Medical Officers	Royal Darwin Hospital
NT Board of the Medical Board of Australia and Ahpra	Chair, NT Board of the Medical Board of Australia NT Ahpra State Manager
PMAS Staff	Acting Manager Acting Quality Assurance Officer Quality Assurance Support Officer Quality Assurance Support Officer
Debrief with PMAS Executive	Chief Medical Officer PMAS Medical Director Chair, Prevocational Accreditation Committee Acting Manager, PMAS
<b>Videoconference – Microsoft Teams</b>	
<i>27 June 2024 – Dr Georga Cooke, Associate Professor Katrina Anderson, Dr Sean Jolly, Ms Tahlia Christofersen (AMC staff), Mr Alexandros Papas (AMC staff)</i>	
Observation PMAS Prevocational Accreditation Committee meeting	Prevocational Accreditation Committee Members

