



RELATED POLICY

Accreditation Policy 1.1

PURPOSE

The following documentation outlines the process for a Full Survey of a NT health regional health service offering prevocational education and training. This process includes the steps required before, at the time of and following the visit by the Survey Team. Specific timeframes have been allocated including:

1. Form 3(Self-Assessment) is to be submitted to the accrediting authority at least five weeks before the proposed Survey Visit date

SCOPE

A Full Survey is undertaken:

1. At the beginning of an Accreditation Cycle for a NT health regional health service that is currently accredited with Primary Allocation Status or Secondment Status (re-accreditation);
2. As a component of the process for an 'Application for Change of Accreditation Status' e.g. Secondment NT health regional health service to Primary Allocation NT health regional health service
3. When a NT health regional health service requests Prevocational Accreditation status for the first time.

DEFINITIONS

Accreditation Cycle – has a maximum of 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.

NT health regional health service Manager – is the person with accountability for the NT health regional health service. In NT Government NT health regional health services this will usually be the Chief Operating Officer (COO) or his/her nominee. Non – NT Department of Health, NT health regional health services will need to indicate the NT health regional health service Manager at the time of application for accreditation/re-accreditation.

Form 3 – The form used by the NT health regional health service to complete a Self-Assessment against the Standards and provide the Survey Team with evidence of achievement as requested.

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

PGY2 – Postgraduate year 2.

FULL SURVEY ACCREDITATION PROCESS



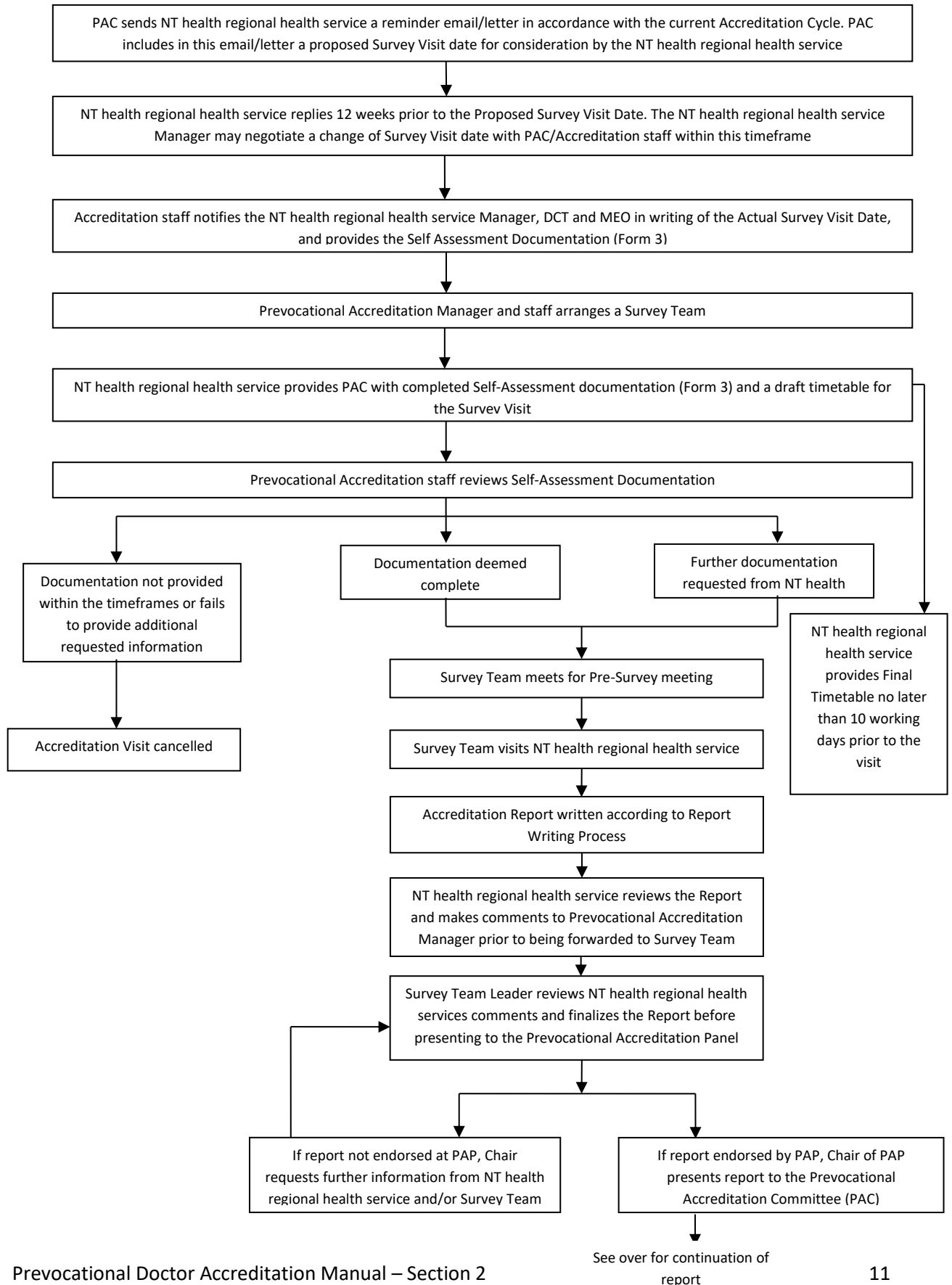
Primary Allocation Status –is the Accreditation Status awarded to a NT health regional health service capable of providing all the compulsory terms required for Intern registration.

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.

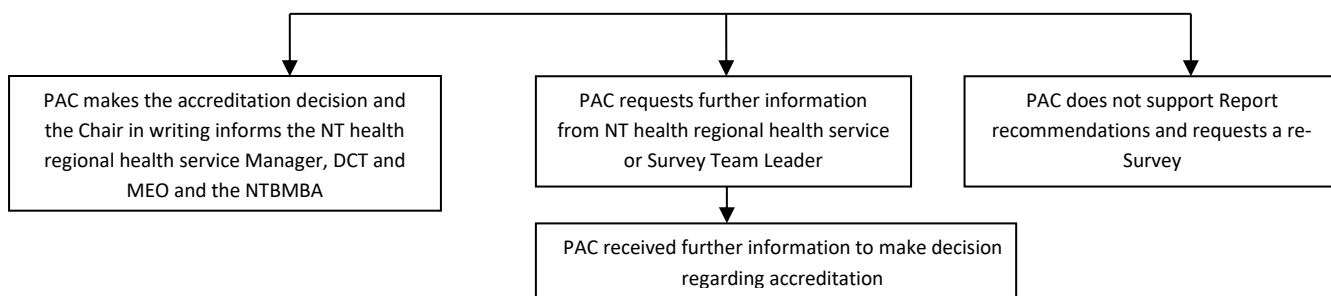


FULL SURVEY ACCREDITATION PROCESS

PROCESS FLOWCHART



FULL SURVEY ACCREDITATION PROCESS



FULL SURVEY ACCREDITATION PROCESS



PROCESS DESCRIPTION

1. The NT health regional health service Manager requests a Full Survey Visit, or PAC notifies a NT health regional health service of the requirement for a Full Survey Visit, in line with its current Accreditation Cycle, at least nine months prior to expiry of Accreditation Status. PAC/accrediting authority provides a Proposed Visit Date at this time which the NT health regional health service Manager can consider and accept at that time.
2. NT health regional health service replies 12 weeks prior to the Proposed Survey Visit Date. The NT health regional health service Manager may negotiate a change of Survey Visit date with PAC/Accreditation staff within this timeframe.
3. PAC/accrediting authority notifies the NT health regional health service Manager, MEO and DCT in writing of the Survey Date and provides the Self-Assessment documentation (Form 3) for completion by the NT health regional health service.
4. Accrediting authority staff arrange a Survey Team and have the team members endorsed by the PAC. The NT health regional health service provides Accreditation Staff with the completed Self-Assessment Documentation (Form 3) prior to six weeks of the Actual Survey Date. Documentation is only provided for the NT health regional health service being surveyed and offsite unit rotations.
5. The Survey Team reviews the Self-Assessment documentation and:
 - a. If the documentation is deemed complete, the Survey proceeds as planned
 - b. If the documentation is deemed incomplete, the NT health regional health service is asked to provide further information and/or clarification. Once this is provided and deemed satisfactory, the Survey proceeds as planned
 - c. If the NT health regional health service fails to provide satisfactory additional information on request, OR does not provide the documentation within the Accreditation timeframes outlined within the process, the Survey Visit is cancelled.
6. The NT health regional health service supplies a draft timetable for the Visit at the time of submission of the Self-Assessment documentation. A final detailed timetable with time slots for interviewing all appropriate people at the NT health regional health service is to be provided to prevocational accreditation staff no later than 10 days prior to the Visit. If this is not provided the Survey will not proceed.
7. The Survey Team Leader convenes a surveyor team meeting with the Survey Team, via teleconference, at least two weeks prior to the Survey Visit Date. The aim of this meeting is to determine additional document requirements from the NT health regional health service, where necessary. These documents may be provided before the visit or at the time of the visit. They will also determine the roles and responsibilities of the various team members prior to the Visit.
8. The Survey Team Leader conducts a Pre-Survey Meeting after the submission has been read to discuss survey interview questions and areas of concern. The team leader will also go over the roles and responsibilities of the various team members prior to the Visit. The Pre-Survey Meeting is usually conducted as a face to face meeting the night or day before the Accreditation Visit.

FULL SURVEY ACCREDITATION PROCESS



9. The Survey Team visits the NT health regional health service and conducts the Survey. Survey Visits are usually between one and five days (max) in duration. The NT health regional health service must provide the Survey Teams with an administration assistant/liason person for each day of the visit, to assist them with the Visit. A Summation debrief is completed in accordance with the Accreditation Policy. The Survey Team Leader/Accreditation Manager will liaise with the NT health regional health service executive staff and PAC Chair where major issues are identified, at the time the issue is raised and identified.
10. The Survey Team writes the final survey report according to the Report Writing Process.
11. The Survey Team Leader or their delegate presents the Survey event Report to the PAP.
12. 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
13. The PAC either:
 - a. Makes the accreditation decision on survey event findings and informs the NT health regional health service Manager, DCT, MEO and NTBMBA (PGY1) and DoH (PGY2 and above)
Or
 - b. Requires further information from the Survey Team Leader and/or NT health regional health service. On receiving further information makes the accreditation decision on survey event findings and informs the NT health regional health service Manager, DCT, MEO and NTBMBA (PGY1) and DoH (PGY2 and above)
Or
 - c. Does not endorse the Report and requires/recommends a re-Survey

SUPPORTING DOCUMENTATION

1. *NT health regional health service Allocation Status Policy 1.3*
2. *Application for Change of Status Process 2.2*
3. *Accreditation Policy 1.1*
4. *Accreditation Step by Step Guide 4.1*

PERFORMANCE MEASURES/KPI

1. 100% of Full Surveys are implemented according to this process
2. Feedback from NT health regional health services
3. Feedback from Survey Teams

Process Contact Officer: Quality Assurance Officer