

Accreditation Terms

The Accreditation Terms define some terminology used within the NT prevocational accreditation system. Where possible terminology that is more generic has been used to avoid issues in regards to local idioms. The Accreditation Terms have been placed here for easy reference when referring to the prevocational accreditation system.

Accreditation - A process by which the accrediting authority evaluates a prevocational training provider and its program against a pre-determined set of standards. It is undertaken by independent assessors and generally occurs at regular intervals.

Accreditation Cycle - usually a four year cycle of accreditation surveys. Following the initial survey, the next full survey occurs in the calendar year in which accreditation will lapse.

Accreditation Matrix - document outlining the current accreditation status of all terms within a prevocational training program and is available on the NT accrediting authority's website. This document is provided to the NT Board of the Medical Board of Australia as a record and it is a requirement for prevocational training providers to maintain.

Accreditation Principles - a series of general statements of intent, which outline the philosophy that underpins the accreditation system and determines the resultant policies and processes.

Accreditation Policies - statements/rules that must be adhered to when implementing the accreditation processes. They are derived from the governing principles that underpin the accreditation.

Accreditation Processes - Describe "what happens" at each stage of an accreditation survey. They outline for the stakeholders what is required at each of the different stages and include a diagrammatic flowchart representation of each step within the process.

Accreditation System - A framework of principles, policies, processes and procedures undertaken by the accrediting authority over time, with the specific aim of establishing a prevocational training provider's ability to adequately, within a quality framework, implement the training of prevocational doctors, and hence be bestowed accreditation status.

Advanced Completion within 60 days (AC60) - given where there is deemed to be a high risk to the prevocational doctor and/or patients and where an acceptable level of performance can be achieved in 60 days. An AC60 rating is considered where an individual criterion within a standard is not met. The 60 days can vary where rectification is required in less than 60 days. Where there are 2 or more AC60s in a survey event, accreditation status will only be granted for a maximum of one year after which a full survey is required.

Appeal – a request (in writing) for review of a decision made by the prevocational accreditation committee.

Appeals Committee – an independent group convened by the accrediting authority's director or delegate and is responsible for reviewing the prevocational accreditation committee's accreditation status decision regarding any formal appeal from a prevocational training provider.

Assessment - The systematic process for measuring and providing feedback on a prevocational doctor's progress and/or level of achievement of the prevocational outcome statements. This occurs in each term through clinical supervisors' assessment of entrustable professional activities (EPAs) and through formal mid- and end-of-term assessments. At the end of each year (PGY1 and PGY2) an assessment review panel looks at the outcomes of term assessments and the record of learning and makes a recommendation on progress to the next stage of training.

Assessment Review Panel - A panel that recommends whether a prevocational doctor can progress to the next stage of training, based on a global judgement of the doctor's achievement of the prevocational outcome statements. The panel members have a sound understanding of procedural fairness and prevocational training requirements. The panel must have at least three members who may include the director of clinical training (DCT), the director of medical services (DMS) / chief medical officer (CMO) or delegate, the medical education officer (MEO), an individual with HR expertise, experienced supervisor/s, or a consumer.

Certification - The final sign-off at the end of each year. Certification says that the prevocational doctor has:

- completed the statutory requirements for general registration PGY1 (forwarded to the Medical Board of Australia); or
- achieved the required standard at the end of PGY2 (leading to the issue of an AMC Certificate of Satisfactory Completion of PGY2).

Change of Circumstance - Refers to any circumstance, which may result in the prevocational training provider no longer achieving the prevocational accreditation standards e.g. no DCT, no senior clinician available as Supervisor, closure of a ward causing change to caseload or case mix.

Clinical Supervisor – A medical practitioner who supervises the prevocational doctor while they are assessing and managing patients.

- Primary clinical supervisor(s) – is the supervisor with consultant level responsibility for managing patients in the relevant discipline that the prevocational doctor is caring for. The consultant in this role might change and could also be the term supervisor.
- Clinical supervisor(s) (day-to-day) is an additional supervisor who has direct responsibility for patient care, provides informal feedback, and contributes information to assessments. This occurs in many settings, and the person in this role should remain relatively constant during the term. They should be at least PGY3 level, such as a registrar.

Conditions – additional activities required to fully adhere to a standard. Conditions are issued in order to allow a prevocational training provider to address identified deficiencies within a defined period, while maintaining accreditation.

Conflict of Interest – Includes any situation where a committee member or the committee member's partner, family member, employer or close family friend has a direct or indirect financial or other interest which influences or may appear to influence proper consideration or decision making by the committee on a matter or proposed matter.

Consumer - A health consumer is someone who uses or has used healthcare services, including patients (clients), their family or carers. Many organisations, including the Australian Medical Council, also use the experience and expertise of consumers as members of committees.

Continuous Improvement – a long term approach to work that systematically seeks to achieve small, incremental changes in processes in order to improve efficiency and quality.

Cultural Safety - The AMC uses the Australian Health Practitioner Regulation Agency's (Ahpra) definition of cultural safety. Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

See full definition at: <https://www.ahpra.gov.au/about-ahpra/aboriginal-and-torresstrait-islander-health-strategy.aspx>

Director of Clinical Training (DCT) (or equivalent) - A senior clinician with delegated responsibility for developing, coordinating, promoting and evaluating the prevocational training program at all sites. This clinician also has an important role in longitudinal oversight, advocacy and support of prevocational doctors within the program. In fulfilling the responsibility of this role, the DCT will regularly liaise with term supervisors, MEOs and junior medical officer (PREVOCATIONAL DOCTOR) manager(s), the DMS and others involved in the prevocational

training program. The role has a range of titles in different jurisdictions and training sites, including director of prevocational education and training (DPET), and may interact with a supervisor of intern training, who has primary responsibility for PGY1 doctors (interns). Other titles may be used in community health settings, including general practice.

Director of Medical Services (DMS) - A senior medical administrator with responsibility for the medical workforce at a health service, also known as the executive director of medical services (EDMS). Other terms may be used for equivalent roles in community health settings or general practice.

Evaluation – to judge or calculate the quality, importance, amount or value of something. In this case the evaluation is to judge the quality of the survey event processes from a number of contexts including the conduct of survey team members and leader.

Extension – an increase in the period of time during which something is effective. In this case it refers to the awarded accreditation status.

Formal Education Program - An education program that the training facility provides and delivers as part of its prevocational training program. For interns (PGY1), there are usually weekly sessions, which involve a mixture of interactive and skills-based face-to-face or online training. Education programs for PGY2 doctors are more varied and may be adapted to address the career plans of these doctors.

High Priority Requirement (HPR) – The entire standard achieves a HPR rating. Not all standards are worthy of a rating of HPR. Any HPR's received require immediate rectification.

Intern - A doctor in their first postgraduate year (PGY1) and who holds provisional registration with the Medical Board of Australia.

Medical Education Officer (MEO) – an experienced educationalist employed to assist the DCT in developing educational processes and procedures supportive of the prevocational training program.

Offsite Term – an accredited term located geographically away from the primary allocation centre (PAC) but which operates under the governance of its prevocational training program. A clear agreement is in place whereby the responsibility for the governance accreditation standards, lie with the PAC and there is a clear communication process between the offsite units term supervisor and the PAC at all times. The offsite unit term supervisor is therefore responsible for implementing the PAC's prevocational training program policies and processes on a day to day basis within the offsite term. The term supervisor is also responsible for

ensuring appropriate term content, orientation, supervision and assessment according to the standards.

Out of Session Meeting – a meeting held outside the scheduled yearly governance meetings to endorse resolutions in order to continue meeting business needs.

PGY - Postgraduate year, usually used with a number to indicate the number of years after graduation from medical school. PGY1 is the first postgraduate year, also known as internship, and PGY2 is the second postgraduate year

Potential Breach – Refers to any unsafe practices by the prevocational doctor and prevocational education provider which may result in unsafe patient outcomes or causes the prevocational doctor to be unsafe; it is a potential breach until confirmed.

Prevocational Accreditation Committee (PAC) - Deals with the policies, processes and procedures of accreditation. It reviews reports from the prevocational accreditation panel and survey teams, and makes accreditation status decisions. The committee is comprised of a variety of stakeholders as outlined in their Terms of Reference.

Prevocational Accreditation Panel (PAP) – Considers and reviews accreditation survey findings and endorses/not endorses the survey report, including the recommended period of accreditation that should be granted (max 4yrs).

Prevocational Accreditation Processes - The accreditation system is comprised of a number of accreditation processes that describe "what happens", and usually involves multiple stakeholders to complete different stages within the accreditation process.

Prevocational Accreditation Report – the formal written document prepared by the survey team following an accreditation survey. It contains a written assessment of the prevocational training provider's compliance against the standards and provides conditions, quality improvement recommendations and comments. This report also contains a recommendation regarding the level and period of accreditation to be awarded.

Prevocational Doctor - A doctor completing generalist, work-based clinical training during the first two years after graduation. The term is sometimes used to refer to any recent medical graduate who has not commenced a vocational training program, including PGY3 and beyond, but in this framework, it always refers to PGY1 or PGY2 doctors.

Prevocational Training Program - A period of 2 years of generalist, work-based, clinical training after graduation. Each year (PGY1 or internship, and PGY2) comprises 47 weeks of supervised clinical training that meets the requirements set out in the National standards and requirements

for prevocational (PGY1 and PGY2) training programs and terms. Each year of the program includes orientation, formal and informal education sessions, and assessment with feedback, and may be provided by one or more training providers.

Prevocational Training Provider - The organisation that provides supervised clinical practice, education and training, and that is responsible for the standard of the prevocational training program. The program may be delivered in hospital, community health or general practice settings in both prevocational years. Additional settings are possible in PGY2 year rotations, such as pathology, medical administration, research or medical education. Providers may be a hospital, community health facility, general practice, or a combination of these.

Prevocational Training Provider Manager - the person with accountability for the prevocational training program. In NT Government health services (hospital/primary health) this will usually be the Regional Executive Director (RED) or his/her delegate. Non - NT Government prevocational training providers will need to indicate the accountable person at the time of application.

Prevocational Training Provider Delegated Officer - the staff member of the prevocational training provider who has been delegated responsibility and accountability for overseeing a specific accreditation standard/s by the prevocational training provider manager. The delegated officer is responsible and accountable for ensuring compliance with the standard/s. Directors of medical services (DMS) may be nominated for oversight of most and sometimes all of the standards. Where the DMS is not responsible or nominated against a standard/s then another appropriate staff member is to be nominated against those standards to ensure compliance is achieved and maintained.

Primary Allocation Status - the accreditation status awarded to a prevocational training provider capable of providing all the compulsory terms required to meet the Medical Board of Australia's registration standard.

Quality - What the stakeholder needs or expects. This includes:

- Timeliness
- Completeness
- Courtesy
- Consistency
- Accessibility and convenience
- Accuracy

- Responsiveness
- Value for money

Quality Action Plan (QAP) – a progressive two stage document initially populated with conditions and quality improvement recommendations and comments by the prevocational accreditation staff and completed by the prevocational training provider in response to the prevocational accreditation report. This plan in its first stage outlines how the prevocational training provider will action and address the conditions and quality improvement recommendations and includes a timeframe for each of the listed actions. It is a progressive document and is used for all stages of the QAP.

Quality Improvement Recommendations – used to provide advice to a facility on how the overall quality of the prevocational training program may be improved. Quality improvement recommendations are to be completed within the awarded accreditation cycle timeframe.

Registrar – usually a doctor who has been accepted into an accredited specialist training program in a clinical specialty with a nominated college.

Secondment Allocation Status – the accreditation status awarded to a prevocational training provider with accredited terms, but which is unable to provide one or more of the compulsory terms required for intern registration.

Service Term - A term where the prevocational doctor is either (a) rostered to provide ward cover on night shifts (service nights term) or (b) rotated through a number of accredited terms for short periods of time to backfill for doctors on leave (relief service term). Two characteristics of service terms are:

1. Discontinuous learning experiences, such as limited access to the formal education program or regular unit learning activities.
2. Less or discontinuous supervision, such as nights with limited staff.

Standard – a statement which outlines requirements for systems, processes and resources that contribute to good quality prevocational training. The standard is intended to ensure that a prevocational training provider consistently provides or strives to provide a safe and quality education and training program to prevocational doctors and at a level deemed appropriate by the wider stakeholder group.

Specialty - A major branch of medical practice, usually represented by a specialty college. Examples include general practice, internal medicine, surgery, emergency medicine, anaesthetics, obstetrics and gynaecology, paediatrics and psychiatry.

Stakeholder - An individual, group or organisation that has a vested interest in the outcomes of the prevocational medical training system, which can affect, or is affected by the actions within that system.

Subspecialty - A branch of a specialty, most commonly in internal medicine or surgery. Examples include: cardiology, endocrinology, neurology, nephrology and oncology in internal medicine; paediatrics; cardio-thoracic surgery, orthopaedics, plastic surgery and vascular surgery in surgery; and drug and alcohol services in psychiatry.

Supervision - the direct or indirect monitoring of prevocational doctors by more senior medical staff, which will make sure that patients are safe and cared for, and prevocational doctors acquire appropriate skills and attitudes in their professional development. In the context of prevocational doctor training, supervision also refers to the provision of training and feedback, to assist specifically in the intern year to meet the training requirements to satisfy registration requirements of the Medical Board of Australia.

Accreditation Survey - Refers to the process by which a prevocational training provider is assessed against the prevocational accreditation standards. A full survey visit requires the survey team to attend the prevocational training provider in person in order to assess the standards.

Survey Sub-Team Leader - an experienced surveyor assigned to assist the survey team leader by leading a sub-team of the survey team. Each survey team consisting of four or more surveyors may be divided into sub-teams in order to conduct interviews.

Survey Team - a group of individuals trained in all aspects of the prevocational accreditation system who acts on behalf of the prevocational accreditation committee to undertake surveys to assess the prevocational training provider's compliance with the standards.

Survey Team Leader - the trained team leader of the survey team, responsible with assistance from the accreditation manager and accreditation support staff for managing the survey team and the writing, collation, and review of the survey accreditation report. The survey team leader presents the survey report findings to the prevocational accreditation panel.

Surveyor - An individual trained in all aspects of the prevocational accreditation system who acts on behalf of the prevocational accreditation committee to undertake surveys prevocational training providers to assess their compliance with the standards.

Term - A component of the prevocational training program, usually a nominated number of weeks in a particular area of practice, also called a clinical rotation, post, or placement.

Term Supervisor – a senior medical officer, consultant, or general practitioner who is responsible for ensuring prevocational doctors receive a term orientation and assessment for that term. They may also provide appropriate clinical supervision throughout the term along with other colleagues. This person will be the doctor providing or taking responsibility and is accountable for educational supervision, which may include direct observation of skills and procedures within that term as well as ensuring a term education program is provided. The Term Supervisor is responsible to ensure the required documentation (term orientation, individual learning objectives are set, mid and end of term assessments) is completed where necessary for each prevocational doctor placed in their term.

Unit Educational Supervisor - the consultant identified by the prevocational training provider as having educational responsibility for the prevocational doctor in the term identified. This may or may not be the doctor providing clinical supervision. They are responsible for ensuring a prevocational doctor receives appropriate training and experience and decides whether individual placements have been completed successfully by the end of the prevocational doctor's rotation in their term.

Whistle-blower – the person/s who informs the accrediting authority, the PAC (or any of its members) and/or survey teams of a potential breach to a prevocational training program that has the potential to impact its accreditation status.