



## RELATED POLICY

*Accreditation Policy 1.1*

## PURPOSE

The following documentation outlines the two stage process for a Quality Action Plan (QAP). The aim of these surveys is to monitor progress of the conditions and quality improvement recommendations of a full survey (initial accreditation or reaccreditation).

## SCOPE

Following a full survey, two QAPs are required for every accredited prevocational (PGY1 & PGY2) training provider regardless of their status as a primary allocation or secondment. The first QAP occurs 6 to 8 months after the full survey. The second QAP survey occurs 18 months following the prevocational training provider's last full survey. These surveys are paper based unless a visit is deemed necessary by the survey team. At the second QAP survey the prevocational training provider must indicate any term which has not been used by prevocational (PGY1 & PGY2) doctors for a period of six months or greater since the last survey and whether they wish this term to remain accredited. Accreditation of an individual term will be deemed to have lapsed if a prevocational doctor has not been placed in that term for a period of greater than two years since the accreditation was granted.

For a new or offsite term, a QAP may be required 6 months after a prevocational doctor placement has occurred with term evaluations required after 12 months from the date of the accreditation survey. After this time the new/offsite term becomes part of the survey cycle for the primary allocation centre.

## PROCESS DESCRIPTION

This process should take no longer than three months from receipt of the QAP and supporting documents by the accrediting authority.

1. Prevocational training provider is notified by the accreditation staff of the need for a QAP.
2. The prevocational training provider provides their QAP and supporting documentation to the accrediting authority by the required timeframe.
3. Accreditation staff organise a review of the QAP where possible by the previous full survey team leader 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 quality action plan, or
  - b. request clarification and/or additional information.



## QUALITY ACTION PLAN SURVEY PROCESS

5. Once the surveyors are satisfied with the report, the survey team leader presents it to the PAP.
6. Where the surveyors remain dissatisfied with the information provided by the prevocational training provider, a follow up visit is implemented according to the requirements of the PAC.
7. The PAP either:
  - a. Endorses the report and makes a recommendation to the PAC  
Or
  - b. Requires further information from the survey team leader and/or prevocational training provider  
Or
  - c. Does not endorse the report and requires/recommends a re-survey.
8. The PAC either:
  - a. Endorses the report and informs the prevocational training provider, NTBMBA and NT Health  
Or
  - b. Requires further information from the survey team leader and/or prevocational training provider  
Or
  - c. Does not endorse the report and requires/recommends a re-survey.
9. The prevocational training provider's manager, NTBMBA and NT Health DCT are informed of the decision.

## SUPPORTING DOCUMENTATION

1. *Accreditation Policy 1.1*
2. *Full Survey Process 2.3*
3. *Accreditation Step by Step Guide 4.1*

## PERFORMANCE MEASURES/KPI

1. 100% of QAPs are managed according to this process
2. Feedback from prevocational education and training provider
3. Feedback from Prevocational Accreditation Committee

Process contact officer: Quality Assurance Officer