



This Glossary has been developed to define some terminology used within the NT Prevocational Accreditation System. Where possible more generic terminology has been used to avoid issues in regards to local idioms. The Glossary has been placed here for easy reference when referring to the Prevocational Accreditation Policies, Processes and Standards. The main Glossary is in the Prevocational Accreditation Standards and Guidelines manual and can be found on the NT METC website.

RESOURCES TERMINOLOGY

ACCREDITATION

Accreditation is a process by which a recognised professional body evaluates an entire program against predetermined Criteria or Standards (Cleary, 1995). In this context, it refers to the evaluation of Prevocational Education and Training Programs (which includes Internship).

ACCREDITATION COMMITTEE (PREVOCATIONAL)

The Accreditation Committee deals with the policies, processes and procedures of Accreditation. This Committee reviews Reports from the Prevocational Accreditation Panel and the Accreditation Survey Teams and makes accreditation status decisions on these survey event reports. The Committee is comprised of a variety of stakeholders as outlined in their Terms of Reference.

ACCREDITATION CYCLE

The Prevocational Accreditation Survey Cycle is a four year cycle of Accreditation Events. Following the initial Survey the next Full Survey occurs in the calendar year in which Accreditation will lapse.

ACCREDITATION MATRIX

The Accreditation Matrix is the document outlining the current Accreditation Status of all Units at a Health service offering Prevocational Education and Training programs. This document is provided to the NT Board of the Medical Board of Australia as a record and it is a requirement of Accreditation that Health services maintain an up to date Accreditation Matrix which is available to all involved in Prevocational Education and Training programs. The NT METC website will list all Health services' Matrices in the future.

ACCREDITATION PRINCIPLES

The Accreditation Principles are a series of general statements of intent, which outline the philosophy that underpins the Accreditation System and determines the resultant policies, processes and procedures.

ACCREDITATION POLICIES

Accreditation Policies are statements/rules which must be adhered to when implementing the Accreditation Processes and Procedures. They are derived from the governing Principles that underpin the Accreditation.

ACCREDITATION PROCESSES

Accreditation Processes describe "what happens" at each stage of an Accreditation Survey Event. They outline for the stakeholders what is required at each of the different stages and include a diagrammatic flowchart representation of each step within the Process.

ACCREDITATION PROCEDURE

An Accreditation Procedure outlines a specific course of action required in achieving each of the process steps, tasks or activities, i.e. how it will be done and who will do it. The Procedure is written for local implementation either by Accreditation staff or the Health service being accredited and includes specific steps and timelines for a component of the relevant Accreditation Process.



ACCREDITATION PROGRAM

The Accreditation Program is a framework of principles, policies, processes and procedures undertaken by Prevocational Accreditation Committee, that occur over time, with the specific aim of establishing a healthcare health service's ability to adequately and within a quality framework, implement the training of prevocational (Intern) doctors and hence be bestowed Accreditation Status on behalf of the MBA.

ACCREDITATION REPORT

The Accreditation Report is the formal written document prepared by the Survey Team following an Accreditation Survey Event. It contains a written assessment of the Health service's compliance with the Standards and provides recommendations for quality improvements. This Report contains a recommendation regarding the level of Accreditation to be awarded.

ACCREDITATION STATUS

Accreditation Status is awarded to a Health service depending on their ability to provide compulsory terms according to the MBA requirements. Health services can be awarded the following status:

- Primary Allocation Status – Primary Allocation Status is the Accreditation Status awarded to a Health services capable of providing all the compulsory terms required for Intern registration.

ACCREDITATION SURVEY

The Accreditation Survey refers to the process by which a Health service or Offsite Unit is assessed against the Prevocational Accreditation Standards. An Accreditation Survey Visit requires the Prevocational Accreditation Committee Surveyors to attend the Health service in person in order to assess the Standards.

ALLOCATION

Allocation refers to the four/five terms which will be undertaken by the prevocational doctor over their first and following postgraduate years. According to Medical Board of Australia requirements for General registration after the first postgraduate year (Internship) must include at least minimum 10 continuous weeks of Medicine, Surgery and minimum 8 continuous weeks in Emergency Medical Care. In most Health services the responsibility for allocation of terms is undertaken by Medical Administration staff or Medical Education Unit staff or advice from both.

APPEAL

An Appeal is a request for review of a decision made by a Prevocational Accreditation Survey Team and endorsed by Prevocational Accreditation Panel, prior to the submission of the Report to the Prevocational Accreditation Committee.

APPEALS COMMITTEE

The Appeals Committee is an independent group convened by the Director of the METC or delegate responsible for reviewing the Prevocational Accreditation Committee recommendations and processes regarding the health facility making the appeal.

CHANGE OF CIRCUMSTANCE

A Change of Circumstance refers to any circumstance which may result in the Health service no longer achieving the Prevocational Accreditation Standards e.g. No DCT, no senior clinician available as Supervisor, closure of a ward causing change to caseload or case mix.

CRITERION

A Criterion is a component of a Standard that can be objectively assessed.



CURRICULUM FRAMEWORK

The Curriculum Framework is the structure on which the educational program is based. A National Curriculum Framework for Junior Doctors was developed in 2006 and can be viewed on the NT METC and Confederation of Postgraduate Medical Education Councils (CPMEC) websites.

DELEGATED OFFICER

The Delegated Officer refers to the Health service staff member who has been given responsibility for overseeing a specific Accreditation Standard/s by the health service Manager. The Delegated Officer is responsible for ensuring compliance with the Standard/s.

EVIDENCE

Evidence is the data that supports a Health service's Self-Assessment and is used for verification of the health service's level of compliance with a Standard or Criterion.

FUNCTION

A Function is a broad theme outlining the Prevocational Accreditation areas of responsibility so as to allow logical grouping of associated Standards.

GUIDELINES

Guidelines are statements that outline suggested actions to assist health services in achieving the Standards. They are provided to guide but **not prescribe** actions and allow some flexibility as to how they may be applied. The use of Guidelines is at the discretion of the health service.

OUTCOME INDICATORS

Indicators that highlight specific achievements related to a Criterion. Indicators will assist Survey Teams in maintaining a consistent approach to awarding levels of compliance, and will provide the health service with a higher level of clarity of expectations for each level of compliance.

QUALITY ACTION PLAN

The Quality Action Plan is a progressive two stage document initially populated with recommendations and comments by the prevocational accreditation staff and completed by the health service in response to the Prevocational Accreditation Report. This plan in its first stage outlines how the health service will action and address the recommendations and comments detailed within the Prevocational Accreditation Report and includes a health service timeframe for each of the listed actions. It is a progressive document and is used for all stages of the QAP.

QUALITY ASSURANCE OR CONTINUOUS IMPROVEMENT

Systematic actions to monitor performance and customer requirements and make changes as required (International Standards Organisation Definition No. ISO-9000). In this context, it denotes the monitoring of the quality of the Health service's performance and outcomes.

ROSTERING

Rostering refers to the daily routine for the prevocational doctor. The roster will indicate the hours of work, location of work (e.g. ward, theatre, outpatients etc.) and specific events such as ward rounds, education sessions, team meetings etc.

SELF ASSESSMENT



A systematic and independent examination to determine whether activities and related results comply with planned arrangements and whether these arrangements are implemented effectively and are suitable to achieve objectives (Australian/New Zealand Standard 1984). The Self Assessment (Audit) is the basis of preparation for Accreditation and is undertaken by the Health service.

STANDARD

A Standard is a statement which outlines the specifications, processes or procedures required for implementing prevocational doctor Education and Training programs. The Standard is intended to ensure that a Health service consistently provides or strives to provide quality education to prevocational doctors and at a level deemed appropriate by the wider stakeholder group.

SURVEY SUB-TEAM LEADER

A Survey Sub-Team Leader is an experienced Surveyor assigned to assist the Survey Team Coordinator by leading a Sub-Team of the Survey Team. Each Survey Team consisting of four or more Surveyors may be divided into Sub-Teams in order to conduct the Unit interviews at a health service. The Survey Sub-Team Leader is responsible for the tasks outlined in the relevant Position Description.

SURVEYOR

A Surveyor is an individual trained in all aspects of the NT Prevocational Accreditation System who acts on behalf of NT PAC to visit a health service or undertake a desktop survey to assess its compliance with the Standards.

SURVEY TEAM

A Survey Team is a group of Surveyors chosen for their individual expertise to undertake a Survey event of a health service.

SURVEY TEAM COORDINATOR

The Survey Team Coordinator is the trained leader of the Survey Team, responsible with assistance from the Accreditation Manager and support staff for managing the survey team and the writing, collation, and review of the Survey Event Accreditation Report. The Survey Team Coordinator/Leader presents the survey event report to the NT Prevocational Accreditation Panel (PAP). [The Health service](#)

The health service is the institution or clinical setting within which prevocational doctor's work and train. These organisations will usually be hospitals but may be health care centres or supervised practice locations in community settings that have met Accreditation requirements for prevocational doctor training.

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) or otherwise known as a facility - 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.

UNIT/TERM

A Unit is an assigned term in which prevocational doctors work and undergo clinical training under the supervision of senior colleagues and a designated Educational (Term) Supervisor. Usually the staff in the Unit consists of a team of clinicians ranging from Intern to Consultant. Examples of a Unit may be Anaesthetics, ENT, Surgery or Respiratory Medicine. Units are required by the Prevocational Accreditation Standards to outline the range of clinical opportunities and case mix that are available. Prevocational doctors are now also training in non-standard settings which are often based in general practice and community medicine.



The Term is a period of practical experience and training that may occur in a number of clinical areas. A term usually occurs in Units with components of orientation, supervision, education, assessment and clinical experience. Health services develop a timetable to schedule prevocational doctors working in various clinical settings across each calendar year. One part of the year, generally 10 – 12 weeks in length, is called a term. An elective term for Interns may be a minimum of five weeks in length.

UNIT/TERM EDUCATION PROGRAM

The Unit/Term Education Program is a specifically developed education program for prevocational doctors which is available to prevocational doctors rotating through this Unit/Term and may be multidisciplinary in nature.