

NOTIFICATION OF A POTENTIAL BREACH OF ACCREDITATION STATUS PROCESS



PROCESS 2.15

Approved by PAC: June 2020

Last Amended: June 2023

Next Review: June 2026

RELATED POLICY

Accreditation Policy 1.1

PURPOSE

The following documentation outlines the process for managing the notification of a potential breach of a prevocational (PGY1 & PGY2) training provider that may affect its accreditation status. Prevocational training providers are required to notify in writing the accrediting authority as soon as possible of any potential situations that may cause a breach of their accreditation status. Any stakeholder or individual may also report a potential breach of accreditation standards. It is considered a potential breach until confirmed by the accrediting authority.

SCOPE

All notifications of any potential breaches are treated as serious until proven to not cause any patients or prevocational doctors to be unsafe.

Notification of a potential breach of accreditation status may affect a prevocational training provider's accreditation status causing prevocational doctors to be relocated from the prevocational training provider or term/s breaching the accreditation standards.

Notification of the potential breach may come from:

1. The prevocational training provider manager, or
2. An employee of the prevocational training provider, or individual/consumer, or
3. A survey team engaged in a survey, or
4. Recognised body interested in prevocational training.

Where a whistle-blower is involved, this process will maintain confidentiality at all times according to the relevant Northern Territory Government policy.

PROCESS DESCRIPTION

1. Accrediting authority receive notification of a potential breach in a prevocational training provider's program (from internal or external sources). Where necessary provide the appropriate form to be completed by the person/individual reporting the potential breach. If urgent and requiring immediate action, the staff member receiving the verbal notification would complete the initial document.



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2. Accrediting authority to determine actions in a timely manner which may include but not be limited to:
 - a. Contact the prevocational training provider's executive director of medical services and/or other clinical/non-clinical staff to discuss potential breach circumstances;
 - b. Timely investigation by accrediting authority (accreditation manager) to confirm if there has been a breach against the accreditation standards;
 - c. If a breach is confirmed identify actions to resolve breach e.g. HPR, AC60, suspension of accreditation status for prevocational training program/term;
 - d. If required issue the prevocational training provider with a notice of suspension;
 - e. Contact stakeholder who reported potential breach to inform outcome particularly if no grounds for breach are found;
 - f. Notify PAC Chair of notification and outcome of investigation and actions to resolve;
3. PAC notified at next scheduled meeting;
4. Follow up with the prevocational training provider regarding the breach;
5. All actions and documentation electronically recorded.

SUPPORTING DOCUMENTATION

1. *Accreditation Policy 1.1*
2. *Notification of Change of Circumstance Process 2.10*
3. *Full Survey - Process 2.3*
4. *Appeals - Policy 1.2*
5. *Notice of Suspension of Accreditation Status Form 9*
6. *Notification of Potential Breach of Accreditation Status Form 10*
7. *Prevocational Accreditation Evidence and Rating Scale Guideline*

PERFORMANCE MEASURES/KPI

1. 100% of notifications are acted upon according to this process

Process contact officer: Quality Assurance Officer