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WHAT IS ACCREDITATION?



The Northern Territory Prevocational Medical Assurance Services (PMAS) has been delegated responsibility by the Medical Board of Australia (MBA) for the accreditation of NT health regional health services and other training providers providing Intern training and education. Accreditation of Intern training is mandated in legislation and the Prevocational Accreditation Committee (PAC) has developed a robust, formal process which is designed to achieve the requirements of this legislation i.e. provision of appropriate education and training for Interns. Many stakeholders including NT Board of the Medical Board of Australia (NTBMBA), PMAS and Northern Territory Department of Health (DoH) have collaborated to develop and administer the prevocational accreditation system.

The Northern Territory has implemented a 4 year accreditation cycle that includes a number of stages :

- Initial/Reaccreditation Survey – Site visit covering all Functions and standards - beginning of initial cycle or ending of continuous cycle
- Quality Action Plan Stage 1 (QAP S 1) – 6-8 months into the accreditation cycle, following a full survey covering only Recommendations and Conditions awarded
- Quality Action Plan Stage 2 (QAP S2) – 12 months after the previous QAP stage – covering those outstanding Recommendations and Conditions awarded
- Progress Report – 3 years into the accreditation cycle covering all Functions and standards. This assessment may include any outstanding Recommendations and/or conditions not finalised in the QAP process
- Cycle ending with a Reaccreditation (Site Visit) assessment (which also begins the next cycle)

The accreditation system is underpinned by a set of principles and rigorous accreditation policies and processes which have been endorsed by the PAC and the NTBMBA. All NT health regional health service/training provider staff involved in accreditation should be familiar with them.

Training providers and NT health regional health services (public and private) undergoing accreditation will be assessed against the NT Prevocational Accreditation Standards. The standards have been developed to identify the crucial elements of prevocational education and training that must be satisfied for the awarding of intern and postgraduate year 2 accreditation by the accrediting authority.. Familiarity with these standards is essential in order to:

- Complete necessary documentation
- Prepare for the survey event
- Brief other NT health regional health service members regarding accreditation particularly for a site visit assessment
- Communicate with surveyors and the accreditation support team as needed

Training providers and NT health regional health service staff who are new to the process of accreditation should refer to the NT accrediting authorities website where there are a number of essential resources referenced throughout this document.

At this early stage you are referred to:



- What do I need to know?
- Glossary of Terms
- Accreditation Policy
- Accreditation Cycle
- Accreditation Principles
- Accreditation Policies
- Accreditation Standards
- Accreditation Processes



Experience suggests that familiarity with the prevocational accreditation standards is important. Difficulties as a result of not being familiar or aware that have arisen in the past include:

- Insufficient evidence available for surveyors to make an adequate judgement.
Outcome: Term not accredited or delayed accreditation outcome.
- Inappropriate self rating on QAPs.
Outcome: Concern by the training provider/NT health regional health service executive when surveyor ratings are not near self rating.
- Withdrawal of accreditation status from previously accredited terms.
Outcome: Less flexibility in available accredited positions for allocation/rostering.

WHY ACCREDIT?



Accreditation is necessary for the safety of patients and prevocational doctors as it provides assurance of adequate supervision and training in this vital first and following years after graduation. It is just as important in assuring the safety of patients so that they are not inadvertently put at risk by inadequately supervised prevocational staff.

Accreditation is more than ensuring compliance with standards. Accreditation provides a broader and valuable opportunity for collaboration and development of quality standards and best practice. The PAC considers this to be of utmost importance. We ensure collaboration is beneficial to all by training our surveyors to embrace collaboration and the sharing of ideas as a key feature of the accreditation system and their surveyor activities.

A survey is a wonderful opportunity to learn about accreditation and the standards, whether you are a prevocational doctor, a supervisor, and a member of the Medical Education Unit (MEU) or a member of the training provider or NT health regional health service executive. Our surveyors believe it is important that they be viewed as guides and supporters of quality prevocational doctor education. Helping you as either a provider of that education or as a developing surveyor is a valued part of a surveyor's role.

WHO IS RESPONSIBLE FOR ACCREDITATION?



There are a number of stakeholders who have responsibilities within the accreditation system including:

- **Northern Territory Board of the Medical Board of Australia** – The NTBMBA is responsible for implementing the legislation regarding intern registration on the Medical Board of Australia's (MBA) behalf. NTBMBA is notified by the Accrediting Authorities Accreditation Committee's decisions regarding the accreditation status awarded to the intern training provider that has been assessed.
- **AMC** – The Australian Medical Council is responsible for assessing and accrediting the Postgraduate Medical Councils or equivalent as Intern Education and Training Program Accrediting Authorities.
- **Prevocational Accreditation Committee** – The PAC is responsible for developing, implementing and evaluating a robust quality accreditation system in order to satisfy the requirements of the MBA. As the accrediting authority it makes the final accreditation decision. As such the committee is responsible for ensuring appropriately qualified and trained surveyors are able to evaluate the performance against the accreditation standards. They are also required to have the appropriate governance processes in place to review the surveyor findings and recommendations.



- **Prevocational Accreditation Panel** – The PAP is responsible to the PAC and this panel has the role of being the first to review all survey event reports, provide a briefing and recommendations to the PAC as well as evaluating the survey teams and administration processes to ensure a quality and continuously improved service is provided.
- **NT Department of Health - Strategic Workforce Planning – Medical** – is responsible for timely liaison with the accrediting authority in regards to workforce requirements and the impact of these on accreditation. As local and interstate graduate numbers and demand for Internships grow, this liaison is crucial to ensure that sufficient places are accredited to accommodate these graduates and prevocational doctors in the NT.
- **Medical Education Units** – The staff within the MEUs are the training providers and NT health regional health service's lynchpin in accreditation as they are responsible for liaison with the accrediting authority regarding accreditation. Depending on the roles within the MEU, the staff will be involved in organising the initial/reaccreditation survey documentation and the training provider/NT health regional health service ratings, the briefing and consultation of supervisors, interns and other prevocational doctors and the organisation and logistics of the survey site visit where scheduled. The MEU staff are also responsible for notifying the Accrediting Authority for any changes to the Prevocational Education and Training Program (PETP) which includes changes to staff within the MEU and supervisors that may impact on the outcomes of the training providers PETP.

They will also have a role in completion of the NT health regional health service's QAPs and other survey event submissions. Documentation needs to be completed by the appropriate person within the MEU as errors and omissions occur where the person is not adequately informed or aware of current training provider/NT health regional health service policies and processes.

MEU staff who will play important roles in accreditation are:

- **Medical Education Officers (MEOs)**
- **Medical Administration Officers (MAOs) or equivalent**
- **Directors of Clinical Training** – DCTs will be interviewed at the time of a full initial or reaccreditation survey site visit and as such need to have an active and current knowledge of prevocational doctor education and training at their training provider/NT health regional health service accredited locations.
- **Directors of Medical Services** – The NT health regional health service executive has an important governance role for accreditation. They are required to sign off on all accreditation documentation including reaccreditation submissions, requests for new or modified units, equivalence requests, change of circumstance notifications, accreditation progress reports and quality action plans. They are also required to be interviewed at the time of a full initial or reaccreditation survey site visit and as such need to have an active and current knowledge of prevocational doctor education and training at their training provider/NT health regional health service accredited locations.
- **Prevocational doctor Medical/Clinical Education and Training Committees (PEAG/MTC)** – The training provider/NT health regional health service Education and Training Committee is responsible for overseeing and the governance of the prevocational doctor education and training at the training provider and/or NT health regional health service locations. They are therefore responsible for ensuring appropriate implementation of NT health regional health service prevocational doctor education and training policies and processes and the ongoing monitoring and evaluation of activities. They should be actively involved in all accreditation processes by having input into reaccreditation and progress report documentation and participating in the survey event visits as required. They are the body that will ensure the



actions to rectify any issues identified by a visit survey event are progressed so that accreditation status for the training location is achieved/maintained.

- **Assessment Review Group** - Assessment review groups are established for each training provider/NT health regional health service with membership and terms of reference approved by the accrediting authority. The review group will be chaired by the DCT. Given the close nexus between training and employment concerns in internship the review group will include a senior employer representative such as the DMS or equivalent. Other members will be drawn from term supervisors, medical educators and additional employer representatives. The assessment review groups will have clear and transparent rules for deciding on the courses of action, and must provide these for review through the intern training accreditation process. This group is separate to the Prevocational doctor Education and Training Committee.

Term Supervisors – are responsible for implementing the training provider/NT health regional health service Prevocational doctor Education and Training Program (PETP) within their unit/term. They are required to complete their unit's accreditation reaccreditation and progress report documentation and to actively participate in the accreditation survey event visits. Term supervisors are required to be present at the time of the survey site visit for interview by surveyors regarding their unit/term activities. Term supervisors may or may not be the prevocational doctors day to day supervisor. Sometimes, this day to day role is taken on by other personnel within a unit/term. It is important that all supervisors are aware of their responsibilities, training provider/NT health regional health service supervision policies and meet all relevant prevocational accreditation policies and prevocational accreditation standards. Term Supervisors are appointed with appropriate skills, knowledge, competencies, time, authority and resources including the relevant capabilities and understanding of the assessment processes employed to support the PETP.

- **Prevocational doctors** – Are the Interns and junior doctors in training who are responsible for providing the Prevocational Accreditation Committee and Surveyors with accurate and unbiased information regarding their education and training experiences at the training provider/NT health regional health service and Units within accredited locations. Their presence is required at one or two face to face meetings during the Survey event site visit and may be necessary for any monitoring survey events as requested by survey teams. This ensures that Surveyors are able to access a balanced range of information when forming their findings, recommendations and ratings.



Prevocational Accreditation Committee is often asked 'Who is responsible for accreditation?'

In essence, everyone who is involved in prevocational doctor education and training is responsible for accreditation.

In practice, the onus is often placed on MEU staff. It is the accrediting authorities considered position that this is an unfair expectation. MEU staff certainly have a central role within prevocational doctor education and training, however they are not responsible in isolation.

The PAC recommends a collaborative approach to accreditation, whereby all those involved in prevocational doctor supervision, education and training take responsibility for their components of the PETP and its accreditation. NT health regional health service executives and term supervisors also have responsibility and important roles to play. Evidence from past surveys suggests that when all NT health regional health service staff, including the MEU, are involved in accreditation, truly inspiring and remarkable education programs for prevocational doctors are revealed.



NT health regional health services are referred to the following documents relating to roles and responsibilities:

- What do I need to know?



- Glossary of Terms
- Accreditation Policies
- Accreditation Standards
- Accreditation Processes

IMPORTANT YEARLY DATES



Due to the annual schedule of NT wide accreditation activities, the accrediting authority has implemented dates in regards to accreditation requests. By meeting this deadline the accrediting authority can preplan activities and ensure availability of surveyors to meet training provider and NT health regional health service accreditation survey event demand. The deadline is for the year preceeding the accreditation activity: e.g. demand for an increase in intern numbers in a given location for the following intake year of interns.

- **1st October** –
 - requests for additional accreditation activity in the following year must be received by the accrediting authority by this deadline.
 - New unit, new offsite unit equivalency requests are to be provided with accompanying evidence for accreditation assessment if required for the following year by this deadline also.



NT health regional health service's are referred to the following documents:

- Current NT health regional health service Prevocational Accreditation Survey Cycle (for upcoming survey events)
- Organising an Accreditation Survey (pg 23)



WHICH FORM IS NEEDED?



The NT Accrediting Authority has developed a range of forms to be completed and then submitted by NT health regional health services/Training providers at various stages in the prevocational accreditation cycle. The processes for accreditation application and self-assessment against the standards are critical components of the prevocational accreditation system. The forms provide an opportunity for the NT health regional health services/Training providers to indicate what they wish to have accredited, reflect on their current implementation of prevocational doctor education and training, and to evaluate themselves against each of the accreditation Functions, Standards and Criterion.

Tables 2.1 and 2.2 illustrate the various forms and when they are required.

Table 2.1: Accreditation Forms required for an unscheduled Survey Event

Description	Form Number	Relevant Survey Event
Modified Unit	1	Modified Unit Survey
New/Offsite Unit	2	New/Offsite Unit Survey
Application for Initial Prevocational Accreditation or Reaccreditation	3	<ul style="list-style-type: none"> Full initial/reaccreditation site visit General Practice/AMS/other Training providers
Equivalence Request to a Unit/Term	7S – Surgery 7M – Medicine 7EMC – Emergency Medical Care	Where another Unit/Term is requested to be considered 'equivalent' to another Unit/Term (usually an elective to a Core Term)
Notice of Change of Circumstance	8	As soon as change of circumstance occurs or is known. These should be mostly planned so as to not cause any delays to accreditation outcomes

Table 2.2: Accreditation Forms required as part of a scheduled Survey Event (See Accreditation Cycle of scheduled events)

Description	Form Number	Previous linked Survey Events
Quality Action Plan (stages 1 + 2) Progressive document	4	Post Initial/Reaccreditation site visit Survey
Progress Report	5	3 years Post Initial/Reaccreditation site visit Survey

The forms in Table 2.1 are to be prepared by the training provider/NT health regional health service and submitted to prevocational accreditation staff as per instructed/guided by the accreditation support staff. The forms in Table 2.2 will be prepared and populated with the relevant information by prevocational accreditation staff and provided to the training provider/NT health regional health service for completion and submission as per the accreditation cycle due dates.



Some key points:

- Information presented in all forms must be accurate, factual and current at the time of submission;
- Information presented in reaccreditation forms for site visit survey events must be accurate, up to date and supported by appropriate and relevant evidence (supporting documents/folio's) for the preceding period being assessed;
- Responses presented in QAPs and progress reports must be accurate and supported by evidence where appropriate and relevant. All supporting evidence must be appropriate, relevant and for the period since the last survey event assessment.

As you can see, forms play a pivotal role for surveyors, training providers and NT health regional health services. If the information is clear, accurate and well supported by the evidence provided, the surveyors are able to clearly understand how a NT health regional health service, unit or training provider location meets the prevocational accreditation standards. In short, **due care with forms and supporting evidence can play a central role** in ensuring a favourable outcome for training providers/NT health regional health services and prevocational doctors.



Forms need to be submitted to prevocational accreditation staff in a timely fashion. Planning for scheduled and unscheduled survey events should always be a priority to ensure a timely outcome. Whilst formal extensions in writing (email) can be requested the extension may not be granted.

Table 2.3 outlines when each form should be submitted to the accrediting authority.

Table 2.3: Timing of Form Submission

All new applications for prevocational accreditation should be submitted by **no later than October 1** to enable prevocational accreditation staff to plan and schedule accreditation outcomes for the following year.

Description	Form Number	Timing of Submission
Modified Unit	1	8 weeks minimum prior to the requested modification. . However consider the 1 st October cut off if required for commencement of following year.
New/Offsite Unit	2	New/Offsite Unit Self-Assessment forms can be submitted at any stage including as part of a reaccreditation site visit submission. However consider the 1 st October cut off for new or modified unit requests if required for commencement of following year.
NT health regional health service Initial/Reaccreditation	3	8 weeks minimum prior to the survey visit. Accreditation staff will guide submission date required.
Quality Action Plan (stages 1 + 2)	4	As per training provider/NT health regional health service accreditation cycle dates.
Progress Report	5	As per training provider/NT health regional health service accreditation cycle dates.
Equivalence Requests	7	When required but always before 1 October of each year. Please select the correct form for the equivalence to a core term (Surgery, Medicine, Emergency Medical Care)
Notice of Change of Circumstance	8	<u>As soon as</u> a change of circumstance is known or is expected.



A late form can be troublesome in ways that are not immediately apparent.

The timelines provided are necessary to ensure that there is adequate time for prevocational accreditation staff and surveyor preparation for the survey event. This is based on the experience prevocational accreditation staff have in organising and conducting surveys.

Each form must be checked and reviewed by the prevocational accreditation staff prior to dispatch to the survey event team. Queries regarding the submission are then identified and forwarded to the NT health regional health service/Training provider so that answers may be provided prior to the survey event. Late forms mean that the survey team do not receive them in adequate time to prepare for the survey event. This adversely impacts on both the survey team and the NT health regional health service/Training provider.

For this reason, it is likely that a survey event will be postponed/cancelled if forms and/or information arrives late. Finding future available time in the accreditation survey cycle may not be possible, or the time that is available may not suit staff at your NT health regional health service/Training provider. Additionally, and perhaps understandably, our surveyors may be reluctant to proceed due to lack of preparation time. In the majority of cases, surveyors donate their time and often have to reschedule important matters in their work and home lives to participate in a survey.

Another concern is that if there is not enough time to undertake the survey event accredited intern places may be lost or become unaccredited causing major issues for the workforce of a NT health regional health service/Training provider.

From your perspective, you may have to let unit/term supervisors and your colleagues know that the survey will not be proceeding, and then try to ensure that they will be available when a later alternative time becomes available. It places you, accreditation staff, and surveyors in a very difficult position. While we understand that you cannot control unforeseen circumstances, we also understand that the timelines are just as important for you as they are for the prevocational accreditation staff.



What happens if the wrong form is submitted?

Sometimes people may submit the wrong form. In the past, this has been noted with modified unit requests. A modified unit is normally a paper based process whereas a new/offsite unit may require a site visit. A Modified Unit request is usually for a permanent change to a Term/Unit such as increasing the number of Intern positions in that Term/Unit where as a Notice of a Change of Circumstance is for a temporary change eg increasing a term/unit as a result of a remediation need for a few weeks. A large amount of work is created when an application is made for a modified unit when it is actually a new/offsite unit or a Notice of a Change of Circumstance. Surveyors may not be able to proceed in such instances, as they will not have the information they need to consider a new/offsite unit or the Change of Circumstance. This is difficult for surveyors, for unit staff and for you. If you are unsure of which form to submit please contact the prevocational accreditation support staff to assist you.



What happens if the wrong or duplicate information is provided ?

Valuable time will be spent as prevocational accreditation staff and surveyors attempt to determine what is the correct information. Incorrect, duplication or too much information can create confusion. This may result in the survey team not fully understanding how a unit or NT health regional health service meet standards or specific criteria and consequently be unable to recommend the unit or NT health regional health service for accreditation. Confusion can create the appearance that a unit or NT health regional health service is not yet ready for survey, so cancellation or rescheduling (delaying the outcome) may be required.

WHO NEEDS TO COMPLETE THE FORMS?



NT health regional health services are responsible for establishing their processes for accreditation including who will coordinate the process and who will complete components of the relevant forms. It is anticipated that the NT health regional health service executive (leadership team) will determine the roles of relevant delegated officers. In general terms, the information needs to be provided by the most appropriate person, for example, information about a specific unit should come from that unit's term supervisor.

The NT health regional health service executive (leadership team) should give careful consideration as to who is delegated to complete the forms and undertake due diligence to check the content before forwarding to the accrediting authority staff. As previous experiences indicate that the EDMS is usually the delegated officer, the EDMS will be included in accreditation correspondence to ensure due diligence is considered.

Prevocational accreditation staff provide the following advice regarding the delegated officers and completion of the forms in Table 2.4.

Table 2.4: Suggested Delegated Officer for Form Completion

Description	Form Number	Suggested Delegated Officer for Form Completion
Modified Unit	1	This form should be completed by the unit term supervisor and MEU staff (including the DCT), and be reviewed by the EDMS prior to signing.
New/Offsite Unit	2	This form should be completed in collaboration by the MEU staff, DCT and the new/offsite unit term supervisor however the entire form should be reviewed by the EDMS prior to signing.
NT health regional health service Initial/Reaccreditation	3	Different components should be completed by different NT health regional health service staff depending on the relevance of their role to the Function, Standard and Criteria. For example, the MEO and DCTs should complete details about their role and professional development. The Chair of the Prevocational Doctor Education and Training Committee (PEAG/MTC) should complete the section on the activities of the PEAG/MTC. The EDMS should complete the component on the governance aspects of the Prevocational Doctor PEAG/MTC. MEU staff should collate all components of the form and the entire form should be reviewed by the EDMS prior to signing.
Quality Action Plan (stages 1 + 2)	4	This form should be completed by the relevant people. The QAP is populated by prevocational accreditation staff with recommendations/conditions that require comments and or supporting evidence. If the recommendation/condition is relevant to the PEAG/MTC then the committee Chair should complete. If the recommendation relates to governance, then the NT health regional health service executive should be involved in providing the response. Same for any comments requested by the PAC for follow up by survey event surveyors. The EDMS should review the action plan collated prior to being submitted.
Progress Report	5	This form should be completed by a number of the NT health regional health service staff including but not limited to the unit term supervisor's, DCT, DMS's and MEU staff where relevant. The EDMS would review this submission prior to it being finalised and submitted for assessment.



It's quite important to ensure the right person completes accreditation forms. Here's what our experience has taught us:



- Incorrect information provided in the submission and then correct information being discovered and/or offered at the survey site visit may cause confusion if not clearly presented resulting in the unit or NT health regional health service/Training provider not being accredited.
- Incomplete information provided results in numerous requests from prevocational accreditation staff or surveyors for additional information which is time consuming for all involved. This reduces the limited prevocational accreditation staffs time to progress other accreditation requests from other NT health regional health services/Training providers.
- Survey interviews where the interviewees are not aware of what has been put in the accreditation documentation on their behalf or about their Term/Unit. Surveyors refer to pre-submitted accreditation documentation when they interview NT health regional health service staff, such as the term supervisors. There have been occasions where the term supervisors have been unaware that there were plans to place interns or increase the number of interns in their unit. This causes both the NT health regional health service and the term supervisor unnecessary anxiety. The surveyors are left with an unfavourable impression of the unit and/or NT health regional health service/Training provider.
- Cutting and pasting information (duplicating) from one unit's documentation into another unit's Form 3 documentation creates problems. The value of some generic information is questionable and means that the surveyors need to take considerably more time questioning the term Supervisors than necessary keeping them from their primary responsibilities. Where the term supervisor has actively been involved in completion of the form, the survey runs much more smoothly both for the term supervisor and the survey team. Less time is taken at the survey site visit interviews.



NT health regional health services are referred to the accreditation forms available on the accrediting authorities web site.



HOW TO INTERPRET THE STANDARDS



The prevocational accreditation standards form the baseline of expectation and the basis of decision making within the accreditation system. They are the standards (benchmark) against which the provision of prevocational doctor supervision, education and training by NT health regional health services and their units are assessed.

The standards were developed following a rigorous review with involvement of all stakeholders and are regularly reviewed by the NT Accrediting Authority to ensure that they remain relevant and appropriate.

As mentioned earlier, it is important that NT health regional health service staff involved in the PETP be familiar with the accreditation standards as they relate to various staff roles and their responsibilities within the organisation. Surveyors often observe during surveys a lack of understanding of the standards and their application within their work environment. MEUs can take an active role in educating the providers of prevocational doctor education and training as to what the standards are and how they may be used particularly through their clinical training committees and other working parties involved in governance of the prevocational doctor medical education and training.

These and other guidelines are aimed at assisting NT health regional health services to interpret the standards. These guidelines are by no means prescriptive. Rather, they are a guide as to what is expected and the types of evidence that may be provided. The standards are self explanatory. The following section outlines some of the questions that are frequently asked regarding the accreditation standards and criteria.



What does the standard about communication between NT health regional health services mean?

Function 1, Standard 1, Criterion 8 states “Ensure effective communication between NT health regional health services that provide prevocational medical education and training”. This standard has been developed to ensure that there is active communication between and within NT health regional health services that share prevocational doctors.

This is usually between primary allocation NT health regional health services and their offsite units within NT health regional health services and with other NT health regional health services within the NT. An intern undertakes 12 months (min of 47 weeks) of clinical experience prior to general registration which needs to be monitored in its entirety – across the 12 month period. It is the responsibility of both the primary allocation NT health regional health service and offsite unit in another location to ensure that their communication provides the basis for monitoring the individual Intern and prevocational doctors experience.

The evidence for this Standard may be that there is cross membership on the Education and Training Committees (PEAG/MTC) or equivalent so that a representative from the offsite unit location attends/calls into the primary allocation NT health regional health service’s PEAG/MTC and visa versa. Minutes of meetings are examples of evidence. There are also some well established informal processes such as regular meetings between the various DMSS, DCTs and/or MEOs, Training Supervisors/Managers etc via phone or in person. Notes from such meetings and subsequent action/s as a result of these meetings are appropriate evidence for this standard.

In addition Function 1, Standard 3, Criterion 6 states “Where offsite unit terms are used, the nature of the experience, education and training provided for the PETP is clearly defined. The HSEP supports the delivery of prevocational training by constructive working relationships with other NT health regional health services and other rural and remote placements.” The evidence for this Standard may be a copy of the Memorandum of Understanding (or its equivalent) that documents the arrangements between the primary allocation NT health regional health service and the offsite unit (this may include a non-public health location). For example, it will outline what the expectations and responsibilities of the primary allocation NT health regional health service are in regards to their interns and prevocational doctors going to the offsite unit location; such as provision of



supervision, provision of formal education opportunities. Likewise, it will outline the expectations and responsibilities of the offsite unit location in terms of support, for example, shared resources. The Accrediting Authority is not in a position to provide a 'gold standard' for a Memorandum of Understanding, however reference to the accreditation standards can guide the development of this type of documentation.



What does scope of practice mean?

Accreditation staff have received a number of queries regarding Function 2, Standard 8, Criterion 2 which states "The Scope of Practice for the specific term including specific clinical skills, which require direct observation is documented and provided to the prevocational doctor at the commencement of the term". The purpose of this criterion is to ensure that the term supervisor has considered the prevocational doctors scope of practice, that is, what interns and what prevocational doctors are allowed to do in regards to clinical management of patients, procedures and/or administrative requirements, such as documentation of drug orders, letters to other doctors. Each term will have a clearly documented scope of practice outlined for the prevocational doctors. The scope of practice will be relevant to the clinical area in which the prevocational doctor is working and the level of prevocational doctor experience. This scope of practice will also include a list of clinical skills, which require direct observation prior to independent practice.

In considering the scope of practice, the term supervisors need to take into consideration the casemix within the unit, the acuity of patients and the level of supervision available for the prevocational doctors. In documenting this for the intern, supervisors should consider what interns/prevocational doctors are allowed to do independently versus what they are allowed to do under supervision and also any tasks or procedures which the intern/prevocational doctor is never to do unsupervised. Examples include: a prevocational doctor in Oncology may not change chemotherapy orders without first discussing with the registrar, or a prevocational doctor is not to perform a pericardiocentesis without the direct presence of a consultant, or a prevocational doctor may not take consent for a gastrectomy.

If this type of detail is contained within the written unit orientation material including term descriptions, the intern and junior doctors will have an understanding of the parameters of their clinical work in the unit. In addition, this information will be helpful to other unit staff such as other consultants, registrars and nurses. This is seen as necessary for both intern, prevocational doctor and patient safety.

The Australian Curriculum Framework for Junior Doctors (ACFJD) provides a list of clinical skills which can assist term supervisors in considering the procedures which require direct observation. Skills can be chosen from the list relevant to that specialty and comments provided as to the level of supervision required. The AMC as part of the National Internship Framework have provided 'Intern outcome statements' and 'Guidelines for terms' that will also guide what should be included and considered when looking at Scope of Practice for Internship.

Obviously some scope of practice issues depend on the individual intern/prevocational doctor. The intern/prevocational doctor who has had considerable experience in performing a lumbar puncture may be allowed to perform this skill independently earlier than an intern/prevocational doctor who has never performed a lumbar puncture. This will be up to the judgement of the individual supervisor and competency of the prevocational doctor and this should be documented in the performance assessment documentation



NT health regional health services are referred to the:

- Prevocational Accreditation Standards and Guidelines
- Prevocational Accreditation Glossary (found in the standards and guidelines booklet)
- Australian Curriculum Framework for Junior Doctors (ACFJD)
- National Internship Guidelines for Terms (AMC)
- National Internship Intern Outcome Statements (AMC)
- Localised performance assessment forms and term descriptions



HOW DO WE SELF RATE?



The Prevocational Accreditation Rating Scale is based on that developed by the Australian Council on Healthcare Standards (ACHS) EQuIP Scale. This rating scale is used primarily in the initial and Reaccreditation survey events. The rating scale is a 2-point scale ranging from Not Met (NM) to Satisfactorily Met (SM). The only addition to this scale is the opportunity for the surveyors to recognise partial completion within a specific function, standard and criteria. For any achievements above and beyond Satisfactorily Met there are two further ratings Extensive Achievement (EA) and Outstanding Achievement (OA). The guidelines for standards have been written at the Satisfactorily Met (SM) rating level. NT health regional health services granted an SM for a standard are viewed as performing at the expected level. To achieve a higher rating, a NT health regional health service needs to exceed expectations and provide evidence of leadership, benchmarking, innovation and state or national involvement. There are also outcome ratings used for the monitoring survey events. These are explained later in this guideline.

Form 3 (Application for Initial or Reaccreditation survey events) provides NT health regional health services with an opportunity to reflect on their performance in regards to the provision of prevocational doctor education and training by self-assessing. They are able to recognise the strengths of their program and areas requiring further development or attention. Self-assessment also helps the NT health regional health service to identify the evidence, which will support their rating at the time of accreditation. This step in some facilities is shared and discussed at the medical training committees (PEAG/MTC)

When determining the rating for a particular standard within the accreditation documentation, NT health regional health services are encouraged to be realistic. Reflect on what you are currently doing, the consistency with which you are doing it, and refer directly to the standards, evidence and guidelines in making your decision.

Prevocational accreditation surveyors are trained in the rigorous application of a rating scale to the standards and the accreditation staff are skilled at reviewing consistency between surveyors. Surveyors will look for evidence of achievement against each standard and triangulate the evidence they receive from many sources.



Experience has shown that it is important to take care with self rating. Here's why:

- Overestimating performance and inflated ratings can lead to disappointment on receipt of the accreditation report. The accreditation staff recognise the enormous effort put into accreditation by the NT health regional health services and encourages realistic self-ratings to avoid this outcome. Problems have occurred when an inexperienced NT health regional health service staff member rates criteria and standards. The accreditation staff encourage discussion regarding ratings by all involved in prevocational doctor education and training so that a realistic consensus decision is reached and documented. This may include the junior doctor evaluations or consultation regarding the performance of the PETP.

Perfection is not required to obtain accreditation.

- Underestimating performance leads to great ideas and hard work not being highlighted for recognition and commendation by the survey team. The accreditation staff know how hard you work, and the survey is a collegiate method to ensure that hard work is recognised within your NT health regional health service and by your colleagues.



NT health regional health services are referred to the:

- Accreditation Standards and Guidelines
- Accreditation Rating Scale
- Accreditation Step by Step Guide for specific types of survey events



HOW TO PRESENT THE EVIDENCE



NT health regional health services often express concern about the type and amount of evidence to be provided. The accreditation standards and guidelines outline the types of evidence that are required for a SM rating. The more evidence that a NT health regional health service is able to provide the easier it will be for the surveyors in determining their rating against the standard. The evidence also needs to be presented in an easy to follow way with references to supporting documents throughout the various standards as comments are provided in context to each function and standard. NT accreditation support staff will provide an Evidence Folio Sheet when sending the Forms for a survey event submission

Evidence can be formal e.g. minutes of a meeting, or informal such as dated diary notes from a telephone meeting. Sometimes MEU's undertake an action because of a request or issue identified and these actions are rarely documented. Keeping a log of issues that are addressed and discussed and/or reported to the NT health regional health service PEAG/MTC is one way to ensure that you have evidence at hand when next being accredited. This is a great way to show continuous improvement as well. This process will guide and support a higher rating where applicable as it will document the process (journey) to get there.

Evidence should be across the preceding period prior to the date of the submission being collated. This will give the Surveyors the opportunity to recognise the continuous improvements and progress made since last assessing this location.



How can we reduce the amount of paperwork sent with the initial/reaccreditation documentation?

A straightforward solution is simply providing evidence once for the survey rather than at several junctures in Form 3. Using a folio system (template provided) to refer the surveyors to the attachment where required. Double sided photocopying also offers a practical method, often overlooked, to reduce paper consumption. One piece of evidence can sometimes be used for various contexts within the standards so long as the comments within the submission provide the context to why that piece of supporting evidence is put against a particular standard and/or criterion.



While certainly reducing the paperwork is a notable concern, the accreditation staff find that often it is faced with a lack of evidence. Evidence that has been contextualised with the relevance to a standard and/or criterion being made clear. Common pitfalls to avoid include:

- Generic unit orientation booklets. Used for all units with no unit specific material included. Orientation booklets should be **specific to each unit – personalised (contextualised) for that unit and staff**. Whilst it may be appropriate to have some generic material within, these booklets need to be tailored to assist the prevocational doctors depending on their experience level the resourcing and scope of practice in the specific unit. Could be used for all unit staff orientations with a specific section for prevocational doctors.
- Strategic plans. In some cases, surveyors have been provided a corporate or strategic plan for DoH or for the primary allocation centre but nothing specific for the wider NT health regional health service location (offsite unit) being assessed. The NT health regional health service strategic plan should indicate the place of the PETP within the corporate/strategic vision. The strategic plan along with other evidence needs to provide the survey team with evidence in relation to **your NT health regional health service's performance** against the strategic plan (DoH/NT health regional health service/offsite unit) and how it applies to the standard and or education and training program.
- Copy of a policy from another NT health regional health service (Primary Allocation Centre). It is an expectation that whilst policies may be shared, the processes for implementation for each NT health regional health service/offsite unit needs to be documented and as such should be specific for that NT health regional health service/offsite unit e.g. mentioning people responsible for implementation by name who are employed at the specific NT health regional health service being assessed. The evidence needs to be contextualised to the location/s being assessed/reaccredited.



- Annual NT health regional health service orientation program that does not indicate how each session is delivered. The rating for an orientation program is based not only on content but also on the educational methodology used. As such, it is important to indicate if something is a didactic lecture versus a skills station so that surveyors can understand the program provided. This helps when the surveyors are triangulating the evidence provided (both in hard copy and answers to surveyors interview questions where applicable).
- Please note that one or two copies of term evaluation forms for a unit is insufficient information for the surveyors to judge the achievement against a standard for an entire NT health regional health service at a survey visit event. Indication of a regularly implemented process and how it is received by prevocational doctors cannot be obtained from one or two term evaluation forms. All NT health regional health services should be undertaking end of term evaluations so all copies of these should be available. A spreadsheet summary showing all replies/feedback would also give a good indication of any trending or consistent comments over the period since the last survey site visit. The education and training committees would usually be using this information also to gauge if unit programs are achieving their outcomes and is valued and current to prevocational doctors providing evidence of discussions throughout the period preceding the survey site visit

A detailed collated summary should be provided to the surveyors prior to the visit with the accreditation documentation. This is the same approach that can be used with the evaluation forms for the HSEP. De-identified copies of the evaluations must be available to surveyors during the survey if requested.



NT health regional health services are referred to the:

- Accreditation Standards and Guidelines

WHAT IS THE DIFFERENCE BETWEEN A TIMETABLE, A ROSTER AND ALLOCATION?



It's not unusual to find yourself confused about allocation, timetables and rosters. All three terms are used in the prevocational accreditation system, and distinguishing between each is important.

Allocation is the activity undertaken to determine which terms a prevocational doctor will be allocated to e.g. Term 1 Emergency Medicine, Term 2 Orthopaedics etc. The allocation may change during a year according to service needs and circumstances. However, the balance of an intern's year must meet the requirements of accreditation and medical registration. Each NT health regional health service is expected to keep a record of the annual allocation of interns to terms and time actually worked in those terms. This record depending on the time of the survey site visit this should include both expected and actual allocation lists and is to be provided to surveyors within accreditation documentation submissions for visit survey events and to any other type of survey event where requested, applicable and relevant.

A **roster** indicates hours worked, days off and ward call etc. A weekly **timetable** indicates the activities to be undertaken by the prevocational doctor e.g. ward round, theatre, outpatients, ward work, procedures. A roster and timetable is required for Function 2, Standard 8. Both rosters and timetables will vary according to the Unit/Term. Rosters and timetables must be provided in accreditation documentation for each unit undergoing assessment. The roster needs to be able to be read and understood by surveyors. For the purposes of the survey, the intern and prevocational doctors need to be **clearly identifiable** and **differentiated** from hospital/career medical officers and registrars on rosters and timetables provided.

In the unit timetable, the activities to be undertaken by the intern and prevocational doctors should also be clearly identified. If the HSEP for interns is on a Thursday from 12.30 – 1.30 and the timetable for a unit shows the intern/prevocational doctor to be in theatre from 1pm to 5pm, surveyors will query how the intern/prevocational doctor is able to attend the HSEP.

If you're wondering what an adequate and inadequate roster might look like, we've provided examples on this and the following page.



Table 3.1: Inadequate timetable

Monday		Tuesday		Wednesday		Thursday		Friday	
Ward Work		Ward Work		Ward Work		Ward Work		Ward Work	
12.30	Lunch	12.30	Lunch	12.30	Lunch	12.30	Lunch	12.30	Lunch
Ward Work		Ward Work		Ward Work		Ward Work		Ward Work	

What Surveyors will ask is:

- Where is the NT health regional health service Education Program?
- Where are the other educational opportunities e.g. xray meeting, journal club?
- Where are the ward rounds?



Table 3.2: Adequate timetable

The following timetable is a basic example showing where the health service education program, other educational opportunities and if there are ward rounds where they will fit into the timetable.

Monday		Tuesday		Wednesday		Thursday		Friday	
Admitting Day Code Blue Response Team								Admitting Roster varies on Fridays. Check VMO Roster on J drive. Code Blue responsibilities if on take over weekend.	
0830	Ward Work	0730	Ward Round – Dr (new patients only)		Ward Round – Dr	0730	Xray meeting in Radiology Dept	0830	Ward Round – Dr
1000	Dr ... Ward Round		Ward Work		Ward Work	8.30	Ward Work		Ward Work
1230	Lunch	1230	Lunch	1230	Department Meeting – Lunch Provided (Meeting room Ward Z)	1230	Lunch	1230	Intern/JMO Education Program Lunch Provided (Meeting room 2B)
1330	Out patient s Dr	1430	DrWard Round	1330	Outpatients Dr	1330	Dr Ward Round		
16.30	Ward, routine admiss		Ward, check routine admissions	16.30	Ward, check routine admissions		Ward, check routine admissions		Ward Work

ACCREDITATION STEP BY STEP GUIDE



Table 3.3: Inadequate Roster

The following roster is an example of an inadequate roster.

Start	Finish	Mon 01/02/19	Tues 02//06/19	Wed 03/06/19	Thurs 04/06/19	Fri 05/06/19	Sat 06/06/19	Sun 07/06/19
800	1800	Smith	Hanlon	Olm	Dinwald	Hanlon	Jones	Smith
800	1800	Jones	Smith	Hanlon	Hanlon	Jones		
800	1800							
800	1800	Reginald	Coffey	Ruffin	Redland	Cleveland	Cleveland	Cleveland
800	1800	Singh		Lake	Reginald	Reginald		
700	1700	Ming Wang	Drouble	Ming Wang	Valet	Ming Wang	Valet	Valet
700	1700	Walters	Victory	Victory	Twoder	Victory	Victory	
1100	2100	Twoder	Valet	Twoder	Wonder	Walters	Walters	Walters
915	1215	Arthurs	Arthurs		Arthurs	Arthurs		
1300	1600	Arthurs	Arthurs		Arthurs	Arthurs		
1300	2300	Olm	Dinwald	Jones	Williams	Smith		
1200	2200						Coffey	Coffey
1300	2300	Cleveland	Singh	Singh	Morris	Morris		
1400	0	Morris	Reginald	Morris	Singh	Coffey	Redland	Redland
1300	2300	Waterman	Waterman	Waterman	Victory	Trident	Drouble	Drouble
1600	200	Jelinek	Victory	Drouble	Jelinek	Wonder	Victory	Victory
2230	830	Brown	Brown	Brown	Brown	Lake	Lake	Lake
2130	730	Hartley	Hartley	Hartley	Hartley	Hipwell	Hipwell	Hipwell
2130	730	Williams	Williams	Williams	Inkwell	Inkwell	Inkwell	Inkwell

What Surveyors will ask is:

- Who is the intern?
- Who is the prevocational doctor?
- Who is the registrar?
- Who is the consultant/locum?

The survey team cannot determine if there is adequate supervision or if the intern is working within safe hours, both of which are very important considerations under the accreditation standards.

ACCREDITATION STEP BY STEP GUIDE



3.4: Adequate Roster

The following is an example of an adequate roster. Unlike the example at Table 3.3, interns, prevocational doctors and the other medical staff are clearly identified including their hours of work. Names of staff should be listed in the roster.

Shift	Grade	Start	Finish	Mon 01/02/19	Tues 02/06/19	Wed 03/06/19	Thurs 04/06/19	Fri 05/06/19	Sat 06/06/19	Sun 07/06/19
EARLY	Consultant	0800	1800	Consult 1	Consult 3	Consult 4	Consult 5	Consult 3	Consult 2	Consult 1
	ED OBS	0800	1800	Consult 2	Consult 1	Consult 3	Consult 3	Consult 2		
	Non-Clinical	0800	1800							
	Registrar	0800	1800	Reg 1	Reg 3	Reg 4	Reg 6	Reg 7	Reg 7	Reg 7
		0800	1800	Reg 2		Reg 5	Reg 1	Reg 1		
	Intern or JMO/RMO	0700	1700	RMO 1	Intern 2	RMO 1	Intern 3	RMO 2	Intern 3	Intern 3
		0700	1700	Intern 1	Intern 6	Intern 6	RMO 2	Intern 6	Intern 6	
		1100	2100	RMO 2	Intern 3	RMO 2	RMO 1	Intern 1	Intern 1	Intern 1
	GP	0915	1215	GP 1	GP 1		GP 1	GP 1		
		1300	1600	GP 1	GP 1		GP 1	GP 1		



NT health regional health services are referred to the:

- Accreditation Standards and Guidelines
- Accreditation Glossary



THE SIGNIFICANCE OF THE MATRIX



The accreditation matrix outlines the accreditation status of all units/terms at a NT health regional health service accredited for prevocational doctor education and training. This document reflects the Prevocational Accreditation Committees (PAC) decisions regarding accreditation status. It is available on the accrediting authority's website and updated after each PAC decision. The NTBMBA refers to the prevocational accreditation status matrix to ensure interns have completed accredited terms and meet national internship completion requirements.

Interns and prevocational doctors and prospective Interns and prevocational doctors refer to the accreditation status matrix to ensure they are being placed in an accredited term. It is a requirement of accreditation that NT health regional health services publish and circulate widely the current prevocational accreditation matrix so it is available to all involved in prevocational doctor education and training.

The PAC and accreditation staff maintain the master prevocational accreditation places matrix and updates it as units are accredited or modified within the training providers/NT health regional health services. Prior to any survey event, the NT health regional health service will provide the accreditation staff with a copy of the currently (actual) filled places matrix along with any requested units for accreditation. This should be based on the current matrix and indicate the number of interns and prevocational doctors currently accredited for in one column and requested number in a separate column. This ensures that surveyors and accreditation staff can clearly see that any additional prevocational places that are requested for a unit or that a term wishes to change its status from elective to core. Table 3.5 provides an example of an adequately completed request table.

This request table clearly demonstrates that there is a requested increase in PGY1 numbers for Emergency Medical Care, Medicine, General Surgery, and Orthopaedics. There is a request to change Cardiology and Orthopaedics to core terms, through an equivalence request and there is one new unit request for Intensive Care. This matrix identifies the incoming requests (increases and changes of circumstance) for this NT health regional health service. This document as part of the submission is highlighting what it is the NT health regional health service is requesting to be assessed as part of this survey event. The current part/column of the matrix only contains units that are already known to be accredited.



Table 3.5: Sample matrix with requests included

<i>Hospital Name</i>						
Last Full Survey Date: 12.05.19						
Intern Terms - C = Core	E = Elective	* - Equivalence request received ^ - New Unit request received				
	PGY1 Current	Extra PGY1 Requested	Total PGY1 positions	PGY2 Current	Extra PGY2 Requested	Total PGY2 positions
EMERGENCY MEDICINE C	8	2	10	8	2	10
MEDICINE C	8	2	10	8	2	10
Internal Medicine - C	5		5	8		8
Cardiology – E *	1		1	3		3
Endocrinology - E	1		1	2		3
SURGERY						
General Surgery - C	5	5	10	4	2	6
Orthopaedics – E *	1	2	3	4	1	5
OTHER						
Mental Health - E	2		2	2		4
Anaesthetics - E	1		1	4		5
Intensive Care - E ^		1	1	3		4
Offsite Unit – GDH - E	3		3	5		5
Primary Health – Jabiru					3	3
TOTAL POSITIONS	35	12	47	51	15	66



Given the importance of accreditation matrices, it's not surprising that there are commonly asked questions about them. Answers to common questions are provided below.



Can we change our matrix?

No, NT health regional health services cannot change their own Matrix. Matrices are created and updated by the accreditation staff once the accreditation decision by the PAC has been made. NTBMBA is then informed of any changes by the PAC. Matrices information is maintained by the NT Accrediting Authority on the accrediting authority's website and are made available to all, given the importance of these records to interns, prevocational medical practitioners, NT health regional health services and the NTBMBA.

When preparing for a survey event, NT health regional health services need to confirm the matrix supplied to them by accreditation staff online. The PAC strongly recommends that NT health regional health services provide the matrix to their interns, prevocational doctors, term supervisors and anyone involved in prevocational doctor education and training e.g. rostering personnel.



Here are some tips on common issues accreditation staff have found with matrices and request tables:

- **NT health regional health service staff are not aware of the matrix:**

This can lead to interns and prevocational doctors being rostered to unaccredited terms. All staff involved in prevocational doctor education and training, including people who are responsible for rostering and allocation, should be aware of the matrix and the implications this has on where an intern and/or prevocational doctor can work. Interns and prevocational doctors may only be allocated and rostered to accredited terms. MEU staff should regularly check rosters to ensure that they comply with the matrix. For example if there are 8 places in the Emergency Medical Care term then on any one days roster 0700 – 1700hrs there can only be 8 Interns rostered at one time. Consideration needs to be made where an overlap on a roster of two different shifts. This is to ensure effective and safe coverage of supervision where required.

- **Out of date matrix used as basis for request tables:**

This can lead to units/terms missed at the time of accreditation. The PAC and accreditation staff maintain the current matrix on the accrediting authority's website and it is important that the NT health regional health service confirm this Matrix at the time of the survey. It is also important to use it as the basis of their request table when preparing for a survey event.

In the event that you believe there is a genuine error in the matrix, you should notify the accrediting authority as soon as possible. Dependant on the nature of the error, you may also be asked to substantiate your concerns with evidence. For example, if you believe that there are more terms accredited for a division/NT health regional health service than the matrix shows, you may need to provide evidence such as correspondence from the PAC as evidence to support your challenge.

- **Requests don't indicate compulsory/core or non-compulsory/elective terms:**

If a term is accredited as a non-compulsory/elective term, it cannot be used as a compulsory/core term. Therefore, clarity regarding the request is important to avoid misunderstandings. As the survey team will need to know what is being requested so that they may consider equivalence if this is what is being requested.



- **Numbers of interns/ prevocational doctors in request table not discussed with the relevant term supervisor:**

During interview with the term supervisors, surveyors always check the number of prevocational doctors that are newly being requested for the unit. Where the term supervisor has not been involved in this decision making process, they can at times refute or contradict surveyors on the number of interns/ prevocational junior doctors requested, or deny knowledge of the request. This leads to anxiety at the NT health regional health service during the survey event and is uncomfortable for surveyors.

It is preferable that the NT health regional health service determines the requested number of prevocational doctor terms in consultation with the term supervisors so that there are no surprises at the time of the survey. It is expected that any increase or decrease is in consultation with the unit/division/department heads/offsite unit as well as the medical training committees (PEAG/MTC).



NT health regional health services are referred to the:

- Accreditation Glossary
- Prevocational Accreditation Status Table – available on the accrediting authority's website.



WHAT RESOURCES ARE REQUIRED?



Accreditation survey events are an important component of the accreditation system. Sometimes the survey team will need to visit the NT health regional health service to gather information in a face to face setting that provides immediate opportunity to determine the correct rating for each standard. Sometimes the survey team can conduct the survey via a paper-based desk top

approach.

It is important for all stakeholders that the survey event runs smoothly, whether it is a site visit or a paper based desk top survey event, and allows the surveyors to undertake their roles to the best of their ability. It is helpful when the NT health regional health service ensures the appropriate resources are available. The resources can be divided into personnel, rooms, evidence and catering. Each of these is described in more detail below.

PERSONNEL

The people required for the survey event from a NT health regional health service perspective are all those involved in prevocational doctor education and training. Ideally, the NT health regional health service should appoint an accreditation coordinator/liaison person who is responsible for direct liaison with accreditation staff throughout the accreditation process. This person will vary from NT health regional health service to NT health regional health service depending on their staffing profile but may be a MEO, a senior medical administration officer/Manager (MAO/M) or the DCT. This person should be available throughout teleconferences for paper based surveys or for survey visits, should meet the survey team upon arrival at the NT health regional health service and be responsible for liaising with the accreditation team representative regarding survey team needs.

For survey site visits, there should also be a guide (person) provided for each surveyor sub team if used. It is this person's responsibility to ensure that the sub team arrive on time and attend interviews in a timely fashion. The survey team needs to meet with all those NT health regional health service staff involved in the implementation of the PETP. For all survey events there should be timetabled opportunities to meet/communicate with the NT health regional health service staff:

For a Reaccreditation site visit and/or New NT health regional health service site visit/Offsite unit site visit Surveys:

- NT health regional health service Executive – including but not limited to E/DMS or equivalent
- Medical Education Unit personnel – e.g. MEO/s, DCT/s, MAO/s
- Rostering and Allocation Staff – anyone involved in or responsible for allocations and producing the rosters at a NT health regional health service wide or unit level
- Education Training Committee (PEAG or MTC) – members of the committee including the Chair
- Term Supervisor/s – from each unit that has prevocational doctors
- Unit/Term Staff – including other consultants and registrars
- Prevocational doctors – working in the relevant term/units most if not all that can be released to ensure a representation of comments is available to the surveyors undertaking the assessment so that a determination of the education and training program can be made by the surveyors
- Interns – **sufficient** representation (most if not all) of the intern cohort is required to ensure a representation of comments is available to the surveyors undertaking the assessment so that a determination of the education and training program can be made by the surveyors. This group can and should include any international medical graduates who are provisionally registered.



MEETING ROOMS (WHERE REQUIRED FOR SURVEY EVENT)

Adequate provision of rooms to conduct the visit appropriately is required. A room should be provided for the duration of the survey, which is suitable to house the entire survey team with space to move. Surveyors use laptops and may require extension cords/power boards if access to power points is limited. Interview rooms need to be able to house the survey team members and those they are interviewing. On some occasions a further room may be necessary if the survey team break into two teams to interview NT health regional health service/training provider staff and medical practitioners.

Accreditation staff will provide the NT health regional health service with a list of the survey team including a breakdown of sub teams if used, so that the NT health regional health service/Training provider can determine the room capacities required. A room also needs to be provided to conduct the large interviews such as with the interns, the NT health regional health service executive and MEU staff. All rooms should allow interviews to be conducted in a confidential manner. Thus, common rooms in use by other NT health regional health service staff are not appropriate unless they can be formally booked for the survey interviews to be uninterrupted.

In the event of interviews required for a paper based survey – term supervisors, unit staff, prevocational doctors need to be provided with a distraction free confidential room for teleconferences as scheduled and as required.

EVIDENCE GUIDELINES FOR NT HEALTH REGIONAL HEALTH SERVICES

Please refer to and read *Chapter 3 – How to present the evidence* as well as the following paragraphs.

In order to minimise the hard copy paperwork provided by NT health regional health services as part of their initial/reaccreditation survey visit, some information can be provided to the teams as evidence on the day of the survey. This information should be provided in the form of evidence folders.

Each folder should be carefully marked with the contents and the corresponding standard to which they refer e.g. Term Evaluations F2/S9. The information provided in evidence folders should also be listed in the assessment documentation e.g. Form 3. Adequate time for the survey team to review evidence folders provided on the day of the survey event must be included in the visit timetable.

The following information is appropriate for inclusion in evidence folders:

1. Copies of NT health regional health service Education Program (HSEP) evaluations
2. Copies of relevant completed term evaluations
3. Summary of term evaluations
4. Copies of minutes of prevocational doctor Education Training Committee (PEAG/MTC)
5. Copies of minutes of prevocational doctor policies/guidelines and procedures
6. Orientation program supporting information e.g. handouts/USB given out
7. Copies of generic supporting documentation e.g. NT Health strategic/corporate plan, NT health regional health service strategic plan, Australian Curriculum Framework for Junior Doctors (ACFJD) and identify how they support/underpin the PETP being delivered
8. Copies of formal correspondence between primary allocation NT health regional health services and NT health regional health services offsite unit/s (where applicable)

NT health regional health services should also include a summary of any highlights or achievements that may have occurred since the last visit survey event. These may be as a result of continuous improvement or a stand alone achievement.

De-identified copies of the evaluations must be available to surveyors during the survey.



CATERING

During a survey visit, the survey team works from early in the morning to late at night reviewing evidence, undertaking interviews, discussing ratings and writing reports. Appropriate catering is appreciated to ensure that the survey team is fed throughout the visit. This should include water and glasses throughout the day, coffee and tea and food for morning tea, lunch and afternoon tea. Naturally, catering is not a concern in the event of a paper-based survey.



The resources available for surveys can have a huge effect on the survey. Here are some of the lessons learned along the way:

- **Surveyors do not have a guide on visits:**

Surveyors are left to find their way around an unfamiliar NT health regional health service and arrive late for interviews or at wrong locations.

- **Guides aren't sure where to take surveyors:**

Surveyors may be late for interviews. This impacts on the entire timetable.

Survey timetables are often very unforgiving and require prompt attendance at all interviews to enable the survey to be conducted in the timeframe provided. Surveyors do not wish to waste doctors valuable time by being late or unable to see them at the allocated time.

- **Not enough time is allocated in survey event Timetable for a guided survey team 'walk around':**

Ample time needs to be allocated for the survey team to visit various areas that prevocational trainees work, rest and train (eg simulation areas/training rooms/health and wellbeing rooms). This time should be allocated and identified in the survey event timetable allowing enough time to visit these areas and return to the survey event interview room. If not enough time is allocated in the survey event timetable the purpose and value of the 'walk around' will be lost and may be a waste of time to all stakeholders. The survey team 'walk around' is not meant to disrupt any day to day unit operations and permissions/notifications to the Divisional heads of departments should always be sought/provided prior to the survey event visits.

- **No NT health regional health service survey co-ordinator provided:**

This can lead to outright confusion amongst NT health regional health service staff and can be very distressing to all concerned. It may adversely effect the survey visit outcome/s.

The accreditation support staff member may need to make requests on behalf of the survey team, such as follow-up or extra interviews. Or sometimes, scheduled interviews can't proceed on time because interviewees are running late or due to urgent medical needs become unavailable. A NT health regional health service survey co-ordinator facilitates the survey by working with the survey team and accreditation staff representative/s to make the arrangements that arise through the course of a survey.

Sometimes, the lack of a NT health regional health service survey co-ordinator can result in the Survey Team having inadequate evidence to support accreditation finding/s resulting in a recommendation and/or condition being awarded.

- **Term supervisor doesn't arrive for the interview/teleconference, or the wrong person is sent to interview on behalf of the term supervisor:**

This can create an unfavourable impression for the survey team. This often leads to the survey team interviewing someone who has no idea of the prevocational doctor training provided by the unit and as such cannot answer the appropriate questions. As a result, the survey team is left with inadequate evidence to support recommending accreditation status for the NT health regional health service and/or Unit by the PAC.



- **The room provided on visits is too small:**

The survey team is unable to undertake their roles appropriately and elements such as report writing may be delayed. Often they will have to wait until the conclusion of the day, return to their accommodation and try to write the report into the night.

- **Catering inadequate:**

Sometimes the survey team is given insufficient food, the same food day after day or food that is simply inedible (cold, or has spoiled in the heat).

The survey team is professional, and does not base their survey ratings on the food. The accreditation system is a collegiate process where surveyors volunteer their time and experience to undertake the surveys. The majority of surveyors are peers from other areas within the Northern Territory or from interstate.

Surveys are run to a tight timeframe and the surveyors do not have time during the survey event visit to locate food sources and purchase their own food during a survey event visit. In addition, surveyors who are from another NT health regional health service or from interstate do not necessarily know the NT health regional health service being visited or its surrounds. So the survey team is at the mercy of the NT health regional health service they are visiting. They certainly appreciate it when they are well catered for.



What needs to be in the room for the surveyors on a visit?

A secure room needs to be provided for the survey team for their use during the survey visit.

This room needs to be/have:

- Adequate space and lighting to accommodate the survey team and their documentation during the visit
- Adequate space for the survey team to work effectively in sub teams if necessary
- Desks/Tables for report writing and use of laptops
- Power source for two or three laptops with extension cords and powerboards (where necessary) to be available
- Telephone/video conferencing, in case interviews or contact with offsite unit or NT health regional health service's liaison person are necessary
- Ability to be locked with a key available whilst teams come and go to appointments, or on a timetabled 'walk around'.
- Dedicated for use by the survey team only during the visit to ensure confidentiality and no interruptions by other groups meeting in the same space during the survey visit
- Drinking water and glasses/cups.

It would be appreciated if the secure room could be attended to throughout the day, to clear food, plates, cups and utensils, and to remove garbage. This will ensure a pleasant working environment for the survey team and interviewees.



NT health regional health services are referred to the:

- Guidelines for Organising an Initial or Reaccreditation Survey Visit
- Guidelines for Organising a New and/or Modified Unit Visit
- Guidelines for Organising a Paper Based/Desktop Survey
- Guidelines for a Notice of Change of Circumstance
- Accreditation Glossary



PREPARING FOR SURVEY INTERVIEWS



The most productive surveys occur when a NT health regional health service/Training provider has prepared its staff and clearly briefed all those staff involved in the accreditation process, in terms of what accreditation is, why it is so important, and what their role is during the survey visit. A briefing should be provided to all those involved in the survey. For each stakeholder group, the following should be discussed:

- What is prevocational accreditation?
- How is prevocational accreditation undertaken? – i.e. the components of accreditation.
- What are the NT prevocational accreditation standards and how is performance against these standards determined?
- What is the NT prevocational accreditation rating scale?
- When are results of prevocational accreditation surveys known?

There should then be information specifically tailored to the individual stakeholder groups, relating to the accreditation standards that are most relevant to their role within the PETP. The PAC provides the following suggestions to assist NT health regional health services in pre survey briefings:

- **E/DMS (or equivalent)** – Address what PETP governance is, which standards relate to governance and what evidence will the surveyors be looking for.

The E/DMS should be able to discuss in broad terms where the PETP fits in the wider NT health regional health service/Training provider activities, the resources provided to implement the PEAG/MTC in regards to budget and staffing. Address how the NT health regional health service and Training provider executive monitor the PEAG/MTC and its performance against the standards, as the survey team will be interested in this as well.

- **Prevocational Doctor Education and Training Committee Chair and members** – The PEAG/MTC Chair and members should be able to discuss the functioning of this committee, in particular, how action items related to the PETP are identified, actioned and evaluated. As well as the scope of the committee and how it links to other aspects of the NT health regional health service/training provider training continuum.

They should also be able to discuss communication with offsite units where appropriate.

- **MEU Staff** – should be able to discuss both the NT health regional health service/Training provider orientation program and the NT health regional health service/Training provider education program, how they are implemented and evaluated and examples of changes made as a result of these evaluations.

They should be able to discuss how terms are evaluated, confidentiality maintained and actions taken as a result of these evaluations which have resulted in change. In addition, they should be able to give examples of advocacy on behalf of prevocational doctors.

- **NT health regional health service/Training provider Assessment Review Group** – need to be familiar with the accreditation standards relevant to prevocational doctor assessment (performance) (Function 2 Standard 10). The Chair and members of this review group should be able to discuss the processes used to manage and facilitate prevocational assessments of doctors performance particularly for the internship year.
- **Term Supervisors** - need to be familiarised with the accreditation standards relevant to term experiences. These are Function 2 Standards 6-10. Term supervisors should be able to discuss the prevocational doctors clinical experiences whilst undertaking the term, scope of practice and educational opportunities.



They should also be able to discuss the process for orientating the prevocational doctors into their units, discussing individual learning needs and tailoring programs accordingly. They should also provide information on supervision provided for the prevocational doctors and the assessment processes used within the unit including performance management processes.

It is also an opportunity for MEU staff to prompt supervisors regarding the Australian Curriculum Framework for Junior Doctors, the National Internship Guidelines for Terms (AMC) and the National Internship Intern Outcome Statements (AMC) and their application to the PETP at the NT health regional health service.

- **Allocations and Rostering Staff** – The allocations and rostering staff need to be able to explain clearly the rostering principles they use for the PETP including ward call, remote call or other term specific rostering practices.

They should be aware of the prevocational accreditation matrix and the need to only roster prevocational doctors to accredited terms.

- **Prevocational doctors** – The prevocational doctors need to be briefed to provide surveyors with objective, open and frank information regarding their experiences in terms of both NT health regional health service/Training provider wide experiences and individual term experiences. They should be encouraged to provide examples of advocacy which have occurred on their behalf.



A little preparation can go a long way. All sorts of things can happen when key personnel are not briefed prior to the survey:

- Term supervisors have been unaware in the past of why they are being interviewed and had not agreed to having prevocational doctors. This can result in a rather unpleasant interview for all involved.
- Term supervisors have been unsure of their role in accreditation. This can suggest to a survey team that the unit may not yet be ready for accreditation, due to a lack of understanding by those responsible for the prevocational doctors education and supervision.
- Term supervisors mistakenly believe that the survey team is interviewing them about advanced trainees, rather than prevocational doctors. Supervisors are then unable to answer surveyor questions adequately which can lead to increased length of time for the interviews and/or the need for additional interviews. Worst scenario no accreditation outcome.
- NT health regional health service executive unaware of prevocational doctor education and training practices may find it challenging when the survey team asks questions about pertinent aspects of PETP governance.
- Survey questions that cannot be answered by the nominated appropriate NT health regional health service/Training provider staff, can suggest to a survey team that the NT health regional health service/unit may not yet be ready for accreditation due to a lack of understanding by those responsible for the prevocational doctors governance, education and supervision.
- When only the MEU staff are able to answer questions, and surveyors cannot find evidence that NT health regional health service/Training provider practices are implemented by the appropriate people.



Isn't briefing interviewees cheating the system?

Briefing is about being prepared and not about cheating the system. Encouraging people to provide inaccurate or incorrect information to the surveyors is certainly inappropriate. However providing the interviewees with information about what is expected of them will help the survey run smoothly for both the NT health regional health service and accreditation staff and survey teams. It is also consistent with the PACs philosophy that



accreditation provides a collegiate, educational opportunity to recognise the systems and practices in place to keep patients and junior doctors safe.



NT health regional health services are referred to the:

- Prevocational Accreditation Standards and Guidelines
- Prevocational Accreditation Glossary (found in the standards and guidelines booklet)
- Australian Curriculum Framework for Junior Doctors (ACFJD)
- National Internship Guidelines for Terms (AMC)
- National Internship Intern Outcome Statements (AMC)

CONDUCT OF INTERVIEWS



The interviews are one source of evidence available to the surveyors to assist in their deliberations regarding performance against the accreditation standards. The conduct of the surveyors during interviews is addressed by accreditation staff at their surveyor training programs where the PAC emphasises an appropriate code of behaviour. However, there are some issues that are important for the NT health regional health service/Training provider organising the survey to be aware of:

- Interviews need to be conducted in a room where the team and interviewees can discuss in private without interruption from other NT health regional health service/Training provider staff.
- Only the designated interviewees as outlined on the timetable can attend the interviews. For example, it is not appropriate for the MEU or executive staff to sit in on the interviews with prevocational or term supervisors. There needs to be free dialogue between surveyors and those being interviewed.



THE IMPORTANCE OF PLANNING



One of the most topical issues in medical education is the increasing numbers of graduates entering our health care system. We need to be able to ensure that there are adequate high quality prevocational doctor positions available. In turn, this creates the need to have these positions accredited before they are used for prevocational doctor education and training. In order to ensure that this can happen in a timely manner, from a NT health regional health service/Training provider perspective, there is a need to plan ahead in order to meet timeline requirements.

Planning is required to determine whether a new, offsite or modified unit request is required. Or if a Notice of a Change of Circumstance is warranted. Definitions of these different requests or notifications are outlined in the process documents on the accrediting authority's website. It is important for the NT health regional health service/Training provider staff to familiarise themselves with these processes.

NT health regional health services/Training providers prior to their preparation of their accreditation request/applications should contact the accrediting authority prevocational accreditation staff to ask for assistance and guidance. In asking for assistance it allows the prevocational accreditation staff to advise and give guidance regarding if the request is for a new unit, modified or considered an offsite unit. Whether a Notification of a Change of Circumstance would be better suited. And provide a time frame for the accreditation process to be completed along with if the survey will be a site visit or a paper based process.

Essential to the NT health regional health service/Training providers planning process is a discussion with the relevant term supervisors to ensure that the prevocational doctors' role and education within the unit has been discussed and clearly delineated. This is important even when the term is not fundamentally changing but the prevocational doctor's numbers are increasing or decreasing within the unit. Increased prevocational doctor numbers place additional educational requirements on a unit. Surveyors need to see evidence that there has been clear consideration of the impact of the increasing numbers on the functioning of the unit, particularly in terms of breadth and depth of clinical exposure and supervision of the prevocational doctor. As well as maintaining the safety and wellbeing of the patients and trainees.



NT health regional health services/Training providers need an awareness of the timelines involved in an application for a new, offsite or modified unit survey. The overall process from survey to NTBMBA notification is approximately 3 months. NT health regional health services/Training providers need to factor this into their planned requirements for use of the term. Terms can only be used for prevocational trainees (PGY1 + 2) once approved by the Accrediting Authority.

Important timelines include:

- Applications received after 1 October in any year will not be considered until the following calendar year (unless an urgent need can be justified to the Accrediting Authority)
- Initial/reaccreditation documentation is required by the accreditation staff a minimum of 8 weeks prior to the proposed survey date.

An application for a new, offsite or modified unit survey can be submitted at any time throughout the year. However, October 1 is the closing date for any applications for surveys that are desired to commence in the following calendar year. This approach ensures that the accreditation staff can not only meet its obligations to the Accrediting Authority, but also to the NTBMBA and NT DoH with respect to workforce capacity building.



Will my new, offsite unit be accredited in time for the next rotation?

Prevocational accreditation staff work extremely hard to accommodate requests for new, offsite and modified unit surveys as a result of workforce capacity building demands. However, we cannot cancel scheduled surveys to accommodate last minute requests. This would be unfair to the surveyors engaged and for those



volunteering their time as well as unfair to the NT health regional health service/Training providers releasing them.

It is therefore up to NT health regional health services to ensure that they comply with the accreditation timelines as outlined in the relevant processes and that they are engaged in an active planning process in liaison with their internal stakeholders such as term supervisors, and also with prevocational accreditation staff and DoH.



You may be wondering why we are so particular about this point. Simply put, a lack of planning for new, offsite and modified units can create a world of difficulty for many people.

A frantic call from a NT health regional health service that has suddenly realised that additional capacity is needed creates a massive burden on:

- Those other NT health regional health services/Training providers that have released surveyors
- Surveyors, who may have to be rescheduled for a new survey at the last minute with added pressure to get a report out to the Prevocational Accreditation Panel and Committee with tight turnarounds, yet meet exacting quality and accuracy standards for the NT health regional health service, Training provider, interns, prevocational doctors, the Accrediting Authority and the NTBMBA
- The Prevocational Accreditation Panel who must rush through a decision on a survey report at the last minute
- The Prevocational Accreditation Committee, who must make an accreditation decision with little time or even schedule an out of sessions meeting to process the request in time
- The accreditation staff and team, who is placed in a difficult position of juggling all the urgent requests and anxious stakeholders on top of their pre-existing workloads.



NT health regional health services are referred to the:

- New and Offsite Unit Survey Process
- Modified Unit Survey Process
- Accreditation Glossary

THE DIFFERENCE BETWEEN A NEW, OFFSITE AND MODIFIED UNIT



Prevocational accreditation staff often receive queries regarding the difference between a new and modified unit. In general terms, the easiest determination is where a previously unaccredited term is considered for prevocational trainees as part of the NT health regional health service PETP and where the new unit is located within the campus of the primary allocation centre. This would be considered a new unit request. For example, an accredited NT health regional health service that has not previously had a prevocational doctor in Gastroenterology but now has a keen motivated term supervisor who wants prevocational doctors in their unit and can provide the necessary education and training commensurate to the level would be considered a new unit as they have not ever had an accredited position on their roster before.

The difference between an offsite unit, (which may be considered a new unit by definition) and a new unit request is that the NT health regional health service/training provider would need to consider first where the unit is located. An offsite unit is a placement which is located geographically away from the primary allocation centre but which operates within the PETP of the primary allocation centre, and/or an alternative prevocational term structure, which is delivered through the PETP of the primary allocation centre. E.g. TEHS is the Primary allocation centre, its regional hospitals request to provide prevocational trainee placements as part of the TEHS PETP these terms rotations would be considered as offsite as they are located geographically away from the primary allocation centre.

When modifications have been made to an already accredited unit, sometimes it is unclear to NT health regional health service staff if this should be considered a modification or not. Essentially the basis of this decision is the degree of changes to the term. As outlined in the modified unit process, 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/term which impacts on the type and amount of clinical experience available
- Change in supervision (refer Supervision Policy) models
- Alteration to rostering and clinical duties that will affect case load/case mix
- Change in caseload e.g. additional VMO appointed (but not based on seasonal variations in caseload)
- Change to number of prevocational doctors
- A currently accredited unit now wanting to split into two separate units
- Relocation of unit to another campus of the same NT health regional health service

The basic difference is that a new unit and offsite unit survey may be conducted by a site visit or paper based/desktop survey. A modified unit survey process is almost always paper based. This difference has implications for the NT health regional health service/Training provider and for the accrediting authority. So careful consideration is required in determining modified versus new or offsite unit status. Prevocational accreditation staff are happy to provide advice and guidance on these determinations.



Some wonder what the fuss is about. The following examples are provided of issues that occur if inadequate consideration is made regarding new, or offsite versus modified status:

- A NT health regional health service applies for a modified unit for a combined term in Maxillofacial Surgery and Ear, Nose, Throat (ENT) Surgery. Previously the NT health regional health service had this term accredited as Maxillofacial/Plastic Surgery term and did not have an ENT unit accredited for prevocational doctors. As a result, this would require a new unit survey. Even though Maxillofacial has previously been accredited, ENT has not – therefore a new unit request would be required.

Issue: Firstly the previous unit accredited was for a different unit combination with different caseloads and different casemix to the new request for ENT to be included. The initial accreditation being based on different evidence therefore with the change to the combination it would be considered a new unit request for further assessment as the accrediting authority has not previously accredited ENT.

- A NT health regional health service applies for a new unit survey for a unit that has never had prevocational doctors in previously. The location of the unit has not been made clear in the submission request. It is later identified that the unit requesting to be assessed is situated in a regional area away from the primary allocation centre but is however part of the same NT health regional health service and PETP. After further clarification it is identified that the primary allocation centre will be providing the PETP for these prevocational doctors placed in these regionally located terms.

Issue: Because the wrong survey request has been submitted the survey team cannot finalise the assessment process and the survey event would need to be rescheduled so that a site visit could be arranged. Wasting valuable time for the NT health regional health service/training provider along with the surveyors and other prevocational accreditation staff.

- A NT health regional health service/Training provider applies for a modified unit survey to increase the number of prevocational doctors in a unit by one. Request was not submitted through the primary allocation centre medical education unit.

Issue: Upon review of the modified unit documentation it is apparent that the units accredited positions have not been filled/used for 3 years (see requirement to fill/use accredited positions within 2 years to maintain) and the term and clinical supervisors have changed since the unit was last surveyed. The survey team cannot proceed with the assessment as the information provided is dated and due to the lack of use of the positions a new unit survey request would be required. Survey event would need to be rescheduled delaying any prevocational doctors being rostered to that unit.



These situations can arise when the NT health regional health service/Training provider choose to not seek advice or guidance from the accrediting authority in determining what type of survey request is needed. Also the requesting units should always consult and work with the Primary allocation centre medical education unit to confirm the accreditation status of the current positions within that unit prior to the request being submitted to the Accrediting Authority so that delays can be avoided for all parties involved.



Accreditation staff/surveyors ask a NT health regional health service/Training provider to consider the consequences of increasing the number of prevocational doctors in a Unit. Why?

The addition of a prevocational doctor can significantly impact on the experience of all prevocational doctors in a unit.

Surveyors will often ask questions such as:

- Is there sufficient supervision available for more prevocational doctors in this unit?
- Is the workload/casemix sufficient for more prevocational doctors?
Some units have not considered this. When surveyors speak to the current prevocational doctors, and other trainees in the unit they often report that the workload/casemix is currently enough for the numbers but not sufficient to provide additional prevocational doctors with a meaningful clinical learning experience.
- How will the timetable be changed to reflect the additional prevocational doctor? Will one go to outpatients and one to the wards? Or will they both do wards and outpatients at the same time? What impact would this have on their clinical learning experiences? Is it a shared position?
- Will a new team within the unit be rostered dividing the workload?

In essence, surveyors will want to know how the educational opportunities may change in the unit as a result of an increase in prevocational doctor numbers.



NT health regional health services are referred to the:

- New and Offsite Unit Survey Process
- Modified Unit Survey Process

PROVIDING EVIDENCE FOR A NEW AND OR OFFSITE UNIT



NT health regional health services/Training providers are often concerned about how they provide information for the surveyors when they currently do not have a prevocational doctor in the unit. The surveyors are aware of this situation and need to establish the **intent** of the NT health regional health service/Training provider if granted accreditation for the new or offsite Unit. For this reason new and offsite Units can only receive a maximum rating of Satisfactorily Met (SM) with a condition to be reassessed 6 months after a prevocational doctor has been placed and completed a term in that new or offsite unit.



There are ways to present evidence for a new or offsite unit, as the examples below show:

- A term supervisor who clearly demonstrates an understanding of the requirements of the prevocational doctor education and training, the accreditation standards and the NT health regional health service's policies and procedures in regard to the PETP. The Term supervisor should be able to describe in detail the process they will use to:
 - Orientate the prevocational doctor
 - Assess the prevocational doctor
 - Supervise the prevocational doctor

In addition, they should be able to describe the clinical experience the prevocational doctor will have whilst undertaking this term and their scope of practice. There should be clear evidence of



consideration as to how the prevocational doctor will be assimilated into the unit and their roles and responsibilities in comparison with other prevocational doctors that may be rostered to the unit e.g. how will they fit into the team?

- A prevocational doctor specific orientation booklet/Term Description which outlines the learning objectives for the term, the scope of practice for the prevocational doctor and learning opportunities available that are both intern/prevocational doctor specific and term relevant. This booklet should also include a detailed daily timetable to illustrate the activities to be undertaken by the prevocational doctor.
- Copies of the proposed roster for the prevocational doctors clearly indicating the out of hour's shifts required if any.
- Outline who the prevocational doctor should contact in urgent need for assistance.
- Patient and unit handover processes.

Feedback from the other prevocational doctors currently working in the unit provides a valuable source of information for the surveyors and it is important that those prevocational doctors are available at the time of the survey if a visit is deemed necessary.

A clearly defined term supervisor is essential prior to the survey, as this person needs to be actively involved and engaged in the planning for the new unit survey.

Ultimately the NT health regional health service/Training provider needs to carefully review the accreditation standards and ensure that they are able to provide adequate evidence of their **intent** for **each** of the relevant standards.



If the unit isn't accredited yet, why do we have to document an orientation booklet?

NT health regional health services/Training providers that would like a term considered for accreditation must have seriously considered how the term will provide the necessary experience for a prevocational doctor and contribute to the doctor progressing to, achieving and maintaining independent practice. This includes determining the prevocational doctors learning objectives for the term, the type and extent of their clinical experience and the supervision that will be provided and assessment process. The documentation of a prevocational specific orientation booklet provides evidence of this deliberation. This is particularly important for a new offsite unit request as it shows commitment and initial understanding of what is expected and required by all involved.



NT health regional health services are referred to the:

- Prevocational Accreditation Standards and Guidelines



A QAP is the written documentation produced by the NT health regional health service in response to the prevocational initial/reaccreditation report. This plan outlines how the NT health regional health service/Training provider will address the recommendations/conditions detailed within the initial/reaccreditation report and includes a timeframe for each of the listed actions.

AN INTRODUCTION TO QUALITY ACTION PLANS

This action plan is a very important component of the prevocational accreditation system. Recommendations/conditions are made by the surveyors at the time of a survey visit in response to their analysis of the evidence provided for each standard. A recommendation is required for any rating below a Satisfactorily Met (SM). The intent of the recommendation is to highlight an area, which requires attention by the NT health regional health service/Training provider in order to achieve an SM performance against the standard in the future. The QAP provides the NT health regional health service/Training provider with an opportunity to provide evidence of the follow up planning and actions taken in response to each recommendation/condition.

The QAP is reviewed by the original survey team leader (or delegate usually a survey team member) which ensures consistency of approach for the NT health regional health service/Training provider. The QAP must contain sufficient information to clearly describe the actions and planning taken or to be taken by the NT health regional health service/Training provider.



A QAP should be sent to the accrediting authority approximately 6-8 months into the accreditation survey cycle, after a visit Survey. A second QAP (referred to as QAP Stage 2) is to be provided to the accrediting authority approx. 12 months after the submission of stage 1.

Prevocational accreditation staff will provide the NT health regional health service/Training provider with notification that a QAP is due for completion and provide the NT health regional health service/Training provider with a populated QAP to complete. The NT health regional health service/Training provider needs to submit the completed QAP to the accreditation staff by the due date provided in the accreditation survey cycle schedule.



Don't forget to return the completed QAP, with evidence where a recommendation/condition is believed to be met.

A QAP is a formal requirement of the prevocational accreditation system and the PAC must report on outcomes to the NTBMBA. If a QAP is not provided or is incomplete, a follow up visit to the NT health regional health service may be required. This results in additional work for both the NT health regional health service/Training provider and the accrediting authority.



NT health regional health services are referred to the:

- Accreditation Survey Cycle
- QAP Survey Process

COMPLETING THE QUALITY ACTION PLAN



NT health regional health services are responsible for establishing their own internal processes for accreditation, including completion of the QAP.

Prevocational accreditation staff provide the following advice regarding the completion of the QAP (Table 6.1). In general, the information needs to be provided by the most appropriate person and this is usually the delegated officer for a specific standard. For example, information about a specific unit should come from that term supervisor. The person responsible for the action related to each specific recommendation should be the



person that is responsible for completing that section of the form. Sometimes a group of medical staff may need to discuss content prior to it being documented by one person.

Table 6.1: Who should complete the QAP

Standards	Suggested person to complete the form
Function 1/Standard 1	<ul style="list-style-type: none"> Recommendations/conditions regarding governance such as the inclusion of PETP within a strategic plan, budget, or physical infrastructure should be completed by the executive delegated officer, usually the EDMS or equivalent. Recommendations/conditions regarding policies, guidelines and procedures may be better completed by the appropriate delegated officer, normally MEU staff responsible for their documentation and implementation e.g. MEO or DCT.
Function 1/Standard 2	<ul style="list-style-type: none"> The person responsible for providing MEU staff appraisals should respond to recommendations/conditions about this criterion. MEU staff could provide examples of advocacy on behalf of the prevocational doctors.
Function 1/Standard 3	<ul style="list-style-type: none"> Recommendations/conditions regarding consideration of the PETP within overall service provision should be completed by the EDMS or equivalent. Recommendations/conditions regarding use of evaluation data, assessment forms, ward and remote call may be better completed by MEU staff responsible for their implementation e.g. MEO or DCT. In the case of any offsite units the MEU staff and the term supervisor of the offsite unit may need to be consulted.
Function 1/Standard 4	<ul style="list-style-type: none"> Recommendations/conditions regarding offsite units may be better completed MEU staff along with the DMS or equivalent responsible for the governance of that offsite unit.
Function 1/Standard 5	<ul style="list-style-type: none"> Chair of the PEAG/MTC.
Function 2/Standard 1	<ul style="list-style-type: none"> Recommendations/conditions regarding allocation and rosters could be completed by MEU staff or rostering staff dependent on who is responsible for this function within the NT health regional health service/Training provider. Clinical and term supervisors regarding dedicated time for teaching and training for prevocational doctors in the PETP.
Function 2/Standard 2	<ul style="list-style-type: none"> Recommendations/conditions regarding implementation of the prevocational doctor NT health regional health service/Training provider orientation program may be better completed by MEU staff or equivalent responsible for their implementation e.g. MEO or DCT.
Function 2/Standards 3-5	<ul style="list-style-type: none"> Recommendations/conditions regarding implementation of the NT health regional health service Education Program (HSEP) may be better completed by MEU staff responsible for their implementation e.g. MEO or DCT. In regard to the HSEP evaluation the Chair of the PEAG/MTC may also offer valuable insights.
Function 2/Standards 6-9	<ul style="list-style-type: none"> Term supervisor. Recommendations/conditions regarding implementation of the PETP evaluation processes may be better completed by MEU staff responsible for their implementation e.g. MEO or DCT.
Function 2/Standard 10	<ul style="list-style-type: none"> Term supervisors of the PAC and any other offsite units. MEU staff. Assessment Review Group.



Though often seen as less demanding than full survey events or new, offsite and/or modified unit surveys, things can still go awry when the wrong people complete the QAP.

- Incomplete or incorrect information provided. This is usually identified by the survey team Leader and results in additional work for the survey team Leader, accreditation staff and the NT health regional health service staff.
- Cut and paste generic responses, such as “Term supervisor currently reviewing”, are usually insufficient information. It may indicate that the person responsible for actioning the recommendation has not been involved in the completion of the QAP.



NT health regional health services are referred to the:

- Prevocational Accreditation Standards and Guidelines

WHAT IS APPROPRIATE EVIDENCE FOR A QUALITY ACTION PLAN



Accreditation staff are often asked what is appropriate evidence for inclusion in a QAP. Recommendations/conditions are made by surveyors in response to the accreditation standards. This is done to ensure that recommendations/conditions reflect the actions required to achieve that standard. If there is any uncertainty as to the meaning of the recommendation/condition, it is best raised when the NT health regional health service/Training provider receives the draft survey report for comment and clarification.

The prevocational accreditation guidelines included. In the NT Prevocational Standards document can also provide guidance as to the type of evidence required. Usually the information required includes:

- Has the recommendation/condition been actioned?
- By whom has it been actioned?
- What is the result of the action?



The following examples are provided in regards to responses to a recommendation/condition:

- The recommendation/condition asks for the documentation of a policy/guideline on supervision.

The QAP could indicate that this has been documented and is currently under review by the PEAG/MTC with an indication of when this will be formally endorsed. A copy of the draft policy should be attached to the QAP.

- The recommendation/condition asks for the unit to develop a process for monitoring prevocational doctor handover between terms.

The evidence should state details of the process developed along with how it is implemented and evaluated. Evaluation data such as written feedback on the process should be included along with the QAP.

- The recommendation/condition asks that the MEU provide professional development for the term supervisors in regard to the requirements of prevocational doctor PETP.

The QAP should indicate which professional development activities have been provided, by whom and how they have been evaluated. Copies of the evaluation forms could be included with the QAP as further evidence of action taken.



What if our QAP does not have enough information in it?

QAPs which are submitted as incomplete or with insufficient information provided as to the actions taken in response to the recommendation/condition will be returned with a request to provide additional information. If this information is still considered insufficient then the PAC will/may institute a follow up survey visit as per the QAP survey process. This results in additional work for everyone and can be easily avoided by paying due consideration to the completion of the QAP.



What if we haven't actioned the recommendation/condition as yet?

If a recommendation/condition has not been actioned, the NT health regional health service/Training provider will need to provide information as to why the action has not be taken, planning that has been undertaken to lead to action, and an indication as to the expected timeline for completion.



NT health regional health services are referred to the:

- Prevocational Accreditation Standards and Guidelines
- QAP Survey Process



THE IMPORTANCE OF STAYING ON TOP OF ACCREDITATION



There are times where NT health regional health services/Training providers are required to adapt at a rapid pace to meet service delivery needs and this may affect their accreditation status. NT health regional health services and Training providers need to be agile to the ever evolving changes happening for a number of reasons which may include a pandemic/national disaster. NT health regional health services and Training providers need to ensure that prevocational accreditation standards continue to be met during these times as this will support patient and prevocational doctor health and safety. In turn, this creates the need to inform the accrediting authority of any changes made at all levels as this may involve the failure or potential failure to satisfy one or more of the standards for accreditation for prevocational education and training to meet MBA registration requirements.

The accrediting authority recognises that there will be circumstances where the NT health regional health service/Training provider is faced with unexpected events which may temporarily affect an already accredited term. In such cases the NT health regional health service/Training provider may not have the necessary time to formally plan and apply for prevocational accreditation in preparation for the impact these events may have on the NT health regional health service/Training provider in continuing to meet the prevocational accreditation standards.

NT health regional health services/Training providers are required to fill in Form 8 (Notice of Change of Circumstance) to notify the accrediting authority in a timely manner as the impact of the event unfolds and submit for consideration and approval as per process 2.10 – Notification of Change of Circumstance.

NT health regional health services/Training providers are encouraged to contact prevocational accreditation staff to seek assistance and guidance where needed. In asking for assistance also allows the prevocational accreditation staff to advise whether the change in circumstance will be a site visit or a paper based process.

A notification of a change of circumstance can be submitted at any time throughout the year. However, depending on the change of circumstance and if it culminates in a survey event the deadline of October 1 may be required to be adhered to, as notifications post this date may not be considered until the following calendar year unless there is an urgent and immediate need.

The types of change of circumstance that are to be reported are:

- Change to staff in the MEU
- Change to Term Supervisors
- Change to the PETP

THE DIFFERENCE BETWEEN A CHANGE OF CIRCUMSTANCE AND MODIFIED UNIT



Prevocational accreditation staff often receive queries regarding the difference between a change of circumstance notification and a modified unit. In general terms a change of circumstance is only temporary whereas a modified unit request is for long term changes. For example, an accredited NT health regional health service has had to temporarily place an additional prevocational doctor in an already accredited term. This could be due to an urgent need as a result of a pandemic measure. Whereas a modified unit request would be needed if the NT health regional health service was planning on relocating the accredited term to a different site/campus. For additional examples of what would be a modification please refer to page 29 of this guide.



NT health regional health services are referred to the:

- Notification of Change of Circumstance Process
- Prevocational Accreditation Standards and Guidelines



PROVIDING EVIDENCE FOR A NOTIFICATION OF CHANGE OF CIRCUMSTANCE



Whilst NT health regional health services are not required to provide any specific evidence, they are required to provide an outline of actions/provisions that have been put in place to support prevocational doctors and stipulate the timeframe of the change of circumstance. The form for a Notice of a Change of Circumstance will advise what evidence can be supplied as appropriate. Contact the Accrediting Authority for advice and guidance regarding a Change of Circumstance and evidence required.



THE BENEFITS FOR REQUESTING TERM EQUIVELANCE



In order for an intern (PGY1) to be eligible to apply for general registration they must satisfactorily complete:

- a term of at least eight weeks that provides experience in emergency medical care;
- a term of at least 10 weeks that provides experience in medicine;
- a term of at least 10 weeks that provides experience in surgery; and
- a range of other approved terms to make up 12 months (minimum of 47 weeks full-time equivalent service).

All terms must be accredited by the NT accrediting authority prior to an intern been placed.

In order for a NT health regional health service to be considered as a primary allocation centre, there is a requirement that it is capable of providing preferably all of the compulsory/core terms needed for an intern to achieve general registration. The number of accredited positions within the compulsory/core terms, guides the maximum number of interns that the primary allocation centre can have at any one time regardless of the number of accredited elective terms.

In order to increase its capacity, a primary allocation centre may consider other elective terms that may meet an assessment of equivalence to a compulsory/core term.

If the application for equivalence was successful it may provide the primary allocation centre with greater flexibility to accommodate more interns through their PETP. As well as enabling the training provider to manage unplanned events which may lead to the necessity for a temporary extended increase in workforce needs in a particular discipline e.g. pandemic/natural disaster. Regardless of workforce needs the NT health regional health service/Training provider still has a duty of care to interns to ensure that they meet the requirements for general registration.

NT health regional health services/Training providers wishing to be assessed for a term equivalence will need to contact the Accrediting Authority to request Form 7 (Request for Equivalence – 7EMC, 7M or 7S) for consideration and approval by the accrediting authority. NT health regional health services/Training providers will need to clearly identify and provide evidence to support the request to be granted an accredited equivalence to a compulsory/core term. A useful document to assist in these submissions is the AMC Intern Training Guidelines for terms which can be found on the AMC website.

NT health regional health services/Training providers are encouraged to contact the prevocational accreditation staff to seek assistance and guidance where needed. In asking for assistance it also allows the prevocational accreditation staff to advise whether the application for equivalence will be a site visit or a paper based process. The survey team may choose at any time to request a meeting/interview with any necessary NT health regional health service/Training provider staff to support the application they are reviewing at the time. This will be organised in consultation with the NT health regional health service MEU.

An application for a term equivalence can be submitted at any time throughout the year however depending on the preplanning undertaken and urgency for the request the deadline of October 1 may be required to be adhered to.



NT health regional health services are referred to the:

- Prevocational Accreditation Standards and Guidelines
- Intern Training – Intern Outcome Statements
- Intern Training – Guidelines for Terms

PROVIDING EVIDENCE FOR AN APPLICATION FOR A TERM EQUIVELANCE



NT health regional health services are required to submit evidence as outlined in the required evidence in applicable Form 7 for the survey teams review and consideration.



APPEAL AGAINST THE PREVOCATIONAL ACCREDITATION COMMITTEE DECISION – CHAPTER 9

REVIEWING THE PREVOCATIONAL ACCREDITATION SURVEY REPORT



The Prevocational Accreditation Committee has delegated responsibility from the MBA as the NT accrediting authority for the accreditation of intern and prevocational doctor education and training programs in the NT. A NT health regional health service, Training provider, individual or department that is the subject of an accreditation decision may, within 14 days from receipt of written advice of the accrediting authorities accreditation decision, apply to the Chair of the Accreditation Committee to have the decision reviewed by an Appeals Committee for any or all of the following reasons:

1. An error in due process occurred in the formulation of the earlier decision and/or
2. Relevant and significant information which was available and provided to the surveyors was not considered in the making of the recommendations and/or
3. The decision of the PAC was inconsistent with the information put before that Committee and/or
4. Perceived bias of a surveyor.

Upon receipt of the accreditation decision, NT health regional health services/Training providers and its staff are encouraged to review the prevocational accreditation survey report along with the Prevocational Accreditation Standards and Guidelines and other system documents in a timely manner in order to have sufficient time to lodge an appeal against the Accrediting Authorities' decision should they wish to do so.

NT health regional health services/Training providers choosing to lodge an appeal will need to fill in Form 6 (Notice of Appeal against the Prevocational Accreditation Committee Decision) and lodge it with the accrediting authority in a timely manner for processing as per Process 2.9 – Appeal against the Prevocational Accreditation Committee decision.

A notice of appeal against the Accreditation Committees decision can be submitted at any time within 14 days after receiving written advice of the accreditation decision. NT health regional health services/Training providers should note that no extensions will be granted for lodging an appeal.

It is noteworthy to know that the NT health regional health service/Training provider shall be liable for the costs associated with the convening of an Appeals Committee (including travel, accommodation, honoraria, recording costs etc.). NT health regional health services/Training providers will also be liable for any additional costs incurred during the appeal, which will be billed to the NT health regional health service/Training provider at the conclusion of the proceedings. As a guide, the total costs may be \$3000 - \$5000. If the lodged appeal is successful any associated or additional costs will not be billed to the NT health regional health service/Training provider.



NT health regional health services are referred to the:

- Appeal against the Prevocational Accreditation Committee's decision Policy
- Appeal against the Prevocational Accreditation Committee's decision Process

PROVIDING SUPPORTING EVIDENCE FOR THE LODGEMENT OF AN APPEAL



As in any appeal, the NT health regional health service/Training provider will bear the burden of proof to establish the grounds of the appeal. The NT health regional health service/Training provider should state on which grounds they are making the appeal in the terms outlined.



STAYING ON TOP OF ACCREDITATION

Maintaining prevocational accreditation status is a never ending process for NT health regional health services/Training providers as they are continuously working towards maintaining the level of standards they currently deliver and improving the PETP. Whilst addressing any issues that were identified in previous accreditation surveys. The accrediting authority recognises the efforts and hard work that NT health regional health service/Training provider staff provide to their best of their abilities to enable and ensure that their education and training programs meet the prevocational accreditation standards. However there may be occasions where the NT health regional health service/Training provider consciously or not has allowed for the level of standards delivered to drop or not be maintained. This may place both patients and prevocational doctor's health and safety at risk.

Anyone, including the NT health regional health service/Training provider and its staff together with external stakeholders may notify the accrediting authority that a NT health regional health service/Training provider and/or unit may potentially be in breach of the accreditation standards. The accrediting authority treats all notifications of any potential breaches 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 NT health regional health service/Training provider's accreditation status. Depending on the seriousness of the breach causing prevocational doctors to be relocated from the NT health regional health service and or Training provider or unit/s breaching the accreditation standards, until the breach is rectified.

The notifier is required to fill in Form 10 (Notification of Potential Breach of Accreditation Status) to notify the accrediting authority as soon as possible after they become aware of the potential breach. The accrediting authority will lodge an investigation as per process 2.15 – Notification of a potential breach of accreditation status process and dependant on the outcome may issue the NT health regional health service/Training provider with a notice of suspension (NT health regional health service/training provider status, term status). This notification will outline the reason/s for suspension of accreditation status, the term/s affected and the actions required to be undertaken including the timeframe allocated to rectify the issue/s.

Please note that where a whistle-blower is involved, confidentiality will be maintained at all times according to the Northern Territory Government Policies.



NT health regional health services are referred to the:

- Accreditation Policy
- Notification of a Potential Breach of Accreditation Status Process
- Prevocational Accreditation Standards and Guidelines