Survey Report

Quality Action Plan Stage 2

Royal Darwin Hospital
Palmerston Regional Hospital
Gove District Hospital
Katherine Hospital
Top End Health Service

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TABLE OF PREVIOUSLY ACCREDITED TERMS FOR THIS SURVEY

ACCREDITATION EXPIRES 30 SEPTEMBER 2022						
PRIMARY ALLOCATION FACILITY (RDH) +OFFSITE UNIT (PRH) + OFFSITE UNIT (KH) + OFFSITE UNIT (GDH) REQUESTED						
ACCREDITED TERMS	CURRENT			REQUESTED		
	PGY 1	PGY 2	TOTAL	PGY 1	PGY 2	NEW TOTAL
DIVISION OF SURGERY AND CRITICAL CARE						
General Surgery - RDH (Core Intern Term)	10	12	22	0	0	0
General Surgery - **PRH - R**	0	6	6	0	0	0
Vascular Surgery	1	0	1	0	0	0
Vascular & Urology	0	1	1	0	0	0
Head and Neck (Maxillofacial)	2	1	3	0	0	0
Orthopaedics - **R**	0	2	2	0	0	0
ENT Surgery - **R**	0	1	1	0	0	0
Neurosurgery - **R**	0	1	1	0	0	0
Cardiothoracic Surgery - **R**	0	1	1	0	0	0
Plastic Surgery - **R**	0	1	1	0	0	0
Intensive Care Medicine - **R**	0	5	5	0	0	0
Anaesthetics - **R**	0	2	2	0	0	0
Anaesthetics - **PRH - R**	0	1	1	0	0	0
Total for Division of Surgery and Critical Care	**13**	**34**	**47**			
DIVISION OF EMERGENCY MEDICINE						
Emergency Medicine – RDH (Core Intern Term)	10	16	26	0	0	0
Emergency Medicine - **KH** (Core Intern Term)	1	2	3	0	0	0
Emergency Medicine - **PRH**	4	15	19	0	0	0
Total for Division of Emergency Medicine	**15**	**33**	**48**			

ACCREDITED TERMS	CURRENT			REQUESTED		
	PGY 1	PGY 2	TOTAL	PGY 1	PGY 2	TOTAL
DIVISION OF MEDICINE						
General Medicine (Core Intern Term)	12	12	24	0	0	0
Medicine Term - KH (Core Intern Term)	1	2	3	0	0	0
Medicine - PRH	1	6	7	0	0	0
Renal	2	2	4	0	0	0
Palliative Care	1	1	2	0	0	0
Cardiology	2	3	5	0	0	0
Rehabilitation Medicine - PRH	1	2	3	0	0	0
Geriatric Medicine - PRH	1	2	3	0	0	0
Haematology - **R**	0	1	1	0	0	0
Oncology - **R**	0	1	1	0	0	0
Respiratory - **R**	0	1	1	0	0	0
Gastroenterology - **R**	0	1	1	0	0	0
Endocrinology - **R**	0	1	1	0	0	0
Neurology - **R**	0	1	1	0	0	0
IFD/HITH - **R**	0	2	2	0	0	0
RAPU - **R**	0	5	5	0	0	0
DPH - **R**	0	4	4	0	0	0
Total for Division of Medicine	**21**	**47**	**68**			
DIVISION OF WOMENS, CHILDREN & YOUTH						
Paediatrics	2	8	10	0	0	0
O & G - **R**	0	10	10	0	0	0
Total for Division of Maternal and Child Health	**2**	**18**	**20**			

TOP END MENTAL HEALTH SERVICES						
Psychiatry - **R**	0	5	5	0	0	0
Total for Top End Mental Health Services	**0**	**5**	**5**			
GENERAL RURAL TERM						
General Rural Term - **GDH**	3	5	8	0	0	0
Total General Rural Term	**3**	**5**	**8**			
Overall TEHS TOTALS	**54**	**142**	**196**			

TEAM COORDINATOR EXECUTIVE SUMMARY

The survey team thanks the Top End Health Service (Health Service) for its submission of the Quality Action Plan Stage 2 (QAP2) and its supporting documentation. The QAP Stage 2 is the second stage of a monitoring progressive scheduled report that allows the health services to describe their progress against the 2018 reaccreditation awarded recommendations and conditions. The QAP Stage 2 monitoring accreditation survey assessment was delayed due to the impact of the COVID19 pandemic on our surveyors' availability but was otherwise unaffected by the pandemic. The monitoring accreditation survey assessment proceeded once able in the form of a desktop survey event as previously planned. The survey team did not consider that any site visit(s) were required to assess or finalise their report for the QAP2.

Overall, the survey team noted that there had been significant effort towards meeting the recommendations and conditions of the 2018 review but that unfortunately, this effort has yielded only limited progress across all applicable functions and standards. This is of concern to the Survey team.

The survey team noted that the Health Service continued to face recruitment / staffing obstacles, both in its clinical workforce and within the medical education unit (MEU), even with the recent recruitment in the latter area. Succession management particularly in the MEU will be a vital consideration moving forward to maintain and progress the plans outlined in both the QAP Stage 1 and Stage 2 documentation. In the next survey event scheduled, the survey team would like to see further evidence of the stabilisation of the MEU with its staff roles and responsibilities clearly identified. This will enable the unit that has the overall delegated responsibility for the PETP and its prevocational trainees to ensure the unit's capacity to deliver the advocacy and support to the prevocational trainees and continue to develop and implement the educational planning for the TEHS Prevocational Education and Training Program (PETP) across all of its accredited sites.

The survey team whilst assessing the submission identified ongoing challenges for the MEU with the TEHS prevocational education and training committee, the Prevocational Education Advisory Group (PEAG) attendance and leadership by senior clinicians. This was a specific concern for three recommendations previously awarded against this standard and criteria (Function 2 Standard 5). The survey team found from the evidence provided in the submission that it would appear that the clinical workloads within the Health Service are unlikely to decrease in the future enabling the senior clinicians to have the time to attend and participate in the strategic and operational discussions within this committee/groups terms of reference. Consequently, significant new strategies, with stronger commitment and leadership at the Health Service EDMS and various regional DMS levels, is required to continue to address the challenging recurring themes of ineffective clinician engagement at the PEAG. Historically this standard has been a difficult challenge for the Health Service, and it will take innovative consideration and leadership to explore options to meet this standard in the future.

Similarly, the survey team had concerns regarding the PMO recruitment, rostering and workload pressures in that they are likely to continue as well and will impact adversely upon prevocational medical education whether formal (HSEP) or informal (within the accredited Terms). The survey team noted the concentrated efforts directed to PMO recruitment and workload stabilisation and commends the Health Service medical education unit staff as well as the medical services recruitment officer/s for their proactive approach in these areas in trialling new ways to ease the previous workload burdens on PMOs in SACU and RAPU rotations. Ongoing evaluation of these new models will need to be undertaken and provided at the next scheduled survey event.

The survey team was also pleased to note specific ongoing measures to prepare PMOs for rotations to Katherine and Gove through the visits to each of these offsite units whilst PMOs were rostered to these rural terms.

Very encouraging progress was noted by the survey team in areas such as the scheduled orientation of term supervisors and the Health Service is commended for the implementation of this activity. Equally, implementation of compulsory end of term interviews with the DCT is a positive step for all prevocational trainees with acknowledgment that this will be challenging to sustain without senior executive support in stabilising the MEU staff and matching their capacity and resourcing to their responsibilities into the future.

Orthopaedic Term accreditation

In the earlier QAP Stage 1 report, the accreditation status of the (then suspended) Orthopaedic Term was assessed along with the later Progress Reports required for the Notice of Suspension awarded in 2018. The Accrediting Authority requested that the Health Service review their timeline within the Action Plan for the Orthopaedic Unit and take more time to ensure they could address the recommendations and conditions awarded. This would allow it to implement and evaluate the outcomes of that progress in time to meet the due dates for the Notice of Suspension reports. After further evaluation, consultation and discussion with the Orthopaedics Unit staff, the MEU determined the term was unable to meet the recommendations and conditions at this time and notified the Accrediting Authority (PAC) that it would not maintain the accredited positions in Orthopaedics for PGY1 trainees. Because of this notification, the Accrediting Authority has ceased to accredit the two (2) positions previously held in the Orthopaedic term for PGY1s. However, PGY2+ PMOs remain allocated to the Orthopaedic unit, and efforts have been made by the MEU to address the 2018 Reaccreditation Report recommendations and conditions relevant to them. As noted in this report, there has not been significant progress in this respect and any future application for PGY1 accreditation of the Orthopaedic Term will require demonstration of very substantial improvements against the relevant prevocational accreditation standards. However, the accredited positions for PGY2 trainees in the Orthopaedic Term will remain an area for monitoring over the TEHS accreditation cycle to be reassessed at each scheduled survey event prior to the next reaccreditation survey visit in 2022.

On behalf of the Survey Team, I thank the Health Service for their QAP Stage 2 submission and I look forward to the ongoing commitment and renewed leadership in the progress of the continuous improvement across the board for their PETP.

Dr Cameron Spenceley

NT Prevocational Accrediting Authority Lead Surveyor – QAP Stage 2 Survey Event

SURVEY TEAM REVIEW NOTES

This section provides comments regarding the progress on the recommendations and conditions that have occurred within the Prevocational Education Training Program since the health services/facilities last reaccreditation visit. These comments are based on the evidence provided to the NT Accrediting Authority for this survey event.

Outcomes applied for this Progress Report

Not Met (NM)	The Health service/Facility may not meet the related Function/Standard/Criteria that the recommendation or condition was awarded. The Accrediting Authority may choose to investigate further.
Not Progressing (NP)	Minimal or no progress (identified in evidence provided) against the recommendations and/or conditions awarded in last reaccreditation survey. Limited awareness and knowledge identified in the application of the standards in the Health service/Facility, with little or no monitoring of outcomes against the Standards.
Progressing (P)	Identified progress against the standards with further reporting/evidence necessary to show implementation, dissemination and evaluation. Partially meeting the recommendation/condition awarded in last reaccreditation survey. More work needed to achieve SM.
Satisfactorily Met (SM)	The Health service/Facility has provided evidence to show that they have satisfactorily met the recommendations and/or conditions from the last reaccreditation survey.

Function, Standard and Criterion	Recommendation/Condition	Review comments of Stage 2 Quality Action Plan Evidence	Outcome/Rating
F1 S1 C3	**CONDITION:** The distribution of workload across the surgical prevocational doctors is improved with particular attention to the high SACU workload.	Positive steps have been taken to support intern roles through attention to intern to RMO ratios. Roster stability, RMO staffing levels, and timely notification to JMOs of rostering remain an area for improvement. DCT interviews of interns at end of term is a valuable exercise and should continue to allow tracking of intern experiences, which are reported to be variable.	**P**
F1 S1 C6	**RECOMMENDATION 1:** **THAT** **The new policies/guidelines which facilitate the delivery and co-ordination of the PETP are implemented and disseminated across all prevocational years.**	With ongoing implementation and dissemination and the resources undergoing regular review and evaluation this recommendation should be met at the next survey event.	**P**

Function, Standard and Criterion	Recommendation/Condition	Review comments of Stage 2 Quality Action Plan Evidence	Outcome/Rating
F1 S2 C1	**<u>RECOMMENDATION 2:</u>** **THAT** **Urgent and immediate priority is given to stabilisation of the MEU through recruitment and appointment to those outstanding positions currently filled by temporary appointments.**	The recruitment of two local co-Directors of Clinical Training and the recent appointment of a permanent MEO are positive steps towards the stabilisation of the TEHS MEU; priority needs to be given to the appointment of a permanent DMS. Attendance to MEU meetings, completion of delegated tasks and overall MEU capacity continue to require ongoing monitoring and improvement. The submission identifies a potential issue with the DCT and MEO positions being under resourced with a flow on effect on the MEU functions. It is recommended that priority is given to undertake a comprehensive review of these roles and an appropriate plan is developed to address any identified shortfalls.	**P**
F1 S5 C 1,2 & 5	**<u>RECOMMENDATION 3:</u>** **THAT** **The communication gaps between the clinical supervisors, relevant committees and the MEU be addressed.**	Clinician's attendance to monthly PEAG meetings continues to be challenging, ongoing monitoring and advocacy for cultural change will be required to address this recommendation.	**NP**
	<u>RECOMMENDATION 4:</u> **THAT** **The effectiveness of the committee structure and governance be reviewed as part of a quality improvement activity prior to the scheduled 2021 Progress Report submission**	Recommendation not addressed in QAP – Stage 2 submission	**NP**
	<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.**	The survey team acknowledges the proactive work undertaken by the MEU staff and it is noted that in the QAP Stage 2 evidence provided to the Survey team that the PEAG membership is still unable to take responsibility through the unavailability of attendees. Causing a challenge for the PEAG membership to support the MEU staff by taking the responsibility and accountability for auditing the outcomes of the continuous improvement action plans developed and implemented by the MEU staff.	**NP**

Function, Standard and Criterion	Recommendation/Condition	Review comments of Stage 2 Quality Action Plan Evidence	Outcome/Rating
F2 S3 C ALL	**CONDITION:** That the distribution of workload across the surgical prevocational doctors is improved with particular attention to the high SACU workload.	A clear plan for meeting the challenge of varying workloads is yet to be formulated. The currently proposed solution - dynamic reallocation of RMOs between terms - will require close monitoring. Attempts to identify other means to improve workload should continue.	**NP**
F2 S5 C3	**RECOMMENDATION 6:** **THAT** **All supervisors of prevocational doctors are given the opportunity to provide feedback and to participate in discussion of the value of the HSEP, through both the Prevocational Education Advisory Group and informal monitoring within their division.**	Regular attendance of supervisors to PEAG meetings is key to facilitate their participation in the discussion about the value of the HSEP therefore ongoing advocacy for clinician's attendance remains a priority to address this recommendation.	**NP**

Emergency Medicine Term

Function, Standard and Criterion	Recommendation	Review of Stage 2 Quality Action Plan Evidence	Outcome/Rating
F2 S7 C3 for both PGY1 & PGY2	**RECOMMENDATION 9:** **THAT** **The MEU ensures that the term and clinical supervisors within all TEHS rotations/terms accredited for prevocational doctors are provided a relevant orientation to the PETP program and specific requirements of being a supervisor for both intern's and PGY2 doctors highlighting the differences.**	Good progress has been made in the production and use of an excellent and comprehensive Induction PowerPoint format document for clinical and term supervisors and in commissioning the TEHS Medical Education and Training intranet page. The next step is to evaluate these avenues to establish the value of these initiatives.	**SM**
F2 S9 C2 & 3 PGY 1 & 2	**CONDITION:** 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.	The anonymous survey mechanism in place for interns, RMOs and more recently for service registrars enables the prevocational doctors to have an opportunity to provide frank and honest feedback. The evidence provided shows the numbers of responses reflect a limited uptake. Evaluation of this process was not provided as evidence to show if this anonymous survey mechanism is achieving the outcomes of its implementation. It is noted another ongoing anonymous feedback opportunity has been developed "Feedback to your DMS – Anonymous Survey" whose implementation will be discussed with the incoming DMS. **NOTE:** To meet this condition further evidence of prevocational doctor feedback mechanisms across the PETP using formal and informal ways will be required at the next survey event (Progress Report due Sept 2021)	**NP**

General Medicine Term (includes – Renal Medicine; Palliative Care; Cardiology; Rehabilitation Medicine; Geriatric Medicine; Haematology; Respiratory Medicine; Gastroenterology; Endocrinology; Neurology; IFD/HITH; DPH; Oncology; RAPU Term comments see below

Function, Standard and Criterion	Recommendation	Review of Stage 2 Quality Action Plan Evidence	Outcome/Rating
F2 S7 C 3 for both PGY1 & PGY2	**RECOMMENDATION 9:** **THAT** **The MEU ensures that the term and clinical supervisors within all TEHS rotations/terms accredited for prevocational doctors are provided a relevant orientation to the PETP program and specific requirements of being a supervisor for both intern's and PGY2 doctors highlighting the differences.**	Good progress has been made in the production and use of an excellent and comprehensive Induction PowerPoint format document for clinical and term supervisors and in commissioning the TEHS Medical Education and Training intranet page. The next step is to evaluate these avenues to establish the value of these initiatives.	**SM**
F2 S9 C2 & 3 PGY1 & PGY2 where applicable across all terms	**CONDITION:** 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.	The anonymous survey mechanism in place for interns, RMOs and more recently for service registrars enables the prevocational doctors to have an opportunity to provide frank and honest feedback. The evidence provided shows the numbers of responses reflect a limited uptake. Evaluation of this process was not provided as evidence to show if this anonymous survey mechanism is achieving the outcomes of its implementation. It is noted another ongoing anonymous feedback opportunity has been developed "Feedback to your DMS – Anonymous Survey" whose implementation will be discussed with the incoming DMS. **NOTE:** To meet this condition further evidence of prevocational doctor feedback mechanisms across the PETP using formal and informal ways will be required at the next survey event (Progress Report due Sept 2021)	**NP**

RAPU Term

Function, Standard and Criterion	Recommendation	Review of Stage 2 Quality Action Plan Evidence	Outcome/Rating
F2 S7 C1 PGY2	**CONDITION:** That the prevocational doctor's position in RAPU is provided with timely support of a nominated senior clinician within the unit.	Allocation to the new FRACP (previous RAPU Registrar) of responsibility for oversight of junior doctors in the RAPU is a positive step. Monitoring of this function to ensure it has adequate time and resources will be important. Clarification of term supervisors should be a priority action. No evidence provided indicated if any changes have been made to the communication process ensuring the PGY2 trainees are informed of any changes within the rotation. **NOTE:** To meet this condition further evidence of PGY2 Term/rotation evaluations and feedback from PGY2s placed in RAPU rotations will be required at the next survey event (Progress Report due Sept 2021)	**NP**
F2 S7 C3 PGY2	**RECOMMENDATION 9:** **THAT** **The MEU ensures that the term and clinical supervisors within all TEHS rotations/terms accredited for prevocational doctors are provided a relevant orientation to the PETP program and specific requirements of being a supervisor for both intern's and PGY2 doctors highlighting the differences.**	Good progress has been made in the production and use of an excellent and comprehensive Induction PowerPoint format document for clinical and term supervisors and in commissioning the TEHS Medical Education and Training intranet page. The next step is to evaluate these avenues to establish the value of these initiatives.	**SM**

Maternal and Child Health Term – (includes Paediatrics; O & G)

Function, Standard and Criterion	Recommendation	Review of Stage 2 Quality Action Plan Evidence	Outcome/Rating
F2 S7 C3 PGY1 & PGY2	**RECOMMENDATION 9:** **THAT** **The MEU ensures that the term and clinical supervisors within all TEHS rotations/terms accredited for prevocational doctors are provided a relevant orientation to the PETP program and specific requirements of being a supervisor for both intern's and PGY2 doctors highlighting the differences.**	Good progress has been made in the production and use of an excellent and comprehensive Induction PowerPoint format document for clinical and term supervisors and in commissioning the TEHS Medical Education and Training intranet page. The next step is to evaluate these avenues to establish the value of these initiatives.	**SM**
F2 S9 C2 & 3 PGY1 & PGY2 where applicable across all terms	**CONDITION:** 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.	The anonymous survey mechanism in place for interns, RMOs and more recently for service registrars enables the prevocational doctors to have an opportunity to provide frank and honest feedback. The evidence provided shows the numbers of responses reflect a limited uptake. Evaluation of this process was not provided as evidence to show if this anonymous survey mechanism is achieving the outcomes of its implementation. It is noted another ongoing anonymous feedback opportunity has been developed "Feedback to your DMS – Anonymous Survey" whose implementation will be discussed with the incoming DMS. **NOTE:** To meet this condition further evidence of prevocational doctor feedback mechanisms across the PETP using formal and informal ways will be required at the next survey event (Progress Report due Sept 2021).	**NP**

Top End Mental Health Service Term – (includes Psychiatry)

Function, Standard and Criterion	Recommendation	Review of Stage 2 Quality Action Plan Evidence	Outcome/Rating
F2 S7 C3 PGY2	**RECOMMENDATION 9:** **THAT** **The MEU ensures that the term and clinical supervisors within all TEHS rotations/terms accredited for prevocational doctors are provided a relevant orientation to the PETP program and specific requirements of being a supervisor for both intern's and PGY2 doctors highlighting the differences.**	Good progress has been made in the production and use of an excellent and comprehensive Induction PowerPoint format document for clinical and term supervisors and in commissioning the TEHS Medical Education and Training intranet page. The next step is to evaluate these avenues to establish the value of these initiatives.	**SM**
F2 S9 C2 & 3 PGY2 where applicable	**CONDITION:** 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.	The anonymous survey mechanism in place for interns, RMOs and more recently for service registrars enables the prevocational doctors to have an opportunity to provide frank and honest feedback. The evidence provided shows the numbers of responses reflect a limited uptake. Evaluation of this process was not provided as evidence to show if this anonymous survey mechanism is achieving the outcomes of its implementation. It is noted another ongoing anonymous feedback opportunity has been developed "Feedback to your DMS – Anonymous Survey" whose implementation will be discussed with the incoming DMS. **NOTE:** To meet this condition further evidence of prevocational doctor feedback mechanisms across the PETP using formal and informal ways will be required at the next survey event (Progress Report due Sept 2021)	**NP**

General Rural Terms

Function, Standard and Criterion	Recommendation	Review of Stage 2 Quality Action Plan Evidence	Outcome/Rating
F2 S7 C3 PGY1 & PGY2	**RECOMMENDATION 9:** **THAT** **The MEU ensures that the term and clinical supervisors within all TEHS rotations/terms accredited for prevocational doctors are provided a relevant orientation to the PETP program and specific requirements of being a supervisor for both intern's and PGY2 doctors highlighting the differences.**	Good progress has been made in the production and use of an excellent and comprehensive Induction PowerPoint format document for clinical and term supervisors and in commissioning the TEHS Medical Education and Training intranet page. The next step is to evaluate these avenues to establish the value of these initiatives.	**SM**
F2 S9 C2 & 3 PGY1 & PGY2 where applicable across all terms	**CONDITION:** 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.	The anonymous survey mechanism in place for interns, RMOs and more recently for service registrars enables the prevocational doctors to have an opportunity to provide frank and honest feedback. The evidence provided shows the numbers of responses reflect a limited uptake. Evaluation of this process was not provided as evidence to show if this anonymous survey mechanism is achieving the outcomes of its implementation. It is noted another ongoing anonymous feedback opportunity has been developed "Feedback to your DMS – Anonymous Survey" whose implementation will be discussed with the incoming DMS. **NOTE:** To meet this condition further evidence of prevocational doctor feedback mechanisms across the PETP using formal and informal ways will be required at the next survey event (Progress Report due Sept 2021)	**NP**

Surgery and Critical Care Term – (includes General Surgery; Head & Neck (Maxillofacial); ENT Surgery; Neurosurgery; Cardiothoracic Surgery; Vascular Surgery; Plastic Surgery; Intensive Care; Anaesthetics; Orthopaedic term comments see below)

Function, Standard and Criterion	Recommendation	Review of Stage 2 Quality Action Plan Evidence	Outcome/Rating
F2 S7 C3 PGY1 & PGY2 where applicable	**RECOMMENDATION 9:** **THAT** **The MEU ensures that the term and clinical supervisors within all TEHS rotations/terms accredited for prevocational doctors are provided a relevant orientation to the PETP program and specific requirements of being a supervisor for both intern's and PGY2 doctors highlighting the differences.**	Good progress has been made in the production and use of an excellent and comprehensive Induction PowerPoint format document for clinical and term supervisors and in commissioning the TEHS Medical Education and Training intranet page. The next step is to evaluate these avenues to establish the value of these initiatives.	**SM**
F2 S8 C3	**General Surgery – SACU ONLY** **CONDITION:** That the distribution of SACUs workload for prevocational doctors is reviewed to alleviate the potential issue of preventing an educational experience in this term/rotation.	Substantial progress was noted by the survey team for ensuring attendance at HSEP and the changes made to the numbers/ratios of RMOs to Interns is a welcomed positive step, however no evidence was provided in the QAP Stage 2 submission that demonstrates what support has been provided for the term/rotation educational experience for those working in this term/rotation. **NOTE:** To meet this condition further evidence of prevocational doctor Term/rotation evaluations and feedback from PMOs placed in SACU rotations will be required at the next survey event (Progress Report due Sept 2021)	**P**
F2 S9 C2 & 3 PGY1 & PGY2 where applicable across all terms	**CONDITION:** 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.	The anonymous survey mechanism in place for interns, RMOs and more recently for service registrars enables the prevocational doctors to have an opportunity to provide frank and honest feedback. The evidence provided shows the numbers of responses reflect a limited uptake. Evaluation of this process was not provided as evidence to show if this anonymous survey mechanism is achieving the outcomes of its implementation. It is noted another ongoing anonymous	**NP**

		feedback opportunity has been developed "Feedback to your DMS – Anonymous Survey" whose implementation will be discussed with the incoming DMS. **NOTE:** To meet this condition further evidence of prevocational doctor feedback mechanisms across the PETP using formal and informal ways will be required at the next survey event (Progress Report due Sept 2021)	

Orthopaedic Term

Function, Standard and Criterion	Recommendation	Review of Stage 2 Quality Action Plan Evidence	Outcome/Rating
F2 S6 C ALL PGY2	**RECOMMENDATION 7:** **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.** **RECOMMENDATION 8:** **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.**	This Comment **ONLY** relates to PGY2 Places It is not clear in the QAP Stage 2 evidence provided if the head of Surgery and Critical Care has taken responsibility for leading and driving cultural change within the Orthopaedic term for the provision of the full range of clinical patient care. This notwithstanding, there has been progress by the MEU in implementing DCT end of term interviews and feedback pathways for PGY2 PMOs and this is a positive step. **NOTE:** To meet these recommendations further evidence of PGY2 Term/rotation evaluations and feedback from PGY2s placed in Orthopaedic rotations will be required at the next survey event (Progress Report due Sept 2021)	**NP** **NP**

F2 S7 C ALL PGY2	**<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.** **<u>RECOMMENDATION 9:</u>** **THAT** **The MEU ensures that the term and clinical supervisors within all TEHS rotations/terms accredited for prevocational doctors are provided a relevant orientation to the PETP program and specific requirements of being a supervisor for both intern's and PGY2 doctors highlighting the differences.**	This Comment **<u>ONLY</u>** relates to PGY2 Places It is not clear in the QAP Stage 2 evidence provided if the Senior Clinicians in Orthopaedic terms/rotations are more directly involved in the orientation, clinical and term supervision requirements and that the term teaching program is delivered as identified in the Term Descriptor, ROVER and assessment booklet. **<u>NOTE:</u>** To meet this recommendation further evidence of these areas in the Orthopaedic term/rotation will be required at the next survey event (Progress Report due Sept 2021) Good progress has been made in the production and use of an excellent and comprehensive Induction PowerPoint format document for clinical and term supervisors and in commissioning the TEHS Medical Education and Training intranet page. The next step is to evaluate these avenues to establish the value of these initiatives.	**NP** **SM**
F2 S8 C ALL PGY2	**<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.**	This Comment **<u>ONLY</u>** relates to PGY2 Places Regarding the PGY2 role, progress against this recommendation, as reported in the QAP2 submission has unfortunately not occurred in a substantial way. **<u>NOTE:</u>** The survey team requests that the Senior Clinicians in the Orthopaedic rotation review the 2018 Prevocational Reaccreditation Report survey team comments for the standard and criteria that are related to this recommendation. Further evidence will be required to maintain accreditation for PGY2 places in Orthopaedics.	**NP**

F2 S9 C ALL PGY2	**CONDITION:** 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. **RECOMMENDATION 5:** **THAT** **The Prevocational Education Advisory Group (PEAG) takes responsibility for auditing the outcomes of continuous improvement action plans where PETP deficits are identified.**	The anonymous survey mechanism in place for interns, RMOs and more recently for service registrars enables the prevocational doctors to have an opportunity to provide frank and honest feedback. The evidence provided shows the numbers of responses reflect a limited uptake. Evaluation of this process was not provided as evidence to show if this anonymous survey mechanism is achieving the outcomes of its implementation. It is noted another ongoing anonymous feedback opportunity has been developed "Feedback to your DMS – Anonymous Survey" whose implementation will be discussed with the incoming DMS. **NOTE:** To meet this condition further evidence of prevocational doctor feedback mechanisms across the PETP using formal and informal ways will be required at the next survey event (Progress Report due Sept 2021) The survey team acknowledges the proactive work undertaken by the MEU staff and it is noted that in the QAP Stage 2 evidence provided to the Survey team that the PEAG membership is still unable to take responsibility through the unavailability of attendees. Causing a challenge for the PEAG membership to support the MEU staff by taking the responsibility and accountability for auditing the outcomes of the continuous improvement action plans developed and implemented by the MEU staff. **NOTE:** Further evidence for this recommendation demonstrating the Orthopaedic participation in the PEAG for the next survey event (Progress Report due Sept 2021)	**NP** **NP**
F2 S10 C 1,2,3,4 & 5 PGY2	**RECOMMENDATION 8:** **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.**	This Comment **ONLY** relates to PGY2 Places The survey team requests that the Senior Clinicians in the Orthopaedic rotation review the 2018 Prevocational Reaccreditation Report survey team comments for the standard and criteria that are related to this recommendation. **NOTE:** Further evidence will be required to maintain accreditation for PGY2 places in Orthopaedics.	**NP**

SURVEY TEAM MEMBERS

All surveyors have accepted and endorsed this report via email.

Dr Cameron Spenceley (Team Leader)

Ms Silvia Bretta (Team Member)

ACCREDITING AUTHORITY SUPPORT TEAM MEMBERS

Support Team:

Ms Maria Halkitis

Report Sighted by: NT Accrediting Authorities Accreditation Manager

Name: Shirley Bergin

Date: 06/07/2020

HEALTH SERVICE/FACILITY REPORT RECEIVED

The Prevocational Accreditation Committee requests that the Executive Director of Medical Services (or equivalent), Directors of Medical Services, 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/Facility 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 Health Service, June 2020 Quality Action Plan Stage 2 Report is acknowledged by –

Dr Charles Pain
Executive Director of Medical Services
Top End Health Service

Signature:..... **Date:** 14/08/20

Dr Keith Forrest
Director of Medical Services
Royal Darwin and Palmerston Regional Hospital

Signature:..... **Date:**

Dr Louise Harwood
Director of Medical Services
Katherine District Hospital

Signature:..... **Date:**

Dr Marco Briceno
Director of Medical Services
Gove District Hospital

Signature:..... **Date:**

Dr Anna Nakauyaca
Director of Clinical Training
Top End Health Service

Signature:..... **Date:**

Prevocational Education and Training Committee Chair
Top End Health Service

Name:.....

Signature:..... **Date:**

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1. ***SCAN AND EMAIL TO*** NTPMC.THS@nt.gov.au ***OR***
2. ***POST SIGNED ORIGINAL TO:***

PREVOCATIONAL MEDICAL ASSURANCE SERVICES (PMAS)
ATTN: ACCREDITATION MANAGER – SHIRLEY BERGIN
PO BOX 41326
CASUARINA, NT 0811

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Top End Health Service

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Dr ~~Keith Forrest~~ DR NILESH PAMAR
A/
Director of Medical Services
Royal Darwin and Palmerston Regional Hospital

Signature:..... Date: 11/08/2020

Dr Louise Harwood
Director of Medical Services
Katherine District Hospital

Signature:..... Date:

Dr Marco Briceno
Director of Medical Services
Gove District Hospital

Signature:..... Date:

Dr Anna Nakauyaca
Director of Clinical Training
Top End Health Service

Signature:..... Date:

Prevocational Education and Training Committee Chair
Top End Health Service

Name: DR NILESH PAMAR

Signature:..... Date: 11/08/2020

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Signature:..... Date:

Acting
~~**Dr Louise Harwood**~~
Director of Medical Services
Katherine District Hospital

DR. Jose Arnel Polong
MD AMC Cert MBA FRACMA

Signature:..... Date: 14/8/2020

Dr Marco Briceno
Director of Medical Services
Gove District Hospital

Signature:..... Date:

Dr Anna Nakauyaca
Director of Clinical Training
Top End Health Service

Signature:..... Date:

Prevocational Education and Training Committee Chair
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Katherine District Hospital

Signature:..... Date:

Dr Marco Briceno
Director of Medical Services
Gove District Hospital

Signature:..... Date:

~~Dr Anna Nakauyaca~~ (1) Dr Kanakamani Jeyaraman
Director of Clinical Training Dr. Kelum Priyadarshana
Top End Health Service

Signature: Kanakamani **Date:** 12/08/2020 14/08/2020

Prevocational Education and Training Committee Chair
Top End Health Service

Name:.....

Signature:..... Date:

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Director of Medical Services
Royal Darwin and Palmerston Regional Hospital

Signature:..... Date:

Dr Louise Harwood
Director of Medical Services
Katherine District Hospital

Signature:..... Date:

Dr ~~Marco Briceno~~ GREER WEAVER
Director of Medical Services
Gove District Hospital

Signature:..... Date: 26/8/20

Dr Anna Nakauyaca
Director of Clinical Training
Top End Health Service

Signature:..... Date:

Prevocational Education and Training Committee Chair
Top End Health Service

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