

Reaccreditation Survey Visit - Health Service Feedback

Quality Improvement

Thank you for taking a couple of minutes to complete this short evaluation. As part of PMAS's commitment to quality improvement, the results of this evaluation will be used to inform the administration and management of future PMAS prevocational accreditation surveys. The evaluation will assist PMAS to monitor their performance and that of their survey teams and inform future surveyor training programs. PMAS intends that this evaluation process be constructive and collegial.

Reaccreditation Survey Visit - Health Service Feedback

Your Role

It would be helpful to this survey to know the context of your feedback if you could identify your role at your facility.

1. Please select your role

(You may select more than one if you have more than one role)

- | | |
|--|---|
| <input type="checkbox"/> Consultant | <input type="checkbox"/> PGY1 - Intern |
| <input type="checkbox"/> Specialist | <input type="checkbox"/> Medical Education Officer (MEO) |
| <input type="checkbox"/> Visiting Medical Officer (VMO) | <input type="checkbox"/> Medical Education Administration Officer (MEA) |
| <input type="checkbox"/> Head of Department/Director (HOD) | <input type="checkbox"/> JMO Manager |
| <input type="checkbox"/> Co-Director | <input type="checkbox"/> Director Clinical Training (DCT) |
| <input type="checkbox"/> Term Supervisor | <input type="checkbox"/> Director of Medical Services (DMS/DMCS) |
| <input type="checkbox"/> Senior Registrar | <input type="checkbox"/> Professor |
| <input type="checkbox"/> Junior Registrar | <input type="checkbox"/> Associate Professor |
| <input type="checkbox"/> Registrar | <input type="checkbox"/> Fellow |
| <input type="checkbox"/> Career Medical Officer (CMO) | <input type="checkbox"/> General Clinical/Medical Training Committee Member |
| <input type="checkbox"/> PGY3 and above | <input type="checkbox"/> Other (enter below) |
| <input type="checkbox"/> PGY2 | |

Other (please specify)

2. Have you had any training related to prevocational medical education and training accreditation?

- Yes
- No

3. If you have had training please indicate what type of training you have received.

- PMAS Surveyor Training Workshop
- PMAS Surveyor Re-Fresher Training Workshop
- PMAS Team Coordinator Training Workshop
- Getting ready for an PMAS Prevocational Accreditation Survey (A Facilities Perspective)

Other (please specify)

4. If you haven't received any training please indicate what training in the future you would like attend. This will help us to plan our training schedule.

- PMAS Surveyor Training Workshop
- PMAS Surveyor Re-Fresher Training Workshop
- PMAS Team Coordinator Training Workshop
- Getting ready for an PMAS Prevocational Accreditation Survey (A Facilities Perspective)

Please offer other types of training that PMAS could provide to assist you in your role/s for future accreditation surveys.

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Overall Feedback

* 5. Overall how would you rate the administration and management of your recent accreditation survey?

- Poor
- Fair
- Good
- Very Good
- Excellent

* 6. Comments

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Survey Communication

Communication regarding this survey may have come from many different environments including the Medical Education Unit (MEU) staff, Medical Training Committee (MTC/PEAG/PEC), Medical Education Committee (MEC) and PMAS.

Please indicate how effective that communication was at the various stages within the recent survey.

* 7. Pre survey Communication

- Poor
- Fair
- Good
- Very Good
- Excellent
- Not required

* 8. Communication During Survey?

- Poor
- Fair
- Good
- Very Good
- Excellent
- Not required

9. Post Survey Communication

This includes the debriefs to the facility executive team and open facility summation meetings by the PMAS survey team.

- Executive debrief.
- Open facility summation meeting.
- Didn't attend any post survey meetings.
- Other post survey communication (please indicate in comments box below).
- No post survey communication received.

Comments regarding Post Survey Communication

10. Please inform us of how we may have offered more opportunities to clarify and answer any questions regarding your recent survey.

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Survey Visit

Please rate the following aspects of the survey visit

* 11. The aims of the survey visit were made clear to me by the facility (Hospital) staff prior to the survey visit

- Strongly Disagree
- Disagree
- Unsure
- Agree
- Strongly Agree

* 12. The aims and purpose of the accreditation survey visit were made clear to me by the PMAS Survey Team Leader at the time of the survey interviews

- Strongly Disagree
- Disagree
- Unsure
- Agree
- Strongly Agree

* 13. I was given an opportunity to provide information to the survey team. (This may have been through a face-to-face interview, Teams meeting, email, letter or by phone)

- Strongly Disagree
- Disagree
- Unsure
- Agree
- Strongly Agree

* 14. I felt comfortable to voice my opinion to the survey team

- Strongly Disagree
- Disagree
- Unsure
- Agree
- Strongly Agree

15. The time provided was adequate to inform the survey team of any information I wanted to raise or I would have liked more or less time to speak to the survey team.

- More Time
- Time was Adequate
- Less Time

Please explain why if you needed more or less time

* 16. The survey interview timetable ran to time or close to time

- Strongly Disagree
- Disagree
- Unsure
- Agree
- Strongly Agree

17. Please feel free to offer any comments regarding the survey visit or interview timetable.

Reaccreditation Survey Visit - Health Service Feedback

Accreditation Survey Interview Venue

Please rate the accreditation survey interview venue.

* 18. The venue provided a secure and comfortable environment to conduct the survey interviews

- True
- False
- Not applicable (teleconference; external interview)

19. Comments regarding the venue

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Request to meet with Survey Team or PMAS

Please answer the following questions if you would like to meet with the recent Survey Team Leader and/or PMAS staff to discuss any concerns you may have regarding prevocational medical education and training at your facility.

20. Would you like to meet or discuss anything further with the survey team or PMAS staff regarding this or any other survey conducted by PMAS?

- Yes
- No

21. If you selected YES above please advise how you would like the survey team or PMAS staff to contact you

Reaccreditation Survey Visit - Health Service Feedback

THANKYOU

22. If you would like to offer any suggestions or comments on the design and layout of this survey please note them below.

Copy of CARHS Progress Report - Survey Report - Survey Team Feedback

Survey Team Feedback

Thank you for taking a couple of minutes to complete this short evaluation. As part of Prevocational Accreditation Committees (PAC) commitment to quality improvement, the results of this evaluation will be used to inform the administration and management of future prevocational accreditation surveys. The evaluation will assist PAC to monitor their performance and that of their Survey Teams and inform future surveyor training programs. The PAC intends that this Evaluation Process be constructive and collegial.

There are some questions in this survey that will require an answer before you can proceed on to the next page.

Copy of CARHS Progress Report - Survey Report - Survey Team Feedback

Type of Accreditation Survey

It would be helpful to this survey to know the context of your feedback.

1. In your Surveyor role please select what type of survey you have been conducting on behalf of the PAC

- Full Survey (Visit)
- New Unit Survey (desktop)
- Modified Unit Survey (desktop)
- New Unit/Offsite Unit Survey (Visit)
- Modified Unit Survey (Visit)
- Periodic Survey (Self Assessment-desktop)
- Quality Action Plan (QAP)

Other (please specify)

2. What type of facility was the Accreditation Survey for

- Hospital (Urban)
- Hospital (Regional)
- General Practice (Urban)
- General Practice (Rural)
- General Practice (Remote)
- Aboriginal Medical Service
- Community Medical Centre

Other (please specify)

3. What postgraduate year was the Accreditation Survey relating to

- Intern (PGY1)
- Resident Medical Officer (PGY2/RMO)
- Both

Copy of CARHS Progress Report - Survey Report - Survey Team Feedback

Surveyor Training

4. Please highlight when you last undertook any surveyor training

- In the last 3 months
- 4 to 6 months
- 6 to 12 months
- Over 12 months since last training

5. To assist PMAS to develop and run further Surveyor training workshops what would you be interested in attending?

- Surveyor Training Workshop (initial)
- Surveyor Re-fresher Training Workshop
- Surveyor Team Coordinator Training Workshop
- Getting ready for an Prevocational Accreditation Survey (A Facilities Perspective)

6. How would you prefer this training to be delivered?

- Face to Face over one day
- Face to Face half day (may need more than one to complete)
- Online - Self Paced
- Blended - half day face to face and online component

Other (please specify)

Copy of CARHS Progress Report - Survey Report - Survey Team Feedback

Overall Feedback for Recent Survey

* 7. Overall how would you rate the administration and management of this Accreditation Survey?

- Poor
- Fair
- Good
- Very Good
- Excellent

Further comments

8. When you received the facility evidence was it

- Accessible (i.e. electronic files opened)
- Compiled in an easy to read manner
- Hard to follow what standard went with what evidence
- Complete
- Incomplete
- Marked Confidential
- De-identified where necessary

Other (please specify)

9. Did you have enough time to read and analyse the evidence prior to the survey meeting?

- Yes
- No

10. If you answered No above how much time would have been useful?

Copy of CARHS Progress Report - Survey Report - Survey Team Feedback

Pre-Survey Meeting

11. In preparation for the Accreditation Survey Event Meeting what resources were most valuable to support you in your preparation apart from the evidence provided by the facility?

- Website General
- Standards, guidelines
- Surveyor Training Workshop
- Surveyor protected website pages
- Other Surveyor resources provided on website
- Surveyor Training Workshop Notes
- Accreditation Support staff

Copy of CARHS Progress Report - Survey Report - Survey Team Feedback

Survey Visit

Please rate the following aspects of the survey visit

12. Was the time allocated for the Accreditation Survey (desktop) process long enough?

- Yes
- No

Other (please specify)

* 13. I felt comfortable to discuss my thoughts and opinions with the Survey Team Leader and other team members throughout the survey process

- Strongly Disagree
- Disagree
- Unsure
- Agree
- Strongly Agree

14. The report writing time was adequate.

Please add a comment in 'Other' if you disagree with the statement above.

- Agree
- Unsure
- Disagree

Other (please specify)

Copy of CARHS Progress Report - Survey Report - Survey Team Feedback

Accreditation Survey Experience

15. Please finish this sentence

The Desktop Accreditation Survey Event experience was ..

- Poor
- Fair
- Good
- Very Good
- Excellent
- Very worthwhile

Further comment

Copy of CARHS Progress Report - Survey Report - Survey Team Feedback

Additional Comments

16. Any additional comments that you would like to make regarding this Accreditation Survey Event.

* 17. Would you like to be considered for another Survey Team in the future by the PAC?

- Yes
 No

18. If you selected YES above please advise if you are available in the next 12 months to be selected to assist the PAC in future Accreditation Surveys.

- Yes
 No

Time frame available

Copy of CARHS Progress Report - Survey Report - Survey Team Feedback

THANKYOU

Thank you for your time in completing this feedback survey. If you would like to offer feedback not mentioned in this survey please contact the Accreditation Manager on (08) 89 992834



Northern Territory Bonded Medical Scheme Return of Service Completion Survey

Congratulations on completing you bonded return of service obligation to the Northern Territory.

The information that you supply is valuable for our continuous improvement for future junior doctors within NT Health

1. External Contact Details

Form with fields for Name, Address, Address 2, City/Town, State/Province, ZIP/Postal Code, Email Address, and Phone Number.

2. Are you continuing to practice medicine in 2024 in the NT?

- Yes
No

If no, what will be your location of practice?

Text input field for location of practice.

3. Have you enrolled in a specialist training program?

- Yes
No

If Yes, which Specialist College and training program are you enrolled in?

Text input field for specialist college and training program.

4. If this training was available in the Northern Territory, would you consider undertaking it here?

Yes

No

Unsure

5. If you are moving interstate or overseas in 2024 to complete your specialist training program, have you considered to return to work in the Northern Territory in the future?

Yes

No

Unsure

If yes, please indicate when you may return

6. Have your career aspirations changed since you graduated?

Yes

No

If Yes - Please provide details



Copy of NTMP Graduate and Return of Service Obligation commencement Survey.

Congratulations on attaining your degree in Doctor of Medicine

The information that you supply is valuable for our continual improvement and review of the Northern Territory Medical Program and workforce planning within NT Health

1. External Contact Details

Name	<input type="text"/>
Address	<input type="text"/>
Address 2	<input type="text"/>
City/Town	<input type="text"/>
State/Province	<input type="text"/>
ZIP/Postal Code	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

2. What is your career intention currently on the completion of your 2-year return of service?

3. If you do not know what your career intention is at this stage of your medical career, please indicate any specializations of interest below.


4. Have you undertaken any research or spoken to anyone regarding your career intention or interests?

- No
- Not sure where or how to research and would like some assistance
- Yes - Who?

Aboriginal Health Practitioners Uniform Survey (Male)





10 Responses 08:41 Average time to complete Active Status

[View results](#)

 Open in Excel ...

1. What top would you prefer?





[More Details](#)

 T-Shirt	0
 Polo Shirt	8
 Dress Shirt	0
 Scrubs	2



2. What pants would you prefer?





[More Details](#)

 Shorts	3
 Cargo Pants	5
 Long Pants	2
 Scrubs	0



3. Would you like anything else?

[More Details](#)

 Jumper	3
 Hoody	4
 Vest	1
 Other	2



Aboriginal Health Practitioners Uniform Survey (Female)

32

Responses


01:53

Average time to complete

Active





Status

[View results](#)

 [Open in Excel](#) ...

1. What top would you prefer?





[More Details](#)

 T-Shirt	1
 Polo Shirt	19
 Dress Shirt	4
 Scrubs	8



2. What pants would you prefer?





[More Details](#)

 Shorts	4
 Skirt	4
 Long Pants	15
 Scrubs	9



3. Would you like anything else?

[More Details](#)

 Jumper	13
 Hoody	9
 Vest	7
 Other	6



Approved Procedures and Quality Assurance Committee (APQAC) Terms of Reference

Authority

The Approved Procedures and Quality Assurance Committee (APQAC) is a statutory Committee established under section 145 of the *Mental Health and Related Services Act (the Act)*. Establishment of APQAC was gazetted on 16 January 2002.

Powers and functions are outlined under sections 145 to 149 of the Act and are also listed in Appendix A attached to these Terms of Reference.

Purpose of the Committee

Pursuant to s145 (2) of the Act, the functions of the Committee are to:

- (a) to monitor and review the approved procedures and forms and, where appropriate, recommend amendments to them; and
- (b) to assess and evaluate the quality of mental health services, including clinical practices and privileges, and, where appropriate, recommend changes to them.

The Chief Psychiatrist of the Northern Territory has delegation of the Chief Executive to approve the procedures under section 18 of the Act.

Monitoring and reviewing Approved Procedures and forms

Approved Procedures and forms will be reviewed on an ongoing basis as outlined in the Tracking Register.

They may be amended or new procedures and forms developed in response to issues raised with their practical application or to facilitate the implementation of the Act.

Committee members can also submit requests for Approved Procedures or forms for review with track changes, to the APQAC Secretariat via the following email ChiefPsychiatrist.DoH@nt.gov.au

Process to review Approved Procedures and forms

The request to change an approved procedure or form must be submitted no later than two weeks prior to the scheduled meeting to allow Committee members adequate time to review. At the discretion of the Chair late submissions may be accepted.

The Committee will not review more than four procedures during any one meeting.

Monitoring and reviewing other associated resources

Other resources to ensure compliance with or to convey information about the Act will be developed by the Committee as required. Once developed, these resources will be maintained by the Committee to ensure that they remain required, relevant and current.

Assessing and evaluating the quality of mental health services

When an issue concerning the quality of mental health services has been identified, members will submit requests for an assessment and evaluation of this issue no later than two weeks prior to the scheduled meeting to allow Committee members adequate time to consider the matter.

The request is to include de-identified information and a high level synopsis of the issue and include recommendations for members to consider. The information being provided to the secretariat for circulation to members should be appropriately endorsed by the relevant agency's internal clinical governance process prior to its submission.

Membership

Members are appointed according to their designation and as listed below in these Terms of Reference, which are endorsed by the Chief Psychiatrist.

The Committee includes the following representatives:

- Chief Psychiatrist NT, or delegate (Chair)
- Senior Policy Officer, Office of the Chief Psychiatrist, Department of Health
- Safety and Quality Coordinator, Office of the Chief Psychiatrist, Department of Health
- Senior Policy Officer, Mental Health, Alcohol and Other Drugs Branch, Department of Health
- Director Legal Services, Information and Privacy, Department of Health
- Executive Director Top End Mental Health and Alcohol and Other Drugs Service, Top End Health Service
- Director of Psychiatry, Top End Mental Health Service, Top End Health Service
- Safety Quality and Accreditation Manager Top End Mental Health Service, Top End Health Service
- General Manager, Mental Health Central Australia Health Service
- Clinical Director, Mental Health, Central Australia Health Service
- Quality and Safety Manager Mental Health Central Australia Health Service
- Manager, Community Visitor Program
- Aboriginal and Torres Strait Islander Health Practitioner
- 2 Nominated lived experience representatives*
- Any other member appointed by the Chief Psychiatrist.

Nominations for the positions marked with an asterisk will be sought via advertising and/or through liaison with relevant industry bodies, or organisations to identify suitable representatives.

Nominated members will be appointed by the Chief Psychiatrist for a term of five (5) years.

Any member representing an organisation, who is vacating their position either on a temporary or permanent basis, should advise via email of their replacement on the Committee to the Chair as soon as practical.

Lived Experience representatives who are vacating their position on a temporary or permanent basis should advise via email to the Chair as soon as possible.

Members may nominate an appropriate proxy where the committee member is unable to attend a meeting; this must be arranged at least one week prior to the meeting and approved by the Chair.

The Chair may request other appropriate stakeholders to attend meetings to provide specialist advice.

All non-NTG members are required to complete the 'Conflict of Interest and Confidentiality Declaration' and return the signed form to Chair via ChiefPsychiatrist.DoH@nt.gov.au.

NTG employees are compliant under the Code of Conduct.

Members who are not Northern Territory Government employees will be paid for their attendance at Class C3 rate in accordance with conditions specified in the *Assembly Members and Statutory Officers (Remuneration and other entitlements) Act*. A member required to remit payments to their principal employer should follow the procedure outlined in section 4.3 of the Boards Handbook available on the [NTG Board Remuneration](#) website.

The Chair of the Committee will be appointed by the Chief Executive.

Frequency of meetings

Meetings will be convened virtually quarterly, with a minimum two meetings per year. Two hours will be allocated to each meeting.

Where matters require immediate or urgent review or approval, the Chair may ask the Committee to convene at short notice or to consider matters out-of-session.

From time to time, urgent amendments to Approved Procedures and Forms may require the endorsement of the Committee outside of the scheduled meetings. In these circumstances, documents will be circulated via email as an out of session amendment with a one week timeframe for feedback and/or endorsement.

Administration and reporting

The Office of the Chief Psychiatrist (the OCP) will provide Secretariat support to the Committee. The minutes will reflect when quorum is met for the meeting.

The OCP will draft minutes to be endorsed by the Chair before circulating to the members.

Draft Minutes will be circulated to members within two weeks after each meeting. The Chair will decide if there are any issues in the minutes that are not for circulation. Members may share the final minutes within their organisation, noting compliance requirements and penalties in section 147(a) of the Act (and listed in Appendix A).

Agenda, Agenda Papers, procedures, forms and/or other resources requiring consideration by members will be circulated a minimum of two weeks prior to meetings.

The OCP will manage a Tracking Register of procedures and forms to monitor and track the review and approval process.

Once endorsed by the Committee, updated or new procedures or forms will be provided to the Chief Psychiatrist for approval as per section 18 of the Act. Other resources developed by the Committee will be approved by the Committee, or the Chair or delegate on its behalf.

Once documents are approved, the OCP will ensure that they are uploaded and published to the Northern Territory Government website and the Policy Guidelines Centre (PGC). This will be notified to the Persons-in-Charge of Approved Treatment Agencies and Facilities (PIC ATA and PIC ATF) who will undertake the responsibility to disseminate and communicate any new versions of Approved Forms and Procedures to their respective services.

Quorum and decision making

A quorum of members will be at least 50% + 1 members of the Committee which may include:

- Chief Psychiatrist (chair) or delegate;
- Top End Mental Health AOD Service member or delegate,
- Central Australia Mental Health Service member or delegate,
- Director Legal Services, Information and Privacy or delegate, and
- One other member.

Committee decisions will be made by consensus and where consensus cannot be reached, the Chair has the delegation to approve documents and will determine the appropriate course of action to be taken.

Document details

The owner of this document is the Office of the Chief Psychiatrist of the Northern Territory. The Terms of Reference will be reviewed annually.

These Terms of Reference were approved by the Chief Psychiatrist in November 2023.

Frequency of review of the TOR will be annually.

Appendix A: Legal notes from Part 17 of the Act

Section 146 - Restrictions on Committee

A report or information made available by the Committee must not disclose the identity of a person who is a provider or recipient of services under the Act unless the person consents in writing to the disclosure.

Section 147 - Confidentiality of information – Committee members

A person who is or was a member of the Committee must not make a record of, or divulge or communicate to any person, any information obtained by the person as a member except -

- (a) For the purpose of performing the functions or exercising the powers of a member*; or
- (b) in accordance with standards that may be established by the Minister for -
 - (i) the providing reports to the Agency or a prescribed body; or
 - (ii) the making available of information to the public.

Maximum Penalty: 40 penalty units.

Section 148 - Finding not evidence of certain matters

A finding or recommendation by the Committee as to the need for changes or improvements in relation to a procedure or practice is not admissible as evidence in any proceedings that the procedure or practice is, or was, careless or inadequate.

Section 149 - Information not to be given in evidence

- (1) A person who is, or has been, a member of the Committee is neither competent nor compellable:
 - (a) to produce to a court, tribunal, board or person any document in the person's possession or under the person's control that was created by, at the request of or solely for the purpose of the Committee; or
 - (b) disclose or communicate to a court, tribunal, board or person any matter or thing that comes to the person's notice as a member of the Committee.
- (2) Subsection (1) does not apply to a requirement made in proceedings in respect of an act or omission by –
 - (a) the Committee; or
 - (b) a member of the Committee as a member.

Note for the interpretation of section 147(a)

Lived Experience Representative/s may need to discuss the Committee within their community for the purpose of collating feedback and obtaining advice. Approved resources developed and owned by the Committee are identified as for public use, however all meetings minutes and conversations are not to be shared outside of the Committee. Lived Experience Representative/s must seek prior approval from the Chair or delegate Chair if any other content is to be shared publicly.