



ACCREDITATION EVALUATION PROCESS

PROCESS 2.8

Approved by PAC: 2015

Last Amended: June 2023

Next Review: June 2026

RELATED POLICY

Accreditation Policy 1.1

PURPOSE

The following documentation outlines the process for provision of feedback to all those involved in a specific accreditation visit.

SCOPE

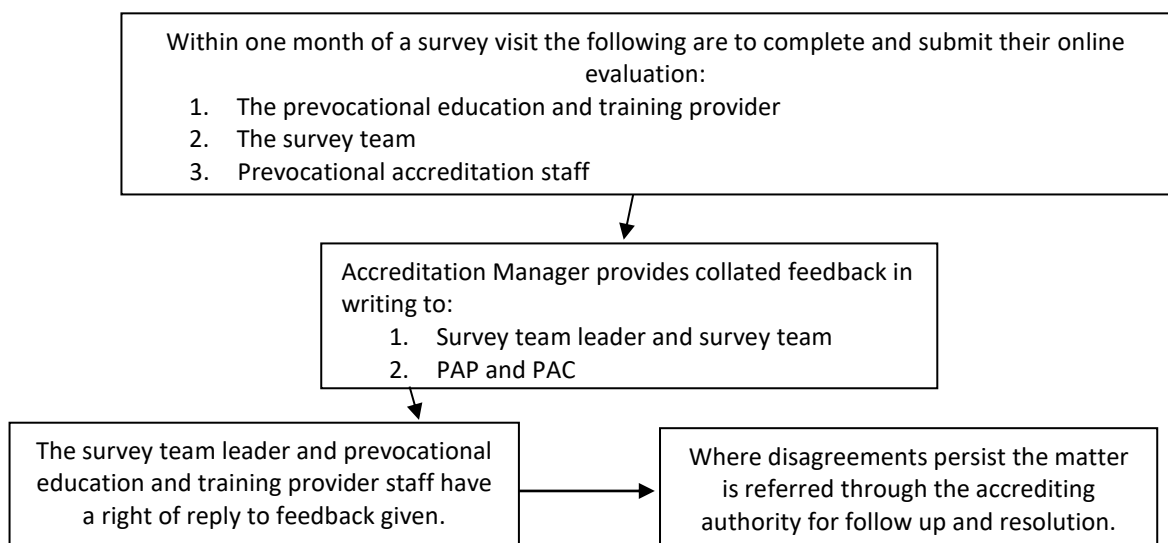
This process applies to survey event types undertaken by a survey team on behalf of the Prevocational Accreditation Committee (PAC). Feedback is received from and/or provided to:

- a. The prevocational education and training provider staff involved in the accreditation survey visit
- b. The surveyors
- c. The survey team leader
- d. The PAC through the Prevocational Accreditation Panel (PAP)

The evaluation process is to be completed within one month of the survey visit. This evaluation process is a part of the continuous quality improvement cycle which assists the PAC to monitor their performance and that of their survey teams and inform changes required. The PAC intends that this evaluation process be constructive and collegial.

PROCESS FLOWCHART

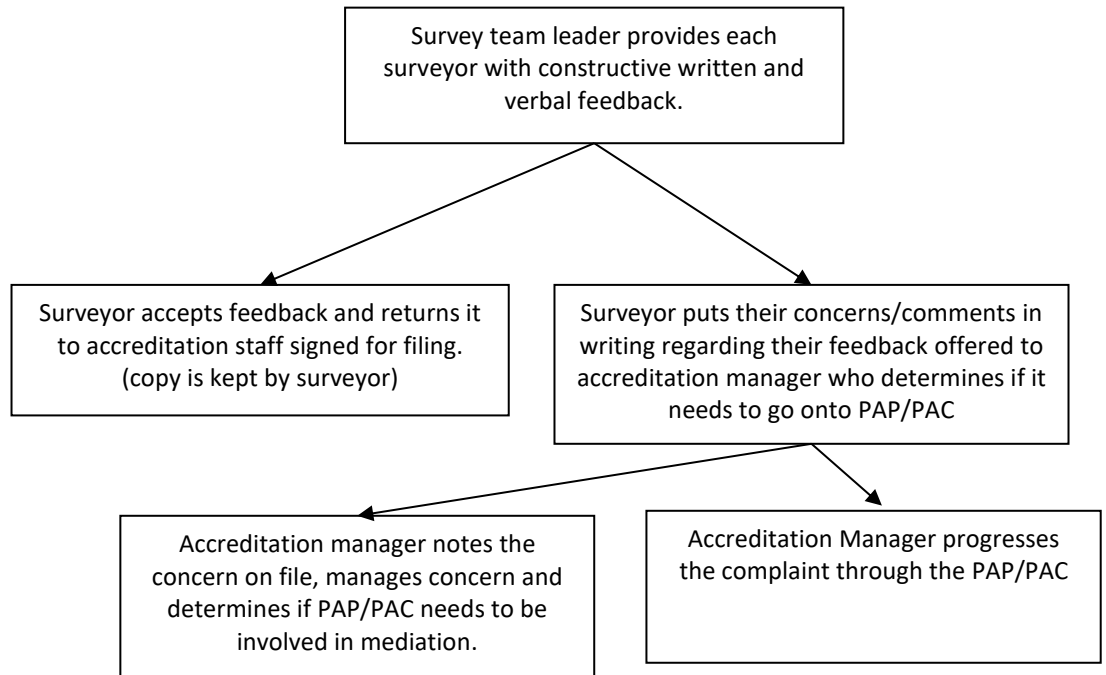
PREVOCATIONAL EDUCATION AND TRAINING PROVIDER FEEDBACK



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SURVEYOR FEEDBACK





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PROCESS DESCRIPTION

1. Within two weeks of a survey visit, the prevocational accreditation staff shall distribute an email link to the online survey evaluation tool to the following:
 - a. The prevocational education and training provider (DMS, DCT, MEO and other staff involved in the survey event)
 - b. The surveyors
 - c. The survey team leader
 - d. Accreditation staff involved in the survey event
2. Within one month of a survey visit, the following are to complete and submit their respective feedback to prevocational accreditation staff:
 - a. The prevocational education and training provider (online evaluation)
 - b. The surveyors (online evaluation)
 - c. The survey team leader (online evaluation)
 - d. Accreditation staff involved in the survey event (online evaluation)
3. Accreditation staff are to compile the feedback and return the collated feedback to:
 - a. Accreditation manager
 - b. The survey team leader
 - c. PAP/PAC
4. Both the prevocational education and training provider delegate and the survey team leader have right of reply and should do so in writing to the prevocational accreditation manager. Where an ongoing disagreement is evident the matter is referred through the accrediting authority. Mediation can be arranged when necessary.
5. The survey team leader must complete a surveyor feedback form (see attached form) for each individual surveyor and provide this verbally and in writing to the surveyor.
6. The surveyor;
 - a. Signs the form as sighted, returning it to the accreditation team for filing, or
 - b. Provides a written response to the feedback received to accreditation manager
7. Accreditation manager either:
 - a. Notes the concern on file, determines if PAP/PAC need to be involved in mediation or
 - b. Progresses the concern to higher mediation through the accrediting authority.

SUPPORTING DOCUMENTATION

1. *Accreditation Policy 1.1*

PERFORMANCE MEASURES/KPI

1. 100% of feedback is conducted according to the process

Process contact officer: Quality Assurance Officer



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ATTACHMENT 1

SURVEY TEAM LEADER FEEDBACK-INDIVIDUAL SURVEYORS

(To be completed by the Survey Team Leader on each Surveyor in the team)

Please provide this information to each of the surveyors on your team within one month of the survey event (CC completed template to NTAccreditingAuthority.THS@nt.gov.au). Complete one form for each individual surveyor on the team.

Survey Event Details

Prevocational training provider:

Survey Event Date/s:

Survey type: Full Survey QAP stages 1 or 2 Survey

New/Offsite Term/Change of Status Survey Modified Term

Survey team leader name:

Surveyor name: _____

Rate the Surveyor's performance for each of the following criteria:	N/A	Dissatisfied	Satisfied	Very Satisfied
a. Preparation for the pre survey meeting				
b. Performance as a survey team member				
c. Use of questioning techniques to effectively elucidate information and seek clarification of information (if applicable)				
d. Conduct during the survey visit				
e. Knowledge of standards				
f. Appropriate triangulation of prevocational training provider evidence				
g. Demonstration of unbiased surveying				
h. Participation in the summation conference (if applicable)				

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Please provide any additional feedback/comments:

PRIVACY STATEMENT

In collecting and recording this information, PAC will only use it for the purposes of supplying accreditation services and continuously improving training and future survey teams. The information provided will be kept on a Personnel in confidence file and will not be disclosed to any persons other than prevocational accreditation staff who require it for the purposes intended.

Prevocational accreditation staff are always willing to provide further information regarding accreditation services provided in the Northern Territory. Changes to any status of surveyor information provided and recorded previously can be updated by contacting the accreditation staff, (08) 8999 2836 or email via our generic email account NTAccreditingAuthority.THS@nt.gov.au

Please sign this privacy statement to say that you have received feedback from the survey team leader and return to the prevocational accreditation staff via email NTAccreditingAuthority.THS@nt.gov.au

Surveyor Name (please print) _____ **Title** _____

Signature _____ **Date** _____

Thank you.

Please send your completed form to:

Prevocational Medical Assurance Services
 PO Box 40596
 CASUARINA
 NT 0811
 Phone (08) 8999 2836

Scan and email to:

OR
NTAccreditingAuthority.THS@nt.gov.au

Office Use Only		
Action	Date completed	Initials
Privacy Statement and Feedback sheet recorded in Personnel-in-Confidence HPE file #		
Actioned by Accreditation Manager		