

**Document Number:** CRMEC Policy 18

**Document Name:** Proviso Reporting

## Scope

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Prevocational education and training programs (ETPs) must comply with the Australia Medical Council's (AMC) *National Standards for Prevocational (PGY1 and PGY2) Training Programs and Terms* (the National Standards) and the national *Requirements for Prevocational (PGY1 and PGY2) Training Programs and Terms*. During the accreditation process, facilities may be granted provisional accreditation. Provisional status indicates that the accreditation is conditional on the facility addressing specified areas in which a survey team has evaluated the ETP does not meet the National Standards or national requirements for prevocational ETPs. The requirement for a specific concern to be addressed within a specified time frame is referred to as a proviso.

The scope of this policy is to outline the processes for reporting and evaluating provisos. This policy outlines the process for notification and evaluation of provisos by the CRMEC, and the process through which facilities will report provisos to the CRMEC. Processes for attaining accreditation, through which provisos are raised by an accreditation survey team, are outlined in *CRMEC Policy 09: Accrediting a Full Facility*.

## Accreditation Provisos

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The outcome of an accreditation application is determined by an accreditation survey team, a review by the Accreditation Committee, and final endorsement of a decision by the Ministerial Council. Regardless of the period of time for which accreditation is granted, the accreditation outcome might include provisos.

A facility may receive one or more provisos even when a full four years' accreditation is awarded. A proviso is a conditional stipulation that must be met within a specified time period for accreditation to be maintained. Provisos indicate areas where the National Standards are not being fully met and outline actions that must be taken to rectify this. Provisos are based on evidence gathered during the review of an accreditation application and the accreditation survey visit. Provisos most often outline the concern that needs addressing rather than specific actions that must be undertaken.

Provisos might relate to the overall prevocational ETP; for example, if a concern relates to program management, oversight or the welfare and safety (including cultural safety) of prevocational doctors or patients in the facility. A proviso might be specific to a training term; for example, if a concern is noted about the experience or supervision of prevocational doctors in a specific term).

### How is a facility notified of provisos?

Provisos are listed in the final accreditation report. The accreditation report will include:

- The National Standard/s to which the proviso relates.
- The issue the facility must address to maintain accreditation.
- The timeframe in which action must be taken and reported to the CRMEC.

Provisos will often have more than one component for reporting. For example, a proviso may require that a change be implemented to meet a National Standard, and then the proviso may stipulate that a follow-up evaluation be made of the change. If this is the case the accreditation report will detail dates by which each stage of the proviso must be completed and reported to the CRMEC.

## How can the facility meet a proviso?

In many cases provisos indicate an area that needs to be addressed to meet a National Standard but are not specific about the action a facility should take. The facility, through its General Clinical Training Committee (GCTC)/Prevocational Education and Training Committee (PETC), is encouraged to develop its own strategy to address provisos. This is because the people working within the facility (e.g., the management, supervisors and prevocational doctors) are likely to have insight into strategies that could work within the facility and strategies the facility has already tried previously without success. When personnel within the facility work together to develop their own plan of action, there is likely to be greater interest in achieving a positive outcome.

After receiving the accreditation report, the DPET and/or GCTC/PETC should carefully review the provisos made by the CRMEC and develop an action plan outlining (as relevant):

- Specific actions that will be taken to meet each proviso
- Timelines for action to be taken that will meet the CRMEC reporting requirements
- Staff members responsible for each action point
- Outcomes that can be measured to determine if the action has been successful
- When the evaluation of the strategy will take place.

When making the action plan, consider comments from the survey visit team that were provided during the accreditation visit, comments from the survey team included in the accreditation report, any specific requirements that have been listed in the proviso, and ideas/feedback from stakeholders in the facility.

The action plan should be discussed at GCTC meetings and progress reported in the committee minutes. The action plan and/or minutes might be required as evidence to support the proviso report that is submitted to the CRMEC.

The CRMEC Director and/or CRMEC Accreditation Committee can review action plans and provide advice on whether the general principles in the action plan will address the specific concerns the proviso raises.

## Reporting Provisos

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The facility is required to report to the CRMEC Accreditation Committee regarding their progress in meeting provisos.

### When should the proviso be reported?

Each proviso in the accreditation report will include a reporting timeline with specific dates that reports are due at the CRMEC office. In general, the CRMEC selects the reporting schedule with consideration to:

- The urgency of the issue that requires resolution, including the impact of the issue on JMO and patient welfare and safety
- Training term dates (e.g., an evaluation of a training term is usually due a few weeks after the end of the term to allow collection and analysis of the data)
- Reasonable time period to enable reviews by the GCTC/PETC
- CRMEC Accreditation Committee and Ministerial Council meeting dates.

If a facility has a valid reason for being unable to meet a reporting date (e.g., a training term cannot be evaluated because no prevocational doctor participated in the post in time since the proviso was made) the facility should contact the CRMEC Director to negotiate whether an extension can be granted.

## Proviso reporting format

A proviso reporting template (see attached example) for each proviso is provided with the accreditation report. The template includes the details of the proviso, the reporting deadline and space for the facility to report the actions that were taken to address the proviso.

When submitting the proviso report, additional information that provides evidence regarding how the proviso was addressed can be attached. Additional information should be specific and directly related to the proviso. Examples of additional information that could be included as supportive evidence include (but are not limited to):

- The proviso action plan developed by the GCTC/PETC.
- GCTC/PETC minutes detailing discussions and actions related to the proviso.
- An evaluation report that includes a summary of evaluations and an analysis of the findings.
- Policy and procedure changes.
- Formal communications.

Facilities should avoid providing excessive documentation when it is not directly related to the proviso (e.g., broad facility policies that are not specific to prevocational doctors should be provided as an externally accessible web link rather than an attachment). Policies and procedures that are used to support provisos should have been reviewed prior to submission as evidence, and the date on the policy/procedure should indicate when the policy review was undertaken.

## Outcomes of Proviso Reporting

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The CRMEC Accreditation Committee reviews all proviso reports. The CRMEC Accreditation Committee will review the action taken and the evidence submitted, and will determine one of the following outcomes:

- **Proviso met:** The report indicates that the facility has addressed the proviso requirement and demonstrated improvement with respect to the National Standard. If a term was provisionally accredited, once the proviso has been met a term is given full accreditation status.
- **Proviso met but remains ongoing:** A component of the proviso has been met, but further actions are required, as detailed in the original proviso. This outcome is used for provisos that have more than one reporting milestone (e.g., an action is required, and an evaluation of the action is also required).
- **Progressing:** The report indicates that the facility is progressing toward addressing the proviso requirement. Progress will be monitored in the facility's annual reporting requirements.
- **Not met:** The report indicates that the facility has not met the proviso requirement.
- **Not received/received late:** The proviso report was not received by the required date.

When the CRMEC Accreditation Committee deem that the proviso is 'Not met' or 'Not received/received late', the matter is referred to the Ministerial Council. The Ministerial Council will determine the next course of action. Failure to address the actions outlined in a proviso could lead to:

- Accreditation of a specific term being revoked.
- The facility's full ETP accreditation being revoked
- Reduced length of the awarded accreditation.

Where these outcomes relate to terms monitored by the Medical Board of Australia/Australian Medical Council, the CRMEC will inform the ACTMBA of changes to the accreditation status.

## Related Policies and Relevant Guidance

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- Australian Medical Council: *National Standards for Prevocational (PGY1 and PGY2) Training Programs and Terms*
- Australian Medical Council: *Requirements for Prevocational (PGY1 and PGY2) Training Programs and Terms*
- CRMEC Policy 09: Accrediting a Full Facility
- CRMEC Policy 17: Annual Reporting

## Version Control

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Review Date	Version	Updated by	Approved by	Changes made
May 2014	1.0	CRMEC	CMREC	
May 2016	1.1	Director	Director	Formatting
Aug 2017	1.2	Admin	Director	Formatting
Aug 2020	2.0	Director	Accreditation Chair	Added information on how to address provisos and proviso reporting outcomes. Removed flowchart.
Oct 2021	2.2	Director	-	Added Proviso template example
Feb 2023	2.3	Admin	Director	Formatting
Nov 2023	3.0	Director	Accreditation Committee	Updated to reflect new National Framework. Removed. Added related policies and guidance.

## Appendix 1: Example Proviso Report

<b>DATE PROVISO REPORT DUE:</b>
<b>PROVISO ID:</b>
<i>National Standard to which the proviso relates will be completed by CRMEC.</i>
1. PROVISO CONTENT AND REQUIREMENTS WILL BE COMPLETED BY CRMEC
<b>Report due by: DATE</b>
<b>REPORT:</b>
<i>Provide update on progress towards achieving the requirements of the proviso</i>
<b>EVIDENCE ATTACHED:</b>
<i>List attached evidence that supports the information in the report</i>
<b>OTHER ISSUES THAT HAVE ARISEN / ADDITIONAL INFORMATION</b>
<i>Identify any continuing issues, outcomes of changes etc</i>
<b>REPORT PREPARED BY/PERSON TO CONTACT:</b>
<b>DATE:</b>

<b>CRMEC OFFICE TO COMPLETE</b>
<b>DATE RECEIVED BY CRMEC:</b>
<b>WAS REPORTING RECEIVED BY DUE DATE:</b>
<b>DATE REVIEWED BY CRMEC ACCREDITATION COMMITTEE:</b>
<b>DATE REVIEWED BY COUNCIL:</b>
<b>CRMEC COMMENTS:</b>
<b>OUTCOMES OF REVIEW:</b>
<b>MET</b> – The report indicates that the facility has addressed the proviso requirement and demonstrated improvement with respect to the National Standard.
<b>MET AND ONGOING</b> – A component of the proviso is met, but further actions are required as detailed in the original proviso.
<b>PROGRESSING</b> – The report indicates that the facility is progressing toward addressing the proviso requirement. Progress will be monitored in the annual report.
<b>NOT MET</b> – The report indicates that the facility has not met the proviso requirement and has been referred to Ministerial Council for further action.
<b>NOT RECEIVED/RECEIVED LATE</b> – Referred to the Ministerial Council for review of accreditation status.