

### DEFINITION OF ACCREDITATION

*'Accreditation is a formal process by which a recognised body, usually a non-governmental organisation, assesses and recognises that a health care organisation meets applicable pre-determined and published standards. Accreditation standards are usually regarded as optimal and achievable, and are designed to encourage continuous improvement efforts within accredited organisations. An accreditation decision about a specific health care organisation is made following a periodic on-site evaluation by a team of peer Surveyors, typically conducted every two to three years.'*<sup>1</sup>

Both a process and a product, accreditation relies on integrity, thoughtful and principled judgment, rigorous application of requirements, and a context of trust. It provides an assessment of an institution's effectiveness in the fulfilment of its mission, its compliance with the requirements of its accrediting association and its continuing efforts to enhance the quality of learning and its programs and services. Based upon reasoned judgment, the process stimulates evaluation and improvement while providing a means of continuing accountability to constituents and the public. The product of accreditation is a statement of an institution's continuing capacity to provide effective programs and services based on agreed-upon requirements.

### AIMS OF ACCREDITATION

The accreditation program administered by the Northern Territory Accrediting Authority aims to:

1. Ensure support and development of education and training for prevocational doctors which enables them to meet high standards of safe practice with respect to patient and practitioner, clinical skills and professional confidence and become eligible for full registration with the Medical Board of Australia (MBA);
2. Ensure that the best possible environment exists to develop, evaluate and maintain the organisational processes that ensure excellence in the training of prevocational doctors;
3. Provide a common denominator of shared values and practices among the diverse organisations which train prevocational doctors, in order to encourage communication and sharing of experiences;
4. Promote links between the educational processes occurring at the undergraduate level with that at the prevocational level;
5. Provide the community with a process of external validation of prevocational training programs; and
6. Provide assistance to prevocational training providers delivering feedback from an independent external source to assist in identifying areas of strength and areas for improvement.

To achieve this, we work in partnership with prevocational training providers and provide independent assurance of the quality of training sites and training posts available for training and education of prevocational doctors, using the national standards and requirements for prevocational (PGY1 and PGY2) training programs and terms. The standards are designed to encourage and support prevocational training providers in continually improving the orientation, supervision, education, assessment and welfare of prevocational doctors.

# PRINCIPLES OF ACCREDITATION

## OVERARCHING PRINCIPLES OF ACCREDITATION

NT prevocational accreditation has the following underlying general principles:

1. Processes which encourage a quality improvement approach to accreditation and are valid and reliable, measuring not only what they intend to measure but also producing consistent and accurate results;
2. Processes which are deemed trustworthy by their academic rigor, efficiencies and parity, not favoring one party over another;
3. Processes which are not burdensome on the prevocational training provider they are accrediting where possible coordination with other accreditation processes and open to shared documentation and data sets;
4. Transparent processes which are overtly known by all stakeholders;
5. Processes consistent with international standards;
6. Operation within a legal system provided by the MBA and within which all stakeholders recognise the accrediting authority in the NT; and
7. 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.

To achieve these overarching principles the NT accreditation system for prevocational training providers requesting accreditation and employing prevocational doctors should:

1. Ensure that the education and training system will enable prevocational doctors and other pre-registration doctors to progress to full registration in accordance with the legislation provided by the MBA;
2. Be monitored by the NT Prevocational Accreditation Committee (PAC). The PAC should be appropriately constituted and include Directors of Clinical Training, Senior Clinicians, Medical Education Administration staff, other medical education and training providers, prevocational doctors and be supported by accreditation staff. The PAC will monitor accreditation requirements, oversee all developments in accreditation, receive the reports via the Prevocational Accreditation Panel who have responsibility for reviewing survey reports and should make final recommendations with regard to accreditation of a prevocational training provider applying for accreditation.
3. Be founded on the national standards and requirements as published by the AMC for prevocational (PGY1 and PGY2) training programs and terms which are clearly enunciated, defensible and explicit. The standards will, where possible:
  - Encourage the use of tools for quality improvement so that the prevocational training provider will be able to fill in and complete submission documents, comparing itself to the published standards, before an accreditation visit.
  - Have a predetermined quality cycle with clearly outlined stages that support ongoing improvement in outcomes. The quality cycle should include monitoring, assessment, action, evaluation and feedback. Examples of processes used might be comprehensive, regular self-assessments by the prevocational training provider, site visits, and periodic reviews. Site visits will be required as part of the process depending on the evaluation of the self-assessment. Site visits will not be mandatory at each stage.
  - Be supported within the prevocational training provider by essential educational infrastructure such as an appropriately constituted supervisory committee and a

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Medical Education Unit with a Director of Clinical Training, a Medical Education Officer and administrative support, consistent with best medical education practices.

- Provide appropriate sanctions for failure to be awarded accreditation status when, despite opportunities for remediation and improvement, the prevocational training provider has failed to meet the national standards and requirements for prevocational (PGY1 and PGY2) training programs and terms.
- Have an appropriate appeal processes.
- Be concordant with other States, national bodies and national directions for prevocational training.

\*NT Prevocational Accreditation Committee recommends accreditation of prevocational training providers for education and training of pre-general registration doctors for MBA, the accreditation process has benefits for all prevocational doctors in the NT.

## REFERENCES

1. Rooney, A.L., van Ostenberg, P.R. *Licensure, Accreditation and Certification: Approaches to Health Services Quality*. Quality Assurance Project, Bethesda USA, 1999
2. World Federation for Medical Education (WFME). *Basic Medical Education. WFME Global Standards for Quality Improvement.*(2003) University of Copenhagen, Denmark
3. Australian Medical Council (2014). *National standards for prevocational (PGY1 and PGY2) training programs and terms*
4. Australian Medical Council (2024). *National Framework for prevocational (PGY1 and PGY2) medical training*