# Process for accreditation of intern training programs

### Domain

The intern training accreditation authority applies the approved national standards for intern training in assessing whether programs will enable interns to progress to general registration in the medical profession. It has rigorous, fair and consistent processes for accrediting intern programs.

### Attributes

* 1. The intern training accreditation authority ensures documentation on the accreditation requirements and procedures is publicly available.
  2. The intern training accreditation authority has policies on the selection, appointment, training and performance review of survey team members. Its policies provide for the use of competent persons who are qualified by their skills, knowledge and experience to assess intern training programs against the accreditation standards.
  3. The intern training accreditation authority has developed and follows procedures for identifying, managing and recording conflicts of interest in the accreditation work of survey teams and working committees.
  4. The accreditation process includes self-evaluation, assessment against the standards, site visits where appropriate, and a report assessing the program against the standards. In the process, the intern training accreditation authority uses standards which comply with the approved national standards for intern training.
  5. The accreditation process facilitates continuing quality improvement in the delivery of intern training.
  6. There is a cyclical accreditation process, in line with national guidelines and standards, which provides for regular monitoring and assessment of intern programs to ensure continuing compliance with the approved *Intern training – National standards*.
  7. The intern training accreditation authority applies national guidelines in determining if changes to posts, programs and institutions will affect the accreditation status. It has clear guidelines on how the institution reports on these changes and how these changes are assessed.
  8. The intern training accreditation authority follows documented processes for accreditation decision-making and reporting that enable decisions to be made free from undue influence by any interested party.
  9. The intern training accreditation authority communicates the accreditation status of programs to employers, interns and other stakeholders, including regulatory authorities. It communicates accreditation outcomes to the relevant health services facility and other stakeholders.
  10. There are published complaints, review and appeals processes which are rigorous, fair and responsive.
* **NOTE - These attributes have not been answered in order as the submission for this domain was written and the attribute points added after. Please use the attribute points in the document as a guide.**

The adopted philosophy of the NT accreditation system is that it is both a process and a product. Accreditation relies on integrity, thoughtful and principled judgment, rigorous application of requirements, and a context of trust. It provides an assessment of an institution’s effectiveness in the fulfilment of its mission, its compliance with the requirements of its accrediting association, and its continuing efforts to enhance the quality of learning and its programs and services. Based upon reasoned judgment, the process stimulates evaluation and improvement, while providing a means of continuing accountability to constituents and the public. The product of Accreditation is a statement of an institution’s continuing capacity to provide effective programs and services based on agreed-upon requirements.

The Accreditation program administered by the Northern Territory Accrediting Authority, Medical Education and Training Centre (METC) is fair, consistent and rigorous and aims to:

* Ensure support and development of education and training for junior doctors which enables them to meet high standards of safe practice with respect to patient and practitioner, clinical skills and professional confidence, and become eligible for general registration with the Medical Board of Australia (MBA)
* Ensure that the best possible environment exists to develop, evaluate and maintain the organisational processes that ensure excellence in the training of prevocational doctors
* Provide a common denominator of shared values and practices among the diverse organisations which train junior doctors, in order to encourage communication and sharing of experiences
* Promote links between the educational processes occurring at the undergraduate level with that at the prevocational level
* Provide the community with a process of external validation of prevocational education programs
* Provide assistance to facilities by identifying for them, the strengths and weaknesses of their prevocational education programs

To achieve this, we work in partnership with prevocational training facilities and provide independent assurance of the quality of training sites and training posts available for training and education of prevocational doctors, using Accreditation Standards (Appendix Y) designed to encourage and support prevocational training facilities in continually improving the orientation, supervision, education, assessment, wellbeing and welfare of Junior Doctors.

Appendix Y



METC have built and continue to build partnerships with the NT Medical Program in Darwin located at the Charles Darwin University campus to promote the links between the undergraduate and prevocational years.

* 1. *The intern training accreditation authority ensures documentation on the accreditation requirements and procedures is publicly available.*

The NT Prevocational Accreditation System documents including the Prevocational Accreditation Standards can all be found on METCs public website. [www.ntmetc.com](http://www.ntmetc.com)

In the last three years there has been one major review of the NT Accreditation Standards and its underpinning criteria. The version above of the NT Prevocational Accreditation Standards, Guidelines and Rating scale is the final version that has been endorsed for use by the NT Board of the Medical Board of Australia (NTBMBA).

This process of review and change used a collaborative and consultative process through the establishment of a working party with representation from the two health services including a junior doctor, to work through the NTPMC Intern Accreditation Standards 2008. The aims of this review were to ensure that the new national standards were embedded in our accreditation systems prevocational standards and criteria for Interns, and to consider how the standards could be reworded to include all prevocational doctors in training, an aim of the NT DoH. To do this the NTPMC accreditation staff mapped the 2008 NTPMC standards and the new national standards as well as looking at local health service requirements so that the standards could be customised to purpose. To demonstrate how this was managed through a stakeholder working party see Appendix Z below.

Appendix Z

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The main change in the standards document was the shift from only referring to Interns in this assessment process. The language used within these standards now includes all prevocational doctors. While NT health services transition to include all prevocational positions in their accreditation assessments in the future our focus and priority is on the Intern year (PGY1).

The other amendment to our NT Prevocational Accreditation Standards, Guidelines and Rating Scale during the previous three years document was to the NT Prevocational Accreditation rating scales. This change amended our previous five (5) levels in our rating scale to two (2) main ratings following the ACHS EQulP scales that are already identified and understood in the health services. In order to promote continued efforts in continuous improvement it was decided by the previous Council (NTPMC) membership to add two further ratings. This would allow the health services to demonstrate and be recognised for innovation and leadership in their prevocational education and training programs.

A 2 point Rating Scale is based on those used by the ACHS EQulP Scale

1. Not Met (**NM**) – awareness and knowledge of the Standards but only fundamental systems in place, or implemented systems but little or no monitoring of outcomes against Standards.
2. Satisfactorily Met (**SM**) – collection of outcome data from systems designed to implement Standards and evidence of improvements to systems.

For any Achievements above and beyond Satisfactorily Met the following ratings may be used

1. Extensive Achievement (**EA**) – evidence of innovation and implementation of best practice including sharing of practice at a State or National level.
2. Outstanding Achievement (**OA**) – considered leaders in the field relevant to the Criterion being assessed. There is evidence of benchmarking and comparing systems internally and/or externally.

Accreditation requirements, processes and accreditation decisions are communicated through our website, electronically via email correspondence and through letters to our various stakeholders involved in the accreditation of Intern positions.

The accreditation support team uses excel spreadsheets to monitor the process milestones in each survey event for each health service training facility (Appendix AB).

This spreadsheet is guided by the accreditation cycle schedule that is endorsed by the NTBMBA when issuing an accreditation status period. The cycle schedule outlines to the health service facility when each survey event submission is due during the accredited period (max 4 years can be awarded). See example attached (Appendix AA)

Appendix AA Appendix AB

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The Accreditation Survey Cycle Schedule is sent out to the facility with the report from the full accreditation/reaccreditation report and NTBMBA decision. Then usually as the dates approach for submissions our administration support team reminds the facility either by email or phone of the upcoming survey event.

Any decisions regarding a survey event follows our panel/committee governance processes.

The survey team that undertakes the assessment whether a visit or desktop process, make their decisions from the evidence provided by the facility, the survey team leader documents these findings in a written report to the Prevocational Accreditation Panel (PAP). The survey team leader attends and presents the survey event report to the PAP meeting and clarifies any questions, issues or concerns that the panel may have regarding the survey event being assessed. The Panel members will then discuss the report and findings from the survey team and will either endorse or not endorse the survey event report, they also review the survey processes undertaken by the survey teams and ensure they have followed the surveyor code of conduct. The PAP provides the Prevocational Accreditation Committee (PAC) with their comments and/or recommendations in a Briefing paper that is presented by the PAP chair to the PAC. The PAC deliberates on the Briefing paper from the PAP and can where necessary refer to the survey event report for further clarification. Once the PAC has made a determination regarding the survey event and its report the NTBMBA is informed of the PACs decision and recommendations. The Accreditation Manager attends the board meeting by invitation to present the PACs survey event report.

After the NTBMBA have met and finalised their decision they notify in writing the Prevocational Accreditation Committee of the outcome and the facility is informed by the Accreditation Manager of their decision regarding their accreditation status. They also receive a copy of the survey event report to assist them in meeting the new or added recommendations and comments from the survey event.

The NT accrediting authority accredits NT health services as a

* Primary Allocation Centre; or as an
* Offsite Unit – a health service located geographically away from the primary allocation centre that operates within the prevocational education and training program (PETP) of the primary allocation centre and/or an alternative prevocational term structure which operates within the PETP of the primary allocation centre (Examples of an Offsite unit – regional hospitals; General Practices and other health services e.g. AMS, health centre)

The accrediting authority accredits a Health Service facility as an intern Primary Allocation Centre when they can demonstrate that they can provide all three compulsory MBA general registration terms as part of their Intern Education and Training Program. As part of that education and training program there are also a number of other approved terms available within that health service for interns to complete their minimum 47 weeks Internship year. NT accrediting authority also accredits the number of positions within these terms to ensure that the education and training program delivers a safe, patient and junior doctor experience. NT monitors all of these elements to maintain the level of supervision required for Intern safety and learning. Assessing specific terms/rotations to be assured that there are enough trained supervisors for all supervisory needs within a department/division/general practice rotation so that an intern is assured of a safe and quality placement.

To maintain primary allocation centre status a health service must maintain positions in the MBA general registration core terms. A health service offsite unit can provide “other approved terms” with a number of intern positions accredited and may provide one or none of the core terms as a part of the primary allocation centres PETP.

A previously accredited term within a health service facility due to a change in circumstance (change in term staffing) may not be able to sustain the number of intern positions currently accredited therefore a modified unit request would change the accredited number of intern positions but not affect the overall health service facilities accreditation status.

* 1. *The accreditation process facilitates continuing quality improvement in the delivery of intern training.*
  2. *There is a cyclical accreditation process, in line with national guidelines and standards, which provides for regular monitoring and assessment of intern programs to ensure continuing compliance with the approved Intern training – National standards.*

Our process for accrediting Internship positions within NT health service training facilities are varied depending on the Accreditation Cycle that the facility is in at the time. To give more information regarding the accreditation cycles see Appendix AC. This document will outline the principles that underpin the Accreditation Cycle, the Cycle of Events and Types of Survey Events. This accreditation cycle of survey events that includes a site visit at either end of the cycle with monitoring desktop survey events in between. This cycle promotes a continuous improvement approach to the training facility to continuously monitor and improve their education and training program for Interns and prevocational doctors.

Appendix AC



Each type of survey event has its own process. See the list below of the processes for NT Prevocational Accreditation Survey Events –

* Application for Accreditation
* Full Survey Process (Visit)
* New Offsite Unit Survey
* Quality Action Plan (QAP)
* Modified Unit Survey

These processes can be found on the NT METC website [www.ntmetc.com](http://www.ntmetc.com) under the ‘Accreditation’ tab and ‘System’ page (scroll down the page to find Section 2: Accreditation Processes) these processes are publicly available (Attribute 4.1).

There are also resources that assist the facilities to undertake prevocational accreditation survey events. See the list below of the resources available

* Accreditation Step by Step
* Prevocational Education and Training Program Policy Guide
* Term Orientation Booklet Guide
* and a Glossary of terms used throughout the system

These resources can be found on the NT METC website [www.ntmetc.com](http://www.ntmetc.com) under the ‘Accreditation’ tab and ‘System’ page (scroll down the page to find Section 4: Accreditation Resources) these resources are publicly available (Attribute 4.1)

The methods used to assess whether the intern training program is meeting the national standards include both site visits and desktop monitoring methods. These assessment methods use the NT Prevocational Accreditation Standards that have the national standards for intern training embedded within the 2 Functions 15 Standards and 72 Criteria.

The NT Prevocational Accreditation System has been set up to determine what survey event and method is to be used at what point within a facility’s accreditation cycle. The cycle has been organized for the maximum period that a facility can achieve accreditation status. If the facility does not achieve the maximum period of four years the cycle is adjusted to meet the period of accreditation awarded by the NTBMBA. The cycle includes one survey event each year of accreditation awarded by the NTBMBA. See Appendix AA and AC above.

Depending at what point the prevocational training facility is at on their accreditation survey cycle it will determine what type of survey event and method used to manage the facilities continuous improvement of their Prevocational Education and Training Program (PETP). The accrediting authority will remind the facility of upcoming survey events as well as the facility being informed at the beginning of each accreditation cycle.

Every site visit survey event team has a junior doctor, and a supervisor as part of the survey team. For desktop/monitoring surveys a junior doctor is part of the team where possible and available. The Prevocational Accreditation Committee endeavors to provide continuity from survey event to survey event by ensuring where possible one survey team member is on the next survey event team for example - the site visit to Alice Springs Hospital in July 2015 included

* Two Senior Clinicians
* One Registrar
* One junior doctor (PGY1)

Recent Quality Action Plan Stage 1 desktop/monitoring survey included

* Two Senior Clinicians (one of which was on the previous site visit)
* No junior doctor was available for this desktop/monitoring survey event (as it was a monitoring survey event it was not mandatory to have a junior doctor on the survey team)

The PAP and PAC both have supervisors and junior doctors as participating members. Most working parties established in regards to prevocational accreditation involve junior doctors depending on availability.

The Accrediting Authority asks the health facility/intern training program provider to provide an overarching story outlining what they have been doing since the last survey event. They are asked to give a map of what they have achieved, intend to achieve, short and long term as well as any limiting barriers or issues they have identified to achieving those goals. This overview along with the health services strategic plan (particularly commitment to training) allows the Surveyors the opportunity to determine if the health service staff involved in the intern education and training program is demonstrating a continuous improvement culture that drives high quality clinical care within the training facility.

Provided within the NT Prevocational Accreditation Standards, Guideline and Rating Scale document under each standard there is a list of suggested evidence, that if provided would achieve the facility a Satisfactorily Met (SM) rating, There are also guidelines provided under each standard and against each criterion to assist the facility to identify how they can demonstrate that interns are involved in high quality clinical care.

As well as the suggested evidence and guidelines within the standards document the facilities can use the accreditation system resources found on the NT METC website for further information and guidance. These can be found on the NT METC website [www.ntmetc.com](http://www.ntmetc.com)

Being a small jurisdiction most health service staff involved in the oversight of the PETP have developed a good relationship and rapport with the Accreditation Manager and can contact them either through email or phone to achieve the assistance required.

* 1. *The intern training accreditation authority follows documented processes for accreditation decision-making and reporting that enable decisions to be made free from undue influence by any interested party.*

The process for making accreditation decisions regarding a survey event follows through our committee/panel governance processes.

The survey team that undertakes the assessment whether a visit or desktop process, make their decisions from

* the evidence provided by the facility
* using the previous survey event reports which include the teams standards/criteria ratings, comments and recommendations from the previous survey team,
* NT Prevocational Accreditation Standards and their underpinning criteria along with the guidelines and rating scale.

For a site visit the survey team uses a triangulation of evidence method to come to a decision. To triangulate the evidence, the survey team, under the leadership of the team leader takes into consideration the following

**What you hear**

**What you see**

**Figure 1 –Triangulation of Evidence**

**Figure 1 –Triangulation of Evidence**

**What you read**

**Figure 1 –Triangulation of Evidence**

The triangle in the middle of all three circles is where an overlap of the information received guides the decision making process for the survey team.

For those accreditation cycle survey events that are for monitoring purposes (desktop or paper based) the survey team relies on the evidence provided in the facility’s submission (only one part of the triangulation method) as in the case of a stage 1 quality action plan facilities are planning and recording how they will meet the NTBMBA recommendations and/or comments in the following period in the cycle. In the case of a stage 2 quality action plan the planning undertaken in stage 1 would be expected to be implemented and any completed recommendations and/or comments the facility will provide evidence to demonstrate how they have met those recommendations and/or comments. This process reinforces the importance of the team having at least one member who provides continuity to the survey event being assessed.

The Survey team leader can request to speak with the facility staff if necessary for a monitoring survey event, historically this has not been required.

After the survey event report is finalised and agreed on by the survey team the survey team leader attends and presents the survey event report to the PAP meeting and clarifies any questions, issues or concerns that the panel may have regarding the survey event outcome being presented. The Panel members will then discuss the report and findings from the survey team and will either endorse or not endorse the survey event report, they also review the survey processes undertaken by the survey team leader and team members and ensure they have followed the surveyor code of conduct and survey event processes. If the PAP has any concerns with the survey team and/or team leader they may take those concerns to the PAC for discussion however if it is minor then it is discussed at the meeting with the survey event team leader. If the PAP does not endorse the survey event report it is documented and referred to the PAC.

The PAP provides the Prevocational Accreditation Committee (PAC) with their comments and/or recommendations in a PAP Briefing paper. The Chair of the PAP is a member of the PAC and presents the PAP briefing paper and where necessary refers to the survey event report for further clarification. Once the PAC has made a determination regarding the survey event and its report the NTBMBA is informed in writing of the PAC’s decision and recommendations of the survey event outcome. The Accreditation Manager attends the board (NTBMBA) meeting by invitation to present the PAC’s survey event outcome report.

After the NTBMBA have met and finalised their decision they notify in writing the Prevocational Accreditation Committee of the accreditation status outcome and the facility is informed by the Accreditation Manager of the board’s decision regarding their accreditation status. The facility is also provided a copy of the survey event report which includes any new or added recommendations and comments from the survey event just completed. The final outcome/s (Accreditation status dates) of the site visit are uploaded onto the METC website.

* 1. *The intern training accreditation authority communicates the accreditation status of programs to employers, interns and other stakeholders, including regulatory authorities. It communicates accreditation outcomes to the relevant health services facility and other stakeholders.*

Through the panel and committee meetings many of our stakeholders without conflicts of interest to that specific survey event are made aware of the facility’s prevocational accreditation outcome. The executive of the facility being assessed are made aware by written confirmation of the outcome of the facilities recent survey event shortly after the NTBMBA notifies the PAC of their final endorsement of the Survey event report.

The NT ensures its processes are rigorous, fair and consistent by applying the following underlying general principles of accreditation. See Appendix AD

Appendix AD



The NT Cycle of accreditation and length of the periods of accreditation are

* Maximum of 4 years for full accreditation status
* New or Offsite Unit accreditation – initial maximum of 1 year with a monitoring desktop QAP required six months after an intern has completed a term at this unit. If all endorsed after this time it will then join to the Heath Service facility current accreditation cycle.
* Modified unit accreditation if endorsed maintains the same accreditation status and follows the accreditation cycle that the Health Service is currently undertaking with a monitoring desktop QAP required six months after an intern has completed a term at this modified unit.
  1. *The intern training accreditation authority has policies on the selection, appointment, training and performance review of survey team members. Its policies provide for the use of competent persons who are qualified by their skills, knowledge and experience to assess intern training programs against the accreditation standards.*

The following attached documents (Appendices AE; AF; AG; and AB) outline how METC select, appoint and review the performance of NT survey teams. The process checklist used for a given survey event shows when the surveyors are contacted and invited to participate in a survey event.

Appendix AE Appendix AF Appendix AG Appendix AB

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The training of surveyors for survey events is a one day workshop. See Appendix AH re Example Surveyor Training Workshop Program. Further resources for this training workshop are available on request.

Appendix AH



The Accreditation Manager is in the process of developing the Survey Team Coordinator/Leader workshop. Currently the Team leaders are supported and managed by the Accreditation Manager where necessary. The Accreditation Manager is available to assist the team leaders throughout the survey events, desktop or visit. The size of the jurisdiction has not required the team leader workshop to be formalised until more recently. A blended approach is being considered in that an online component along with a face to face follow up component will be part of the design.

The intern accrediting authority takes every opportunity to participate in and access any educational expertise in any of its intern training accreditation activities. This has brought about opportunities to have membership on the NT’s Regional Training Organisation, NT General Practice Education (NTGPE) Accreditation Committee and their Continuous Improvement and Education Governance (CIEG) Committee. Participation on these educational and accreditation committees provides opportunities to develop further synergies through the wider membership of those committees, (PHN, regional training hospital staff and opportunities to look at other accreditation systems and processes).

On a national perspective the accrediting authority is a member of the Confederation of Postgraduate Medical Councils (CPMEC) where the Director of METC is a member of the CPMEC Board. The Accreditation Manager/Executive Officer is involved in the CPMEC Prevocational Medical Accreditation Network (PMAN), in quarterly meetings with other jurisdictional accrediting authorities where discussion is on intern education and training as well as accreditation matters. In 2015 METC along with the NT DoH hosted the national Medical Education and Training Forum, a forum that staff from the NT accrediting authority attends each year. This is a major opportunity to network and learn through sharing of information with many different levels within the intern education and training environment including accreditation practices and processes. Having the Australian Medical Council (AMC), the Accrediting Authority for the MBA attend and give lessons learnt over the previous year and future developments in the Intern accrediting space is invaluable in preparing for future assessment submissions.

More recently the Executive Officer/Accreditation Manager attended by invitation an AMC Specialist education and prevocational standards accreditation workshop.

Being a smaller jurisdiction it allows a greater intimacy of sharing of information, which in turn creates many informal opportunities to educate and inform health facility staff about accreditation of intern education and training programs. This is something that we are working on all the time as there is a high transition rate of senior and junior medical staff within our two intern training health services. To maintain accreditation system consistency and currency the accrediting authority has developed a website where accreditation documents can easily be found and used by all those involved in intern education and training. Intern Education and Training Program coordinators/supervisors/medical education officers are encouraged and promoted to use the website and/or contact the Accreditation Manager and staff whenever assistance is needed.

Through various phone and face to face conversations those directly involved in collating health service submissions for accreditation can easily contact and discuss any concerns or requests for clarification regarding the system, standards or accreditation processes. The accrediting authority is very aware of the dangers of a small jurisdiction where the small staff population can be bombarded with information overload and have considered various options to disseminate the information one being the value of an accreditation newsletter. This is to be raised again for consideration and discussion at a future PAC meeting.

* 1. *The intern training accreditation authority has developed and follows procedures for identifying, managing and recording conflicts of interest in the accreditation work of survey teams and working committees.*

As a jurisdiction with a large demographic and a small medical practitioner population conflict of interest (COI) could be seen to be a major issue for our accrediting authority, however as a result of this workforce limitation being a constant it has empowered us to manage COI effectively for both our surveyors and working accreditation panel and committee.

All of our governance processes both for our survey team members and our governing panels and committees conflict of interest is woven into the day to day processes. All meetings of the PAP and PAC have a request for declaration of interests for the given agenda of the meeting. At the beginning of every meeting the Chair asks if anyone in attendance has any COI before proceeding. Each member has at the outset of their membership signed a declaration of interests and confidentiality form which is scanned, recorded and filed. If any COI are declared at the PAP or PAC they are documented in the minutes of the meeting and the member with the conflict of interest will excuse themselves from the meeting for the agenda item they have the conflict with. If the conflict of interest is known or expected the item is usually saved till the end of the meeting agenda so that members do not have to call in and call out more than once.

Each Surveyor at the time of training (one day workshop) has signed a declaration of interests and confidentiality form. All surveyors are reminded to declare any recent conflicts of interest prior to any survey events they are involved in. If any are declared the conflict of interest is documented and assessed by the Accreditation Manager before the survey team meets for the first time or if the COI is identified after the survey event has commenced the conflict and decision regarding the COI is documented in the survey event report written by the survey team leader. The survey team member with the conflict of interest will excuse themselves from the survey event and another surveyor where possible be called to replace them depending on the survey event and/or conflict of interest. This has not occurred so far for any survey events undertaken by NT accrediting authority. See Domain 2 Appendix I; J and L as evidence of COI policy, process and form applicable across all areas of METC including accreditation services. Appendices below show how COI are recorded in panel and committee agendas and minutes.

Appendix AI Appendix AJ Appendix AK Appendix AL

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* 1. *The accreditation process includes self-evaluation, assessment against the standards, site visits where appropriate, and a report assessing the program against the standards. In the process, the intern training accreditation authority uses standards which comply with the approved national standards for intern training.*

The NT accrediting authority monitors accredited health services programs and posts throughout the NT prevocational accreditation systems accreditation cycle of events. Each health service employing interns (prevocational doctors) at a training facility will have a monitoring (desktop) survey event each year that they are accredited. Appendix AA shows a sample Accreditation Cycle Schedule that is collated at the beginning of each facilities accreditation cycle that starts with a site visit that determines the accreditation status period (max 4yrs). This schedule collated by the accrediting authority is sent to the facility to assist the facility to know what survey event is next in their continuous improvement cycle assessment.

Appendix AA



If a health service requests a new or offsite unit to be accredited the facility requesting will be assessed/reviewed for that new or offsite unit. As part of the evidence for this survey event the health service facility will have to provide evidence that will demonstrate how the primary allocation centre will communicate and partner the new or offsite unit in providing a component of the Prevocational education and training program (PETP). This survey event team has the option to and may call for wider evidence to demonstrate any impacts on the full primary allocation centres Prevocational Education and Training program.

If the survey event is for a modified unit it will be for that modification request and may not impact on the rest of the facility requesting the modification assessment. These survey events don’t usually give the survey event team a wider opportunity to review the facility broader than the unit modification request evidence.

The accrediting authority has been tracking recommendations from site visit survey events for all training facilities since the reestablishment of the NT Postgraduate Medical Council in late 2008. This was to provide the Accreditation Committee with an ability to track any foundation Intern education and training program system wide common complaints or concerns raised through accreditation survey event assessments.

See attached spreadsheet Appendix AM as an example of one training facilities recommendation tracking 2008 - 2015. Another process used to monitor and track accredited health services programs and posts is the Facility Accreditation Progress spreadsheet. See attached Appendix AN

Appendix AM Appendix AN

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Both of these documents are available to the PAC and are brought to the meetings by the Accreditation Manager. A Report from the Accreditation Manager is under development to track and report any changes or consistent non-compliance issues to the PAC. (See Appendix S - ACIR2016-012A)

* 1. *The intern training accreditation authority applies national guidelines in determining if changes to posts, programs and institutions will affect the accreditation status. It has clear guidelines on how the institution reports on these changes and how these changes are assessed.*

Where a change of circumstance occurs in a health service offering a prevocational education and training program it may require the accrediting authority to undertake a survey event which might include a site visit. Change of circumstance refers to any circumstance which may result in the health service no longer achieving the Accreditation Standards e.g. No DCT, no senior clinician available as a Supervisor, closure of a ward causing change to caseload or case mix. (Appendix AP – Notification of Change of Circumstance Process)

Notification of a change of circumstance can come from the health service training facility or another source. The accrediting authority after being notified will contact the health service and arrange to meet with those personnel oversighting the prevocational education and training program to discuss whether a site visit or if a modified unit survey event is required due to the change of circumstance. The Prevocational Accreditation Committee Chair would also be notified of the health service training facility change of circumstance.

The Accreditation Policy outlines clearly what the responsibilities are for a change of circumstance (Appendix AO).

Appendix AO Appendix AP

 

* 1. *There are published complaints, review and appeals processes which are rigorous, fair and responsive.*

Where there is a dispute or appeal made in writing by a health service training facility against a PAC decision the accrediting authority would act as per the appeals policy. To date the accrediting authority has not had an appeal regarding a PAC decision. See Appendices F and AQ regarding Policy and Process documents.

Appendix F Appendix AQ

 

We have not had to resolve any major problems or disputes with accredited health services/programs since being established and conducting intern accreditation services.

As the accrediting authority for a small jurisdiction it allows our processes to react quicker than some of the larger jurisdictions. Our communication and business with the health services is more intimate and informal and we have found in the past while still keeping professional, we know about any rising issues and can usually affect change through influencing and discussion rather than having major process and procedural mechanisms being imposed that would distance us from the collegiate approach used with the health services in this small jurisdiction.

Some of the challenges come where having a smaller pool of clinicians and staff involved in Internship. The personalities of those involved in prevocational education and training programs can and do affect progress and can limit how much can be changed within the infrastructure of the prevocational education and training program. Particularly those parts that are not specifically determined nationally or in the prevocational accreditation standards for example the number of terms per year for internship above and beyond the MBA general registration requirement. The NT has two health services which have two intern accredited training facilities and each have a differing number of internship terms on offer for the year (RDH 5 terms and ASH 4 terms). This can have an impact on the capacity for the NT to have territory wide education and training programs that would enable movement between locations to enrich the experiences across the NT intern education and training programs learning objectives. This is something that the PAC will consider at future meetings on how they may be able to influence the capacity to make our junior staff more mobile across the NT training facilities education and training programs.

Another challenge for our accrediting authority is the tyranny of distance between our training facilities making it costly when accrediting a facility for the first time and to follow up with a site visit to monitor any concerns or issues that may have been presented at the time or later. The Accreditation Manager is currently exploring and researching options for survey events of health service regional training facilities that could be undertaken via video conferencing or via other computer software to conduct follow up survey events. These processes would present challenges that have not been present previously and will need to be considered by the PAC, NT surveyors and consultation with those health service regional sites before proceeding. (ACIR2016-009A refers - See Appendix S)

To view copies of the current accreditation procedures go to the NT METC website [www.ntmetc.com](http://www.ntmetc.com)

Styles of survey event reports are being reviewed to become more consistent and easier to read for all stakeholders - NTBMBA, Facilities and PAC/PAP. (ACIR2015-003A refers - See Appendix S)

Some sample survey event reports provided are prior to the revision of the NT Prevocational Accreditation Standards, most formats are the same (apart from covers and change of organisation name) except for the Quality Action Plan format has slightly changed these are currently being processed and have been made available for the AMC Survey Team Observers to the June 2016 Panel and Committee meetings. (See the six Appendices below for the samples provided)

Appendix AR Appendix AS Appendix AT Appendix AU

Reaccreditation Report Self-Assessment Report New Unit Report Modified Unit

NOT AVAILABLE NOT AVAILABLE NOT AVAILABLE NOT AVAILABLE

Appendix AV Appendix AW

Quality Action Plan S1 Quality Action Plan S2

NOT AVAILABLE NOT AVAILABLE

AMC request for further information from 2015 NT METC Progress Report:

* *“In the 2016 submission please provide the revised NT METC Prevocational Standards, Guidelines and Rating scale and a summary of the evaluations undertaken in 2015 (under attribute 3.2).”*

See Appendix Y or go to [www.ntmetc.com](http://www.ntmetc.com) website go to ‘Accreditation’ tab across the top under the banner then go to ‘System’ then scroll down the page to find ‘Section 3: Accreditation Standards’.

For information regarding summaries of evaluations undertaken under attribute 3.2 in 2015/2016 please go to Domain 3 in this submission