ACCREDITATION POLICIES

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SECTION ONE

ACCREDITATION POLICY

POLICY 1.1

Approved by PAC: 2015 | Last Amended: Sep 2019 | Next Review: Jan 2021

CONTEXT

The Medical Board of Australia (MBA) has delegated to the Northern Territory Prevocational Accreditation Committee (NTPAC) responsibility for delivering outcomes of surveying of units, terms and health services providing prevocational doctors with education and training to the MBA.

The aim of Accreditation is to ensure that each unit, term and health service provide junior doctors with appropriate clinical experience, orientation, supervision, assessment, feedback and education. In accredited units, terms and health services, prevocational doctors will achieve high standards in safe practice, clinical knowledge, clinical skills and professional confidence becoming eligible for unrestricted general registration with the MBA.

SCOPE

This policy relates to the Accreditation Processes implemented by NTPAC for all health services offering prevocational doctor placements as outlined in the *Medical Board of Australia's registration standards.*

POLICY STATEMENT

1. All NT prevocational doctor Education and Training health services must be accredited by the NT accrediting authority, NT Prevocational Medical Assurance Services (PMAS), before a prevocational doctor is placed in that health service. Accreditation Processes will generally be completed within five months of receipt of a completed application for Accreditation.
2. NT Prevocational Accreditation Processes will be conducted in a four-year cycle as outlined in the *NT Prevocational Accreditation Cycle* document.
3. The NT Accrediting Authority will establish a Prevocational Accreditation Panel and a Prevocational Accreditation Committee that will review and make a final decision on the Accreditation Status of health services to the MBA. The Prevocational Accreditation Panel and Prevocational Accreditation Committee will have Terms of Reference outlining:
    - Membership
    - Term of Office
    - Functions/Responsibilities
4. Prevocational Accreditation will be conducted by a Survey Team (refer to *Surveyor Policy*), and will follow the relevant Accreditation Process, those processes include:
    - Full Survey Process
    - New/Offsite Unit Survey Process
    - Modified Unit Survey Process
    - Quality Action Plan Process

5. At the end of each Survey Visit, a Summation Debrief chaired by the Survey Team Coordinator will be held with relevant staff from the health service. The aim of this is to communicate and review major issues which are likely to appear in the Accreditation Report.
6. Paper Based Accreditation Surveys will be conducted by Surveyors, as outlined in the *Modified Unit Survey Process*.
7. Accreditation will occur only if a health service:
    - completes the required documentation within the timelines outlined in the appropriate Survey Process, and
    - Complies with the Standards and Criteria as outlined in the NT Prevocational Accreditation Standards, Guidelines and Rating scale document.
8. Where documentation is received outside the timelines as outlined in the relevant process, NTPAC may cancel the Survey Visit and rearrange another Visit.
9. Applications for New/Offsite Unit Surveys should normally be made at the time of a Full Survey. No New/Offsite Unit or Modified Unit Surveys will be conducted after 1 October of that calendar year.
10. Feedback from a Survey will be provided in writing as a formal Report, including all recommendations requiring action.
11. Accreditation Visits will be determined by the PAC within the Prevocational Accreditation Cycle.
12. Any appeal against a decision will be managed according to the *Appeals Policy and Process*.
13. Health services will be notified of Accreditation Status following endorsement by the PAC. Ideally this will be within 2 weeks following a scheduled PAC meeting.
14. NT Prevocational Accreditation Manager and the Committee must be immediately notified when changes occur within any health service that could affect the Accreditation status of that Health service or Unit (as outlined in the *Notification of Change of Circumstance that may affect Accreditation Status Process*).
15. Where a Unit has been physically relocated to a new site, but retains the same governance, casemix, patient numbers, and prevocational doctor supervision, the unit will be deemed to maintain its current accreditation. Where the governance is retained and the equivalent infrastructure is in place, however if changes are made with the relocation to casemix, patient numbers or prevocational doctor supervision a modified unit survey will be required and consideration will be given to Offsite Unit status.
16. NT Prevocational Accreditation Manager will store Accreditation documentation after any Accreditation Process (in electronic form) for a minimum of two full Accreditation cycles (eight years).
17. Accreditation of an individual Unit will be deemed to have lapsed if a prevocational doctor **has not** been placed in that Unit for a period of ***greater than two years*** since the Accreditation was granted. Should this occur the Unit would require review and re-accreditation before a prevocational doctor is again placed in that Unit. Health services will be required to notify NT Prevocational Accreditation Committee at the time of their Progress Report, (Using the Accreditation Matrix) details of previously accredited Units, and when they last had a prevocational doctor placed into that unit (table that shows dates of intern/prevocational doctors rostered in each accredited Unit). If they have been without

prevocational doctors for a period of time they will need to state whether or not they are seeking re-accreditation for these Units.

18. The Accreditation Matrix outlines the maximum number of prevocational doctors that can be placed in each Unit. Any Unit listed on the Matrix may be visited during a visit survey by the Survey Team. Prevocational doctors must not be rostered to unaccredited Units. The Health service Manager responsible for prevocational doctor education and training is required to sign off on the Accreditation Matrix at the time of their Full Survey and ensure that this Matrix is maintained unchanged unless a further application is made to Prevocational Accreditation Committee for additional Units. Allocation sheets and rosters must reflect the names of units/terms used within the Matrix for easy cross referencing. Units within the Matrix must be referred to by a general descriptor rather than an individual doctor's name e.g. Gastro A instead of Dr Smith's Gastro Unit. The Matrix must include PGY2 numbers where Accreditation status is being sought for PGY2 places. Offsite Units need to be highlighted on the matrix.
19. Whilst PAC has responsibility for the Accreditation of all prevocational doctor placements, for PGY1 junior doctor placements, there are times the recommendation for Accreditation is based on the presence or absence of a PGY2 junior doctors. In this instance this will be clearly indicated within the Accreditation Report and on the health service Matrix.
20. Where a potential breach of an accreditation standard is brought to the attention of PAC at any point in the accreditation cycle, the PAC will review the information provided and determine what actions if any are required according to the notification of a *Potential Breach of Accreditation Process*.
21. A 360 degree evaluation process is employed by PAC. This process seeks feedback from:
    - The health service commenting on the Survey Team and the administration of the Accreditation Process
    - The Survey Team commenting on the health service administration of the Accreditation Process, and
    - Prevocational Accreditation Panel's commenting on the health service and the Survey Team's compliance with Accreditation Processes.

A collated Feedback Report is tabled at the next scheduled Prevocational Accreditation Committee's Meeting.

DEFINITIONS

Accreditation - Accreditation is a process by which PAC evaluates a program against pre-determined Criteria or Standards (Cleary, 1995). In this context, it refers to the evaluation of prevocational doctor Education and Training Programs.

Accreditation System - The Accreditation System is a framework of principles, policies, processes and procedures undertaken by PAC, that occur over time, with the specific aim of establishing a health service's ability to adequately, within a quality framework, implement the training of prevocational doctors, and hence be bestowed Accreditation status by the PAC.

Prevocational Accreditation Committee - 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.

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

Prevocational Accreditation Processes - The Accreditation System is comprised of a number of Accreditation Processes that describe "what happens", and usually involves multiple stakeholders to complete different stages within the Accreditation Process. A process includes a diagrammatic flowchart representation of each step within the Accreditation Process.

Prevocational 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 against the Standards and provides recommendations for quality improvements. This Report contains a recommendation regarding the level and period of Accreditation to be awarded.

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.

Health service Manager – is the person with accountability for the health service. In NT Government health services this will usually be the Chief Operating Officer (COO) or his/her nominee. Non – NT Department of Health, health services will need to indicate the health service Manager at the time of application for accreditation/re-accreditation.

Intern – A doctor in their first postgraduate year and who holds provisional registration with the Medical Board of Australia.

Prevocational Doctors – Include

- doctors in their Postgraduate Year 1 (PGY1/Internship);
- Postgraduate Year 2 (PGY2/RMO), and above who have obtained full registration and where the prevocational doctor is not studying through a vocational college program; and
- includes Australian resident overseas-trained doctors on probationary registration.

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.

SUPPORTING DOCUMENTATION

1. *Full Survey - Process* Ref No: 2.3
2. *Quality Action Plans and Periodic Survey - Process* Ref No: 2.6
3. *New Unit Survey - Process* Ref No: 2.5
4. *Appeals - Policy* Ref No: 1.2
5. *Modified Unit Survey - Process* Ref No: 2.4
6. *Prevocational Accreditation Committee and Panel Terms of Reference*
7. *Prevocational Accreditation Cycle - Part One – pg. v*
8. *Notification of Change of Circumstances that may affect Accreditation Status – Process Ref No: 2.10*

PERFORMANCE MEASURES/KPI

1. 100% of Prevocational Accreditation Survey events implemented according to this Policy
2. 100% of all notified breaches of Prevocational Accreditation Standards managed according to this Policy

Policy Contact Officer: Quality Assurance Officer

APPEAL AGAINST THE PAC DECISION POLICY

POLICY 1.2

Approved by PAC: 2015 | Last Amended: Aug 2019 | Next Review: Jan 2021

CONTEXT

Prevocational Accreditation Committee (PAC) has delegated responsibility from the Medical Board of Australia (MBA) as the NT Accrediting Authority for the Accreditation of intern and prevocational doctor Education and Training Programs. A health service has the right to appeal any Accreditation decision/s made by the Accrediting Authorities PAC.

SCOPE

Any health service, individual or department 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 Prevocational Accreditation Committee 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 Prevocational Accreditation Committee was inconsistent with the information put before that Committee
   and/or
4. Perceived bias of a Surveyor

This Appeals Policy refers to an appeal regarding the Prevocational Accreditation Committee's accreditation status decision.

POLICY STATEMENT

1. Appeals Committee:

   The Prevocational Medical Assurance Services (PMAS) Governance Committee Chair or delegate on notification from the Chair of the Prevocational Accreditation Committee will establish an independent Appeals Committee comprising of:

   a. A Chair, nominated by the Chair of the Governance Committee or delegate, and
   b. A minimum of two experienced Surveyors, none of whom were on the original Survey Team. At least one of these Surveyors will be from an external organisation (e.g. another Postgraduate Medical Council, AMC, and ACHS); and
   c. Any other independent person to make up the committee that the Chair of the Governance Committee or delegate nominates who was not a party to the Accreditation decisions to which the Appeal relates.

2. A PMAS staff member who was not a party to the Accreditation decision/s to which the appeal relates, shall be secretariat to the Appeals Committee but shall not form part of the Appeals Committee
3. No personal representation to the Appeals Committee is permitted. Only written submissions will be considered.
4. The Appeals Committee must act according to the laws of natural justice and decide each appeal on its merits.
5. The Appeals Committee is not bound by the rules of evidence and is subject to the rules of natural justice. It may inform itself on any matter and in such a manner as it thinks fit.
6. The Appeals Committee will inform the Chair of the Governance Committee or delegate in writing of their advice regarding the Appeal before them.
7. The Chair of the Governance Committee or delegate will inform the PAC in writing of the Appeals Committees advice.
8. The PAC will be bound to accept the advice of the Appeals Committee and will uphold or set aside the Accreditation decision accordingly. The health service will retain its earlier Accreditation Status during the appeal process.
9. The Appeals Committee Chair will have the final vote in the situation where the Appeals Committee decision is tied.
10. The Governance Committee Chair will notify the Health service of the Appeals Committee outcome in writing.
11. The Health service shall be liable for the costs associated with the convening of the Appeals Committee and will be liable for any additional costs incurred during the Appeal, which will be billed to the health service at the conclusion of the Appeal. If the Appeal is successful any associated or additional costs of the Appeal will not be billed to the Health service.

DEFINITIONS

Appeal – An Appeal is a request (in writing) for review of a decision made by the Prevocational Accreditation Committee.

Appeals Committee – is an independent group convened by the Chair of the PMAS Governance Committee and is responsible for reviewing the Prevocational Accreditation Committee accreditation status decision regarding any formal (written) Appeal from a health facility.

Prevocational Accreditation Committee (PAC) – The PAC approves the policies, processes and procedures for the NT Prevocational Accreditation System. This Committee reviews briefing papers and reports from the Prevocational Accreditation Panel (PAP) and the Accreditation Survey Teams and makes accreditation status decisions regarding survey event findings. The Committee is comprised of a variety of stakeholders as outlined in their Terms of Reference.

SUPPORTING DOCUMENTATION

1. *Appeals against Accreditation Committee Decision - Process* Ref No: 2.9

PERFORMANCE MEASURES/KPI

1. 100% of Appeals against PAC decisions managed according to this Policy

APPEAL AGAINST THE PAC DECISION POLICY

Policy Contact Officer: Quality Assurance Officer

FACILITY INTERN ALLOCATION STATUS POLICY

POLICY 1.3

Approved by PAC: 2015 Last Amended: Sep 2019 Next Review: Jan 2021

CONTEXT

The capacity of training Facilities to provide the range of experiences required by an Intern to gain full registration by the Medical Board of Australia (MBA) may vary. There is a need to differentiate between training Facilities in order to:

1. Identify those training Facilities capable of providing all compulsory Intern terms, and
2. Provide guidance to Facilities as to the specific requirements for:
    a. Primary Accreditation status, and
    b. Offsite Accreditation status.

SCOPE

This policy relates to Facilities with Accredited Intern Terms only. A Full Survey must apply and be undertaken prior to a decision about the status level.

POLICY STATEMENT

1. Primary Allocation Status is awarded when all three compulsory Intern terms required for registration, as outlined in the *Medical Board of Australia registration standard,* can be provided and the Facility meets the Standards and Criteria as outlined in NT Prevocational Accreditation Standards document. In relation to Interns (PGY1) they are required to perform satisfactorily under supervision in the following terms:
    - A term of at least 8 weeks that provides experience in emergency medical care,
    - A term of at least 10 weeks that provides experience in medicine, and
    - A term of at least 10 weeks that provides experience in surgery.
    - A range of other approved terms to make up 12 months (minimum of 47 weeks full time equivalent service).

    The registration standard can be accessed at www.medicalboard.gov.au under 'Registration Standards'.

Primary Allocation Status applies to a single training Facility (which may have one or more campuses).

2. Offsite Allocation Status is available to training Facilities (that may be part of a Health Service or not) which cannot provide all compulsory terms but can offer either:
    - one or more Compulsory Terms, or
    - one or more Non Compulsory Terms which are a minimum of 5 weeks duration.
3. Offsite Allocation Status may apply to a single hospital Facility, General Practice, community or other placement.

DEFINITIONS

FACILITY INTERN ALLOCATION STATUS POLICY

Intern (PGY1) – Is a Medical Officer in the first postgraduate year (PGY1) of clinical experience with conditional registration.

Term (Compulsory) - A Compulsory Term is one which must be completed within the intern year as prescribed by the MBA. There are three compulsory terms which are Medicine, Surgery and Emergency Medical Care. Each compulsory term must be either a minimum of 10 weeks (Medicine and Surgery) or of 8 weeks (Emergency Medical Care) and conducted within one placement.

Term (Non Compulsory) - A Non Compulsory Term is an accredited Intern placement of at least five weeks duration in a clinical area deemed appropriate. These approved terms will make up the full 12mths (minimum of 47 weeks full time equivalent service) required for the achievement of full general registration.

SUPPORTING DOCUMENTATION

1. The Medical Board of Australia Registration standard on granting general registration to Australian and New Zealand medical graduates on completion of internship (PGY1) (www.medicalboard.gov.au/Registration-Standards.aspx)

PERFORMANCE MEASURES/KPI

1. 100% of facilities with Primary Allocation Status are capable of providing all three compulsory Intern terms as evidenced by copies of his/her term allocation lists for his/her Interns

Policy Contact Officer: Quality Assurance Officer

SUPERVISION POLICY

POLICY 1.4

Approved by PAC: 2015 | Last Amended: Sep 2019 | Next Review: Jan 2021

CONTEXT

The NT Prevocational Accreditation Committee recognises that appropriate supervision is critical to the training and development of all prevocational doctors. Supervision of prevocational doctors is necessary to ensure the safety of the patients of these practitioners, as well as the practitioners themselves.

SCOPE

This Policy relates to all Facilities providing prevocational doctor education and training. These Facilities may have Primary Allocation Status or Offsite Status. The Supervision Policy statements are applicable to:

1. All periods of duty, including regular day, evening, night and weekend shifts, and
2. All terms, including compulsory terms of medicine, surgery or emergency medicine, non-compulsory terms and relieving terms

POLICY STATEMENT

1. Prevocational doctors must be supervised at all times regardless of which shift they are working or the location of their workplace. This supervision must ensure a safe clinical environment for patients and a safe learning environment for the prevocational doctor. Levels of supervision for Interns have been defined:
    a. Level 1 (Direct) Supervision – the Supervisor is physically present with the prevocational doctor in the performance of the prevocational doctor's duties
    b. Level 2 (In-Facility) Supervision – the Supervisor is not physically present with the prevocational doctor, but is immediately available on site if required by the prevocational doctor without impediment to access. The Supervisor must be aware of the duties being performed by the prevocational doctor
    c. Unsupervised –
        i. the supervisor is not physically present;
        ii. is not immediately available; and/or
        iii. the prevocational doctors access to the supervisor is impeded

    Unsupervised is where the prevocational doctor is unable to access appropriately qualified assistance or observation when needed which is likely to lead to the harm of a patient or the prevocational doctor.
2. The Health Service/Facility Manager is responsible for ensuring that the appropriate level of supervision is provided
3. Term Supervisors must ensure that supervision of prevocational doctors:

a. Is adequate at all times, to ensure safe patient care, and
b. Provides a safe learning environment for the prevocational doctor, and
c. Meets the Criteria as per the definition of Level 1 or Level 2 supervision

In considering this, Term Supervisors should be aware of the skills and experience and workloads of all Supervisors within their teams

4. If the Supervisor is not present on site, supervision may be delegated by the Supervisor to another suitably experienced practitioner on site
5. The Facility Manager is responsible for ensuring that there is continuity of responsibility for supervision during periods of Supervisor leave
6. DCTs must ensure that Supervisors are aware of their responsibility to determine the appropriate proximity of supervision, by considering the clinical situation, and the knowledge and experience of the prevocational doctor.

DEFINITIONS

Health Service/Facility Manager – – is the person with accountability for the health service. In NT Government health services this will usually be the Chief Operating Officer (COO) or his/her nominee. Non – NT Department of Health, health services will need to indicate the health service Manager at the time of application for accreditation/re-accreditation. **Prevocational Doctor –** Includes

- doctors in their Postgraduate Year 1 (PGY1/Internship);
- Postgraduate Year 2 (PGY2/RMO), and above who have obtained full registration and where the prevocational doctor is not studying through a vocational college program; and
- Australian resident overseas-trained doctors on probationary registration.

Registrar – A Registrar is a doctor who has been accepted into an accredited specialist training program in a clinical specialty with a nominated college.

Supervision – Supervision is the direct or indirect monitoring of prevocational doctors by more senior medical staff, which will make sure that patients are safe and cared for, and prevocational doctors acquire appropriate skills and attitudes in their professional development. In the context of prevocational doctor training, supervision also refers to the provision of training and feedback, to assist specifically in the Intern year to meet the training requirements to satisfy registration requirements of the Medical Board of Australia (MBA).

Levels of Supervision – The following levels of supervision have been defined to provide clarity of proximity of Supervisor to the Intern:

- Level 1 (Direct) Supervision **–** Direct Supervision is where the Supervisor is physically present with the Prevocational doctor in the performance of his or her duties
- Level 2 (In-Facility) Supervision – In-Facility Supervision is where the Supervisor is not physically present with the prevocational doctor, but is immediately available on site if required by the prevocational doctor, without impediment to access. The Supervisor must be aware of the duties being performed by the prevocational doctor

- Unsupervised –
    a. the supervisor is not physically present;
    b. is not immediately available; and/or
    c. the prevocational doctors access to the supervisor is impeded

  Unsupervised is where the prevocational doctor is unable to access appropriately qualified assistance or observation when needed which is likely to lead to the harm of a patient or the prevocational doctor. (This level is **NOT** to be used for intern/PGY1 prevocational doctors)

Term Supervisor – The Term Supervisor is a Senior Medical Officer, Consultant, or General Practitioner who is responsible for ensuring prevocational doctors receive a term orientation and assessment for that term. They may also provide appropriate clinical supervision throughout the term along with other colleagues. This person will be the doctor providing or taking responsibility and is accountable for educational supervision, which may include direct observation of skills and procedures within that term as well as ensuring a term education program is provided. The Term Supervisor is responsible to ensure the required documentation (Term orientation, individual learning objectives are set, mid and end of term assessments) is completed where necessary for each prevocational doctor placed in their unit. The Term Supervisor may have more than one prevocational doctor to oversee at any one time.

Clinical Supervisor - The Clinical Supervisor is the Consultant/s or Registrar/s identified by the employing authority as having clinical responsibility for the prevocational doctor in each Unit/Term. Given the complexity of the tasks performed by prevocational doctors, supervision will be provided by a medical practitioner with unrestricted general registration with MBA and at least three years postgraduate clinical experience. Appropriate Senior Medical Staff opinion must always be available. The Clinical Supervisor conducts direct observation of the prevocational doctor's procedures and skills during the term. This person may or may not be the doctor providing or taking responsibility for educational supervision. In some rural or smaller facilities the clinical supervisor may also be the Term Supervisor.

Unit Educational Supervisor - The Unit Educational Supervisor is the consultant identified by the employing authority as having educational responsibility for the prevocational doctor in the Unit identified. This may or may not be the Doctor providing clinical supervision. They are responsible for ensuring a prevocational doctor receives appropriate training and experience and decides whether individual placements have been completed successfully by the end of the prevocational doctor's rotation in their unit.

PGY1 Compulsory Term - A Compulsory Term is one which must be completed within the intern year as prescribed by the Medical Board of Australia (MBA). There are three compulsory terms which are Medicine, Surgery and Emergency Medical Care. Each compulsory term must be either a minimum of 10 weeks (Medicine and Surgery) or of 8 weeks (emergency medical care) and conducted within one placement.

PGY1 Non-Compulsory Term - A Non Compulsory Term is an accredited Intern placement of at least five weeks duration in a clinical area deemed appropriate. These approved terms will make up the

full 12mths (minimum of 47 weeks full time equivalent service) required for the achievement of full general registration.

SUPPORTING DOCUMENTATION

- The Medical Board of Australia Registration standard on granting general registration to Australian and New Zealand medical graduates on completion of internship (PGY1) (www.medicalboard.gov.au/Registration-Standards.aspx)
- *Section 3 - NTPMC Prevocational Accreditation Standard, Guidelines and Rating Scale*
- *Accreditation Policy* Ref No: 1.1

PERFORMANCE MEASURES/KPI

1. 100% of Facilities providing supervision according to this Policy

Ongoing feedback from the NTMTN

Policy Contact Officer: Quality Assurance Officer

CONFLICT OF INTEREST POLICY

POLICY 1.5

Approved by Management Committee and PAC: 2016 Last Amended: Sep 2019 Next Review: Jan 2021

CONTEXT

Membership of the Prevocational Medical Assurance Services (PMAS), its Committees/Panels, secretariat and its accreditation survey teams may, for a variety of reasons, be perceived to have the potential for a conflict of interest. All members and staff are expected to make decisions responsibly, and to apply standards in a consistent and an impartial fashion.

SCOPE

This Policy relates to all work undertaken on behalf of the PMAS, including the work of Committees and Panels, accreditation Survey teams and the secretariat. For the purposes of this policy, "Committee" will be taken to include the PMAS, the PMAS committees, panels and the Accreditation Survey teams.

POLICY STATEMENT

A Conflict of Interest may be seen to exist on a particular issue if a person has a direct or indirect financial interest in the issue or a direct or indirect interest of any other kind such as an employee's immediate family/other family and friends financial or other private interests, where the interest could conflict with the proper exercise of the person's functions in relation to their work or decision-making. The PMAS recognises that there is extensive interaction between the facilities and the NT health services and education providers in the Northern Territory, so that individuals are frequently involved with a number of programs. The PMAS does not regard this to be a conflict.
All Committee/Panel members will complete an initial written Declaration of Conflict of Interests and Confidentiality statement. This is to be updated where a change has occurred for any members by completing a new Declaration and recorded in the applicable Committee/Panel minutes.

DEFINITIONS

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.

Education Provider – An individual, group or organisation that has a vested interest in the outcomes of the postgraduate medical training system, which can affect, or is affected by the actions within that system.

Survey Team – is a group of individuals trained in all aspects of the NT Accreditation System who acts on behalf of NT PAC to visit a health service/facility or undertake a desktop survey to assess its compliance with the Standards.

SUPPORTING DOCUMENTATION

1. *Conflict of Interest Process* Ref No: 2.11
2. *Surveyor Conflict of Interest Policy* Ref No: 5.5
3. *Northern Territory Public Sector Conflict of Interest Policy*
4. *Northern Territory Public Sector Conflict of Interest Procedure (HEALTHINTRA-1880-7857)*

PERFORMANCE MEASURES/KPI

1. 100% of all PMAS members and staff make decisions responsibly, and apply standards in a consistent and in an impartial fashion as outlined within this Policy.
2. 100% of all PMAS Committees/Panels, secretariat and its accreditation survey teams complete the Declaration of Conflicts of Interests and Confidentiality and follow up as often as required where any changes may occur.
3. 100% of all declared conflicts of interest in PMAS Committee/Panel meetings are recorded and actioned.

Policy Contact Officer: Quality Assurance Officer

CONTINUOUS IMPROVEMENT POLICY

POLICY 1.6

Approved by Management Committee: 2015 | Last Amended: Sep 2019 | Next Review: Jan 2021

CONTEXT

Members of the Prevocational Medical Assurance Services (PMAS) Committees, Panels, Secretariat and accreditation surveyors are expected to consistently strive to improve all of PMAS services including our prevocational accreditation services according to the highest standards. A continuous improvement process will ensure that all aspects of PMAS including our prevocational accreditation services are measured and are fit for their purpose and meet our stakeholder's needs and expectations.

SCOPE

This policy applies to all work undertaken as part of the PMAS, including the work of committees, panels and secretariat. For the purposes of this policy "committee" will be taken to include the Governance, Management, Medical Training & Education, Prevocational Accreditation Committees and Accreditation and Prevocational Allocation Panels.

POLICY STATEMENT

1. Continuous Improvement is a long term approach to work that systematically seeks to achieve small, incremental changes in processes in order to improve efficiency and quality.
2. It is the responsibility of every worker, not just a selected few.

DEFINITIONS

Continuous Improvement – is a long term approach to work that systematically seeks to achieve small, incremental changes in processes in order to improve efficiency and quality. It is the responsibility of every worker, not just a selected few.

Quality – what the stakeholder needs or expects.

This includes:

- Timeliness
- Completeness
- Courtesy
- Consistency
- Accessibility and convenience
- Accuracy
- Responsiveness
- Value for Money

CONTINUOUS IMPROVEMENT POLICY

SUPPORTING DOCUMENTATION

1. *Continuous Improvement Process* 2.12
2. *Continuous Improvement Record Templates(PMAS and Accreditation)*
3. *Continuous Improvement Registers (PMAS and Accreditation)*

PERFORMANCE MEASURES/KPI

1. 100% of notifications of continuous improvement requests are managed according to this Policy

Policy Contact Officer: Quality Assurance Officer

OUT OF SESSION MEETING POLICY

POLICY 1.7

Approved by Management Committee: 2017 | Last Amended: Sep 2019 | Next Review: Aug 2020

CONTEXT

The Prevocational Medical Assurance Services (PMAS) Committee meeting dates are pre-planned for the year ahead however a number of issues may arise which requires immediate action/resolution in between scheduled meetings. On occasion like this, an Out of Session Committee meeting will be held.

SCOPE

This policy applies to all PMAS Committees and for the purposes of this policy "committee" will be taken to include the Governance Committee, Prevocational Accreditation Committee and Prevocational Accreditation Panel.

DEFINITIONS

Out of Session Meeting – is a meeting held outside the scheduled yearly meetings to endorse resolutions in order to continue meeting business needs.

SUPPORTING DOCUMENTATION

1. *Out of Session Committee Meeting Process* 2.13

PERFORMANCE MEASURES/KPI

1. 100% of Out of Session Committee Meetings are managed according to this Policy

Policy Contact Officer: Quality Assurance Officer