

Survey Report



Modified Unit

Orthopaedics

Royal Darwin Hospital
Top End Regional Health Service

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REPORT EXECUTIVE SUMMARY

Thank you for submitting a request to have the accreditation of the Orthopaedic term within the Top End Region Health Service (TERHS), Royal Darwin Hospital modified.

The NT Accrediting Authority reviews prevocational accreditation requests provided by NT prevocational accredited education and training providers and makes prevocational accreditation decisions based on the evidence provided.

The survey team appointed by the Accrediting Authority and approved by the Health service/Training provider prior to the event include:

Dr Nigel Gray (Lead Surveyor)
MB ChB, FRACGP, GCHPE

Ms Silvia Bretta (Team Member)
Senior GP Registrar Program Manager, NTGPE

EXECUTIVE SUMMARY

The survey team have met and reviewed the submission and associated evidence supporting a request from TERHS for a permanent increase in PGY2 accredited positions in orthopaedics from 2 to 5. We are grateful to the health service for providing this information and background.

We also wish to express thanks to the NT PMAS for facilitating this survey and, in particular in this instance providing and detailing the recent historical context upon which the request for a change of accreditation status is founded.

Whilst acknowledging the request from the health service to accept the continuation of an arrangement already in place, the survey team are also cognisant of NT PMAS policy whereby retrospective accreditations are not considered. Therefore the comments, recommendations and conditions which follow are made in the spirit of a new unit structure rather than one which has already been in operation.

The somewhat unusual nature of this survey wherein its exclusive focus was upon PGY2 juniors was discussed at length by the survey team. We took a view that there are not uncommonly significantly higher expectations placed by employing health services on a PGY2 junior in terms of their skills and experience; but that these are frequently misplaced insofar as the terms into which PGY2 juniors are placed are new to them as individuals and collectively, and that these terms are themselves dealing with more complex clinical cases and case mixes. In short there remains a significant learning curve for juniors commencing rotations in orthopaedics (and other terms outside the scope of this survey). The angle of this curve is often made all the more acute by the hierarchical structure of the term's clinical staff composition providing for relatively little ready support for its most junior members for much of the time.

Therefore, and in some contrast to the requirements for a safe and supported prevocational term experience, the issues of manageable workload and clinical support were considered even more fundamentally important with regard to safe patient care than a formal training experience in the context of this particular survey at this time.

Accordingly the team have some discomfort in sanctioning a mere linear increase from 2 to 5 positions for the reasons outlined here.

Both of the informal and formal teaching programmes have indeed received pleasingly favourable and improved feedback ratings & comments through the NT PMAS survey of PGY2 juniors who completed the rotation in 2020/21. The health service is to be commended on this on both counts, particularly the improved linkages of the programme to the term descriptor, ROVER and assessment booklet; and is encouraged to continue to further develop & promote each activity. However this aspect of the term programme alone clearly does not translate into an overall sense nor objective rating of more general satisfaction.

The well-considered, often eloquent comments from the PGY2 juniors regarding an expectation upon them to manage high workloads and take on significantly greater responsibility than that to which they have been accustomed in their fledgling careers to date are significant. More specifically the frequent observations of juniors exiting the term that they felt unable to fulfil their triage role descriptions due to a lack of experience and even autonomy to make difficult and timely decisions around priority of

care are concerning and, it is felt would not be mitigated by an increase in peer workforce alone. In addition the reliance upon benevolent cross-term support from medical and other registrars serves to underline the need for a more strategic approach to Orthopaedic team redesign.

On the basis of these comments and also subsequent additional verbal feedback made by juniors through the Accrediting Authority accreditation online survey, the survey team makes the following recommendations:

Recommendation 1

THAT

the request for retrospective accreditation of PGY2 positions in the Orthopaedic Unit is declined.

Recommendation 2

THAT

the Orthopaedic Unit engages an additional orthopaedic registrar increasing their capacity to enable the provision of immediately available senior ward cover support.

Recommendation 3

THAT

the number of PGY2 accredited positions in the Orthopaedic Unit is approved for four (4) PGY2 positions.

Recommendation 4

THAT

a term specific progress report addresses these recommendations along with the unit evaluations from all terms in 2021 due by 1 February 2022.

Recommendation 5

THAT

the outstanding recommendations and conditions from the 2018 reaccreditation survey report are demonstrated as progressing in the scheduled September 2021 Progress Report submission.

The survey team stresses that should these additional PGY2 positions requested be exceeded again within the Orthopaedic Unit without prior approved accreditation, PGY2 accreditation status of the Orthopaedic Unit is recommended to be withdrawn.

Dr Nigel Gray

NT Prevocational Accrediting Authority Lead Surveyor – Modified Unit Survey Event

SUMMARY OF RECOMMENDATIONS/CONDITIONS FROM 2018 REACCREDITATION SURVEY

**NOTE: Comments may provide further understanding when read with Recommendations and Conditions

There are a total of 3 Recommendations and 1 Conditions

Function And Standard	Comments Y/N	Recommendation/Condition/Commendation
F1 S1-5	Y	Unit meets accreditation standards based on 2018 TEHS accreditation.
F2 S1-5	Y	Unit meets accreditation standards based on 2018 TEHS accreditation.
TERM SPECIFIC		
F2 S6 C ALL	Y	<p><u>RECOMMENDATION 7:</u> THAT the head of Surgery and Critical Care takes responsibility for leading and driving cultural change within the Orthopaedic term in order to be responsible for the provision of the full range of clinical patient care.</p> <p><u>RECOMMENDATION 8:</u> THAT Senior Clinicians in Orthopaedic terms are more directly involved in the terms orientation, clinical and term supervision requirements and that the term teaching program is delivered as identified in the Term Descriptor, ROVER and assessment booklet.</p>
F2 S7 C ALL	Y	<p><u>RECOMMENDATION 8:</u> THAT Senior Clinicians in Orthopaedic terms are more directly involved in the terms orientation, clinical and term supervision requirements and that the term teaching program is delivered as identified in the Term Descriptor, ROVER and assessment booklet.</p>
F2 S8 C ALL	Y	<p><u>RECOMMENDATION 8:</u> THAT Senior Clinicians in Orthopaedic terms are more directly involved in the terms orientation, clinical and term supervision requirements and that the term teaching program is delivered as identified in the Term Descriptor, ROVER and assessment booklet.</p>
F2 S9 C ALL	Y	<p><u>CONDITION:</u> The MEU reviews feedback mechanism across the PETP to ensure that prevocational doctors have the ability to encourage frank and honest feedback in a range of formal and informal ways.</p> <p><u>RECOMMENDATION 5:</u> THAT the Prevocational Education Advisory Group (PEAG) takes responsibility for auditing the outcomes of continuous improvement action plans where PETP deficits are identified.</p>
F2 S10 C 1,2,3,4 & 5	Y	<p><u>RECOMMENDATION 8:</u> THAT Senior Clinicians in Orthopaedic terms are more directly involved in the terms orientation, clinical and term supervision requirements and that the term teaching program is delivered as identified in the Term Descriptor, ROVER and assessment booklet.</p>

GLOSSARY

The following terms may be used throughout this document.

Term	Description
SM	Satisfactorily Met – Rating Scale
PM	Partially Met – Rating Scale
NM	Not Met – Rating Scale
TEHS	Top End Health Service
CAHS	Central Australia Health Service
DCT	Director of Clinical Training
DMS	Director of Medical Services
EDMCS/EDMS	Executive Director of Medical Clinical Services/Executive Director of Medical Services
HSEP	Health Service Education Program which refers to the formal education program comprised of a series of educational sessions provided for Interns/Prevocational doctors at your Facility
PETP	Prevocational Education and Training Program is the overall annual program offered to Interns/Prevocational doctors including terms, education sessions, orientations, supervision, assessment and evaluation
PEAG (TEHS)	Prevocational Education Advisory Group (Prevocational Doctor Education & Training Committee)
MTC (CAHS)	Medical Training Committee (Prevocational Doctor Education & Training Committee)
MEO	Medical Education Officer
MEU	Medical Education Unit
MAR	Medical Administration Registrar
MER	Medical Education Registrar
PMAS	Prevocational Medical Assurance Services
ACF JD	Australian Curriculum Framework for Junior Doctors
RDH	Royal Darwin Hospital
PRH	Palmerston Regional Hospital
KH	Katherine Hospital
GDH	Gove District Hospital
ASH	Alice Springs Hospital
TCH	Tennant Creek Hospital
TEP	Term Education Program

FUNCTION 2 – PREVOCATIONAL DOCTOR EDUCATION AND TRAINING PROGRAM

PETP

STANDARD 6: TERM ORIENTATION AND HANDOVER

Prevocational doctors will receive a *comprehensive* term orientation and handover prior to commencement of clinical duties.

Criteria:

1. Prevocational doctors receive a comprehensive **orientation to the term** prior to commencement of clinical duties including but not limited to:
 - a. Reporting lines
 - b. Rosters
 - c. Timetables
 - d. Relevant Unit policies, procedures and guidelines
 - e. Documented clear generic Learning Objectives for a prevocational doctor undertaking this term
2. **Evaluation** of each term orientation.
3. **Record and discuss** with the prevocational doctor their agreed **individual learning objectives** for the term.
4. The prevocational doctor going to a ward has a **clinical handover** from an appropriate clinician prior to commencement of clinical duties.

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comments
Orthopaedics	PGY2	SM	All	Evidence was provided confirming the provision of a term orientation & clinical handover, a discussion of individual learning objectives with individual prevocational doctors and the opportunity for them to formally evaluate the Term.

PETP

STANDARD 7: TERM SUPERVISION

The prevocational doctor will be supervised at all times by a medical practitioner with the appropriate knowledge, skills and experience to provide safe patient care and effective prevocational doctor training.

Criteria:

1. Sufficient **clinical and educational supervision is provided** by Supervisors. Supervisors of Prevocational doctors will have appropriate skills, knowledge, competencies, induction, time, authority and resources.
2. The Health service's policies on **adequate supervision are implemented** at all times (including when a prevocational doctor is rostered to ward call).
3. Supervisors of prevocational doctors are made aware of their **role and responsibilities in the PETP** and are given **professional development opportunities** to support improvement in the quality of the PETP.

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comments
Orthopaedics	PGY2	PM	All	<p>The evidence submitted supports the provision of sufficient clinical and educational supervision in line with the Service's policies.</p> <p>There is however some concern as to the current level of adequate supervision across all aspects within the busy Orthopaedic term.</p> <p>The availability to supervisors of professional development opportunities has been outlined in previous related submissions, but is not explicitly referenced within this body of evidence. This may need further review by the Head of Surgery and Critical Care.</p>

PETP

STANDARD 8: TERM CONTENT

Terms will provide clinical and educational experiences, which will contribute to the achievement of safe competent clinical practise.

Criteria:

1. The term provides appropriate **clinical experience** such that it enables the prevocational doctor to achieve competence in clinical activities appropriate to that term.
2. The **Scope of Practice** for the specific term including **specific clinical skills**, which require **direct observation** is documented and provided to the prevocational doctor at the commencement of the term.
3. A flexible, accessible and relevant **Term Education Program** provides a variety of formal and informal, clinical and non-clinical teaching and **learning opportunities** for prevocational doctors delivered in paid time.
4. The prevocational doctors **are supported and encouraged** to attend the formal HSEP sessions, which supplements the term experience.

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comments
Orthopaedics	PGY2	SM	All	<p>The Accrediting Authority brokered online survey of recent participants confirms the provision of appropriate clinical experience relevant to scope of practice; and availability of access to both Term and Health Service Education Programmes.</p> <p>However, it was highlighted by the junior doctors within the term for a topic in the term education program to cover tips and tricks on taking and providing requested orthopaedic advice to internal and external clinicians. This was mentioned as a specific inclusion for this terms education program however the juniors mentioned these skills would assist in all terms.</p>

PETP

STANDARD 9: TERM EVALUATION

The Term Education Program will be formally evaluated using a quality framework.

Criteria:

1. Prevocational doctors are given the **opportunity to regularly evaluate** the adequacy and effectiveness of Term Education Programs (TEP) using an **evaluation tool** which gathers information on:
 - a. Supervision
 - b. Orientation
 - c. Formal and informal learning opportunities
 - d. Feedback
 - e. Agreed individualised learning objectives
2. The term evaluation results are **reviewed** by the committee overseeing the PETP and are used to **quality improve** the terms.
3. There is a process in place to maintain the **confidentiality** of prevocational doctor **term evaluations** to protect the prevocational doctor and encourage frank and honest feedback on the term.

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comments
Orthopaedics	PGY2	SM	1	There is a Term Evaluation Tool in place which is available to prevocational doctors. However, whilst the survey team is aware of the evaluation results being reviewed by the PEAG periodically, evidence of these reviews feeding into a quality improvement process is lacking.
		PM	2,3	The low response rate to the recent Accrediting Authority online survey and some of the comments contained within the responses suggest discomfort on the part of the prevocational doctors as to the confidentiality of the evaluation process.

PETP

STANDARD 10: PREVOCATIONAL DOCTOR (PERFORMANCE) ASSESSMENT

There will be assessment and appraisal to provide ongoing constructive feedback to prevocational doctors, to ensure that both the prevocational doctor training objectives are met and that the requirements of registration are complied with.

Criteria:

1. At start of term, detail the specific **process for assessment** within the Unit, particularly outlining the personnel responsible for providing the feedback and conducting observation of clinical skills relevant to that term.
2. There is a **midterm feedback** session by the Term Supervisor for all terms, which exceed five weeks.
3. **Feedback sessions** will include input provided by Supervisors and others observing the doctor's performance. Prevocational doctors are encouraged to take responsibility for their own performance, and to seek feedback from their supervisors regarding their performance.
4. Ensure that prevocational doctors are informed when serious concerns exist. There is a documented **process for managing substandard performance**, which takes into account the welfare of the prevocational doctor and patients.
5. Objective **summative assessment** occurs at the end of each term. The Prevocational doctor must view the assessment form at the assessment interview, be provided an opportunity to write comments on it, be given a copy of the assessment form prior to it going to the PETP DCT and being stored in the prevocational doctor's personnel record.
6. The health service **records and documents** the progress and assessment of the Intern's performance consistent with the Medical Board of Australia Registration Standard for granting general registration as a medical practitioner, on **completion of their internship**.
7. The PETP establishes an **assessment review group** as required to assist with decisions on remediation of interns and other prevocational doctors who do not achieve satisfactory supervisor assessments.
8. The health service must have a **policy and process** in place to guide the resolution of training problems and disputes.

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comments
Orthopaedics	PGY2	SM	1-5,7,8	The assessment and feedback processes related to this Term are well established and include the management of substandard performance.
		N/A	6	These processes in turn feed into the relevant assessment review group activity in line with Health Service policy.

RATING SUMMARY SHEET

PGY2									
Function and Standard	C1	C2	C3	C4	C5	C6	C7	C8	HPR/ AC60 /NS
Function 2 – Prevocational Doctor Education and Training Program (PETP)									
Standard 6: Term Orientation and Handover	SM	SM	SM	SM					
Standard 7: Term Supervision	SM	SM	PM						
Standard 8: Term Content	SM	SM	SM	SM					
Standard 9: Term Evaluation	SM	PM	PM						
Standard 10: Prevocational Doctor (Performance) Assessment	SM	SM	SM	SM	SM	N/A	SM	SM	

Legend:

SM = Satisfactorily Met

NM = Not Met

PM = Partially Met

NS = Notification of Suspension

RECOMMENDATION FOR ACCREDITATION

Based on the documentation provided to the survey team from the Top End Region, Royal Darwin Hospital and the outcomes stated in this report, the survey team proposes to recommend that the Prevocational Accreditation Committee (PAC) grant the Top End Region, Royal Darwin Hospital Prevocational Accreditation as listed below.

It is recommended that the orthopaedic term be accredited for a maximum of 4 PGY2 positions and that this decision be reflected in the Top End Region, Royal Darwin Hospital accreditation matrix.

TERMS RECOMMENDED FOR ACCREDITATION TO CONTINUE/MODIFIED

***PLEASE NOTE: This matrix indicates the maximum number of Interns for each unit (not rostered shift within the unit). As per the Prevocational Accreditation Policy 4.1 – “Interns **must not** be rostered to PGY1 **unaccredited** units”.

PGY2 positions **are not** accredited for PGY1 prevocational doctors unless stated in writing by the NT Accrediting Authority. PGY1 accredited places are independent to PGY2 places. PGY1 and PGY2 places are **NOT** interchangeable.

Legend:

C = Compulsory Term (Intern (PGY1) AHPRA General Registration requirements)

EC = Equivalence Compulsory Term

N = Non Compulsory/Elective Term

R = Resident Medical Officer Term Only (PGY2) (**NOT Accredited for PGY1 Prevocational Doctors**)

ACCREDITED TERMS	PGY1 total places	PGY2+ total places
DIVISION OF MEDICINE		
Medicine - C	12	12
Renal – N	2	2
Palliative Care - N	1	1
Cardiology - N	2	3
Haematology - R	0	1
Oncology - R	0	1
Respiratory - R	0	1
Gastroenterology - R	0	1
Endocrinology - R	0	1
Neurology - R	0	1
IFD/HITH - R	0	2
RAPU - R	0	5
DPH - R	0	4
Katherine District Hospital Offsite Unit – Medicine – C	1	2
Palmerston Regional Hospital Offsite Unit – Medicine – C	1	6
Palmerston Hospital Offsite Unit - Rehabilitation Medicine – N	1	2
Palmerston Regional Hospital Offsite Unit – Geriatric Medicine – N	1	2

DIVISION OF SURGERY AND CRITICAL CARE		
General Surgery – C	10	12
Orthopaedics – N –	0	4
Emergency Medicine - C	10	16
ACCREDITED TERMS	PGY1 total places	PGY2+ total places
DIVISION OF SURGERY AND CRITICAL CARE (continued)		
Head and Neck (Maxillofacial) - N	2	1
ENT Surgery - R	0	1
Neurosurgery - R	0	1
Cardiac Surgery - R	0	1
Vascular - R	1	1
Plastic Surgery - R	0	1
Intensive Care Medicine - R	0	5
Anaesthetics - R	0	2
Katherine District Hospital Offsite Unit – Emergency Medicine – C	1	2
Palmerston Regional Hospital Offsite Unit – Emergency Medicine – C	4	15
Palmerston Regional Hospital Offsite Unit – General Surgery - R	0	6
Palmerston Regional Hospital Offsite Unit – Anaesthetics – R	0	1
DIVISION OF MATERNAL AND CHILD HEALTH		
Paediatrics - N	2	8
O & G - R	0	10
MENTAL HEALTH SERVICE		
Psychiatry/Alcohol and Other Drugs - R	0	5
OTHER		
Gove District Hospital Offsite Unit – General Rural Term- N	3	5
TOTAL	54	144

SURVEY TEAM MEMBERS

All surveyors have accepted and endorsed this report via email.

Dr Nigel Gray (Lead Surveyor)

Ms Silvia Bretta (Team Member)

ACCREDITING AUTHORITY SUPPORT TEAM MEMBERS

Support Team:

Ms Maria Halkitis

Report Sighted by: NT Accrediting Authorities Accreditation Manager

Name: Ms Shirley Bergin

Date: 18/08/2021

HEALTH SERVICE/TRAINING PROVIDER REPORT RECEIVED

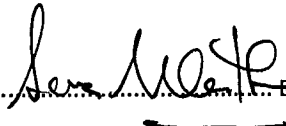
The Prevocational Accreditation Committee requests that the Executive Director of Medical Services (or equivalent), Director of Clinical Training and Prevocational Medical Education and Training Committee Chair upon receipt of this report sign and notify the NT Accrediting Authorities Accreditation Manager that the assessment report has been received.

*****Please Note** that receipt of the report does **not** mean that the Health service/Training Provider agrees with the content of the report.

NT Accrediting Authority will update the latest Health Service Accreditation status and accredited terms on the NT Accrediting Authorities website.

Receipt of the Survey Report outcomes for the Top End Region, Royal Darwin Hospital, Orthopaedic modified unit Report is acknowledged by –

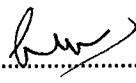
Dr Sara Watson
A/Executive Director of Medical Services
Top End Regional Health Service

Signature:.....  Date: 19.11.21

~~**Dr Colin Feekery**~~
~~A/Director of Medical Services~~
~~Top End Regional Health Service~~

Signature:..... Date:

Dr Madhivanan Sundaram
A/Director of Clinical Training
Top End Regional Health Service

Signature:.....  Date: 19/11/21

Prevocational Education and Training Committee Chair
Top End Regional Health Service

Name:.....

Signature:..... Date:

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