



RELATED POLICY

Accreditation Policy 1.1

PURPOSE

The following documentation outlines the process for accrediting a new or an offsite term where a prevocational (PGY1 & PGY2) doctor placement occurs in a prevocational training provider located geographically away from the primary allocation centre but which operates under the governance of the prevocational training program e.g. general practice, other hospital or medical centre.

SCOPE

The process applies to the accreditation of those terms within a prevocational (PGY1 & PGY2) training provider which have not previously been accredited to provide prevocational medical education and training. The process covers the application for accreditation, the process for conducting the accreditation survey and decisions regarding the outcome.

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

In the majority of cases a site visit will not be required for a new term, particularly in a currently accredited prevocational training provider if it:

- Is staffed by those who have previously been supervising prevocational doctors in similar settings, or
- Has been created through rearranging staffing and patient case mix or extension of other already accredited terms, or
- Provides similar clinical cases and similar patient numbers to other already accredited terms.

In these cases, a paper based survey may be conducted.

However if the new term request is for a term located geographically away from the primary allocation centre, a visit will usually be required. This will be determined by the prevocational accreditation manager and/or Chair of the prevocational accreditation committee.

The decision as to whether the prevocational training provider's request is considered a modified, new/offsite term request will be made by the accreditation manager in consultation with the Chair of the prevocational accreditation committee.



NEW AND OFFSITE UNIT SURVEY PROCESS

PROCESS DESCRIPTION

1. A prevocational (PGY1 & PGY2) training provider contacts the prevocational accreditation manager who provides advice regarding the application for an accreditation of a new or offsite term.
2. Prevocational training provider completes new/offsite term documentation and returns to the accrediting authority. Information provided must include documented evidence of case mix, workload, daily timetable, and roster including ward or remote call requirements and term supervisor contact details.
3. Prevocational accreditation staff arrange two accredited surveyors (one of whom will be the survey leader) to conduct a paper based survey process.
4. The survey team leader reviews the new term documentation and:
 - a. If considered complete the survey proceeds – this is conducted as a paper based survey with phone interviews with the MEU and term supervisor or a site visit where necessary.
 - b. If considered incomplete the prevocational training provider is asked to provide further information and/or clarification. Once this is provided and considered satisfactory the survey will proceed, or
 - c. If the prevocational training provider fails to provide satisfactory additional information on request or does not provide the documentation within the accreditation timeframes required, the survey is cancelled.
5. If a visit is to occur, prevocational accreditation staff will advise the prevocational training provider.
 - a. Prevocational accreditation staff arrange the visit date in consultation with the prevocational training provider and provides a timetable template to action.
 - b. The prevocational training provider provides a completed timetable of interviews for endorsement by the survey team leader.
 - c. The survey team leader facilitates a pre-survey meeting to determine the roles and responsibilities of team members prior to the visit.
 - d. The survey team visits the prevocational training provider and conducts the survey.
6. The survey team writes the report according to the report writing process.
7. The survey team leader or their delegate presents the report to the PAP.
8. The PAP either:
 - a. Endorses the report and makes a recommendation to the PAC
Or
 - b. Requires further information from the survey team leader and/or prevocational training provider
Or
 - c. Does not endorse the report and requires/recommends re-survey.
9. The PAC either:
 - a. Endorses the report and informs the prevocational training provider, NTBMBA and NT Health



NEW AND OFFSITE UNIT SURVEY PROCESS

- Or
 - b. Requires further information from the survey team leader and/or prevocational training provider
 - Or
 - c. Does not endorse the report and requires/recommends re-survey.
10. The prevocational training provider manager, NTBMBA and NT Health are informed of the decision.

SUPPORTING DOCUMENTATION

1. *Prevocational Training Provider Allocation Status Policy 1.3*
2. *Application for Accreditation Process 2.1*
3. *Accreditation Policy 1.1*
4. *Accreditation Step by Step Guide 4.1*

PERFORMANCE MEASURES/KPI

1. 100% of new/offsite term accreditations implemented according to this policy
2. Feedback from prevocational training provider
3. Feedback from survey teams

Process contact officer: Quality Assurance Officer