

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.'*¹

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 education programs

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6. Provide assistance to facilities by identifying for them, the strengths and weaknesses of their prevocational education programs

To achieve this, we work in partnership with training facilities and provide independent assurance of the quality of training sites and training posts available for training and education of prevocational doctors, using Accreditation Standards designed to encourage and support facilities in continually improving the orientation, supervision, education, assessment and welfare of prevocational doctors.

OVERARCHING PRINCIPLES OF ACCREDITATION

NT 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 facilities 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
7. Processes which foster improvement and excellence beyond a baseline level of compliance with Standards

To achieve these overarching principles the NT Accreditation system for facilities 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. The Committee should be appropriately constituted and include Senior Clinicians, Executive Medical Administration staff, other medical education and training providers, prevocational doctors, and be supported by accreditation staff. This Committee should monitor Accreditation requirements, oversee all developments in Accreditation, receive the reports via an Accreditation Panel who have responsibility for reviewing Survey Reports, and should

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make final recommendations with regard to Accreditation of a health service applying for Accreditation.

3. Be founded on Accreditation Standards which are clearly enunciated, defensible and explicit. The Standards must be published and made accessible to all participants. The Standards will, where possible:
 - Use objective Criteria , which relate closely to the objectives of the Standards
 - Encourage the use of tools for quality improvement, e.g. online documentation so that the Health service will be able to fill in and complete Self-Assessment documents, comparing itself to the published Standards, before an Accreditation Visit
 - Be specific, yet applicable across the full range of settings (e.g. hospital based training, general practice settings, community placements, and others)
 - Recognise that medical education programs progress through stages of development
 - Encourage innovation in the design and delivery of medical education programs
 - Explicitly recognise institutional diversity
 - 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 health services, 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 regularly reviewed by NT Prevocational Accreditation Committee in collaboration with key stakeholder groups. Changes should be communicated appropriately to all key stakeholders
 - Include a process to evaluate feedback from prevocational doctors regarding their clinical education
 - Be supported within the health service by essential educational infrastructure such as an appropriately constituted supervisory committee and a 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 health service has failed to meet Accreditation Standards

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- Have an appropriate appeal mechanism to deal with perceived inequities
- Be concordant with other States, National bodies and National directions for prevocational training

*NT Prevocational Accreditation Committee recommends accreditation of health services for education and training of pre-general registration doctors (PGY1) for MBA, the accreditation process has benefits for all prevocational doctors in each Health service.

REFERENCES

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