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WHAT IS ACCREDITATION?



The Northern Territory (NT) Prevocational Medical Assurance Services (PMAS) is accredited by the Australian Medical Council (AMC) as the prevocational training accreditation authority to accredit prevocational training programs for PGY1 and PGY2 positions in the NT. Accreditation of prevocational training is mandated in legislation and the Prevocational Accreditation Committee (PAC) has developed a robust, formal process which is designed to achieve the requirements of this legislation i.e. provision of appropriate education and training for prevocational doctors. Many stakeholders including the NT Board of the Medical Board of Australia (NTBMBA), PMAS and NT Health have collaborated to develop and administer the prevocational accreditation system.

The NT has implemented a 4 year accreditation cycle that includes a number of stages :

- Initial/reaccreditation survey – Site visit covering all standards and criteria - beginning of initial cycle or ending of continuous cycle.
- Quality Action Plan Stage 1 (QAP S1) – 6-8 months into the accreditation cycle following a full survey covering only quality improvement recommendations and conditions awarded.
- Quality Action Plan Stage 2 (QAP S2) – 12 months after the previous QAP stage covering those outstanding quality improvement recommendations and conditions remaining from QAP S1.
- Progress Report – 3 years into the accreditation cycle covering all standards and criteria. This assessment may include any outstanding quality improvement recommendations and/or conditions not finalised under the previous QAPs.
- Cycle ending with a reaccreditation assessment (site visit) which also begins the next cycle.

The accreditation system is underpinned by a set of principles and rigorous accreditation policies and processes which have been endorsed by the PAC and the NTBMBA. All prevocational training provider staff involved in accreditation should be familiar with them.

Prevocational training providers (public and private) undergoing accreditation will be assessed against the national standards and requirements for prevocational (PGY1 and PGY2) training programs and terms . The standards have been developed to identify the crucial elements of prevocational education and training that must be satisfied for the awarding of prevocational accreditation (PGY1 and PGY2) by the accrediting authority. Familiarity with these standards is essential in order to:

- Complete necessary documentation;
- Prepare for the survey event ;
- Brief other prevocational training provider members regarding accreditation particularly for a site visit assessment; and
- Communicate with surveyors and the accreditation support team as needed.

Prevocational training providers and staff who are new to the process of accreditation should refer to the NT accrediting authority's website where there are a number of essential resources referenced throughout this document.

At this early stage you are referred to:



- What do I need to know?
- Glossary of Terms
- Accreditation Cycle
- Accreditation Principles
- Accreditation Policies
- Accreditation Processes
- Accreditation Standards (National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms)



Experience suggests that familiarity with the prevocational accreditation standards is important. Difficulties as a result of not being familiar or aware that have arisen in the past include:

- Insufficient evidence available for surveyors to make an adequate judgement.
Outcome: Term not accredited or delayed accreditation outcome.
- Inappropriate self rating on QAPs.
Outcome: Concern by the prevocational training provider/ executive when surveyor ratings are not near self rating.
- Withdrawal of accreditation status from previously accredited terms.
Outcome: Less flexibility in available accredited positions for allocation/rostering.

WHY ACCREDIT?



Accreditation is necessary for the safety of patients and prevocational doctors as it provides assurance of adequate supervision and training in this vital first and following years after graduation. It is just as important in assuring the safety of patients so that they are not inadvertently put at risk by inadequately supervised prevocational doctors.

Accreditation is more than ensuring compliance with standards. Accreditation provides a broader and valuable opportunity for collaboration and development of quality standards and best practice. The PAC considers this to be of utmost importance. We ensure collaboration is beneficial to all by training our surveyors to embrace collaboration and the sharing of ideas as a key feature of the accreditation system and their surveyor activities.

A survey is an opportunity to learn about accreditation and the standards, whether you are a prevocational doctor, a supervisor and a staff member of the Medical Education Unit (MEU) or of the prevocational training provider. It is important that surveyors be viewed as guides and supporters of quality prevocational doctor education. Helping you as either a provider of that education or as a developing surveyor is a valued part of a surveyor's role.

WHO IS RESPONSIBLE FOR ACCREDITATION?



There are a number of stakeholders who have responsibilities within the accreditation system including:

- **Northern Territory Board of the Medical Board of Australia (NTBMBA)** – The NTBMBA is responsible for implementing the legislation regarding prevocational doctor registration on the Medical Board of Australia's (MBA) behalf. NTBMBA is notified by the Accrediting Authority's PAC decisions regarding the accreditation status awarded to the prevocational training provider that has been assessed.
- **Australian Medical Council (AMC)** – The AMC is responsible for assessing and accrediting the Postgraduate Medical Councils or equivalent as prevocational training accrediting authorities.
- **Prevocational Accreditation Committee (PAC)** – The PAC is responsible for developing, implementing and evaluating a robust quality accreditation system in order to satisfy the requirements of the MBA. As the accrediting authority it makes the final accreditation decision. The committee is responsible for ensuring appropriately qualified and trained surveyors are able to evaluate the performance against the accreditation standards. They are also required to have the appropriate governance processes in place to review the surveyor findings and recommendations.
- **Prevocational Accreditation Panel (PAP)** – The PAP is responsible to the PAC and this panel has the role of being the first to review all survey event reports, provide a briefing and recommendations to the PAC as well as evaluating the survey teams and administration processes to ensure a quality and continuously improved service is provided.



- **NT Health - Strategic Workforce Planning – Medical** – is responsible for timely liaison with the accrediting authority in regards to workforce requirements and the impact of these on accreditation. As local and interstate graduate numbers and demand for internships grow, this liaison is crucial to ensure that sufficient places are accredited to accommodate these graduates and prevocational doctors in the NT.
- **Medical Education Units (MEU)** – The staff within the MEUs are the prevocational training providers lynchpin in accreditation as they are responsible for liaison with the accrediting authority regarding accreditation. Depending on the roles within the MEU, the staff will be involved in organising the initial/reaccreditation survey documentation, the briefing and consultation of supervisors, prevocational doctors and the organisation and logistics of the survey site visit where scheduled. The MEU staff are also responsible for notifying the accrediting authority for any changes to the Prevocational Training Program (PTP) which includes changes to staff within the MEU and supervisors that may impact on the outcomes of the prevocational training providers PTP.

The MEU will also have a role in completion of the prevocational training providers QAPs and other survey event submissions. Documentation needs to be completed by the appropriate person within the MEU as errors and omissions occur where the person is not adequately informed or aware of current prevocational training provider policies and processes.

MEU staff who will play important roles in accreditation are:

- Medical Education Officers (MEOs)
- Medical Administration Officers (MAOs) or equivalent
- **Directors of Clinical Training (DCT)** – DCTs will be interviewed at the time of a full initial or reaccreditation survey site visit and as such need to have an active and current knowledge of prevocational doctor education and training at their accredited locations.
- **Directors of Medical Services (DMS)** – The prevocational training provider executive has an important governance role for accreditation. They are required to sign off on all accreditation documentation including reaccreditation submissions, requests for new or modified terms, change of circumstance notifications, accreditation progress reports and quality action plans. They are also required to be interviewed at the time of a full initial or reaccreditation survey site visit and as such need to have an active and current knowledge of prevocational training program at their accredited locations.
- **Prevocational Clinical Training Committee (PEC/MTC)** – The prevocational training provider's clinical training committee is responsible for overseeing and the governance of the prevocational doctor education, training and supervision including evaluation of the program. They are therefore responsible for ensuring appropriate implementation of prevocational training provider's education and training policies and processes and the ongoing monitoring and evaluation of activities. They should be actively involved in all accreditation processes by having input into reaccreditation and progress report documentation and participating in the survey event visits as required. They are the body that will ensure the actions to rectify any issues identified by a visit survey event are progressed so that accreditation status is achieved/maintained.
- **Assessment Review Panel** - Assessment review panels are established at each prevocational training provider with appropriate membership and terms of reference. The review panel will be chaired by the DCT. Given the close nexus between training and employment concerns the review panel will include a senior employer representative such as the DMS or equivalent. Other members will be drawn from term supervisors, medical educators and additional employer representatives. The assessment review panels will have clear and transparent rules for deciding on the courses of action and must provide these for review through the accreditation process. This panel is separate to the prevocational clinical training committee.
- **Term Supervisors** – are responsible for implementing the PTP within their term. They are required to complete their term's accreditation, reaccreditation and progress report documentation and to actively participate in the accreditation survey event visits. Term supervisors are required to be present at the time of the survey site visit for interview by surveyors regarding their term activities. Term supervisors may or may not be the prevocational doctors' day to day supervisor. Sometimes this day to day role is taken on by other personnel within a term. It is important that all supervisors are aware of their



responsibilities, prevocational training provider's supervision policies and meet all relevant prevocational accreditation policies and standards. Term supervisors are appointed with appropriate skills, knowledge, competencies, time, authority and resources including the relevant capabilities and understanding of the assessment processes employed to support the PTP.

- **Prevocational doctors** – Are the interns and junior doctors in training who are responsible for providing the PAC and surveyors with accurate and unbiased information regarding their education and training experiences at the prevocational training provider and terms within accredited locations. Their presence is required at one or 2 face to face meetings during the survey event site visit and may be necessary for any monitoring survey events as requested by survey teams. This ensures that surveyors are able to access a balanced range of information when forming their findings, recommendations and ratings.



Prevocational Accreditation Committee is often asked 'Who is responsible for accreditation?'

Everyone who is involved in prevocational doctor education and training is responsible for accreditation.

The onus is often placed on MEU staff however they are not responsible in isolation.

The PAC recommends a collaborative approach to accreditation whereby all those involved in prevocational doctor supervision, education and training take responsibility for their components of the PTP and its accreditation. Prevocational training provider executives and term supervisors also have responsibility and important roles to play.



Prevocational training providers are referred to the following documents relating to roles and responsibilities:

- What do I need to know?
- Glossary of Terms
- Accreditation Policies
- Accreditation Processes
- Accreditation Standards (National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms)

IMPORTANT YEARLY DATES



Due to the annual schedule of NT wide accreditation activities the accrediting authority has implemented dates in regards to accreditation requests. This deadline ensures the accrediting authority can preplan activities and ensure availability of surveyors to meet prevocational training provider accreditation survey event demand.

The deadline is for the year preceeding the accreditation activity; e.g. demand for an increase in prevocational position numbers in a given location for the following intake year.

- **1st October** –
 - requests for additional accreditation activity in the following year must be received by the accrediting authority by this deadline.
 - New/offsite term requests are to be provided with accompanying evidence for accreditation assessment if required for the following year by this deadline.



Prevocational training provider's are referred to the following documents:

- Current prevocational training providers accreditation survey cycle (for upcoming survey events).
- Organising an accreditation survey (pg 19).



WHICH FORM IS NEEDED?



The NT accrediting authority has developed a range of forms to be completed and submitted by prevocational training providers at various stages in the accreditation cycle. The forms provide an opportunity for the prevocational training provider to indicate what they wish to have accredited, reflect on their current implementation of prevocational doctor education and training and to evaluate themselves against each of the accreditation standards and criteria.

Tables 2.1 and 2.2 illustrate the various forms and when they are required.

Table 2.1: Accreditation forms required for an unscheduled survey event

Description	Form Number	Relevant Survey Event
Modified term	1	Modified term survey
New/offsite term	2	New/offsite term survey
Application for Initial prevocational accreditation or reaccreditation	3	Full initial/reaccreditation site visit

Table 2.2: Accreditation forms required as part of a scheduled survey event (see accreditation cycle of scheduled events)

Description	Form Number	Previous linked Survey Events
Quality Action Plan (stages 1 + 2) (progressive document)	4	Post initial/reaccreditation site visit survey
Progress Report	5	3 years post initial/reaccreditation site visit survey
Notice of change of circumstance	7	As soon as change of circumstance occurs or is known. These should be mostly planned so as to not cause any delays to accreditation outcomes

The forms in Table 2.1 are to be prepared by the prevocational training provider and submitted to the accreditation staff as per their advice. The forms in Table 2.2 will be prepared and populated with the relevant information by the accreditation staff and provided to the prevocational training provider for completion and submission as per the accreditation cycle due dates.



Some key points:

- Information presented in all forms must be accurate, factual and current at the time of submission;
- Information presented in reaccreditation forms for site visit survey events must be supported by appropriate and relevant evidence for the preceding period being assessed;
- Responses presented in QAPs and progress reports must be supported by evidence which are appropriate, relevant and for the period since the last survey event assessment.



Forms play a pivotal role for surveyors and prevocational training providers. If the information is clear, accurate and well supported by the evidence provided, the surveyors are able to clearly understand how a prevocational training provider or term meets the standards_ensuring a favourable outcome for prevocational training providers and prevocational doctors.



Forms need to be submitted to prevocational accreditation staff in a timely fashion. Planning for scheduled and unscheduled survey events should always be a priority to ensure a timely outcome. Whilst formal extensions in writing (email) can be requested the extension may not be granted.

Table 2.3 outlines when each form should be submitted to the accrediting authority.

Table 2.3: Timing of form submission

All new applications for prevocational accreditation should be submitted by **no later than October 1** to enable prevocational accreditation staff to plan and schedule accreditation outcomes for the following year.

Note: Modified/new/offsite term forms can be submitted at any stage prior to October 1 including as part of a scheduled survey event.

Description	Form Number	Timing of Submission
Modified term	1	10 weeks minimum prior to the requested modification. However consider the 1 st October cut off if required for commencement of following year.
New/offsite Term	2	10 weeks minimum prior to the requested term receiving prevocational doctors. However consider the 1 st October cut off for new or modified term requests if required for commencement of following year.
Prevocational training provider initial/reaccreditation	3	10 weeks minimum prior to the survey visit. Accreditation staff will guide submission date required.
Quality Action Plan (stages 1 + 2)	4	As per prevocational training provider accreditation cycle dates.
Progress Report	5	As per prevocational training provider accreditation cycle dates.
Notice of change of circumstance	8	<u>As soon as</u> a change of circumstance is known or is expected.



A late form can be troublesome in ways that are not immediately apparent.

The timelines provided are necessary to ensure that there is adequate time for prevocational accreditation staff and surveyor preparation for the survey event.

Each form must be checked and reviewed by the prevocational accreditation staff prior to dispatch to the survey team. Queries regarding the submission are then identified and forwarded to the prevocational training provider so that answers may be provided prior to the survey event. Late forms mean that the survey team do not receive them in adequate time to prepare for the survey event. This adversely impacts on both the survey team and the prevocational training provider.

A survey event may be postponed/cancelled if forms and/or information arrives late. Finding future available time in the accreditation survey cycle may not be possible or the time that is available may not suit staff at your prevocational training provider. If there is not enough time to undertake the survey event, accredited prevocational positions may be lost or become unaccredited causing major workforce issues.



WHO NEEDS TO COMPLETE THE FORMS?



Prevocational training providers are responsible for establishing their processes for accreditation including who will coordinate the process and who will complete components of the relevant forms. It is anticipated that the prevocational training provider executive will determine the roles of relevant delegated officers. The information needs to be provided by the most appropriate person e.g. information about a specific term should come from that term’s supervisor.

The prevocational training provider executive should give careful consideration as to who is delegated to complete the forms and undertake due diligence to check the content before forwarding to the accrediting authority.

Prevocational accreditation staff provide the following advice regarding the delegated officers and completion of the forms in Table 2.4.

Table 2.4: Suggested delegated officer for form completion

Description	Form Number	Suggested Delegated Officer for Form Completion
Modified term	1	This form should be completed by the term supervisor and MEU staff (including the DCT) and be reviewed by the DMS prior to signing.
New/offsite term	2	This form should be completed in collaboration by the MEU staff, DCT and the new/offsite term supervisor however the entire form should be reviewed by the DMS prior to signing.
Prevocational training provider initial/reaccreditation	3	Different components should be completed by different prevocational training provider staff depending on the relevance of their role to the standard and criteria. For example, the MEO and DCTs should complete details about their role and professional development. The Chair of the clinical training committee (PEC/MTC) should complete the section on the activities of the PEC/MTC. MEU staff should collate all components of the form and the entire form should be reviewed by the DMS prior to signing.
Quality Action Plan (stages 1 + 2)	4	This form should be completed by the relevant people. The QAP is populated by prevocational accreditation staff with quality improvement recommendations/conditions that require comments and/or supporting evidence. If the quality improvement recommendation/condition is relevant to the PEC/MTC then the committee Chair should complete. If the quality improvement recommendation relates to governance then the prevocational training provider executive should be involved in providing the response. Same for any comments requested by the PAC for follow up by survey event surveyors. The DMS should review the action plan collated prior to being submitted.
Progress Report	5	This form should be completed by a number of the prevocational training provider staff including but not limited to term supervisor’s, DCT, DMS’s and MEU staff where relevant. The DMS would review this submission prior to it being finalised and submitted for assessment.



It’s quite important to ensure the right person completes accreditation forms. Here’s what our experience has taught us:

- Incorrect information provided in the submission may cause confusion resulting in the term or prevocational training provider not being accredited.
- Incomplete information provided results in numerous requests from prevocational accreditation staff or surveyors for additional information which is time consuming for all involved. Survey interviews where the interviewees are not aware of what has been put in the accreditation



documentation on their behalf or about their term. Surveyors refer to pre-submitted accreditation documentation when they interview staff such as the term supervisors. There have been occasions where the term supervisors have been unaware that there were plans to place interns or increase the number of prevocational doctors in their term. This causes both the prevocational training provider and the term supervisor unnecessary anxiety. The surveyors are left with an unfavourable impression.

- Cutting and pasting information (duplicating) from one term's documentation into another's creates problems. The value of some generic information is questionable and means that the surveyors need to take considerably more time questioning the term supervisors than necessary. Where the term supervisor has actively been involved in completion of the form the survey runs much more smoothly with less time taken at the survey site visit interviews.



HOW TO INTERPRET THE STANDARDS



The prevocational accreditation standards form the baseline of expectation and the basis of decision making within the accreditation system. They are the standards (benchmark) against which the provision of prevocational doctor supervision, education and training is assessed.

The national framework for prevocational medical training describes the standards for the first two post graduate years for prevocational doctors in Australia. They describe how prevocational doctors are trained and assessed after graduating from medical school and sets standards that contribute to good quality training. It is important that prevocational training provider staff involved in the PTP be familiar with the accreditation standards as they relate to various staff roles and their responsibilities within the organisation. Surveyors often observe during surveys a lack of understanding of the standards and their application within their work environment. MEUs can take an active role in educating the providers of prevocational doctor education and training as to what the standards are and how they may be used particularly through their clinical training committees and other working parties involved in governance of prevocational doctor medical education and training.

These and other guidelines are aimed at assisting prevocational training providers to interpret the standards. These guidelines are by no means prescriptive. They are a guide as to what is expected and the types of evidence that may be provided. The standards are self explanatory. The following section outlines some of the questions that are frequently asked regarding the accreditation standards and criteria.



Prevocational training providers are referred to the:

- Prevocational Accreditation Standards (National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms) and Guidelines
- Prevocational Accreditation Glossary
- Australian Curriculum Framework for Junior Doctors (ACFJD)
- National Prevocational Outcome Statements (AMC)
- Localised performance assessment forms and term descriptions

HOW DO WE SELF RATE?



The prevocational accreditation rating scale is based on that developed by the Australian Council on Healthcare Standards (ACHS) EQuIP Scale. This rating scale is used primarily in the initial and reaccreditation survey events. The rating scale is a 3-point scale ranging from Not Met (NM) to Satisfactorily Met (SM). The only addition to this scale is the opportunity for the surveyors to recognise partial completion within a specific standard and criteria. For any achievements above and beyond Satisfactorily Met there are two further ratings; Extensive Achievement (EA) and Outstanding Achievement (OA). The guidelines for standards have been written at the Satisfactorily Met (SM) rating level. Prevocational training providers granted an SM for a standard are viewed as performing at the expected level. To achieve a higher rating a prevocational training provider needs to exceed expectations and provide evidence of leadership, benchmarking, innovation and state or national involvement.

Form 3 (application for initial or reaccreditation survey events) provides prevocational training providers with an opportunity to reflect on their performance in regards to the provision of prevocational doctor education and training by self-assessing. They are able to recognise the strengths of their program and areas requiring further development or attention. Self-assessment also helps the prevocational training provider to identify the evidence which will support their rating at the time of accreditation. This step is sometimes shared and discussed at the clinical training committees (PEC/MTC).

ACCREDITATION STEP BY STEP GUIDE



When determining the rating for a particular standard within the accreditation documentation prevocational training providers are encouraged to be realistic. Reflect on what you are currently doing, the consistency with which you are doing it and refer directly to the standards and evidence in making your decision.

Prevocational accreditation surveyors are trained in the rigorous application of a rating scale to the standards and the accreditation staff are skilled at reviewing consistency between surveyors. Surveyors will look for evidence of achievement against each standard and triangulate the evidence they receive from many sources.



It is important to take care with self rating. Here's why:

- Overestimating performance and inflated ratings can lead to disappointment on receipt of the accreditation report. The accreditation staff recognise the enormous effort put into accreditation by the prevocational training provider and encourages realistic self-ratings to avoid this outcome. The accreditation staff encourage discussion regarding ratings by all involved in prevocational doctor education and training so that a realistic consensus decision is reached and documented. This may include the prevocational doctor evaluations or consultation regarding the performance of the PTP.

Perfection is not required to obtain accreditation.

- Underestimating performance leads to great ideas and hard work not being highlighted for recognition and commendation by the survey team. The survey is a collegiate method to ensure that hard work is recognised within your prevocational training provider and by your colleagues.



Prevocational training providers are referred to the:

- Accreditation Standards (National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms) and Guidelines
- Accreditation Rating Scale
- Accreditation Step by Step Guide for specific types of survey events

HOW TO PRESENT THE EVIDENCE



The accreditation guidelines outline the types of evidence that are required for a SM rating. The more evidence that a prevocational training provider is able to provide the easier it will be for the surveyors in determining their rating against the standard. The evidence also needs to be presented in an easy to follow way with references to supporting documents throughout the various standards as comments are provided in context to each standard and criteria. Accreditation support staff will provide an evidence folio sheet when sending the forms for a survey event submission

Evidence can be formal e.g. minutes of a meeting, or informal such as dated diary notes from a telephone meeting. A log of issues that are addressed and discussed and/or reported to the clinical training committee (PEC/MTC) is one way to ensure that you have evidence at hand when next being accredited. This will also show continuous improvement. This process will guide and support a higher rating where applicable as it will document the process undertaken to get there.

Evidence should be across the preceding period prior to the date of the submission being collated. This will give the surveyors the opportunity to recognise the continuous improvements and progress made since its last assessment.



How can we reduce the amount of paperwork sent with the initial/reaccreditation documentation?

Provide evidence once for the survey rather than at several junctures in the form. Using a folio system (template provided) to refer the surveyors to the attachment where required. One piece of evidence can sometimes be used for various contexts within the standards so long as the



comments within the submission provide the context to why that piece of supporting evidence is put against a particular standard and/or criteria.



The accreditation staff often find it is faced with a lack of evidence. Evidence that has been contextualised with the relevance to a standard and/or criteria being made clear. Common pitfalls to avoid include:

- Generic term orientation booklets used for all terms with no term specific material included. Orientation booklets should be **specific to each term – personalised (contextualised) for that term and staff**. Whilst it may be appropriate to have some generic material these booklets need to be tailored to assist prevocational doctors depending on their experience level with the resourcing and scope of practice in the specific term. Could be used for all term staff orientations with a specific section for prevocational doctors.
- Strategic plans. In some cases, surveyors have been provided a corporate or strategic plan for NT Health or for the primary allocation centre but nothing specific for the wider prevocational training provider location (offsite unit) being assessed. The prevocational training provider strategic plan should indicate the place of the PTP within the corporate/strategic vision. The strategic plan along with other evidence needs to provide the survey team with evidence in relation to **your prevocational training provider's performance** against the strategic plan (NT Health/regional health service/offsite term) and how it applies to the standard and or training program.
- Copy of a policy from another prevocational training provider (primary allocation centre). It is an expectation that whilst policies may be shared, the processes for implementation for each prevocational training provider/offsite term needs to be documented and as such should be specific to that e.g. mentioning people responsible for implementation by name who are employed at the specific prevocational training provider being assessed. The evidence needs to be contextualised to the location/s being assessed/reaccredited.
- Annual prevocational training provider orientation program that does not indicate how each session is delivered. The rating for an orientation program is based not only on content but also on the educational methodology used. It is important to indicate if something is a didactic lecture versus a skills station so that surveyors can understand the program provided. This helps when the surveyors are triangulating the evidence provided (both in hard copy and answers to surveyors interview questions where applicable).
- Please note that one or 2 copies of term evaluation forms for a term is insufficient information for the surveyors to judge the achievement against a standard for an entire prevocational training provider at a survey visit event. Indication of a regularly implemented process and how it is received by prevocational doctors cannot be obtained from one or 2 term evaluation forms. All prevocational training providers should be undertaking end of term evaluations so all copies of these should be available. A spreadsheet summary showing all replies/feedback would also give a good indication of any trending or consistent comments over the period since the last survey site visit. The clinical training committees would usually be using this information also to gauge if term programs are achieving their outcomes and is valued and current to prevocational doctors providing evidence of discussions throughout the period preceding the survey site visit.

A detailed collated summary should be provided to the surveyors prior to the visit with the accreditation documentation. This same approach should be used with the evaluation forms for the HSEP. De-identified copies of the evaluations must be available to surveyors during the survey if requested.



Prevocational training providers are referred to the:

- Accreditation Standards (National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms) and Guidelines



WHAT IS THE DIFFERENCE BETWEEN A TIMETABLE, A ROSTER AND ALLOCATION?



All three terminologies are used in the prevocational accreditation system and distinguishing between each is important.

Allocation is the activity undertaken to determine which terms a prevocational doctor will be allocated to e.g. Term 1 Emergency Medicine, Term 2 Orthopaedics etc. The allocation may change during a year according to service needs and circumstances. However the balance of a prevocational doctor's year must meet the requirements of accreditation and medical registration. Each prevocational training provider is expected to keep a record of the annual allocation of prevocational doctors to terms and time actually worked in those terms. This record depending on the time of the survey site visit should include both expected and actual allocation lists and is to be provided to surveyors within accreditation documentation submissions for visit survey events and to any other type of survey event where requested, applicable and relevant.

A **roster** indicates hours worked, days off and ward call etc. A weekly **timetable** indicates the activities to be undertaken by the prevocational doctor e.g. ward round, theatre, outpatients, ward work, procedures. Both rosters and timetables will vary according to the term. Rosters and timetables must be provided in accreditation documentation for each term undergoing assessment. The roster needs to be able to be read and understood by surveyors. For the purposes of the survey, the intern and prevocational doctors need to be **clearly identifiable** and **differentiated** from hospital/career medical officers and registrars on rosters and timetables provided.

In the term timetable the activities to be undertaken by the intern and prevocational doctors should also be clearly identified. For example if the HSEP for interns is on a Thursday from 12.30 – 1.30 and the timetable for a term shows the intern to be in theatre from 1pm to 5pm, surveyors will query how the intern is able to attend the HSEP.



Table 3.1: Inadequate timetable example

Monday		Tuesday		Wednesday		Thursday		Friday	
Ward Work									
12.30	Lunch								
Ward Work		Ward Work		Ward Work		Ward Work		Ward Work	

What surveyors will ask is:

- Where is the prevocational training provider's education program?
- Where are the other educational opportunities e.g. xray meeting, journal club?
- Where are the ward rounds?



Table 3.2: Adequate timetable example

The following timetable is a basic example showing where the health service education program, other educational opportunities and if there are ward rounds where they will fit into the timetable.

Monday		Tuesday		Wednesday		Thursday		Friday	
Admitting Day Code Blue Response Team								Admitting Roster varies on Fridays. Check VMO Roster on J drive. Code Blue responsibilities if on take over weekend.	
0830	Ward Work	0730	Ward Round – Dr (new patients only)		Ward Round – Dr	0730	Xray meeting in Radiology Dept	0830	Ward Round – Dr
1000	Dr ... Ward Round		Ward Work		Ward Work	8.30	Ward Work		Ward Work
1230	Lunch	1230	Lunch	1230	Department Meeting – Lunch Provided (Meeting room Ward Z)	1230	Lunch	1230	Intern/JMO Education Program Lunch Provided (Meeting room 2B)
1330	Out patient s Dr	1430	DrWard Round	1330	Outpatients Dr	1330	Dr Ward Round		
16.30	Ward, routine admiss		Ward, check routine admissions	16.30	Ward, check routine admissions		Ward, check routine admissions		Ward Work



Table 3.3: Inadequate Roster example

The following roster is an example of an inadequate roster.

Start	Finish	Mon 17/07/23	Tues 18/07/23	Wed 20/07/23	Thurs 21/07/23	Fri 22/07/23	Sat 23/07/23	Sun 24/07/23
800	1800	Smith	Hanlon	Olm	Dinwald	Hanlon	Jones	Smith
800	1800	Jones	Smith	Hanlon	Hanlon	Jones		
800	1800							
800	1800	Reginald	Coffey	Ruffin	Redland	Cleveland	Cleveland	Cleveland
800	1800	Singh		Lake	Reginald	Reginald		
700	1700	Ming Wang	Drouble	Ming Wang	Valet	Ming Wang	Valet	Valet
700	1700	Walters	Victory	Victory	Twoder	Victory	Victory	
1100	2100	Twoder	Valet	Twoder	Wonder	Walters	Walters	Walters
915	1215	Arthurs	Arthurs		Arthurs	Arthurs		
1300	1600	Arthurs	Arthurs		Arthurs	Arthurs		
1300	2300	Olm	Dinwald	Jones	Williams	Smith		
1200	2200						Coffey	Coffey
1300	2300	Cleveland	Singh	Singh	Morris	Morris		
1400	0	Morris	Reginald	Morris	Singh	Coffey	Redland	Redland
1300	2300	Waterman	Waterman	Waterman	Victory	Trident	Drouble	Drouble
1600	200	Jelinek	Victory	Drouble	Jelinek	Wonder	Victory	Victory
2230	830	Brown	Brown	Brown	Brown	Lake	Lake	Lake
2130	730	Hartley	Hartley	Hartley	Hartley	Hipwell	Hipwell	Hipwell
2130	730	Williams	Williams	Williams	Inkwell	Inkwell	Inkwell	Inkwell

What surveyors will ask is:

- Who is the intern?
- Who is the prevocational doctor?
- Who is the registrar?
- Who is the consultant/locum?

The survey team cannot determine if there is adequate supervision or if the prevocational doctor is working within safe hours, both of which are very important considerations under the accreditation standards.

ACCREDITATION STEP BY STEP GUIDE



3.4: Adequate Roster example

The following is an example of an adequate roster. Unlike the example in Table 3.3, interns, prevocational doctors and the other medical staff are clearly identified including their hours of work. Names of staff should be listed in the roster.

Shift	Grade	Start	Finish	Mon 01/02/19	Tues 02/06/19	Wed 03/06/19	Thurs 04/06/19	Fri 05/06/19	Sat 06/06/19	Sun 07/06/19
EARLY	Consultant	0800	1800	Consult 1	Consult 3	Consult 4	Consult 5	Consult 3	Consult 2	Consult 1
	ED OBS	0800	1800	Consult 2	Consult 1	Consult 3	Consult 3	Consult 2		
	Non-Clinical	0800	1800							
	Registrar	0800	1800	Reg 1	Reg 3	Reg 4	Reg 6	Reg 7	Reg 7	Reg 7
		0800	1800	Reg 2		Reg 5	Reg 1	Reg 1		
	Intern or JMO/RMO	0700	1700	RMO 1	Intern 2	RMO 1	Intern 3	RMO 2	Intern 3	Intern 3
		0700	1700	Intern 1	Intern 6	Intern 6	RMO 2	Intern 6	Intern 6	
		1100	2100	RMO 2	Intern 3	RMO 2	RMO 1	Intern 1	Intern 1	Intern 1
	GP	0915	1215	GP 1	GP 1		GP 1	GP 1		
		1300	1600	GP 1	GP 1		GP 1	GP 1		



Prevocational training providers are referred to the:

- Accreditation Standards (National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms) and Guidelines
- Accreditation Glossary



THE SIGNIFICANCE OF THE MATRIX



The accreditation matrix outlines the accreditation status of all terms accredited for prevocational doctor training. This document reflects the PAC's decisions regarding accreditation status. It is available on the accrediting authority's website and updated after each PAC decision. The NTBMBA refers to the prevocational accreditation status matrix to ensure prevocational doctors have completed accredited terms and meet national registration and completion requirements.

Current and prospective prevocational doctors refer to the accreditation status matrix to ensure they are being placed in an accredited term. It is a requirement of accreditation that prevocational training providers publish and circulate widely the current prevocational accreditation matrix so it is available to all involved in prevocational doctor training.

The PAC and accreditation staff maintain the master prevocational accreditation matrix and updates it as terms are accredited or modified within the prevocational training providers. Prior to any survey event the prevocational training provider will provide the accreditation staff with a copy of the currently (actual) filled places matrix along with any requested new/modified terms for accreditation. This should be based on the current matrix and indicate the number of prevocational doctors currently accredited for in one column and requested number in a separate column. This ensures that surveyors and accreditation staff can clearly see any additional prevocational positions that are requested for a term. Table 3.5 provides an example of an adequately completed request table.

This request table clearly demonstrates that there is a requested increase in PGY1 numbers for Emergency Medical Care, Medicine, General Surgery and Orthopaedics. There is also a new term request for Intensive Care. As part of the submission this document highlights what it is the prevocational training provider is requesting to be assessed as part of this survey event. The current column of the matrix only contains units that are already known to be accredited.



Table 3.5: Sample matrix with requests included

<i>Hospital Name</i>						
Last Full Survey Date: 15.05.23						
^ - New Term request received						
	PGY1 Current	Extra PGY1 Requested	Total PGY1 positions	PGY2 Current	Extra PGY2 Requested	Total PGY2 positions
EMERGENCY MEDICINE	8	2	10	8	2	10
MEDICINE	8	2	10	8	2	10
Internal Medicine	5		5	8		8
Cardiology	1		1	3		3
Endocrinology	1		1	2		3
SURGERY						
General Surgery	5	5	10	4	2	6
Orthopaedics	1	2	3	4	1	5
OTHER						
Mental Health	2		2	2		4
Anaesthetics	1		1	4		5
Intensive Care		1	1	3		4
Offsite Unit – GDH	3		3	5		5
Primary Health – Jabiru					3	3
TOTAL POSITIONS	35	12	47	51	15	66

Answers to common questions regarding matrices are provided below.



Can we change our matrix?

No, prevocational training providers cannot change their own matrix. Matrices are created and updated by the accreditation staff once the accreditation decision by the PAC has been made. NTBMBA is then informed of any changes by the PAC. Matrices information is maintained by the NT accrediting authority on the accrediting authority's website and are made available to all due to the importance of these records to interns, prevocational doctors, prevocational training providers and the NTBMBA.

When preparing for a survey event, prevocational training providers need to confirm the matrix supplied to them by accreditation staff. The PAC strongly recommends that prevocational training providers provide the matrix to their interns, prevocational doctors, term supervisors and anyone involved in prevocational doctor training e.g. rostering personnel.



Here are some tips on common issues accreditation staff have found with matrices and request tables:

- **Prevocational training provider staff are not aware of the matrix:**
This can lead to interns and prevocational doctors being rostered to unaccredited terms. All staff involved in prevocational doctor training, including people who are responsible for rostering and allocation should be aware of the matrix and the implications this has on where an intern and/or prevocational doctor can work. Interns and prevocational doctors may only be allocated and rostered to accredited terms. MEU staff should regularly check rosters to ensure that they comply with the matrix. For example if there are 8 places in the Emergency Medical Care term then on any one day's roster there can only be 8 Interns rostered throughout the day's shifts. This is to ensure effective and safe coverage of supervision where required.
- **Out of date matrix used as basis for request tables:**
This can lead to terms missed at the time of accreditation. The PAC and accreditation staff maintain the current matrix on the accrediting authority's website and it is important that the prevocational training providers confirm this matrix at the time of the survey. It is also important to use it as the basis of their request table when preparing for a survey event.
In the event that you believe there is a genuine error in the matrix you should notify the accrediting authority as soon as possible. Dependant on the nature of the error you may also be asked to substantiate your concerns with evidence. For example, if you believe that there are more terms accredited for a prevocational training provider than the matrix shows, you may need to provide evidence such as correspondence from the PAC as evidence to support your challenge.
- **Requests don't indicate the clinical experiences of the term:**
If a term is accredited as a category B and C clinical experience it cannot be used as a category D clinical experience for the purposes of meeting registration requirements. Therefore, clarity regarding the request is important to avoid misunderstandings.
- **Numbers of interns/prevocational doctors in request table not discussed with the relevant term supervisor:**
During interviews with the term supervisors, surveyors always check the number of prevocational doctors that are newly being requested for the term. Where the term supervisor has not been involved in this decision making process, they can at times refute or contradict surveyors on the number of positions requested or deny knowledge of the request.
It is preferable that the prevocational training provider determines the requested number of prevocational doctor terms in consultation with the term supervisors so that there are no surprises at the time of the survey. It is expected that any increase or decrease is in consultation with the term/division/department heads/offsite term as well as the clinical training committees (PEC/MTC).



Prevocational training providers are referred to the:

- Accreditation Glossary
- Prevocational Accreditation Status Table – available on the accrediting authority's website.



WHAT RESOURCES ARE REQUIRED?



Accreditation survey events are an important component of the accreditation system. Sometimes the survey team will need to visit the prevocational training provider to gather information in a face to face setting that provides immediate opportunity to determine the correct rating for each standard. Sometimes the survey team can conduct the survey via a paper-based desk top approach.

It is important for all stakeholders that the survey event runs smoothly whether it is a site visit or a paper based desk top survey event and allows the surveyors to undertake their roles to the best of their ability. It is helpful when the prevocational training provider ensures the appropriate resources are available. The resources can be divided into personnel, rooms, evidence and catering. Each of these is described in more detail below.

PERSONNEL

The people required for the survey event from a prevocational training provider's perspective are all those involved in prevocational doctor training. An accreditation coordinator/liaison person should be appointed and responsible for direct liaison with accreditation staff throughout the accreditation process. This person will vary at each prevocational training provider depending on their staffing profile but may be a MEO, a senior medical administration officer/manager or the DCT. This person should be available throughout tele/video conferences for paper based surveys or for survey visits. They are to meet the survey team upon arrival at the prevocational training provider and be responsible for liaising with the accreditation team representative regarding survey team needs. It is this person's responsibility to ensure that interviewees attend interviews in a timely fashion. The survey team needs to meet with all staff involved in the implementation of the PTP. For all survey events there should be timetabled opportunities to meet/communicate with the prevocational training provider staff:

For a reaccreditation site visit and/or new prevocational training provider site visit/offsite term site visit surveys:

- Prevocational training provider executive – including but not limited to the Regional Executive Director and DMS or equivalent;
- Medical education unit personnel – e.g. MEO/s, DCT/s, MAO/s;
- Rostering and allocation staff – anyone involved in or responsible for allocations and producing the rosters at a prevocational training provider wide or term level;
- Clinical training committee (PEC/MTC) – members of the committee including the Chair;
- Term supervisor/s – from each term that has prevocational doctors;
- Term staff – including other consultants and registrars; and
- Prevocational doctors – working in the relevant term most if not all that can be released to ensure a representation of comments is available to the surveyors undertaking the assessment so that a determination of the education and training program can be made by the surveyors. This group should include any international medical graduates who are allocated in an intern position and are provisionally registered

MEETING ROOMS (WHERE REQUIRED FOR SURVEY EVENT)

Adequate provision of rooms to conduct the visit appropriately is required. A room should be provided for the duration of the survey which is suitable to house the entire survey team with space to move. Surveyors use laptops and may require extension cords/power boards if access to power points is limited. Interview rooms need to be able to house the survey team members and those they are interviewing. On some occasions a further room may be necessary if the survey team break into two teams to interview prevocational training provider staff and medical practitioners.

Accreditation staff will provide the prevocational training provider with a list of the survey team including a breakdown of sub teams if used so that the prevocational training provider can determine the room capacities required. A room also needs to be provided to conduct the large interviews such as with the interns, executive and MEU staff. All rooms should allow interviews to be conducted in a confidential manner. Common rooms in



use by other prevocational training provider staff are not appropriate unless they can be formally booked for the survey interviews to be uninterrupted.

In the event of interviews required for a paper based survey staff interviewed need to be provided with a distraction free confidential room for tele/video conferences as scheduled and as required.

CATERING

During a survey visit the survey team works from early in the morning to late at night reviewing evidence, undertaking interviews, discussing ratings and writing reports. Appropriate catering is appreciated to ensure that the survey team is fed throughout the visit. This should include water throughout the day, coffee and tea and food for morning tea, lunch and afternoon tea.



The resources available for surveys can have a huge effect on the survey. Here are some of the lessons learned along the way:

- **Not enough time is allocated in survey event timetable for a guided survey team ‘walk around’:**

Ample time needs to be allocated for the survey team to visit various areas that prevocational doctors work, rest and train (eg simulation areas/training rooms/health and wellbeing rooms). This time should be allocated and identified in the survey event timetable allowing enough time to visit these areas and return to the survey event interview room. If not enough time is allocated in the survey event timetable the purpose and value of the ‘walk around’ will be lost and may be a waste of time to all stakeholders. The survey team ‘walk around’ is not meant to disrupt any day to day unit operations and permissions/notifications to the divisional heads of departments should always be sought/provided prior to the survey event visits.

- **No prevocational training provider survey nominated accreditation coordinator/liaison person provided:**

This can lead to outright confusion amongst prevocational training provider staff and can be very distressing to all concerned. It may adversely effect the survey visit outcome/s.

The accreditation support staff member may need to make requests on behalf of the survey team, such as follow-up or extra interviews.. A survey co-ordinator facilitates the survey by working with the survey team and accreditation staff representative/s to make the arrangements that arise through the course of a survey.

The lack of a survey co-ordinator may result in the survey team having inadequate evidence to support accreditation finding/s resulting in a quality improvement recommendation and/or condition being awarded.

- **Term supervisor doesn’t arrive for the interview/tele/video conference, or the wrong person is sent to interview on behalf of the term supervisor:**

This may lead to the survey team interviewing someone who has no idea of the prevocational doctor training provided by the term and as such cannot answer the appropriate questions. The survey team may be left with inadequate evidence to support recommending accreditation status for the prevocational training provider and/or term by the PAC.

- **The room provided on visits is too small:**

The survey team is unable to undertake their roles appropriately and elements such as report writing may be delayed. Often they will have to wait until the conclusion of the day, return to their accommodation and try to write the report into the night.



What needs to be in the room for the surveyors on a visit?

A secure room needs to be provided for the survey team for their use during the survey visit.

This room needs to be/have:

- Adequate space and lighting to accommodate the survey team and their documentation during the visit.
- Adequate space for the survey team to work effectively in sub teams if necessary.
- Power source for 2 or 3 laptops with extension cords and power boards (where necessary) to be available.
- Tele/video conferencing in case interviews or contact with offsite term/s are necessary.
- Ability to be locked with a key available whilst teams come and go or on a timetabled 'walk around'.
- Dedicated for use by the survey team only during the visit to ensure confidentiality and no interruptions by other groups meeting in the same space during the survey visit.
- Drinking water.

It would be appreciated if the secure room could be attended to throughout the day to clear food, plates, cups and utensils and to remove garbage. This will ensure a pleasant working environment for the survey team and interviewees.



Prevocational training providers are referred to the:

- Process for an initial or reaccreditation survey visit
- Process for a new and/or modified term visit
- Process for a notice of change of circumstance
- Accreditation Glossary

PREPARING FOR SURVEY INTERVIEWS



The most productive surveys occur when a prevocational training provider has prepared/briefed its staff involved in the accreditation process in terms of what accreditation is, why it is so important, and what their role is during the survey visit. For each stakeholder group, the following should be discussed:

- What is prevocational accreditation?
- How is prevocational accreditation undertaken? – i.e. the components of accreditation.
- What are thenational standards and requirements for prevocational (PGY1 and PGY2) training programs and terms and how is performance against these standards is determined?
- What is the NT prevocational accreditation rating scale?
- When are results of prevocational accreditation surveys known?

There should be information specifically tailored to the individual stakeholder groups relating to the accreditation standards that are most relevant to their role within the PETP. The PAC provides the following suggestions to assist prevocational training providers in pre survey briefings:

- **DMS (or equivalent)** – Address what PTP governance is, which standards relate to governance and what evidence will the surveyors be looking for.

The DMS should be able to discuss in broad terms where the PTP fits in the wider prevocational training provider activities, the resources provided to implement the clinical training committee (PEC/MTC) in regards to budget and staffing. Address how the prevocational training provider executive monitor the PEC/MTC and its performance against the standards as the survey team will be interested in this as well.



- **Prevocational doctor clinical training committee Chair and members** – The PEC/MTC Chair and members should be able to discuss the functioning of this committee, in particular, how action items related to the PTP are identified, actioned and evaluated. As well as the scope of the committee and how it links to other aspects of the prevocational training provider’s training continuum.

They should also be able to discuss communication with offsite terms where appropriate.

- **MEU Staff** – should be able to discuss both the prevocational training provider orientation and education program , how they are implemented and evaluated and examples of changes made as a result of these evaluations.

They should be able to discuss how terms are evaluated, confidentiality maintained and actions taken as a result of these evaluations which have resulted in change. They should be able to give examples of advocacy on behalf of prevocational doctors.

- **Prevocational training provider assessment review panel** – need to be familiar with the accreditation standards relevant to prevocational doctor assessment . The Chair and members of this review panel should be able to discuss the processes used to manage and facilitate prevocational assessments of doctors performance.

- **Term supervisors** - need to be familiarised with the accreditation standards relevant to term experiences. Term supervisors should be able to discuss the prevocational doctors clinical experiences whilst undertaking the term, scope of practice and educational opportunities.

They should also be able to discuss the process for orientating the prevocational doctors into their terms, discussing individual learning needs and tailoring programs accordingly. They should also provide information on supervision provided for the prevocational doctors and the assessment processes used within the term including performance management processes.

It is also an opportunity for MEU staff to prompt supervisors regarding the Australian curriculum framework for junior doctors, the national guidelines for terms (AMC) and the prevocational outcome statements (AMC) and their application to the PTP.

- **Allocations and rostering staff** – The allocations and rostering staff need to be able to explain clearly the rostering principles they use for the PTP including ward call, remote call or other term specific rostering practices.

They should be aware of the prevocational accreditation matrix and the need to only roster prevocational doctors to accredited terms.

- **Prevocational doctors** – The prevocational doctors need to be briefed to provide surveyors with objective, open and frank information regarding their experiences in terms of both prevocational training provider wide experiences and individual term experiences. They should be encouraged to provide examples of advocacy which have occurred on their behalf.



A little preparation can go a long way. All sorts of things can happen when key personnel are not briefed prior to the survey:

Term supervisors have been unaware in the past of why they are being interviewed and had not agreed to having prevocational doctors.

- Term supervisors have been unsure of their role in accreditation. This can suggest to a survey team that the term may not yet be ready for accreditation due to a lack of understanding by those responsible for the prevocational doctors education and supervision.
- Term supervisors mistakenly believe that the survey team is interviewing them about advanced trainees rather than prevocational doctors. Supervisors are then unable to answer surveyor questions



adequately which can lead to increased length of time for the interviews and/or the need for additional interviews. Worst scenario no accreditation outcome.

- Prevocational training provider executive unaware of prevocational doctor education and training practices may find it challenging when the survey team asks questions about pertinent aspects of PTP governance.
- Survey questions that cannot be answered by the nominated appropriate staff can suggest to a survey team that the prevocational training provider/term may not yet be ready for accreditation due to a lack of understanding by those responsible for the prevocational doctors governance, education and supervision.
- When only the MEU staff are able to answer questions and surveyors cannot find evidence that the prevocational training provider practices are implemented by the appropriate people.



Isn't briefing interviewees cheating the system?

Briefing is about being prepared and not about cheating the system. Encouraging people to provide inaccurate or incorrect information to the surveyors is certainly inappropriate. However providing the interviewees with information about what is expected of them will help the survey run smoothly for all involved. It is also consistent with the PACs philosophy that accreditation provides a collegiate, educational opportunity to recognise the systems and practices in place to keep patients and prevocational doctors safe.



Prevocational training providers are referred to the:

- Prevocational Accreditation Standards (National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms) and Guidelines
- Prevocational Accreditation Glossary
- Australian Curriculum Framework for Junior Doctors (ACFJD)
- Prevocational Doctor Outcome Statements (AMC)

CONDUCT OF INTERVIEWS



The interviews are one source of evidence available to the surveyors to assist in their deliberations regarding performance against the accreditation standards. The conduct of the surveyors during interviews is addressed by accreditation staff at their surveyor training programs where the PAC emphasises an appropriate code of behaviour. However there are some issues that are important for the prevocational training provider organising the survey to be aware of:

- Interviews need to be conducted in a room where the team and interviewees can discuss in private without interruption from other staff.
- Only the designated interviewees as outlined on the timetable can attend the interviews. For example, it is not appropriate for the MEU or executive staff to sit in on the interviews with prevocational doctors or term supervisors. There needs to be free dialogue between surveyors and those being interviewed.



THE IMPORTANCE OF PLANNING



Planning is required to determine whether a new, offsite or modified term request is required or if a notice of a change of circumstance is warranted. Definitions of these different requests or notifications are outlined in the process documents on the accrediting authority's website. It is important for the prevocational training provider staff to familiarise themselves with these processes.

Prevocational training providers prior to their preparation of their accreditation application should contact the accrediting authority prevocational accreditation staff to ask for assistance and guidance. Prevocational accreditation staff can advise if the request is for a new term, modified or considered an offsite term or if a notification of a change of circumstance would be better suited. They can also provide a time frame for the accreditation process to be completed along and advise if the survey will be a site visit or a paper based process.

Prevocational training providers should undertake a discussion with the relevant term supervisors to ensure that the prevocational doctors' role and education within the term has been discussed and clearly delineated. This is important even when the term is not fundamentally changing but the prevocational doctor numbers are increasing or decreasing within the term. Increased prevocational doctor numbers place additional educational requirements on a term. Surveyors need to see evidence that there has been clear consideration of the impact of the increasing numbers on the functioning of the term particularly in terms of breadth and depth of clinical exposure and supervision of the prevocational doctor as well as maintaining the safety and wellbeing of the patients and trainees.



Prevocational training providers need an awareness of the timelines involved in an application for a new, offsite or modified term survey. The overall process from survey to NTBMBA notification is approximately 3 months. Prevocational training providers need to factor this into their planned requirements for use of the term. Terms can only be used for prevocational trainees (PGY1 + 2) once approved by the accrediting authority.

Important timelines include:

- Applications received after 1 October in any year will not be considered until the following calendar year (unless an urgent need can be justified to the accrediting authority)
- Initial/reaccreditation documentation is required by the accreditation staff a minimum of 10 weeks prior to the proposed survey date.

An application for a new, offsite or modified term survey can be submitted at any time throughout the year. However, October 1 is the closing date for any applications for surveys that are desired to commence in the following calendar year. This approach ensures that the accreditation staff can not only meet its obligations to the accrediting authority, but also to the NTBMBA and NT Health with respect to workforce capacity building.



Will my new, offsite term be accredited in time for the next rotation?

Prevocational accreditation staff work extremely hard to accommodate requests for new, offsite and modified term surveys as a result of workforce capacity building demands. However, we cannot cancel scheduled surveys to accommodate last minute requests.

It is therefore up to prevocational training providers to ensure that they comply with the accreditation timelines as outlined in the relevant processes and that they are engaged in an active planning process in liaison with their internal stakeholders such as term supervisors and also with prevocational accreditation staff and NT Health.



Prevocational training providers are referred to the:

- New and Offsite Term Survey Process
- Modified Term Survey Process
- Accreditation Glossary

THE DIFFERENCE BETWEEN A NEW, OFFSITE AND MODIFIED TERM



The easiest determination is where a previously unaccredited term is considered for prevocational trainees as part of the prevocational training providers PTP and where the new term is located within the campus of the primary allocation centre. This would be considered a new term request. For example, an accredited prevocational training provider that has not previously had a prevocational doctor in Gastroenterology but now has a term supervisor who wants prevocational doctors in their term and can provide the necessary education, training and supervision commensurate to the level would be considered a new term as they have not ever had an accredited position on their roster before.

The difference between an offsite term (which may be considered a new term by definition) and a new term request is that the prevocational training provider would need to consider first where the term is located. An offsite term is a placement which is located geographically away from the primary allocation centre but which operates within the PTP of the primary allocation centre and/or an alternative prevocational term structure which is delivered through the PTP of the primary allocation centre. E.g. TERHS is the Primary allocation centre, its regional hospitals request to provide prevocational trainee placements as part of the TERHS PTP. These terms would be considered as offsite as they are located geographically away from the primary allocation centre.

When modifications have been made to an already accredited term sometimes it is unclear to prevocational training provider staff if this should be considered a modification or not. The basis of this decision is the degree of changes to the term. As outlined in the modified term process, modifications include those which would significantly alter or impact on workload, clinical experience and opportunities, teaching and supervision. Examples of modifications which would require review include but are not limited to:

- Plans for significant redesign or restructure of the health service that impacts on prevocational doctors such as a significant change to clinical services provided or a ward or service closure that changes case load and case mix for a term or relocation of this term to another campus/geographical location of the prevocational training provider.
- Workforce or rostering changes to the term that significantly change the access and level of supervision provided to prevocational doctors or their access to educational opportunities.
- Resource changes that significantly reduce available administrative support, facilities or educational program.

Change to the number of prevocational (PGY1 & PGY2) doctors.

The basic difference is that a new term and offsite term survey may be conducted by a site visit or paper based (desktop survey). A modified term survey process is almost always paper based. This difference has implications for the prevocational training provider and for the accrediting authority. So careful consideration is required in determining modified versus new or offsite term status. Prevocational accreditation staff are happy to provide advice and guidance on these determinations.



The following examples are provided of issues that occur if inadequate consideration is made regarding new, or offsite versus modified status:

- A prevocational training provider applies for a modified term for a combined term in Maxillofacial Surgery and Ear, Nose, Throat (ENT) Surgery. Previously the prevocational training provider had this term accredited as Maxillofacial/Plastic Surgery term and did not have an ENT term accredited for



prevocational doctors. As a result this would require a new term survey. Even though Maxillofacial has previously been accredited, ENT has not – therefore a new term request would be required.

Issue: Firstly the previous term accredited was for a different term combination with different caseloads, casemix and term classification to the new request for ENT to be included. The initial accreditation being based on different evidence therefore with the change to the combination it would be considered a new term request for further assessment as the accrediting authority has not previously accredited ENT.

A prevocational training provider applies for a new term survey for a term that has never had prevocational doctors in previously. The location of the term has not been made clear in the submission request. It is later identified that the term requesting to be assessed is situated in a regional area away from the primary allocation centre but is however part of the same prevocational training provider and PTP.

Issue: Because the wrong survey request has been submitted the survey team cannot finalise the assessment process and the survey event would need to be rescheduled so that a site visit could be arranged. Wasting valuable time for the prevocational training provider along with the surveyors and accreditation staff.

- A prevocational training provider applies for a modified term survey to increase the number of prevocational doctors in a term by one. Request was not submitted through the primary allocation centre medical education unit.

Issue: Upon review of the modified term documentation it is apparent that the terms accredited positions have not been filled/used for 3 years (see requirement to fill/use accredited positions within 2 years to maintain) and the term and clinical supervisors have changed since the term was last surveyed. The survey team cannot proceed with the assessment as the information provided is dated and due to the lack of use of the positions a new term survey request would be required. Survey event would need to be rescheduled delaying any prevocational doctors being rostered to that term.

These situations can arise when the prevocational training provider choose to not seek advice or guidance from the accrediting authority in determining what type of survey request is needed. Also the requesting terms should always consult and work with the primary allocation centre medical education unit to confirm the accreditation status of the current positions within that term prior to the request being submitted to the accrediting authority so that delays can be avoided for all parties involved.



Accreditation staff/surveyors ask a prevocational training provider to consider the consequences of increasing the number of prevocational doctors in a term. Why?

The addition of a prevocational doctor can significantly impact on the experience of all prevocational doctors in a term.

Surveyors will often ask questions such as:

- Is there sufficient supervision available for more prevocational doctors in this term?
- Is the workload/casemix sufficient for more prevocational doctors?
Some terms have not considered this. When surveyors speak to the current prevocational doctors, and other trainees in the term they often report that the workload/casemix is currently enough for the numbers but not sufficient to provide additional prevocational doctors with a meaningful clinical learning experience.
- How will the timetable be changed to reflect the additional prevocational doctor? Will one go to outpatients and one to the wards? Or will they both do wards and outpatients at the same time? What impact would this have on their clinical learning experiences? Is it a shared position?
- Will a new team within the term be rostered dividing the workload?

Surveyors will want to know how the educational opportunities may change in the term as a result of an increase in prevocational doctor numbers.



Prevocational training providers are referred to the:

- New and Offsite Term Survey Process
- Modified Term Survey Process

PROVIDING EVIDENCE FOR A NEW AND OR OFFSITE TERM



Where prevocational training providers do not currently have a prevocational doctor in a term the surveyors need to establish the **intent** of the prevocational training provider if granted accreditation for the new or offsite term. New and offsite terms can only receive a maximum rating of Satisfactorily Met (SM) and be accredited for 1 year. A 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).



There are ways to present evidence for a new or offsite term as the examples below show:

- A term supervisor who clearly demonstrates an understanding of the requirements of the prevocational doctor education and training, the accreditation standards and the prevocational training provider's policies and procedures in regard to the PTP. The term supervisor should be able to describe in detail the process they will use to:
 - Orientate the prevocational doctor
 - Assess the prevocational doctor
 - Supervise the prevocational doctor

In addition, they should be able to describe the clinical experience the prevocational doctor will have whilst undertaking this term and their scope of practice. There should be clear evidence of consideration as to how the prevocational doctor will be assimilated into the term and their roles and responsibilities in comparison with other prevocational doctors that may be rostered to the term e.g. how will they fit into the team.

- A prevocational doctor specific orientation booklet and term description which outlines the learning objectives for the term, the scope of practice for the prevocational doctor and learning opportunities available that are both intern/prevocational doctor specific and term relevant. This booklet should also include a detailed daily timetable to illustrate the activities to be undertaken by the prevocational doctor.
- Copies of the proposed roster for the prevocational doctors clearly indicating the out of hour's shifts required if any.
- Outline who the prevocational doctor should contact in urgent need for assistance.
- Patient and term handover processes.

Feedback from the other prevocational doctors currently working in the term provides a valuable source of information for the surveyors and it is important that those prevocational doctors are available at the time of the survey if a visit is deemed necessary.

A clearly defined term supervisor is essential prior to the survey as this person needs to be actively involved and engaged in the planning for the new term survey.

Ultimately the prevocational training provider needs to carefully review the accreditation standards and ensure that they are able to provide adequate evidence of their **intent** for **each** of the relevant standards.



If the term isn't accredited yet, why do we have to document an orientation booklet?

Prevocational training providers that would like a term considered for accreditation must have seriously considered how the term will provide the necessary experience for a prevocational doctor and contribute to the doctor progressing to, achieving and maintaining independent practice. This includes determining the prevocational doctors learning objectives for the term, the type and extent of their clinical experience and the supervision that will be provided and assessment process. The documentation of a prevocational specific orientation booklet provides evidence of this deliberation. This is particularly important for a new offsite term request as it shows commitment and initial understanding of what is expected and required by all involved.



NT Prevocational training providers are referred to the:

- Prevocational Accreditation Standards (National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms) and Guidelines



A QAP is the written documentation produced by the prevocational training provider in response to the initial/reaccreditation report. This plan outlines how the prevocational training provider will address the quality improvement recommendations/conditions detailed within the initial/reaccreditation report and includes a timeframe for each of the listed actions.

AN INTRODUCTION TO QUALITY ACTION PLANS

This action plan is a very important component of the prevocational accreditation system. Quality improvement recommendations/conditions are made by the surveyors at the time of a survey visit in response to their analysis of the evidence provided for each standard. A condition is required for a Not Met (NM) rating. The intent of the condition is to highlight an area which requires attention by the prevocational training provider in order to achieve an SM performance against the standard in the future. The QAP provides an opportunity to provide evidence of the follow up planning and actions taken in response to each quality improvement recommendation/condition.

The QAP is reviewed by the original survey team leader (or delegate usually a survey team member) which ensures consistency of approach for the prevocational training provider. The QAP must contain sufficient information to clearly describe the actions and planning taken or to be taken.



A QAP should be sent to the accrediting authority approximately 6-8 months into the accreditation survey cycle after a visit survey. A second QAP (referred to as QAP stage 2) is to be provided to the accrediting authority approx. 12 months after the submission of stage 1.

Prevocational accreditation staff will provide the prevocational training provider with notification that a QAP is due for completion and provide the populated QAP to complete. The prevocational training provider needs to submit the completed QAP to the accreditation staff by the due date provided in the accreditation survey cycle schedule.



Don't forget to return the completed QAP with evidence where a quality improvement recommendation/condition is believed to be met.

A QAP is a formal requirement of the prevocational accreditation system and the PAC must report on outcomes to the NTBMBA. If a QAP is not provided or is incomplete a follow up visit to the prevocational training provider may be required. This results in additional work for both the prevocational training provider and the accrediting authority.



Prevocational training providers are referred to the:

- Accreditation Survey Cycle
- QAP Survey Process

COMPLETING THE QUALITY ACTION PLAN



Prevocational training providers are responsible for establishing their own internal processes for accreditation including completion of the QAP. The information needs to be provided by the most appropriate person and this is usually the delegated officer for a specific standard. For example, information about a specific term should come from that term supervisor. The person responsible for the action related to each specific quality improvement recommendation/condition should be the person that is responsible for completing that section of the form. Sometimes a group of medical staff may need to discuss content prior to it being documented by one person.



New, offsite and/or modified term surveys can go awry when the wrong people complete the QAP.

- Incomplete or incorrect information provided. This is usually identified by the survey team leader and results in additional work for everyone involved.
- Cut and paste generic responses, such as “term supervisor currently reviewing”, are usually insufficient information. It may indicate that the person responsible for actioning the quality improvement recommendation/condition has not been involved in the completion of the QAP.



Prevocational Training provider are referred to the:

- Prevocational Accreditation Standards (National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms) and Guidelines

WHAT IS APPROPRIATE EVIDENCE FOR A QUALITY ACTION PLAN



The prevocational accreditation guidelines provide guidance as to the type of evidence required. Usually the information required includes:

- Has the quality improvement recommendation/condition been actioned?
- By whom has it been actioned?
- What is the result of the action?



The following examples are provided in regards to responses to a quality improvement recommendation/condition:

- The quality improvement recommendation/condition asks for the documentation of a policy/guideline on supervision.

The QAP could indicate that this has been documented and is currently under review by the PEC/MTC with an indication of when this will be formally endorsed. A copy of the draft policy should be attached to the QAP.

- The quality improvement recommendation/condition asks for the term to develop a process for monitoring prevocational doctor handover between terms.

The evidence should state details of the process developed along with how it is implemented and evaluated. Evaluation data such as written feedback on the process should be included along with the QAP.

- The quality improvement recommendation/condition asks that the MEU provide professional development for the term supervisors in regard to the requirements of prevocational doctor PTP.

The QAP should indicate which professional development activities have been provided, by whom and how they have been evaluated. Copies of the evaluation forms could be included with the QAP as further evidence of action taken.



What if our QAP does not have enough information in it?

QAPs which are submitted as incomplete or with insufficient information provided as to the actions taken in response to the quality improvement recommendation/condition will be returned with a request to provide additional information. If this information is still considered insufficient then the PAC will/may institute a follow up survey visit as per the QAP survey process.



What if we haven't actioned the quality improvement recommendation/condition as yet?

If a quality improvement recommendation/condition has not been actioned the prevocational training provider will need to provide information as to why the action has not be taken, planning that has been undertaken to lead to action, and an indication as to the expected timeline for completion.



Prevocational training providers are referred to the:

- Prevocational Accreditation Standards (National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms) and Guidelines
- QAP Survey Process



THE IMPORTANCE OF STAYING ON TOP OF ACCREDITATION



There are times where prevocational training providers are required to adapt at a rapid pace to meet service delivery needs and this may affect their accreditation status. Prevocational training providers need to be agile to the ever evolving changes happening for a number of reasons which may include a pandemic/national disaster. They need to ensure that prevocational accreditation standards continue to be met during these times as this will support patient and prevocational doctor health and safety. This creates the need to inform the accrediting authority of any changes made at all levels as this may involve the failure or potential failure to satisfy one or more of the standards for accreditation for prevocational doctor training to meet MBA registration requirements.

The accrediting authority recognises that there will be circumstances where the prevocational training provider is faced with unexpected events which may temporarily affect an already accredited term. In such cases there may not have the necessary time to formally plan and apply for prevocational accreditation in preparation for the impact these events may have on the prevocational training provider in continuing to meet the prevocational accreditation standards.

Prevocational training providers are required to fill in Form 7 (notice of change of circumstance) to notify the accrediting authority in a timely manner as the impact of the event unfolds and submit for consideration and approval as per process 2.10 – Notification of Change of Circumstance.

Prevocational training providers are encouraged to contact prevocational accreditation staff to seek assistance and guidance where needed. This allows the prevocational accreditation staff to advise whether the change in circumstance will be a site visit or a paper based process.

A notification of a change of circumstance can be submitted at any time throughout the year. However, depending on the change of circumstance and if it culminates in a survey event the deadline of October 1 may be required to be adhered to as notifications post this date may not be considered until the following calendar year unless there is an urgent and immediate need.

The types of change of circumstance that are to be reported are:

- Absence or changes to senior staff with important roles in prevocational training such as a DMS, term supervisor, MEO or junior medical officer (JMO) manager.
- Plans for significant redesign or restructure of the health service that impacts on prevocational doctors such as a significant change to clinical services provided or a ward or service closure that changes case load and case mix for a term.
- Workforce or rostering changes to the term that significantly change the access and level of supervision provided to prevocational doctors or their access to educational opportunities.
- Resource changes that significantly reduce available administrative support, facilities or educational programs

THE DIFFERENCE BETWEEN A CHANGE OF CIRCUMSTANCE AND MODIFIED TERM



Generally a change of circumstance is temporary whereas a modified term request is for long term changes. For example, an accredited prevocational training provider has had to temporarily place an additional prevocational doctor in an already accredited term. This could be due to an urgent need as a result of a pandemic measure. Whereas a modified term request would be needed if the prevocational training provider was planning on relocating the accredited term to a different site/campus.



Prevocational training providers are referred to the:

- Notification of Change of Circumstance Process
- Prevocational Accreditation Standards (National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms) and Guidelines

PROVIDING EVIDENCE FOR A NOTIFICATION OF CHANGE OF CIRCUMSTANCE



Whilst prevocational training providers are not required to provide any specific evidence they are required to provide an outline of actions/provisions that have been put in place to support prevocational doctors and stipulate the timeframe of the change of circumstance. The form for a notice of a change of circumstance will advise what evidence can be supplied as appropriate. Contact the accrediting authority for further advice and guidance.



REVIEWING THE PREVOCATIONAL ACCREDITATION SURVEY REPORT



The PAC is accredited by the AMC as the prevocational training accreditation authority. The prevocational accreditation program implements and monitors standards for the training and welfare of prevocational trainees in their first 2 postgraduate years (PGY1 and PGY2). Any prevocational training provider that is the subject of an accreditation decision may, within 14 days from receipt of written advice of the accreditation decision, apply to the Chair of the PAC to have the decision reviewed by an appeals committee for any or all of the following reasons:

1. An error in due process occurred in the formulation of the earlier decision; and/or
2. Relevant and significant information which was available and provided to the surveyors was not considered in the making of the recommendations; and/or
3. The decision of the PAC was inconsistent with the information put before that committee; and/or
4. Perceived bias of a surveyor.

Upon receipt of the accreditation decision prevocational training providers and its staff are encouraged to review the prevocational accreditation survey report along with the standards, guidelines and other system documents in a timely manner in order to have sufficient time to lodge an appeal against the accrediting authorities' decision should they wish to do so.

Prevocational training providers choosing to lodge an appeal will need to fill in Form 6 (Notice of Appeal against the PAC Decision) and lodge it with the accrediting authority in a timely manner for processing as per Process 2.9 – Appeal against the Prevocational Accreditation Committee decision.

Prevocational training providers should note that no extensions will be granted for lodging an appeal.

The prevocational training provider shall be liable for the costs associated with the convening of an appeals committee (including travel, accommodation, honoraria, recording costs etc.). Prevocational training providers will also be liable for any additional costs incurred during the appeal which will be billed to them at the conclusion of the proceedings. As a guide, the total costs may be \$5000 - \$8000. If the lodged appeal is successful any associated or additional costs will not be billed to the prevocational training provider.



Prevocational training providers are referred to the:

- Appeal against the Prevocational Accreditation Committee's decision Policy
- Appeal against the Prevocational Accreditation Committee's decision Process

PROVIDING SUPPORTING EVIDENCE FOR THE LODGEMENT OF AN APPEAL



In any appeal the prevocational training provider will bear the burden of proof to establish the grounds of the appeal. They should state on which grounds they are making the appeal in the terms outlined.



STAYING ON TOP OF ACCREDITATION

Maintaining prevocational accreditation status is an ongoing process for prevocational training providers as they are continuously working towards maintaining the level of standards they currently deliver and improving the PTP, whilst addressing any issues that were identified in previous accreditation surveys. The accrediting authority recognises the efforts and hard work that prevocational training provider staff provide to ensure that their education and training programs meet the prevocational accreditation standards. However there may be occasions where the prevocational training provider consciously or not has allowed for the level of standards delivered to drop or not be maintained. This may place both patients and prevocational doctor's health and safety at risk.

Anyone, including the prevocational training provider and its staff together with external stakeholders may notify the accrediting authority that there may potentially be in breach of the accreditation standards. The accrediting authority treats all notifications of any potential breaches serious until proven to not cause any patients or prevocational doctors to be unsafe.

Notification of a potential breach of accreditation status may affect a prevocational training provider's accreditation status. Depending on the seriousness of the breach causing prevocational doctors to be relocated from the prevocational training provider or term/s breaching the accreditation standards until the breach is rectified.

The notifier is required to fill in Form 9 (Notification of Potential Breach of Accreditation Status) to notify the accrediting authority as soon as possible after they become aware of the potential breach. The accrediting authority will lodge an investigation as per process 2.15 – Notification of a potential breach of accreditation status process and dependant on the outcome may issue the prevocational training provider with a notice of suspension (prevocational training provider/term status). This notification will outline the reason/s for suspension of accreditation status, the term/s affected and the actions required to be undertaken including the timeframe allocated to rectify the issue/s.

Please note that confidentiality will be maintained at all times according to the Northern Territory Government Policies.



Prevocational training providers are referred to the:

- Accreditation Policy
- Notification of a Potential Breach of Accreditation Status Process
- Prevocational Accreditation Standards (National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms) and Guidelines