



RELATED POLICY

Accreditation Policy 1.1

PURPOSE

This document outlines the process for conducting a **full accreditation survey** of a prevocational (PGY1 and PGY2) training provider. It details the activities and requirements before, during and after the survey including the responsibilities of both the training provider and the accrediting authority.

To support effective planning and coordination the relevant accreditation submission must be provided to the accrediting authority **at least eight weeks prior to the scheduled survey date**.

SCOPE

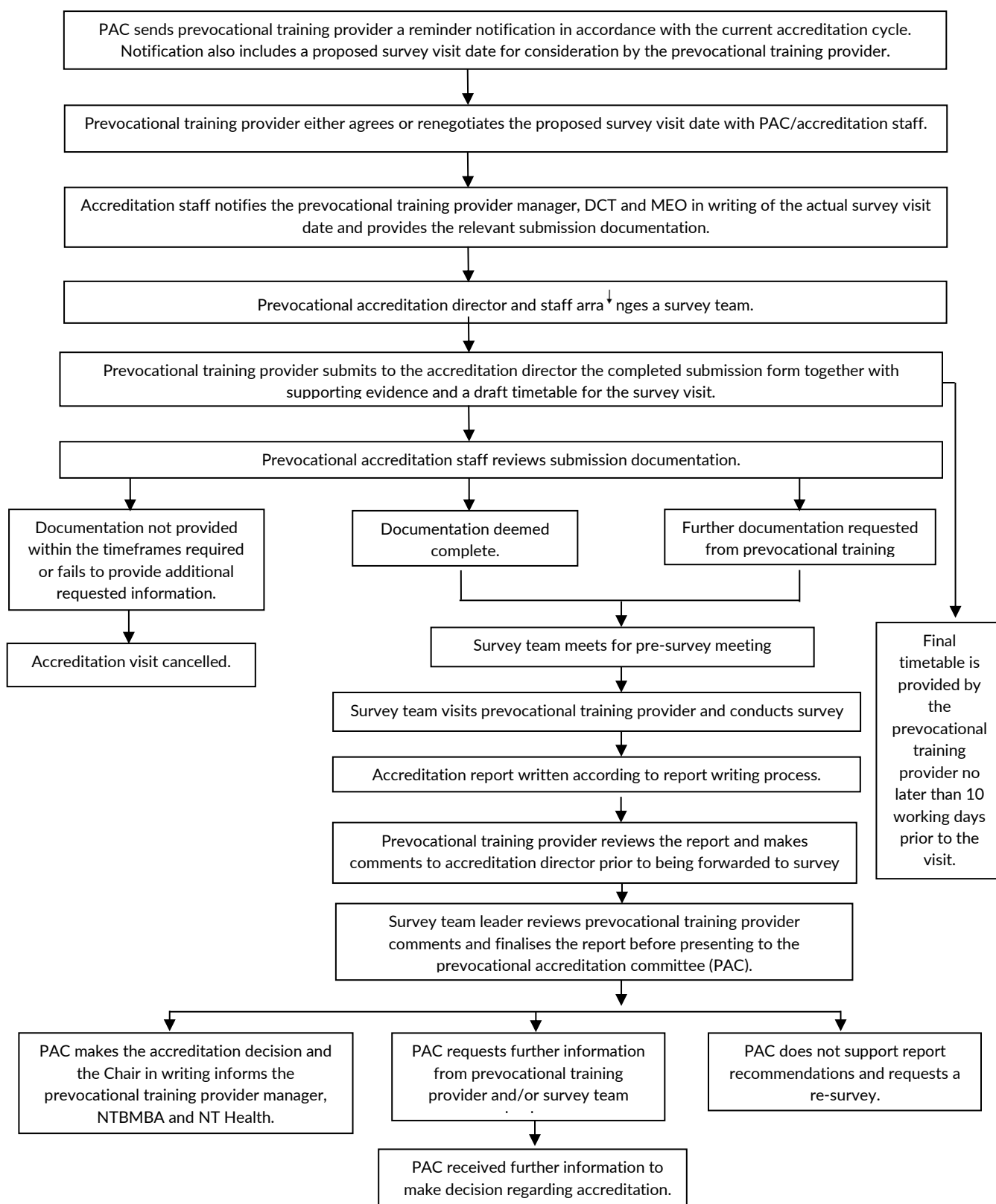
A full accreditation survey is conducted:

1. At the commencement of an accreditation cycle for a prevocational training provider holding either Primary Allocation or Secondment Allocation accreditation status (initial accreditation or reaccreditation).
2. As part of an application to change accreditation status such as from Secondment Allocation Status to Primary Allocation Status.
3. When an organisation is seeking accreditation for the first time as a prevocational (PGY1 and PGY2) training provider.



FULL SURVEY ACCREDITATION PROCESS

PROCESS FLOWCHART





FULL SURVEY ACCREDITATION PROCESS

PROCESS DESCRIPTION

1. Survey Planning

A full survey is scheduled either at the request of the prevocational training provider or in accordance with its accreditation cycle. The accrediting authority will notify the provider of the need for a survey at least **nine months before accreditation expiry** and propose a survey date. Alternative dates may be negotiated if required.

2. Notification and Documentation

The accrediting authority will notify the Prevocational Training Provider Manager, Director of Clinical Training (DCT) and Medical Education Officer (MEO) of the survey date and provide the required documentation.

3. Submission of Documentation

The accrediting authority will appoint a survey team and obtain endorsement from the Prevocational Accreditation Committee (PAC).

The training provider must submit completed documentation and supporting evidence **at least eight weeks before the survey date**. Documentation should relate only to the training provider being surveyed and any associated off-site terms.

4. Review of Submission

The survey team reviews the submission and will:

- Proceed with the survey if the documentation is satisfactory.
- Request additional information or clarification if required.
- Cancel the survey if documentation remains incomplete or required information is not provided within the specified timeframes.

5. Survey Timetable

A draft survey timetable should be submitted with the accreditation documentation.

A final timetable including interview schedules for all relevant stakeholders must be provided at least **10 days before the survey visit**. Failure to provide a final timetable may result in the survey being postponed.

6. Pre-Survey Preparation

At least two weeks before the survey, the Survey Team Leader will convene a team meeting to:



FULL SURVEY ACCREDITATION PROCESS

- Review the submission and supporting evidence.
- Identify any additional information required.
- Allocate roles and responsibilities within the survey team.

A pre-survey meeting is also held immediately before the survey to discuss key interview questions, areas requiring further exploration and final survey arrangements.

7. Survey Visit

The survey team conducts the accreditation survey which may be undertaken over one to five days depending on the size and complexity of the training provider.

The training provider must nominate a liaison officer to support the survey team throughout the visit.

A summation meeting will be conducted at the conclusion of the survey.

Note: The Survey Team Leader with the PMAS Director will determine whether off-site terms require a physical visit or can be assessed through videoconferencing based on the submitted evidence.

8. Survey Report

Following the survey, the survey team prepares a report in accordance with the report writing process.

The draft report is provided to the training provider for review and factual comment. Where significant issues are identified the Survey Team Leader and/or Accreditation Director will liaise with the training provider and the PAC Chair.

9. Prevocational Accreditation Committee Review

The Survey Team Leader (or delegate) presents the report to the Prevocational Accreditation Committee (PAC).

The PAC may:

- Endorse the report;
- Request additional information from the survey team and/or training provider; or
- Recommend that a re-survey be undertaken.

10. Accreditation Decision

Following consideration of the survey report the PAC will:



FULL SURVEY ACCREDITATION PROCESS

- Make an accreditation decision and notify the training provider, NT Health and the Medical Board of Australia; or
- Request further information before making a decision; or
- Require or recommend a re-survey before making a final determination.

SUPPORTING DOCUMENTATION

1. *Prevocational Training Provider Allocation Status Policy* 1.3
2. *Application for Change of Status Process* 2.2
3. *Accreditation Policy* 1.1
4. *Accreditation Step by Step Guide* 4.1

PERFORMANCE MEASURES/KPI

1. 100% of full surveys are implemented according to this process
2. Feedback from prevocational training providers
3. Feedback from survey teams

Process contact officer: Quality Assurance Officer