# Operational management

### Domain

The intern training accreditation authority effectively manages its resources to perform functions associated with accreditation of intern programs.

### Attributes

* 1. The intern training accreditation authority manages human and financial resources to achieve objectives in relation to accreditation of intern training programs.
  2. There are effective systems for monitoring and improving the intern training accreditation processes, and identification and management of risk.
  3. There are robust systems for managing information and contemporaneous records, including ensuring confidentiality.
  4. *The intern training accreditation authority manages human and financial resources to achieve objectives in relation to accreditation of intern training programs.*

Management of the functions of METC is undertaken by the Executive Officer and the Director. METC Management Committee meets monthly formally and oversights the human resource and financial management of the accrediting authority.

Appendix M Appendix N Appendix O

NOT AVAILABLE NOT AVAILABLE



The Executive Officer/Accreditation Manager is the cost centre manager for both the general METC budget and Accreditation budget. The Executive Officer reports to the Director outside of the Management Committee meetings in regards to the financial management of the accrediting authority. There has been no indication from NT Department of Health that there will be any resourcing issues affecting the accreditation service in the foreseeable future.

A key responsibility of the Executive Officer position is to manage the METC Office and administration staff along with the prevocational Accreditation Surveyors. This responsibility requires the Executive Officer to manage all human resource functions for the business unit including recruitment, professional development and performance management of METC staff. This includes the evaluation of NT Surveyors which is undertaken at the end of survey events. Currently this is undertaken informally through discussion whilst the transition from NTPMC to METC is finalised. However there is the opportunity in the future for this to occur online. The survey team leader/coordinator has the responsibility to give and receive feedback to and from the surveyors within the survey team and discuss any issues/concerns with the Accreditation Manager and/or Prevocational Accreditation Committee. In the future any issues or improvements identified will be documented through the Accreditation Continuous Improvement Records (ACIRs) system. An example of how this has operated in the past is when the Accreditation Manager received feedback through a verbal evaluation from a survey team regarding their concerns about the current remuneration process for their time given to a survey event. After further discussion with the surveyors regarding this concern the Accreditation Manager raised an Accreditation Continuous Improvement Record. After research and further consultation a Surveyor Guideline document (Appendix P below) was developed which includes a section on Surveyor remuneration (Appendix S – ACIR2016-0010A)

The secretariat of METC Committees and Panels is through the METC budget. Secretariat for the Accreditation Committee and Panel is partially supported by a funding contribution from MBA through Australian Health Practitioner Regulation Authority (AHPRA) to manage the PGY1 accreditation service. A separate METC cost centre code has been established to track the expenditure of the accreditation services so as to acquit the MBA contribution.

The Executive Officer/Accreditation Manager observes and follows the NT government procurement, financial and travel policies when organising any surveyor travel and surveyor payments. These are outlined in the Surveyor Guidelines (Appendix P) to the surveyors.

Appendix P



The two NT health services provide surveyors and representatives for our Prevocational Accreditation Committee and Panel (PAC and PAP). Other medical education and training stakeholder groups also provide representatives for the PAC and PAP as required. These membership positions are by invitation and nominations from stakeholder groups are sought where a position or role is not already filled. METC does provide sitting fees out of the business unit’s budget for those members who are not NT government staff and who would by virtue of attending any committee or panel meetings have a loss of income.

NT Prevocational Accreditation Surveyors are recruited from both health services from various levels and divisions and also from other NT medical education and training providers. There are non-clinical surveyors that are again recruited from the health services as well as from the wider health sector. Previously under the NT Postgraduate Medical Council (NTPMC) interstate surveyors have been engaged when the NT health services were unable due to workforce issues release staff to assist with survey events. These surveyors have come from NSW and Qld. NT Prevocational Surveyor Register can be found at Appendix Q.

Appendix Q

NOT AVAILABLE

Confederation of Postgraduate Medical Councils (CPMEC) is currently building a bank/register of national surveyors who may be available to assist in a jurisdiction requiring an independent surveyor. To date we have not utilised or trialed this process. If the NT were to use this register there would be added costs to the survey event due to the costs of travel and accommodation bringing the interstate surveyor to participate. Where possible we use local surveyors to keep the cost of the survey events within reasonable limits (minimum $600-700 return flight depending on surveyor home location; 2 nights’ accommodation $500 approx.)

* 1. *There are effective systems for monitoring and improving the intern training accreditation processes, and identification and management of risk.*

To evaluate the adequacy of our resources as part of our survey event process for a full visit assessment METC have made available an online evaluation feedback request to all staff at the health services involved in the recent survey event. This is collated and presented to the PAC for discussion and information by the Accreditation Manager. This occurs at the PAP as one of their functions is to report to the PAC on improvements required in our survey event processes.

Samples of Evaluation summary reports are attached.

Appendix AAC Appendix AAD

 

A recent example from a PAP meeting is a request to research and consider a new format of our survey event report. An Accreditation Continuous Improvement Report was raised and is being researched ready to take back to the PAP (see Appendix S – ACIR2015-003A).

Previously this continuous improvement process has guided the improvements that are now part of the NT Prevocational Accreditation System that is now in use. Another example of review and improvement is where a working party was formed in 2014 to re-write the standards and guidelines to meet the National Intern medical education and training program standards and to widen the scope of the NT accreditation standards to include all prevocational doctor positions in preparation to accredit all NT PGY2 positions over the next few years. This process has added a new standard under the governance function - Governance of an Offsite Unit (Function 2, Standard 4) along with modifications to other standards and guidelines within the Prevocational Accreditation Standards and Guidelines document.

The practice that is in use by the METC to maintain evaluation of our business units systems and methods is also used to improve our capacity to deliver effective accreditation services. The METC continuous improvement process is established and maintained where any person can raise a suggested improvement, concern or issue with any part of the accreditation system. The suggestion, concern or issue is recorded, actioned by the appropriate person and/or committee/panel and followed up by the Accreditation Manager. The oversight of the ACIR outcome is by the Prevocational Accreditation Committee. The ACIR Register is a standing item at all PAC meetings, and the progress of ACIRs registered is presented and discussed by the Accreditation Manager at each meeting.

Appendix D Appendix E Appendix R Appendix S

   NOT AVAILABLE

A further method established and being maintained is the process of reviewing and evaluating the NT Prevocational Accreditation System documents/resources that underpin our system. The Accreditation Manager maintains the system document register that lists all documents that relate to NT accreditation services and raises the documents for review and evaluation to the Accreditation Committee as they become due to be reviewed, if not raised before.

Appendix T

NOT AVAILABLE

Funding from the NT Government through the Department of Health has been ongoing with no indication from NT Department of Health that there will be any resourcing issues affecting the accreditation service in the next three years. This appears to be the same for the MBA/AHPRA funding contribution that METC receives as the PGY1 Accrediting Authority.

One challenge is the costs moving around our large demographic to visit health service training facilities who wish to have prevocational positions accredited. This cost includes sending survey teams out to various locations as well as bringing in prospective surveyors from outside of Darwin for training days. For the METC this is only going to increase as new prevocational positions are expanded out into our regional areas. This challenge will be discussed at the PAC throughout the accreditation cycles as we expand our accreditation services to more regional areas. There has been a suggestion recorded as an ACIR for follow up.

METC’s approach to risk management relates to our business units systems, processes, and accreditation systems, processes and survey event activities. This approach is underpinned by the Department of Health’s Risk Management Policy (Appendix U).

Appendix U



METC does not have a separate risk management policy from DoH/NTG. However, we do have an accreditation service risk plan/register (Appendix V).

Appendix V

NOT AVAILABLE

* 1. *There are robust systems for managing information and contemporaneous records, including ensuring confidentiality.*

As part of our confidentiality and risk management of records and information management we maintain our own separate TRIM (Tower Records Information Management) dataset from DoH. Only those accreditation support staff involved in METC accreditation services that need to have access have access to the accreditation records and information regarding survey events and health service submissions. Both the electronic folders and TRIM records are security passworded and/or protected. TRIM documents have security caveats etc. and these security caveats are managed by the METC TRIM Administrator who is also the Accreditation Manager. The overarching NT DoH Records Management policy is attached at Appendix W with a sample of METC separate dataset index of METC/Accreditation service files and documents attached below.

Appendix W Sample list of METC separate dataset documents

 NOT AVAILABLE

Confidentiality – NTG Code of Conduct (public service) requires public servants to maintain confidentiality in regards to their work (see Appendix X - Section 14 and its paragraphs, page 6). On top of the NTG code of conduct each METC staff member and accreditation committee/panel member signs a METC Declaration of Conflicts and Confidentiality form/template as well (Appendix L). This ensures that all membership is covered as some stakeholders are either not full time NTG employees or may be part time NTG employees working for Prevocational Accreditation Committee on their non NTG days.

Appendix X Appendix L

 

Plans for further development are outlined in the new accreditation continuous improvement records raised – (see register at Appendix S)

* ACIR 2016-007A - Consideration of the opportunity to recruit surveyors from other medical disciplines nursing, allied health etc
* ACIR 2016-008A – OOS meeting decisions - Policy/Procedure
* ACIR 2016-009A – Research options to provide accreditation services via electronic means

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

* *“Please provide information about the NTMETC’s consideration of assessment of risks related to refusal or withdrawal of accreditation of a facility in the 2016 submission to the AMC”*

Consideration of the risk of our accreditation system finding a health service training facility non-compliant which may cause a health service training facility to be refused or their accreditation of their PGY1 positons being withdrawn, although possible it is unlikely given the robust monitoring processes in place under the NT Prevocational Accreditation System.

One component built into the NT Prevocational Accreditation system to manage the risk of refusal or withdrawal of a facilities accreditation is where the system has adopted High Priority Requirement (HPR) and Advanced Completion within 60 days (AC60) ratings. To determine if a HPR or AC60 should be awarded the survey team would undertake a risk analysis using the likelihood versus consequences matrix.

These extra risk assessment ratings were adopted to give the Survey Teams the opportunity to risk manage any high priority or more serious risks that they might have identified regarding a facilities capacity to be compliant with the prevocational standards. These extra steps prior to awarding a refusal or withdrawal of accreditation status are used by the Survey Team Coordinator/Leader where they believe that an acceptable level of performance can be achieved quickly, either 60 days for an AC or within a predetermined time frame for a HPR, where it is deemed to be a high risk to the prevocational doctor and/or patients. Not all the standards are worthy of a HPR or AC60 and therefore it is important that the risk assessment is undertaken if a concern/issue is identified a process the Survey Team Coordinator/Leader manages. This is discussed and delivered as part of the one day Surveyor Training workshop (see attachment below)

Attachment



Depending on the seriousness and the facilities capacity to rectify the issue within the time frame given before deeming a health service, unit or facility non-compliant that would cause the facility to lose its accreditation status. If any of these ratings are given the Team Coordinator would notify the facility executive and the Accreditation Manager immediately of their concerns and intentions to award a rating that requires immediate attention. The Accreditation Manager would also directly notify the Accreditation Committee Chair to discuss the survey team’s findings and notify the NTBMBA. It is anticipated that these steps would if used ensure the safety and wellbeing of patients and prevocational doctors.

Since the initial survey event (2008) after the establishment of NTPMC where a health service training facility was in crisis regarding their intern education and training, avenues for the health service training facilities to meet with the accrediting authority and gain knowledge and skills in Intern education and training program methodologies has increased. A greater knowledge base is now in place to support, at the least, the minimum requirements of an Intern Education and Training program as per the national requirements. Whilst all of the NT Prevocational Accreditation Standards are mandatory, a quality continuous improvement methodology underpins our standards and system. Patient safety and a safe learning environment for the junior doctors is also a high priority and if either of these was to be in jeopardy it would cause a survey team to immediately review and evaluate a health services training program to offset the risk.