

Prevocational Medical Accreditation Queensland

Accreditation Review Procedure

1. Statement

The Queensland Department of Health administers a system of accreditation through Prevocational Medical Accreditation Queensland (PMAQ) that ensures quality training for prevocational doctors and subsequently the provision of safe patient care.

The Department of Health is accredited by the Australian Medical Council (AMC) and approved by the Medical Board of Australia (MBA) as a prevocational training accreditation authority to accredit intern and post graduate year two medical training programs and the associated terms and posts in Queensland.

The MBA's *Registration Standard: Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training* (Registration Standard) defines the supervised intern training requirements that must be completed for Australian medical graduates to be eligible for general registration, while the National Framework for Prevocational (PGY1 & PGY2) Medical Training describes the standards for the first two postgraduate years for prevocational doctors in Australia. As per the Registration Standard for interns and the National Framework for Prevocational (PGY1 & PGY2) Medical Training for interns and PGY2 doctors, training programs and terms must be accredited against approved accreditation standards for prevocational training.

PMAQ is committed to having an accreditation review process that is transparent, impartial and fair. This document outlines the process for responding to and managing appeals and/or applications for review of accreditation decisions.

2. Scope

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

3. Principles

The principles of procedural fairness will be applied to all applications for merits review of accreditation decisions received by PMAQ.

4. Responsibilities

The Assistant Deputy Director-General, Workforce Strategy (ADDGWS) is responsible for the management of the review process.

5. Accreditation Review Process

Lodging a request for review

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

A provider's request for merits review must:

1. Be in writing
2. Be made within 30 business days of the provider first receiving written notice of the accreditation decision
3. Specify the grounds for the application. Without limitation, this may include:
 - a. that the decision is not the correct or the preferable decision
 - b. the decision being unreasonable or contrary to the facts
 - c. material procedural errors
 - d. bias
4. Provide all relevant documentation/evidence to support the reasons for making the request.

Applications for review are to be addressed to the ADDGWS.

The original accreditation decision will remain in force during the review process.

Composition of Accreditation Review Committee

The composition of the Accreditation Review Committee (Review Committee) will include:

1. Chair
2. A minimum of three individuals with experience in the accreditation of medical training programs. A minimum of two of which are members of the PMAQ assessor pool and at least one individual with relevant accreditation experience from an organisation other than the Department of Health or a Queensland Hospital and Health Service

No member of the Review Committee can have had any previous involvement in the assessment for accreditation or the accreditation decision that is the subject of the review and must not have been an employee of the subject provider or in the case of a provider that is part of a Hospital and Health Service, an employee of that Hospital and Health Service in the immediate 18 months preceding the decision.

The ADDGWS is responsible for appointing members to the Accreditation Review Committee, including replacement members (if deemed necessary) in the event any appointed member should be unable to complete the Committee's merits review process.

Role of Review Committee

The Review Committee will act in accordance with all applicable legislation, policy and procedures.

The Review Committee will consider the materials and facts before a fresh hearing on the merits and determine what is the correct and preferable decision in the circumstances. The Review Committee will consider all relevant documentation that may include but is not limited to:

1. The most recent accreditation report of the applicant provider
2. Evidence supplied by the provider as part of the original accreditation assessment process
3. Accreditation assessor team notes taken throughout the process (including during site visits)
4. Relevant correspondence
5. Relevant committee minutes
6. The provider's request (submission) for review
7. PMAQ assessor team submission
8. PMAQ Accreditation Committee submission
9. Any other relevant information including any information that has been provided since the original accreditation decision
10. Any further information or submission the provider wished to make

The Review Committee shall be entitled to request any relevant information as it sees fit. The Review Committee will decide the matter on the papers. Personal representation to the Review Committee will be considered at the discretion of the Review Committee. It is at the Review Committee's discretion as to what information is provided to the applicant.

A merits review would normally be completed within 120 days. In exceptional circumstances, a Review Committee may seek a longer period to complete its task in consultation with the ADDGWS.

The Review Committee can make the following decisions:

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

In the event the Review Committee decides that PMAQ must conduct a new accreditation assessment, the Review Committee may conduct this assessment or instruct PMAQ to select a new accreditation assessment team.

The application for merits review will be decided on the basis of majority vote after the Review Committee has had an opportunity to consider all relevant materials and facts before it. In the event of a tied vote, the Chair of the review committee will exercise a casting vote. Decisions made by the Review Committee shall be made in writing and communicated to the ADDGWS, Chair of the PMAQ Accreditation Committee and the Chief Executive of the provider. A decision of the Review Committee is not subject to further merits review.

Role of PMAQ

PMAQ will be responsible for:

1. Acknowledging receipt of the application for review
2. Recommending members of the Review Committee for consideration and approval by the ADDGWS
3. Following appointment of the Review Committee by the ADDGWS, establishing a date, time and venue for the Committee to meet.
4. Assisting the department to notify the applicant's Chief Executive Officer in relation to the composition of the membership of the Review Committee and the timeframe for the outcome
5. Secretariat support to the Review Committee

6. Cost

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

Version Control

Version	Date	Comments
1.0	20 December 2019	Approved by the Chief Health Officer
1.1	5 August 2020	Transferred to QH template.
1.2	4 August 2022	Considered by the Accreditation Committee
1.3	4 April 2023	Updated to reflect departmental governance structure
1.4	6 July 2023	Endorsed by the Accreditation Committee
2.0	3 August 2023	Approved by delegate