



RELATED POLICY

Accreditation Policy 1.1

PURPOSE

The following documentation outlines the process for accrediting a New Unit at a NT health regional health service with Primary Allocation Status (PAC) or an offsite unit where an intern placement occurs in a NT health regional health service located geographically away from the primary allocation centre (PAC) but which operates within the Prevocational Education and Training Program (PETP) of the PAC e.g. General Practice, other Hospital or medical centre.

SCOPE

The process applies to the Accreditation of those Units within a NT health regional health service which have not previously been accredited to provide prevocational medical education and training. The process covers the Application for Accreditation, the process for conducting the accreditation survey and decisions regarding the outcome.

New and Offsite Units are accredited for a maximum of one year. A Quality Action Plan (QAP) is required 6 months following the Survey and/or six months after the first intern has completed the term (unless a full survey is scheduled around that date where this step could be included in the upcoming full survey). Copies of the intern evaluations for the term are required 12 months post survey (QAP or Full).

In the majority of cases a site visit will not be required for a New Unit, particularly in a currently accredited NT health regional health service if it:

- Is comprised of staff who have previously been supervising Interns in similar settings, or
- Has been created through rearranging staffing and patient case mix or extension of other already accredited Units, or
- Provides similar clinical cases and similar patient numbers to other already accredited Units

In these cases, a Paper Based Survey may be conducted (refer Paper Based Survey Process).

However if the New Unit request is for a new offsite unit located geographically away from the primary allocation centre (PAC) a visit will usually be required. This will be determined by the Prevocational Accreditation Manager and/or Prevocational Accreditation Committee.

The decision as to whether the NT health regional health service request is considered a Modified, PAC New unit or offsite new unit request will be made by the Chair of the Prevocational



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Accreditation Committee. In the case of any Conflict of Interest for the Chair of the Prevocational Accreditation Committee the Prevocational Accreditation Manager will make the decision.

DEFINITIONS

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 Delegated Officer - the NT health regional health service delegated officer refers to the NT health regional health service staff member who has been given responsibility and accountability for overseeing a specific accreditation standard/s by the NT health regional health service manager. The NT health regional health service delegated officer is responsible and accountable for ensuring compliance with the standard/s. Directors of medical services may be nominated for oversight of most and sometimes all of the standards in their NT health regional health service. Where the DMS is not responsible or nominated against a standard/s then another appropriate staff member is to be nominated against those standards to ensure compliance is achieved and maintained.

NT health regional health service Manager – The 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 Facilities 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.

Offsite Unit – is an intern placement which occurs in a NT health regional health service located geographically away from the primary allocation centre (PAC) but which operates within the Prevocational Education and Training Program (PETP) of the PAC, and/or an alternative prevocational term structure which operates within the PETP of the PAC. A clear agreement is in place whereby the responsibility for the Governance accreditation standards, lie with the PAC and there is a clear communication process between the offsite units term supervisor and the PAC at all times. The offsite unit term supervisor is therefore responsible for implementing the PAC's PETP policies and processes on a day to day basis within the offsite term. The offsite unit's term supervisor is also responsible for ensuring appropriate term content, orientation, supervision and assessment according to the METC Prevocational Accreditation Standards and Guidelines.

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



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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.



NEW AND OFFSITE UNIT SURVEY PROCESS

PROCESS DESCRIPTION

1. A NT health regional health service applies to Prevocational Accreditation staff, who provides advice regarding the application for an Accreditation of a New or Offsite Unit.
2. NT health regional health service completes New/Offsite Unit Documentation and returns to PAC at least 12 weeks before proposed survey date. Information provided by the NT health regional health service must include documented evidence of case mix, workload, daily timetable, and roster including ward or remote call requirements, Term Supervisor (contact details).
3. The Survey Team Leader reviews the New Unit documentation and:
 - a. If considered complete the Survey proceeds – this is conducted as a Paper Based Survey with a phone interview with the MEU and Term Supervisor or a Site Visit where necessary
 - b. If considered incomplete the NT health regional health service is asked to provide further information and/or clarification. Once this is provided and considered satisfactory the Survey will proceed, or
 - c. If the NT health regional health service fails to provide satisfactory additional information on request OR does not provide the documentation within the Accreditation timeframes outlined within the Process, the Survey is cancelled.
4. If a Visit is to occur: Prevocational Accreditation Staff will advise the NT health regional health service requesting accreditation of a New or Offsite Unit if a visit is required. Initial accreditation of an Offsite Unit will require a visit:
 - a. Prevocational Accreditation staff arrange the Visit Date and provides the NT health regional health service with the Timetable template to action
 - b. The NT health regional health service provides a completed timetable of interviews for endorsement by the Survey Team Leader
 - c. The Survey Team Leader facilitates a Pre-Survey Meeting to determine the roles and responsibilities of team members prior to the Visit
 - d. The Survey Team visits the NT health regional health service and conducts the Survey
5. The Survey Team writes the Report according to the Report Writing Process.
6. The Survey Team Leader or their delegate presents the 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 (PGY1) or DoH (PGY2)
Or



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- 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
9. The NT health regional health service Manager, DCT and MEO are informed of the decision and subsequently the NTBMBA and or DoH decision

SUPPORTING DOCUMENTATION

1. *NT health regional health service Allocation Status Policy 1.3*
2. *Change of Status Process 2.1*
3. *Accreditation Policy 1.1*
4. *Accreditation Step by Step Guide 4.1*

PERFORMANCE MEASURES/KPI

1. 100% of New/Offsite Unit Accreditations implemented according to this Policy
2. Feedback from NT health regional health services
3. Feedback from survey teams

Process Contact Officer: Quality Assurance Officer