



Surveyor Guidelines

For NT Prevocational Accreditation Survey Events

Version 4 - 2020



NT PMAS

Northern Territory

Prevocational Medical Assurance Services



This is a Prevocational Medical Assurance Services (PMAS) publication designed to assist PMAS surveyors to prepare for a prevocational accreditation survey in NT Health Service Health service. It is to be used in conjunction with the Prevocational Accreditation Standards and Guidelines Section 3 – Version 1.1 2018.

PMAS wish to acknowledge the Health Education and Training Institute (HETI) for allowing the use of their document to guide the development of this guideline.

Other relevant documents to be read in conjunction with this Guideline (*These documents can be found in Section 5 of the NT Prevocational Accreditation Manual*)

Document Name
Surveyor Position Description Survey Team Leader Position Description Surveyor Policy Surveyor Conflict of Interest Policy

Document History

Version	Issued	Status	Author	Reason for Change
1.0	Sept 2015	Draft	Shirley Bergin	Current draft will need additional review and changes.
2.0	Mar 2018	Final	Maria Halkitis	Endorsed for use.
3.0	May 2019	Final	Shirley Bergin	Updated new name of branch and minor changes to membership to include community and consumer members and EDOC reference.
4.0	Sept 2020	Final	Maria Halkitis	Update to reflect changes made to the prevocational accreditation cycle.



GLOSSARY

Accreditation

'Accreditation is a formal process by which a recognised body, usually a non-governmental organisation, assesses and recognises that a health care organisation meets applicable pre-determined and published Standards. Accreditation Standards are usually regarded as optimal and achievable, and are designed to encourage continuous improvement efforts within accredited organisations. An accreditation decision about a specific health care organisation is made following a periodic on-site evaluation by a team of peer Surveyors, typically conducted every two to three years.'

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

Health Service

The Health Service (upper case) – is made up of two statutory bodies established under the NT Health Act e.g. Top End Health service (TEHS) and Central Australia Health service (CAHS).

The health service (lower case) - is the institution or clinical setting within which prevocational doctor's work and train. These organisations will usually be hospitals but may be healthcare centres or supervised practice locations in community settings which have met accreditation requirements for prevocational doctor training.

Prevocational Medical Assurance Services (PMAS)

The PMAS is within the Department of Health's (DoH) division of People and Organisational Capability (POC); through the Australian Medical Council (AMC) is the NT accrediting authority for Intern education and training programs. This function is delegated by the Medical Board of Australia (MBA).

Network Partners

Network partners refer to relationships between Health services in terms of prevocational doctor education and training. These partnerships may be between public and private health services, between NT Health services and Regional Training providers who work with General Practices, Aboriginal Medical Services, and health centres etc.

Offsite Unit

An offsite unit is a prevocational term where a prevocational doctor placement occurs in a health service located geographically away from the primary allocation center (usually a hospital), but which operates within the Prevocational Education and Training Program (PETP) of that primary allocation center. A clear agreement is in place whereby the responsibility for the prevocational accreditation standards for Governance lies with the primary allocation center and there is a clear communication process between the offsite units' term and clinical supervisor and the primary allocation center at all times. The offsite unit term supervisor is therefore responsible for implementing the primary allocation center's PETP policies and processes on a day to day basis within the allocated offsite unit. The offsite unit's term supervisor is also responsible for ensuring appropriate term content, orientation, supervision and assessment is provided according to the NT Prevocational Accreditation Standards.



Prevocational Accreditation Committee (PAC)

A Committee within PMAS however still independent of other PMAS functions in regards to any Intern/prevocational doctor accreditation decisions. This Committee is established to implement, manage, monitor, evaluate and review an objective, robust and transparent system to accredit all intern and all prevocational doctors' placements. This committee will where necessary form working groups to work on specific projects relating to prevocational accreditation. (For further information please contact the Prevocational Accreditation Manager).

Prevocational Accreditation Manager (PAM)

PMAS staff member assigned the role of prevocational accreditation manager (currently the Manager of PMAS). This person oversees the other staff who coordinate the accreditation surveys at health services. This includes the surveyors and survey team leader.

Prevocational Accreditation Panel (PAP)

The Accreditation Panel has been established to consider accreditation survey team findings and endorse/not endorse survey team report recommendations, including the recommended period of accreditation that should be granted (max 4 yrs). This Panel will refer their findings after meeting to the Prevocational Accreditation Committee.

Prevocational Accreditation Surveyor

Surveyors are members drawn from the medical education stakeholder groups. In order to participate in a prevocational accreditation visit Surveyors must possess the following attributes:

- Necessary background/experience
- Appropriate training
- Maintenance of currency of Surveyor status

Surveyors can be drawn from any of the following stakeholder groups, at a state or national level:

- a. Junior medical staff (Intern through to registrar)
- b. Clinicians from public or private sector
- c. Directors of Clinical Training (DCT)
- d. Medical Education Officers (MEO)
- e. Director of Medical Services (DMS)/Medical Superintendent
- f. Prevocational Accreditation Staff member
- g. Medical Services/Workforce Managers
- h. General Practitioners
- i. Retired Medical Practitioners (who have been retired for less than five years)
- j. Consumers/Community members with relevant experience

Prevocational Health service

A Prevocational Health service is an organisation that provides prevocational supervised clinical practice, education and training. The prevocational health service is responsible and accountable through the NT Prevocational Accreditation Standards and Guidelines for the provision of intern and prevocational training programs provided in that health service. Health service may be a hospital, community, general practice setting, or a combination of these.

Primary Allocation Centre

A health service providing **all** the compulsory terms required for intern registration.

**Surveyor**

A Surveyor is an individual trained in all aspects of the NT Prevocational Accreditation Program (by attending an initial and refresher NT Surveyor training workshop) and who maintains their knowledge and experience regarding the accreditation processes and system. A Surveyor when undertaking any survey event acts on behalf of the NT Prevocational Accreditation Committee when assessing a Prevocational Health service compliance with the NT Prevocational Accreditation Standards.

Survey Team

A Survey Team is a group of Surveyors chosen for their individual expertise to a prevocational survey event. A team may be made up of approximately 3 – 5 members depending on the prevocational health service being assessed and the type of survey event.

Survey Team Leader

The Survey Team Coordinator/Leader is specifically trained and assisted by the Prevocational Accreditation staff to lead the Survey Team, ultimately responsible for the writing, collation, and review of the Accreditation Report and to present the report to the Prevocational Accreditation Panel (PAP). Other responsibilities are outlined in this document.



Table of Content

Glossary	
Overview of Prevocational Medical Assurance Services	5
Types of Survey Events	7
Governance of Accreditation	8
Survey Process	10
Visit Survey Events	10
Desktop (Paper based) Survey Events	14
Survey Team Leader Checklist	16
Survey Team Leader feedback-individual surveyors	17
Practicalities of being a Surveyor	19
The Ten Commandments of Surveying	22
Contacts and Further Information	



Overview of Prevocational Medical Assurance Services and Prevocational Accreditation

Prevocational Medical Assurance Services (PMAS)

Background

The METC was established in March 2015 within the division of the Office of the Chief Medical Officer Department of Health. During a departmental restructure, it was decided in December 2017 that METC would transfer to sit within the division of People and Organisational Capability (POC). The METC is accredited by the Australian Medical Council as the prevocational training accreditation authority and will undergo periodic review by the AMC.

In May 2019 METC became the Prevocational Medical Assurance Services (PMAS) who has retained the responsibility for ensuring the health services it accredits are compliant with the NT Prevocational Accreditation Standards. PMAS's functions include the setting of standards for education and training and the accreditation of facilities for prevocational education and supervision. The Prevocational Accreditation Committee (PAC) and the Prevocational Accreditation Panel (PAP) administer this function on behalf of PMAS.

Summary of the Prevocational Accreditation Process

The METC now known as PMAS is accredited by the Australian Medical Council (AMC) as the prevocational training accreditation authority. PMAS's prevocational accreditation program implements and monitors standards for the training and welfare of prevocational trainees in their first two postgraduate years (junior medical officers). PMAS undertakes the regulatory function of term accreditation for prevocational medical education, training and supervision in the NT.

The accreditation process is cyclical, in line with national guidelines and standards, and provides regular monitoring and assessment of prevocational doctor programs to ensure continuing compliance with the approved Intern Training National standards for programs. Over the accreditation cycle, PMAS uses an appropriate mix of methods to assess whether a prevocational doctor training program is meeting the national standards. The methods include surveys, desktop reviews, teleconference discussions, and onsite inspections.

NT PAC has the designated authority to undertake Accreditation of Intern training positions by the Medical Board of Australia (MBA) through the PMAS being the accrediting authority. The maximum duration of Accreditation status is for a period of four years. A Full Survey is required prior to lapse of Accreditation, therefore a **Full Survey** must be undertaken in the calendar year that the Accreditation will lapse.

Principles of Accreditation Cycle

The following principles underpin the Accreditation Cycle:

1. The maximum Accreditation period awarded to a prevocational health service is four years.
2. Periods of reduced Accreditation can be recommended to be awarded by NT Prevocational Accreditation Committee (PAC) where limited or non-compliance with Standards has been identified. The Team Leader within the Accreditation Survey Report will recommend this to the Prevocational Accreditation Committee through the Prevocational Accreditation Panel (PAP). Accreditation cannot lapse if Interns are employed at the health service.



3. Any health service employing a Director of Medical Services and employs Interns/Prevocational Doctors is regarded as a prevocational health service. As such, it will be required to undertake periodic reviews in accordance with the NT Accreditation Cycle and events.

The NT Accreditation Cycle consists of events which are undertaken by the health service. The timing of the events in the cycle is dependent on the period of accreditation awarded. Some of these events for a period of reduced accreditation may be omitted and/or shorter lead in times allotted. The NT Accrediting Authority will send to the health service shortly after the awarding of the accreditation period by the PAC an Accreditation Survey Cycle Schedule outlining the expected dates for each of the events required for that accreditation period.

Cycle of Events

The events that make up a cycle for a full 4 year accreditation period awarded are:

- **Full Survey (Visit)**

A full Survey occurs in the same 52 week period of when Accreditation would lapse. *(This is a visit survey)*

- **Quality Action Plan (2 stages)**

After a visit survey event, the health service is required to provide a Quality Action Plan (QAP) to show how they will meet their recommendations and other conditions from the visit report, maintenance and improvements expected or completed according to this Plan. *(This is a progressive paper-based survey)*

Within the four year Accreditation period, two QAPs would be expected. The first QAP should be received six months following a Full Survey (unless otherwise advised) and the second QAP should be received twelve months following the first QAP.

The QAP should include monitoring of any New/Modified Units which have been accredited since the last visit survey event. *(See Accreditation Survey Types)*

It is expected that ongoing maintenance and improvements of Prevocational Education and Training Program (this includes the Intern education and training program), should be going on inbetween other survey events.

- **Progress Report**

A Progress Report occurs approximately three years after the Full Survey. *(This is a paper-based survey)*

The cycle ends with a reaccreditation (visit survey) assessment which also begins the next cycle.



TYPES OF SURVEY EVENTS

There are four main types of Accreditation Survey Events and one used for Offsite requests:

Full Survey Event

A Full Survey requires Surveyors to undertake a visit to the Health service under review. The process used to guide this Full Survey is provided in the Chapter on *Accreditation Processes*. Surveyors will be provided with the Health service's Self-Assessment Forms and underpinning evidence prior to the Visit. A number of meetings/interviews with Health service staff take place during the Visit and details can be found in the *Accreditation Step-by-Step Guide* section 4, Chapter 4 'Personnel' (refer to page 21)

New Unit Survey

This Survey is required when a Health service requests Accreditation of a Unit that has not previously been accredited for prevocational education and training. A smaller team of Surveyors will review the Unit/s via a Paper Based (desktop) Survey or Visit according to the *New Unit Survey Process*. New Units are accredited for a **maximum of one year**. A QAP for that unit may be required **six months following** the Survey and copies of the evaluations for the term are required **12 months post Survey**

Modified Unit Survey

This Survey is required when a Unit previously accredited for prevocational doctors needs to undergo some modification since its last Accreditation Survey event. Examples of modifications which would require review include but are not limited to:

- A link with another Unit which impacts on the type and amount of clinical experience available to the prevocational doctor
- Change in supervision (refer *Supervision Policy*)
- Alteration to rostering and clinical duties
- Change in caseload not seasonal variations in caseload e.g. additional Visiting Medical Officer (VMO) appointed
- Change to number of prevocational doctors in the Unit
- A currently accredited Unit now wanting to split into two separate Units
- Relocation of a Unit to another campus of the Health service (refer *Accreditation Policy, para 15*)

This Survey will be undertaken as a Paper Based (desktop) Survey according to the Modified Unit Process provided in the Chapter *Accreditation Processes*.

Periodic Survey – Progress Report

A Progress Report is undertaken halfway through the Accreditation Cycle of a Health service as outlined previously under the Accreditation Cycle. This Survey will, in most circumstances, be undertaken as a Paper Based (desktop) Survey.



Offsite Unit Survey

This Survey is required when a Health service requests Accreditation of a Unit that is offsite to the main health service prevocational health service and has not previously been accredited for prevocational education and training. For Example: Tennant Creek Hospital (Central Australia Health Service) - where a single rotation from Alice Springs Hospital for a prevocational doctor is requested.

GOVERNANCE OF ACCREDITATION

The Prevocational Accreditation Committee (PAC)

The role of the Prevocational Accreditation Committee will reflect the direction and needs of the Medical Board of Australia (MBA) in relation to registration requirements for PGY1 doctors in the Northern Territory. A further role is to advocate for all prevocational doctors and International Medical Graduate's (IMG) education and training opportunities through the implementation of accreditation standards.

Its functions are:

1. To advise the NT Board of MBA and health services on the health services requirements for intern training.
2. To establish, implement, manage, monitor, evaluate and review an objective, robust and transparent system to accredit all intern and all prevocational doctors' placements.
3. To maintain NT accreditation services to meet the Australian Medical Council (AMC) Accreditation Authority National Standards and reporting requirements to ensure PMAS maintains its NT accreditation authority status.

The Prevocational Accreditation Panel (PAP)

The Accreditation Panel is established to consider accreditation survey team findings and endorse/not endorse survey team report recommendations, including the recommended period of accreditation that should be granted (max 4yrs).

The functions of the Accreditation Panel are to consider accreditation survey reports and:

1. Refer all accreditation appeals and/or grievances including any conflicts of interest regarding surveyors engaged to undertake the survey event to the Prevocational Accreditation Committee.
2. Provide final accreditation advice and recommendations to the Prevocational Accreditation Committee in relation to accreditation of postgraduate year 1 training positions and programs.
3. Provide final accreditation advice and recommendations to the Prevocational Accreditation Committee in relation to accreditation of postgraduate year 2 training positions and programs.
4. Provide advice to the Prevocational Accreditation Committee of any areas for improvement regarding the NT Prevocational Accreditation Standards, system, policies or processes.

The Prevocational Accreditation Survey team

All NT prevocational accreditation surveyors are to have successfully completed the PMAS Prevocational Accreditation Surveyor Workshop to be eligible to be placed on the surveyor register and be selected as a surveyor for any survey event.

A survey team will consist of at least three and usually no more than 5 surveyors for a survey visit event, one of which must be a prevocational doctor. For desktop survey events there are to be at least two



surveyors one of which must be a prevocational doctor.

Surveyors can be drawn from any of the following stakeholder groups at a Territory or National level:

- a. Junior medical staff (Intern through to registrar)
- b. Clinicians from public or private sector
- c. Directors of Clinical Training (DCT)
- d. Medical Education Officers (MEO)
- e. Director of Medical Services (DMS)/Medical Superintendent
- f. Prevocational Accreditation Staff member
- g. Medical Services/Workforce Managers
- h. General Practitioners
- i. Retired Medical Practitioners (who have been retired for less than five years)
- j. Consumers/Community members with relevant experience



Survey Process

Visit Survey Event (Full Survey)

Pre Survey

Prevocational Accreditation staff contact the health service five to six months before the visit event is due to confirm survey dates with the health service.

Prevocational Accreditation staff will send an email reminder to the health service regarding the date that their written submission for accreditation/reaccreditation is due at the PMAS office.

After the survey event dates and the reminder has been sent out to the health service, the prevocational accreditation staff and the Prevocational Accreditation Committee (PAC) appoints a survey team, including a team leader. The survey team leader along with the accreditation staff coordinates the survey and the surveyors' activities.

Prevocational accreditation surveyors may for a variety of reasons be perceived to have the potential for a conflict of interest. These conflicts of interest are to be highlighted and raised with the Prevocational Accreditation Manager (PAM) at the time of their initial engagement to undertake a survey event.

Prior to the survey visit the names of the surveyors including the survey team leader are forwarded to the health service being surveyed to ask if there is any reason the PAC should not use any of the named surveyors regarding a conflict of interest for that particular survey event. The Prevocational Accreditation Committee will review any concern/s regarding any surveyor's conflict of interest from the health service and where surveyors themselves have raised any concerns regarding their conflict of interest. (See Prevocational Accreditation Surveyor Conflict of Interest Policy 5.5)

In the health services submission provided, the health service rates itself against the standards and provides evidence to support its rating. Prevocational Accreditation staff checks all the information and evidence from the health service before it is given to the survey team.

Surveyor Pack

Each survey team member will receive an information pack, and documentation for reference via the NT PMAS website when engaged to undertake a survey event which includes:

- An identification badge (provided at the survey event)
- Covering Letter from PAM
- Health services Record of Accredited Terms (Prevocational Accreditation Matrix)
- Survey Team Contact List
- Previous Survey Report/s (including a recommendation summary sheet)
- Any other related Correspondence as needed
- NT Prevocational Accreditation Standards (or link to e-copy)
- Prevocational Accreditation Survey Report Writing tips
- Surveyor Code of Conduct, Surveyor Conflict of Interest policy and Surveyor Guidelines

Prevocational Accreditation staff provides secretariat services to coordinate the survey process and ensure that all information is available for an efficient accreditation survey event of NT health services. The prevocational accreditation staff is available to clarify any issues or request information the survey team leader may need with regard to the administration of the prevocational accreditation survey event.



The survey team evaluates the prevocational health services submission documentation by:

1. Reviewing the previous survey report/s recommendations and comments.
2. The survey team leader will through negotiation, allocate specific areas within the NT Prevocational Accreditation Standards that each team member will focus on. (these will be recorded and disseminated to all team members)
3. Identifying areas needing clarification in the health services submission and evidence provided. To be discussed at the pre-survey meeting.
4. Reviewing the actions taken by the health service in response to their last survey visit event recommendations.
5. Identifying and clarifying any changes or additional requests made by the health service since the last survey event, as follow up of these aspects may need to be addressed in the upcoming survey.
6. Evaluating all information in line with NT Prevocational Accreditation Standards and Guidelines.

The survey team leader then plans with assistance from prevocational accreditation staff the survey event visit:

1. The team leader takes primary responsibility for liaising in person or by phone with the Prevocational Accreditation staff to discuss the survey timetable and any issues as outlined in any accreditation correspondence.
2. Notifying the prevocational accreditation staff as soon as possible if they require interviewing any additional staff or needing to change any times that is listed on the timetable. This may need to occur prior to the pre-survey meeting.

The survey team leader communicates with:

- Other team members, prior to the survey regarding their evaluation of the health service submission (plus evidence).
- The identified prevocational accreditation staff survey event liaison person to advise them of the team's requirements for the interviews and any additional documentation.

At the health service Prevocational Survey Visit

Welcome and Introductory Meeting

The visit starts with an introductory meeting between the survey team and the health service executive team. The meeting introduces the survey team and accreditation support staff, explains the process and invites the health services executive team to describe an overview of the prevocational education and training program it offers and any major changes to the program since their last visit survey event.

Interviews

Interviews are usually conducted with the following groups:

- Prevocational trainees (in small groups - both PGY1 and above; including IMGs),
- Term and Clinical supervisors
- DCT
- MEO
- JMO Managers/Administrators
- DMS (or equivalent)

It is important that the interviews concentrate on issues relevant to the prevocational accreditation standards. Interviews with prevocational trainees tend to be group interviews with small groups



between two and up to eight trainees (*too many in a group will make it difficult to speak to all present especially interns who may not feel comfortable speaking in large groups and therefore may not offer useful and valuable insight into the medical education and training program*).

Review of Documentation

The survey team will review documentation to assess how the prevocational education and training program is led, coordinated and supported at all levels. It is important that the decisions of the survey team do not rely solely on interviews. Triangulation of the evidence is important to the accreditation outcome. (I.e. what you read, hear and see)

The documentation as suggested evidence in the Prevocational Accreditation Standards and Guidelines (listed below) is a guide to what could be provided to achieve a Satisfactorily Met (SM) rating and may include but is not limited to the following:

- prevocational accredited places Matrix;
- Prevocational Education and Training Program strategic planning;
- education and training staff lists and job descriptions;
- rosters/timetables;
- evaluation tools and reports;
- minutes from Medical Training Committee meetings;
- term descriptions;
- health service prevocational education and training policies, procedures and manuals;
- Assessment Review Group minutes or summaries;
- progress review forms.

Prevocational health service Infrastructure

The survey team will review the health service infrastructure provided for the prevocational trainee. This may include a tour of the health service, including prevocational trainee's access to a common room, computer facilities, recreational space, library and internet, various accredited units/terms that the prevocational trainee is rotated into. Sometimes an issue arises during survey interviews that may require further visits to units/terms. All offsite terms must be visited where possible. If not possible the reason is to be recorded in the survey report.

Prevocational trainee terms/units

The survey team will review all existing prevocational trainee terms/units to ensure compliance with the standards and provision of the education and training experiences outlined in the term descriptions. They will also check the number of places against what is currently accredited, checking prevocational trainees are not in any unaccredited terms or do not exceed current accredited places in any unit/term.

Facilities wanting to develop a new term or modify a term must submit the term description and request to the PAC prior to the survey. It is the role of the survey team to review all terms, in particular any provisionally accredited terms and assess whether the terms deliver education and training as described in the term description and in alignment with the standards.

The survey team must provide to the PAC whether provisionally accredited terms are meeting all accreditation standards. The survey team can make recommendations to the PAC relating to individual terms.

Drafting the survey report

Before de-briefing the health service Executive staff about the team's findings, the team leader completes a draft survey visit report. This may be in the form of dot points against specific standards where the team has identified areas for improvement and or concern. This report should also give



positive feedback as well as where improvements could be made.

During the debriefing the health service Executive staff will be given a further opportunity to clarify any information or issues raised in the process by the surveyors.

As part of the survey visit report the team is required to rate each standard on a two-point scale (NM = Not Met and SM = Satisfactorily Met), and any achievements above and beyond Satisfactorily Met that they believe should be awarded. The only addition to this scale is the opportunity for the Surveyors to recognise partial completion within a specific function, standard and criteria. (See NT Prevocational Accreditation Standards and Guidelines document for the rating scale). Where any survey team rating is different to the health service self-rating a comment within the report is required regardless of a recommendation being awarded or not.

Prevocational Health service de-brief

On completion of the survey visit, the survey team leader and survey team members will meet with the health service Executive staff to provide a debrief regarding the findings of the survey visit. Then an open forum debrief is offered to all health service staff to provide feedback on the survey visit outcomes.

It is important the survey teams debrief regarding the survey visit contains positive feedback about its achievements as well as to advise the health service areas of concern and for improvement. There should be “no surprises” when the health service eventually receives their accreditation report.

During the debriefing the health service staff will be given a further opportunity to clarify any information or issues raised in the process by the surveyors.

At **no** stage should the survey team inform the prevocational health service of the accreditation status they plan to recommend to the PAP. This is a decision made by the Prevocational Accreditation Committee.

The Prevocational Accreditation Committee encourages health services to provide feedback to the team regarding the survey visit after the debriefings. A request to the prevocational health service for formal feedback on the survey event processes and staff involved through a feedback survey request will follow after the survey event and the results will be tabled at the next PAP meeting.

Finalisation of the survey

Final Survey Report

The survey team leader is expected to complete the survey report within two weeks of the survey. The survey team leader will allow the survey team members within those two weeks an opportunity to provide comments before submitting the report to the Prevocational Accreditation Manager in preparation for presenting the final survey report to the PAP. The Prevocational Accreditation Manager will assist the team leader to finalise the report and offer assistance where necessary with the collation of information e.g. formatting etc.

The survey report must contain information through comments and the executive summary to substantiate any constructive recommendations regarding how the health service’s performance in facilitating the prevocational education and training program could be improved.

In regards to the Final Survey Report the survey team leader is responsible for:

- writing the survey report including the synopsis/executive summary of the survey summarising the team’s findings and its recommendations and commendations;
- rating of each standard and criteria, commenting where the rating differs from the health service self-rating;
- ensuring that each survey team member has the opportunity to make comment on the survey



- report and ratings;
- keeping any handwritten notes and survey documentation until the report is finalised through the PAC;
- sending the completed report to Prevocational Accreditation Manager within 2 weeks after the survey visit;
- keeping a copy of the completed report and having access to it at the time of presenting the report to the PAP;
- evaluation of the survey team by completing the Survey team leaders evaluation of survey team form and returning to Prevocational Accreditation Manager with the final Accreditation Survey Report.

Once the survey team leader has completed the final survey visit report and before it goes to the PAP the Prevocational Accreditation Manager will send the survey report to the health service for comment on any factual errors within the report. If there are any concerns raised by the health service with the final survey visit report the survey team leader will be consulted and determine what and if any changes are required in consultation with the Prevocational Accreditation Manager. Any concerns raised by the health service and decisions regarding those concerns by the survey team leader will then go with the survey report to the PAP.

Finalisation of the survey report through Panel and Committee

The PAP considers each survey report in detail to ensure that standards are uniformly applied from one survey to the next and that comments and recommendations are substantiated.

The survey team leader will need to be available in person or by telephone during the panel meeting to present and discuss the survey report with the panel members. PAP meetings are usually held as required soon after each survey event. The survey team leader will be notified in advance when the Panel will be meeting.

The Prevocational Accreditation Panel can support the survey reports recommendation for accreditation status or modify it to meet the reports outcomes for up to a maximum period of four years to the Prevocational Accreditation Committee.

The PAC may award accreditation status contingent upon the health service addressing recommendations/conditions. The PAC may also decide a Focus Visit is required to ensure specific issues are addressed within a stated timeframe.

The PAC Chair notifies the health service in writing once an accreditation decision has been made.

At any time PAC can reduce or withdraw accreditation of a health service or term should there be sufficient evidence of a significant change in the Prevocational Education and Training Program. This is in accordance with the Notification of Change of Circumstance that may affect Accreditation Status Process (2.10).

At their discretion, the PAC may revise the rating of any standard, at any time.

The NT Prevocational Accreditation website is updated as required to reflect the new status for those areas re-accredited or accredited for the first time.



Desktop (Paper based) Survey Events

Types of Desktop survey events

- Quality Action Plan (Stages 1 and 2)
- Progress Report (Periodic Survey)
- New Unit (preliminary survey at an already accredited prevocational health service – NOT for any new Offsite Units)
- Modified Unit (depending on the modification being requested)

Desktop survey events follow the same processes as the visit survey events previously described except there is no need for timetables and interviews with the health service staff involved in prevocational medical education and training programs. Desktop Survey events do not usually require a visit to the health service. This however does not preclude the survey team leader from contacting health service staff for clarification of the health service submission if required to complete the desktop survey report.

There is no formal debriefing with the health service on the completion of the desktop survey event as is carried out after a visit survey event. The final survey report will go onto the PAP and then onto the PAC for finalisation to inform them of the progress being undertaken by the health service being surveyed.

The desktop survey team leader has the same responsibilities as if this event was a visit survey.



SURVEY TEAM LEADER CHECKLIST

	TASK	WHEN	DONE(tick)
BEFORE SURVEY			
1	Receipt of survey paperwork from the Prevocational Accreditation staff.	2 weeks prior to survey	
2	Contact other members of survey team, (including PAM) arrange to meet with survey team prior to survey, in person or by teleconference. <i>(PMAS Accreditation Staff will arrange teleconference facilities for you)</i>	1 week prior to survey	
3	Contact the PAM and discuss the timetable. Ensure any necessary changes are made.	1 week prior to survey	
DURING SURVEY			
4	Introduction	General Introduction	
		➤ What is PMAS's role?	
		➤ How survey process will occur	
		➤ What to expect from debriefing	
		➤ Ask if any questions	
5	During	➤ Maintain notes throughout	
		➤ Consult with team members	
		➤ Prepare draft report for debriefing	
6	Debriefing	➤ General comments	
		➤ Commendations to specific people/units	
		➤ Good points.	
		➤ Highlight all points of concern and/or needing improvement	
		➤ Wrap up	
		➤ Ask for comments / questions	
AFTER SURVEY			
7	Write up survey report and circulate to survey team for comments	Within 2 weeks after survey	
8	After comments received from survey team, update the report accordingly if required and forward to PAM		
9	Complete the Survey Team Leaders evaluation of survey team form and returning to PAM with the Final Accreditation Survey Report		
10	Present an overview of the report at the Prevocational Accreditation Panel (PAP) meeting (If required teleconferencing will be arranged by Prevocational Accreditation staff at PMAS)	Next PAP meeting	



SURVEY TEAM LEADER FEEDBACK

INDIVIDUAL SURVEYORS

(To be completed by the Survey Team Leader on each Surveyor in the team)

Please provide this information to each of the Surveyors within your team within one month of the Survey Event. You should complete one form for each individual Surveyor. You should discuss the contents of this questionnaire with the individual Surveyor. The Surveyor needs to return this signed form to Accreditation Manager for collation. Information regarding individual Surveyors will only be provided to that Surveyor.

<p><u>Survey Event Details</u></p> <p>Health service/Training facility: _____</p> <p>Survey Event Date/s: _____</p> <p>Survey type: Full Survey <input type="checkbox"/> Self-Assessment Survey <input type="checkbox"/> QAP stages 1 or 2 Survey <input type="checkbox"/></p> <p>New/Offsite Unit/Change of Status Survey <input type="checkbox"/></p> <p>Survey Team Leader Name: _____</p> <p>Surveyor Name: _____</p>
--

Rate the Surveyor's performance for each of the following criteria:	N/A	Dissatisfied	Satisfied	Very Satisfied
a. Preparation for the Pre Survey meeting				
b. Performance as a Survey Team member				
c. Use of questioning techniques to effectively elucidate information and seek clarification of Self-Assessment information (if applicable)				
d. Conduct during the Survey Visit				
e. Knowledge of Standards and Criteria				
f. Appropriate triangulation of health service Evidence				
g. Demonstration of unbiased Surveying				
h. Participation in the Summation Conference (if applicable)				

Please provide any additional feedback/comments:
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Privacy statement

In collecting this information, the PAC will use it for the purposes of supplying services. Information will be kept confidential and not disclosed to any persons other than Prevocational Accreditation staff who require it for the purposes intended.

Prevocational Accreditation staff are always willing to provide further information. Changes to the status of personal information provided i.e. inaccurate information, withdrawal of information from spreadsheet/data bases etc. can be made by contacting accreditation staff, (08) 8999 2836 or email via our generic email account NTPMC.THS@nt.gov.au.

Your Name (please print) _____ Title _____

Signature _____ Date _____

Thank you. Your feedback it is valued and appreciated.

Please send your completed form to:

Prevocational Medical Assurance Services

PO Box 41326

Annex Rooms 9 & 10, Cnr Florey Avenue and Staff Village Rd,

Royal Darwin Hospital

CASUARINA

NT 0811

Phone (08) 8999 2836

OR

Scan and email to:

NTPMC.THS@nt.gov.au

Office Use Only		
	Date completed	Initials
Enter in Spreadsheet/Database		
Actioned by Accreditation Manager		
Sent for filing		

Adapted from the *ACHS Individual Surveyor Feedback on Survey questionnaire 2005*, and *PMCV Facility Feedback Questionnaire 2007*



The Practicalities of Being a Surveyor

Absenteeism

If for any reason you cannot attend a survey event, you need to phone the Prevocational Accreditation Manager (PAM) and survey team leader as soon as you are aware that you cannot attend or participate.

If at any time during a survey event you cannot continue, you need to notify the survey team leader who will in turn notify the PAM if they are not present at the survey event.

If you are the survey team leader and cannot attend a survey, you need to notify the PAM or PAC Chair as soon as possible. If it is after 5pm on the evening before the survey, you must attempt to contact another team member who can act up as survey team leader. This will usually be another senior clinician or experienced surveyor. The PAM will need to be notified immediately, who in consultation with the Prevocational Accreditation Committee Chair, will determine if it is appropriate for the health service survey event visit to continue and if the survey team member put forward to replace the team leader is suitable and eligible to perform that role in the team.

If you are the survey team leader and cannot attend the Prevocational Accreditation Panel meeting you need to nominate another survey team member to present the survey report on your behalf. You need to inform the PAM who will then inform the PAP Chair to make a decision to either wait until you can present the report or is happy to go ahead with your replacement.

Travel

As a surveyor your travel, accommodation and other reasonable expenses will be paid by PMAS. The surveyor expenses are further explained later in this document. PMAS makes all the travel and accommodation arrangements as soon as possible prior to a survey and sends the itinerary details either with the other survey materials or shortly after.

PMAS covers the full cost of economy travel for surveyors. Depending on your location and the location of the health service being surveyed, PMAS will organise a combination of flights and/ or taxis.

On some surveys, you will usually travel to the location of the health service either the day before the date of the survey or on the morning of the survey event. If travelling on the day of the survey then a pre survey meeting will be arranged on the day or evening before travelling. Otherwise travelling the day before will allow time for the survey team to discuss the health service survey submission/documentation and identified areas that may need special review and/or attention.

If you are surveying a local health service, you will need to make your own travel arrangements.

PMAS will provide cab charges when a surveyor is flying as a means of going to and from the airport. PMAS provides one cab charge for each journey when not in their local area.

1. After using Cab Charge card supplied by PMAS prevocational accreditation staff return the card stub with an original receipt for the journey just paid for.
2. Return any unused Cab Charge cards to PMAS within 1 week from the survey event for administrative acquittal purposes and to be re-assigned.

This is an NTG financial process that **must** be followed in the use of Cab Charge Cards.



If you drive your own car to the airport and use the airport long term car park while you are away you may claim the expense in lieu of a cab charge. Process to make a claim for long term car parking:

1. Retain original long term parking receipt
2. Request and fill out a reimbursement Form
3. Send form to PMAS for processing

Accommodation

For those times when surveyors have to travel significant distances from home, PMAS offers accommodation. When offering accommodation, we consider your needs, safety, local conditions of the area, survey start and finish times and travel arrangements.

Accommodation only is billed directly to PMAS and is usually rated at 3½ stars minimum. In some areas it may not be possible to provide all of the amenities expected of a 3½ star hotel. However, accommodation provided will be checked to meet minimum acceptable standards.

Meals

When travelling outside of your local area PMAS will reimburse surveyors for their meals.

NTG surveyors (NTG employees) receive travel allowance for official business travel. This will be processed by PMAS accreditation staff when the travel is organised and booked. PMAS will ensure travel allowance for NTG employees on official travel is paid as per the government rates at the time for meal expenses incurred while conducting business for the accreditation program.

For an external surveyor i.e. not an NTG employee, you will need to pay for your meal up front and keep the original tax invoice receipt and submit it with your final invoice at the end of the survey event for reimbursement through PMAS/NT DoH accounts payable processes.

Be aware that PMAS **do not** pay for any **minibar or alcoholic expenses**. If you have alcohol with your meal this **will not be paid** as part of your reimbursement.

The maximum amount that will be reimbursed to non-NTG prevocational surveyors is equivalent to the official business travel allowance provided to NTG prevocational surveyors.

PMAS will provide reimbursement for meals for Non-NTG prevocational surveyors to the maximum amounts stated below after submission of the original tax invoice receipt has been received. The maximum amounts that can be reimbursed are:

Breakfast	\$17.00
Lunch	\$26.10
Dinner	\$36.70

Honorarium Payments for Non-NTG Prevocational Surveyors

PMAS will provide the following honorariums to Non-NTG prevocational surveyors for their services to prevocational accreditation survey events:

- \$500 per day for prevocational trainees, registrars and non-medical surveyors
- \$700 per day for consultants and career medical officers
- An additional \$200 per day is provided to surveyors who are a survey team leader

In addition, PMAS will provide survey team leaders a \$350 honorarium for the responsibility of survey event report writing.



Process for Making Claims by Non-NTG Surveyors

New NTG Vendor (new external Surveyor never worked for NTG as a vendor before)

- Step 1 Request a NTG Vendor Creation Form from PMAS prevocational accreditation staff.
- Step 2 Complete the Vendor Creation Form provided, including your ABN (if you don't have one you will need to apply for one online through the Australian Business Register (ABR), attach your tax invoice for services provided as a surveyor along with any other original tax invoice receipts for meals etc. and return to PMAS prevocational accreditation staff for processing.

Existing NTG Vendor (have worked for NTG as a vendor previously)

- Step 1 Provide your tax invoice displaying your ABN for services provided as a surveyor along with any other original tax invoice receipts for meals etc. to PMAS for processing.



The Ten Commandments of Surveying

Written by Professor Geoffrey Marel (NSW). Used with permission for NT PMAS

1. Remember thou, at all times, that this is a constructive process which has as its goal the attainment by all facilities of high standards of supervision, training, working conditions and morale for prevocational trainees.

Recognise that different facilities will have different ways of achieving these standards.

2. Keep to thyself during the survey thy wise and profound opinions on how perfectly thine own health service meets the accreditation standards.

Thine own chance will come.

3. Keep to thy own bosom also any preconceived impressions and prejudices concerning the health service being surveyed.

Keep thy mind open.

4. Seek thou consensus among thy surveyor colleagues as to how well the standards are being achieved.

Document clearly any points of uncertainty.

5. Jumpeth thou not to speedy conclusion, but be meticulous and thorough in thy examination of the facts.

Open thy ears to what is told thee by prevocational trainees, registrars and attending medical officers and be thou sensitive to any special circumstances of the health service.

6. Remember to keep thou strictly confidential any information thou acquireth during the survey process.

Discuss things not with thy pals afterwards.

7. Surveyors:
Send thou, thy handwritten notes to the Prevocational Accreditation Manager and destroy/delete other survey materials once the report is written and finalised.

Team Leader:

For 30 days and 30 nights after accreditation status is awarded by PMAS shall thou keep thy notes concerning the health service thou has surveyed.

After this, sendeth them back to the Prevocational Accreditation Manager.

8. Remember thou, thy job to make unto the Prevocational Accreditation Panel thy recommendations concerning the accreditation status, and not to pre-empt this by telling the HEALTH SERVICE what thou believeth to be the ultimate decision by Prevocational Accreditation Committee.

9. Remember thou, thy role as an ambassador for PAC.

Besmirch not the good name of PMAS or the accreditation process by unseemly comments, inappropriate or insensitive behaviour or a biased perspective.

10. Encourage thou feedback from the health service re the survey process.



Contacts and Further Information

Contact details

For further information about the NT prevocational accreditation process please contact the NT Prevocational Accreditation staff at Prevocational Medical Assurance Services (PMAS).

Prevocational Accreditation Manager,
Prevocational Medical Assurance Services,
NT Accrediting Authority
PO Box 41326,
Annex Rooms 9 & 10, Cnr Florey Avenue and Staff Village Rd
Royal Darwin Hospital
Casuarina NT 0811

Phone: (08) 89 992836

Website

www.ntmetc.com