

ACCREDITATION CYCLE

CYCLE

NT Prevocational Accreditation Committee (PAC) has the designated authority to undertake Accreditation of Intern training positions by the Medical Board of Australia (MBA). The maximum duration of Accreditation is for a period of four years. A Full Survey is required prior to lapse of Accreditation, therefore a **Full Survey** must be undertaken in the calendar year that the Accreditation will lapse.

PRINCIPLES OF ACCREDITATION CYCLE

The following principles underpin the Accreditation Cycle:

1. The maximum Accreditation period awarded to a Health service/Training provider is four years from the date of the visit
2. Periods of reduced Accreditation can be recommended to be awarded by NT PAC where limited or non-compliance with Standards has been identified. The Team Coordinator/Leader within the Accreditation Survey Report will recommend this to the PAC through the Prevocational Accreditation Panel (PAP). Accreditation cannot lapse if Interns are employed at the health service
3. Any health service with its own Director of Medical Services taking Prevocational Doctors is regarded as a training health service/provider. As such, it will be required to undertake reviews in accordance with the normal cycle of Accreditation Events, not as a Secondment Health service i.e. undertaking Full Survey in its own right (including the focus on governance (Function 1) of the Prevocational Education Training Program)

The Accreditation Cycle consists of events, which are undertaken by the health service. The timing of the events in the cycle is dependent on the period of accreditation awarded. Some of these events for a period of reduced accreditation may be omitted and/or shorter lead in times allotted. The NT Accrediting Authority will send shortly after the awarding of the accreditation period by the PAC an Accreditation Survey Cycle Schedule outlining the expected dates for each of the events required for that accreditation period.

CYCLE OF EVENTS

The cycle of events for a full 4 year accreditation period awarded are:

Full Survey

A reaccreditation document is completed by the health service/training provider prior to the Full Survey. It addresses the Standards and Criteria across both the governance structure and the Units within which the prevocational doctors learn. (*this is a paper-based survey*)

A full survey has to occur prior to the date when Accreditation would lapse. (*this is a visit survey*)

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Quality Action Plans

After a visit survey event, health services/training providers are required to provide a Quality Action Plan (QAP) to show how they will meet their recommendations and other conditions from the visit report, maintenance and improvements expected or completed according to this Plan. (*this is a paper-based survey*)

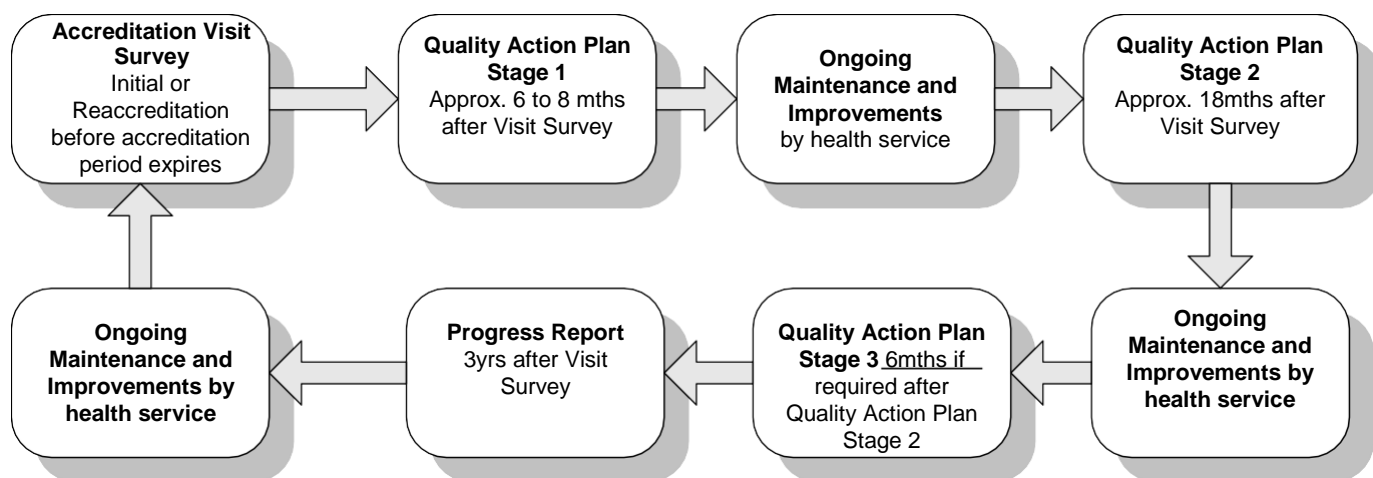
Within the four year Accreditation period, two QAPs would be expected. The first QAP should be received six to 8 months following a Full Survey (unless otherwise advised) and the second QAP should be received twelve months following the first QAP. The QAP should include monitoring of any New/Modified Units which have been accredited since the last Full Survey.

It is expected that ongoing maintenance and improvements of the Prevocational Education and Training Program (this includes the Intern education and training program), should be going on in between other survey events.

Periodic Survey – Progress Report

A Progress Report occurs approximately three years after the Full Survey. (*this is a paper-based survey*)

The following diagram represents the individual events which comprise the Accreditation Cycle for a four year accreditation period:



TYPES OF SURVEY EVENTS

There are four main types of Accreditation Survey Events:

Full Survey Event

A Full Survey requires Surveyors to undertake a visit to the health service/training provider under review. The process used to guide this Full Survey is provided in the Chapter on *Accreditation Processes*. Surveyors will be provided with the health service's/training provider's accreditation submission form and underpinning evidence prior to the Visit. A number of meetings/interviews with health service/training provider staff take place during the Visit and details can be found in the *Accreditation Step-by-Step Guide* section 4, Chapter 4 'Personnel'.

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New, Offsite Unit Survey

This Survey is required when a health service/training provider requests Accreditation of a Unit that has not previously been accredited for prevocational education and training and may be offsite at a different geographical location to the primary allocation centre. A smaller team of Surveyors will review the Unit/s via a Paper Based (desktop) Survey or Visit according to the *New, Offsite Unit Survey Process*. New and Offsite Units are accredited for a **maximum of one year**. A QAP for that unit may be required **six months following** the Survey and copies of the evaluations for the term are required **12 months post Survey**.

Modified Unit Survey

This Survey is required when a Unit previously accredited for prevocational doctors needs to undergo some modification since its last Accreditation Survey event. Examples of modifications which would require review include but are not limited to:

- A link with another Unit which impacts on the type and amount of clinical experience available to the prevocational doctor
- Change in supervision (refer health service/PAC *Supervision Policy*)
- Alteration to rostering and clinical duties
- Change in caseload not seasonal variations in caseload e.g. additional Visiting Medical Officer (VMO) appointed
- Change to number of Interns/prevocational doctors in the Unit
- A currently accredited Unit now wanting to split into two separate Units
- Relocation of a Unit to another campus of the Health service (refer *Accreditation Policy, para 15*)

This Survey will be undertaken as a Paper Based (desktop) Survey according to the Modified Unit Process provided in the Chapter *Accreditation Processes*.

Periodic Survey – Progress Report

A Progress Report is undertaken three years through the Accreditation Cycle of a health service/training provider as outlined previously under Accreditation Cycle. This Survey will, in most circumstances, be undertaken as a Paper Based (desktop) Survey according to the *Periodic – Progress Report Survey Process* provided in the *Accreditation Process* tab on the accrediting authority's website.