



RELATED POLICY

Accreditation Policy 1.1

PURPOSE

The following documentation outlines the process for accrediting a Modified Unit at a NT health regional health service.

SCOPE

The process applies to the Accreditation of those units within a NT health regional health service which have previously been accredited to provide Prevocational Doctor Education and Training and the NT health regional health service now wishes to modify in some way. This process does not apply to those modified unit applications which are submitted with new unit surveys or full survey applications. Modifications include those which would significantly alter or impact on workload, clinical experience and opportunities, teaching and supervision. 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
- Change in supervision (refer Supervision Policy)
- Alteration to rostering and clinical duties
- Change in caseload e.g. additional VMO appointed (not seasonal variations in caseload)
- Change to number of prevocational doctors
- A currently accredited unit now wanting to split into two separate units
- Relocation of this unit to another campus/geographical location of the NT health regional health service
- Request for unit equivalence with a core term.

This process will be undertaken as a paper based survey with interviews of relevant stakeholders. Modifications that affect term content will require the surveyors to interview the Term supervisor and prevocational doctors. Modifications that affect term supervision will require surveyors to interview the Term supervisor/s. A Visit will only be undertaken if considered necessary by the Surveyors and Prevocational Accreditation Committee (PAC).

The modified unit survey will only address unit standards (Function 2: Standards 6 to 10 inclusive) that are affected by the requested unit modification. The Accreditation Manager and Chair of the PAC will determine which standards are to be addressed within the modified unit survey. PAC reserves the right to implement a survey visit at any time during the process should insufficient information be provided to allow adequate paper based review of the relevant standards.



MODIFIED UNIT SURVEY PROCESS

Documentation provided by the NT health regional health service at the time of submitting the self-assessment material must include a signed statement from the Term Supervisor outlining the intended modification and evidence that the Education and Training Committee (GCTC/MTC) or equivalent have considered the requested modification.

Once accredited the Modified Unit is entered on the NT health regional health service Matrix and is managed along with other units in terms of Quality Action Plans (QAP) and Periodic Surveys/Progress Reports.

DEFINITIONS

Accreditation Cycle – The Accreditation Cycle is a four year cycle of Accreditation Events. Following the initial Survey, the next Full Survey occurs in the calendar year in which Accreditation will lapse.

NT health regional health service Manager – is the person with accountability for the NT health regional health service. In NT Government NT health regional health services this will usually be the Chief Operating Officer (COO) or his/her nominee. Non – NT Department of Health, NT health regional health services will need to indicate the NT health regional health service Manager at the time of application for accreditation/re-accreditation.

Intern – A doctor in their first postgraduate year and who holds provisional registration with the Medical Board of Australia.

Primary Allocation Status – is the Accreditation Status awarded to a NT health regional health service capable of providing all the compulsory terms required for Intern registration.

Secondment Allocation Status – is the Accreditation Status awarded to a NT health regional health service with accredited terms, but which is unable to provide one or more of the compulsory terms required for Intern registration.

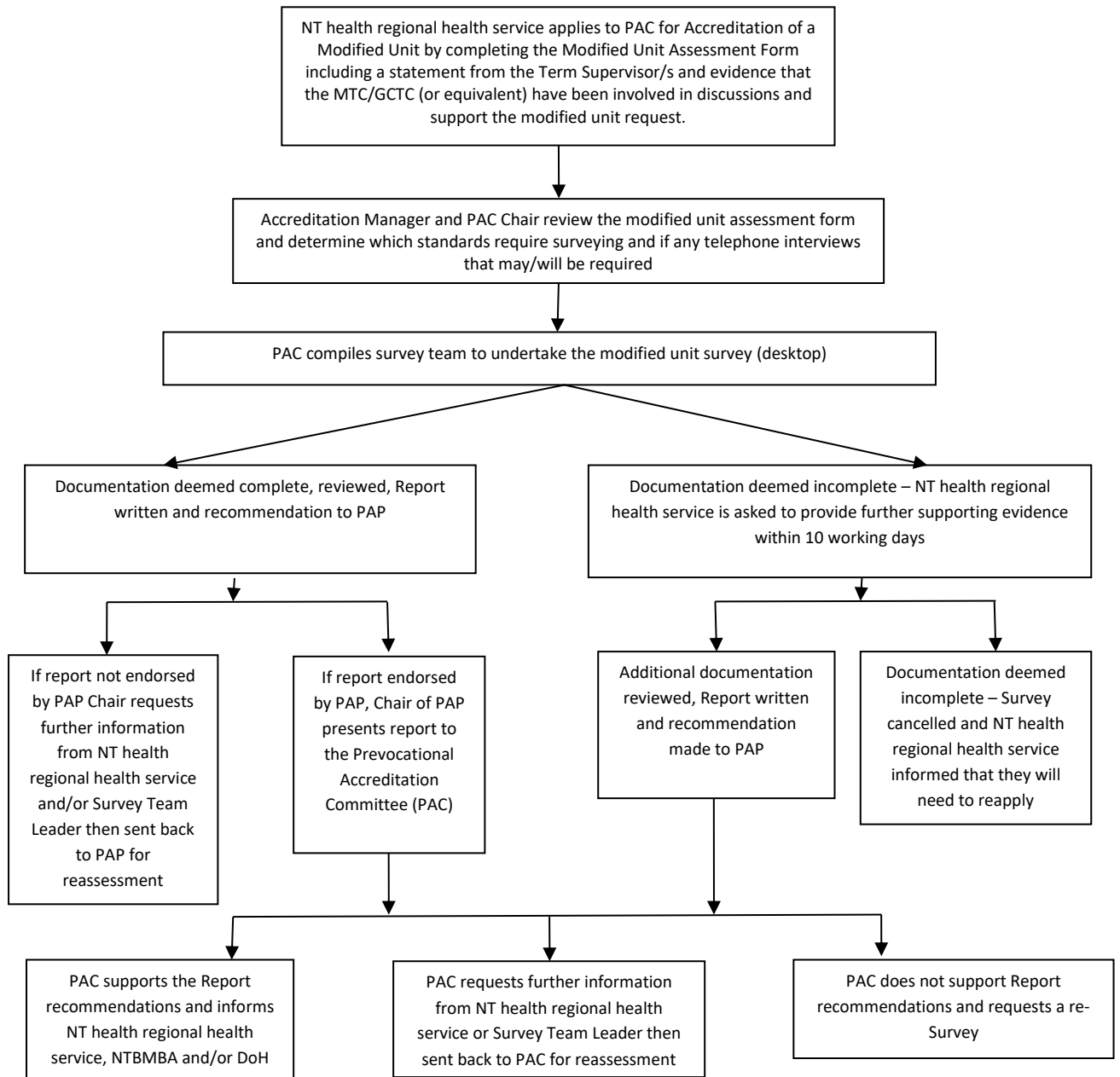
Modified Unit Self-Assessment Form – is the document used by the NT health regional health service for their Self-Assessment of the Modified Unit of which they are applying for Accreditation Status.

Quality Action Plan (QAP) – is a progressive two stage document initially populated with recommendations and comments by the prevocational accreditation staff and completed by the NT health regional health service in response to the Prevocational Accreditation Report. This plan in its first stage outlines how the NT health regional health service will action and address the recommendations and comments detailed within the Prevocational Accreditation Report and includes a NT health regional health service timeframe for each of the listed actions. It is a progressive document and is used for all stages of the QAP.



MODIFIED UNIT SURVEY PROCESS

PROCESS FLOWCHART





MODIFIED UNIT SURVEY PROCESS

PROCESS DESCRIPTION

This process should take no longer than three months to complete.

1. A NT health regional health service applies for reaccreditation of a modified unit. NT health regional health service's should be aware that this process takes three months to complete and should factor this in to the timing of when they wish to use the unit. The first stage is to apply for a modified unit survey. The application is assessed by Prevocational Accreditation Manager and PAC Chair and determines which standards will be reviewed and which interviews may be required, as well as whether provision can be made to address the survey in accordance with funding and scheduling constraints.
2. NT health regional health service completes modified unit survey documentation and returns to PAC including a statement from the Term supervisor/s and evidence that the MTC/GCTC (or equivalent) have been involved in discussions and supports the modified unit request.
3. Prevocational Accreditation staff arrange two accredited Surveyors (one of whom will be the Survey Leader) to conduct a Paper Based Survey process.
4. The Surveyors review the modified unit documentation, within one month of receipt of documentation and:
 - a. If deemed complete, the survey proceeds with the required telephone interviews
 - b. If deemed insufficient, the NT health regional health service is asked to provide further information and/or clarification within 10 days. Once this is provided and deemed satisfactory, survey is undertaken
 - c. If documentation remains incomplete the survey will be cancelled and the NT health regional health service will be required to reapply to PAC. Prevocational Accreditation staff and manager will need to determine if the new application can be managed within the current accreditation schedule
5. The Survey Team writes the Report according to the Report Writing Process.
6. The Survey Team Leader or their delegate presents the Survey Report to the PAP.
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 NT health regional health service
Or
 - c. Does not endorse the Report and requires/recommends re-Survey
8. The PAC either:
 - a. Endorses the Report and informs the NT health regional health service and the NTBMBA or in the case of PGY2 DoH
Or
 - b. Requires further information from the Survey Team Leader and/or NT health regional health service
Or



MODIFIED UNIT SURVEY PROCESS

- c. Does not endorse the Report and requires/recommends re-Survey
9. The NT health regional health service Manager, DCT and MEO are informed of the decision and subsequently the NTBMBA (PGY1)/DoH (PGY2) decision

SUPPORTING DOCUMENTATION

1. *Accreditation Policy 1.1*
2. *Accreditation Step by Step Guide 4.1*

PERFORMANCE MEASURES/KPI

1. 100% of Modified Unit Accreditations implemented according to this Policy
2. Feedback from NT health regional health services
3. Feedback from Prevocational Accreditation Committee

Process Contact Officer: Quality Assurance Officer