

QUALITY ACTION PLAN SURVEY PROCESS



PROCESS 2.6

Approved by PAC: 2015

Last Amended: June 2021

Next Review: June 2024

RELATED POLICY

Accreditation Policy 1.1

PURPOSE

The following documentation outlines the two stage process for a Quality Action Plan (QAP). The aim of these Surveys is to monitor progress of the outcomes and recommendations of a Full Survey Event (initial accreditation or reaccreditation).

SCOPE

Following a Full Survey, two QAPs are required for every accredited NT health regional health service regardless of their status as a Primary Allocation or Secondment NT health regional health service. The first QAP occurs 6 months after the Full Survey. The second QAP Survey occurs as close as possible to one year following the NT health regional health services's last Full Survey. These Surveys are Paper Based Surveys, unless a Visit is deemed necessary by the Survey Team. At the point of time of the second QAP Survey, the NT health regional health service must indicate any term which has not been used by Interns for a period of six months or greater since the last Survey, and whether they wish this term to remain accredited. Accreditation of an individual Unit will be deemed to have lapsed if a prevocational doctor has not been placed in that Unit for a period of greater than two years since the Accreditation was granted

For a New or Offsite Unit, a QAP may be required 6 months after a prevocational doctor placement has occurred with term evaluations required after 12 months from the date of the QAP Survey. After this time the New/Offsite Unit becomes part of the Survey Cycle for the entire NT health regional health service.

DEFINITIONS

Accreditation Cycle – is a four year cycle of Accreditation Events. Following the initial Survey, the next Full Survey occurs in the calendar year in which Accreditation will lapse.

Quality Action Plan (QAP) – is a progressive two stage document initially populated with recommendations and comments by the prevocational accreditation staff and completed by the NT health regional health service in response to the Prevocational Accreditation Report. This plan in its first stage outlines how the NT health regional health service will action and address the recommendations and comments detailed within the Prevocational Accreditation Report and



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includes a NT health regional health service timeframe for each of the listed actions. It is a progressive document and is used for all stages of the QAP.

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

Primary Allocation Status – is the Accreditation Status awarded to a NT health regional health service capable of providing all the compulsory terms required for Intern registration.

Secondment Allocation Status – is the Accreditation Status awarded to a NT health regional health service with accredited terms, but which is unable to provide one or more of the compulsory terms required for Intern registration.

PROCESS DESCRIPTION

This process should take no longer than three months.

1. NT health regional health service is notified by Prevocational Accreditation staff of the need for a QAP. (as per the Prevocational Accreditation Cycle for that NT health regional health service)
2. The NT health regional health service provides their QAP and supporting documentation to the PAC within six weeks of receipt of notification. For a stage two QAP, the NT health regional health service must indicate any term which has not been used by prevocational doctors for a period of six months or greater since the last Survey, and whether they wish this term to remain accredited and as such be included in the Periodic Survey process. Where they do not wish the term to be considered, they must indicate this and the unit will be removed from the Prevocational Accreditation Matrix.
3. Accreditation staff organise a review of the QAP Report where possible by the previous full survey event Team Leader or their delegate, as deemed appropriate by Chair of the Prevocational Accreditation Committee and Accreditation Manager (from the last Full Survey Visit and/or QAP Stage 1) and one additional Surveyor along with a prevocational doctor.
4. Following review of the QAP the Surveyors write the Report according to the Report Writing Process and either:
 - a. endorse the Action Plan or
 - b. request clarification and/or additional information
5. Once the Surveyors are satisfied with the Report, the Survey Team Leader presents it to the PAP.



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6. Where the Surveyors remain dissatisfied with the information provided by the NT health regional health service, a Follow up Visit is implemented according to the requirements of the PAC.
7. The PAP either:
 - a. Endorses the Report and makes a recommendation to the PAC
Or
 - b. Requires further information from the Survey Team Leader and/or NT health regional health service
Or
 - c. Does not endorse the Report and requires/recommends a re-Survey
8. The PAC either:
 - a. Endorses the Report and informs the NT health regional health service and the NTBMBA (PGY1) or DoH (PGY2)
Or
 - b. Requires further information from the Survey Team Leader and/or NT health regional health service
Or
 - c. Does not endorse the Report and requires/recommends a Survey
9. The NT health regional health service Manager, DCT and MEO are informed of the decision and subsequently the NTBMBA (PGY1) and/or DoH (PGY2) decision

SUPPORTING DOCUMENTATION

1. *Accreditation Policy 1.1*
2. *Full Survey Process 2.3*
3. *Accreditation Step by Step Guide 4.1*

PERFORMANCE MEASURES/KPI

1. 100% of QAPs are managed according to this Process
2. Feedback from NT health regional health services
3. Feedback from Prevocational Accreditation Committee

Process Contact Officer: Quality Assurance Officer