

# Survey Report

## Quality Action Plan Stage 2

Alice Springs Hospital  
Tennant Creek Hospital  
Central Australia Health Service



## TABLE OF CONTENTS

### Table of Contents

TABLE OF CONTENTS .....	1
TABLE OF ACCREDITED TERMS .....	2
TEAM Coordinator EXECUTIVE SUMMARY .....	3
SURVEY TEAM REVIEW COMMENTS .....	4
SURVEY TEAM MEMBERS .....	8
ACCREDITING AUTHORITY SUPPORT TEAM MEMBERS.....	8
HEALTH SERVICE/FACILITY REPORT RECEIVED .....	9

# TABLE OF ACCREDITED TERMS

ACCREDITATION EXPIRES 30 September 2023			
PRIMARY ALLOCATION FACILITY (ASH) + OFFSITE UNIT (TCH)			
ACCREDITED TERMS	CURRENT	REQUESTED	TOTAL
	PGY 1	PGY 1	
DIVISION OF SURGERY AND CRITICAL CARE			
Surgery – C	6	0	6
Orthopaedics – C (Awarded Equivalence to Surgery Term)	2	0	2
DIVISION OF MEDICINE			
Medicine – C (Awarded Equivalence to Medicine Term)	8	0	8
Renal – C	2	0	2
ICU – N	1	0	1
OTHER DIVISIONS			
Paediatrics – N	2	0	2
AOD – N	1	0	1
DIVISION OF EMERGENCY MEDICINE			
Emergency Medicine - C	6	0	6
GENERAL RURAL TERM			
Tennant Creek Hospital Offsite Unit – General Rural Term - N	2	0	2
<b>TOTALS</b>	<b>30</b>	<b>0</b>	<b>30</b>

## TEAM COORDINATOR EXECUTIVE SUMMARY

Thank you for submitting the Central Australia 2021 Quality Action Plan Stage 2 report. The NT Accrediting Authority reviews prevocational accreditation submissions provided by NT prevocational accredited education and training providers as part of its monitoring functions to ensure that accredited providers continue to meet the relevant standards and criteria.

The survey team appointed on behalf of the Accrediting Authority and approved by the Health service/Training provider prior to the event included

**A/Prof William Majoni (Lead Surveyor) Director of Renal Services Top End Health/MBChB, MRCP, UKCCST, FRACP, MMedStats, MCLAM, FRCP.**

**Dr Elise O'Connor (Team Member) Resident Medical Officer, Top End Health Service, MBBS.**

**Dr Georgia Hirsch (Team Member) Resident Medical Officer, Top End Health Service, MD**

On behalf of the Survey Team assessing this monitoring survey event, I would like to acknowledge the very clear evidence provided in the recent QAP2 submission demonstrating the continuing commitment and dedication of the Central Australia Health Service (CAHS) Executive and Medical Education Unit (MEU) staff to the CAHS Prevocational Education and Training Program (PETP).

The survey team also thanks all CAHS staff who collated and prepared the QAP2 submission outlining the actions and progress against the outstanding recommendations and conditions from the CAHS Reaccreditation survey 2019.

The survey team report for the CAHS QAP Stage 1 identified some progress towards the two awarded recommendations and conditions however it was clear to the survey team members in the CAHS QAP Stage 2 submission that there has been a substantial amount of work done to review and progress the planning to finalise and meet the awarded recommendations and conditions with the conditions being satisfactorily met. (See attached report findings).

For Recommendation 1 '*That CAHS now share their experience and expertise across the NT and nationally*', it was noted by the survey team that some work is underway that will go a long way to meeting this recommendation. The survey team believe that this recommendation is critical in maintaining and continuously improving the CAHS PETP which will raise an awareness of CAHS local and national reputation as an innovative and effective training program for interns. By sharing the CAHS best practice both locally and nationally will only contribute to enhancing the Central Australia education and training program even further.

The survey team looks forward to the future outcomes through the evolution of the mentioned collaborations with both TEHS and Queensland's Greenslopes Private Hospital. As well as the impact of the proposed CAHS and TEHS MEO joint presentation at the Australian and New Zealand Prevocational Medical Education Forum in late 2021.

The survey team would like to mention that in the submission it was highlighted that CAHS MEU regularly collaborates with the Flinders University NT Regional Training Hub to deliver training and education programs to the prevocational junior doctors however, no evidence was received in the CAHS QAP2 submission to substantiate this comment.

The survey team recognises the efforts and ongoing work of the MEU staff in reviewing and actioning a number of factors raised in the previous monitoring surveys which has contributed to CAHS in this monitoring survey meeting all of their conditions awarded in 2019. Leaving only the two 2019 awarded recommendations to be finalised at their next survey event submission.

On behalf of the Accrediting Authority's survey team, I look forward to seeing CAHS meet these remaining recommendations which will enhance and strengthen the high quality standing of the CAHS prevocational education and training program in their next survey event submission.

*A/Prof William Majoni*

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

## SURVEY TEAM REVIEW COMMENTS

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

<b>Not Met (NM)</b>	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.
<b>Not Progressing (NP)</b>	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.
<b>Progressing (P)</b>	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.
<b>Satisfactorily Met (SM)</b>	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 of Stage 1 Quality Action Plan Evidence	Outcome/Rating
F2 S1 C7	<b><u>CONDITION:</u></b> IMGs are provided pager protected dedicated time for teaching and training as all other provisionally registered doctors.	<i>The survey team is satisfied that there is clear evidence that this has been addressed with evidence provided in the submission where IMG's have pager protected teaching and training time. Ongoing assurances may be necessary to ensure they can and do attend those training sessions – Satisfactorily met in Quality Action Plan Stage 1.</i>	<b>SM</b>
F2 S4 C1	<b><u>CONDITION:</u></b> IMGs are provided pager protected dedicated time for teaching and training as all other provisionally registered doctors.	<i>As mentioned previously against the PETP Structure standard it is pleasing to see that the opportunities to attend pager-protected training has been reinforced for the IMG cohort working at CAHS – Satisfactorily met in Quality Action Plan Stage 1.</i>	<b>SM</b>

Function, Standard and Criterion	Recommendation/Condition	Review comments of Stage 1 Quality Action Plan Evidence	Outcome/Rating
Across all Functions	<p><b><u>Recommendation 1:</u></b></p> <p>THAT</p> <p>CAHS now share their experience and expertise across the NT and nationally.</p>	<p>The evidence provided reflect the great work undertaken by CAHS to date to share their experience and expertise however it was noted by the survey team that this work was not instigated by CAHS in the first instance. The survey team looks forward to the evolution of these collaborations with both TEHS and Greenslopes and the impact of the proposed CAHS and TEHS MEO joint presentation at the Prevocational Medical Education Forum in late 2021.</p> <p>In the submission it was quoted that CAHS MEU regularly collaborates with the Flinders University Regional Training Hub to deliver training and education programs however no evidence was provided to the survey team to substantiate this.</p>	<b><i>P</i></b>
F1 S1 C8	<p><b><u>CONDITION:</u></b> That the membership of the MTC is amended to include a prevocational representative from the offsite unit (TCH).</p>	<p>The continuous work undertaken to date is once again commendable. The development of the MTC Roles and Responsibilities document is an excellent addition to the PETP framework. The survey team acknowledges and appreciates the difficulties faced with meeting this condition due to the transient nature of the term location, however encourages CAHS to continue monitoring this arrangement to ensure continued representation of TCH interns.</p>	<b><i>SM</i></b>
F1 S2 C4	<p><b><u>CONDITION:</u></b> There is a need for continuing engagement with prevocational doctors to ensure that they are all aware of the range of avenues for advocacy (peer/clinical/non-clinical/administrative).</p>	<p>The survey team was pleased with the extensive evidence provided to showcase the depth and breadth of work done by CAHS to ensure that interns are aware of the range of avenues for advocacy available to them.</p>	<b><i>SM</i></b>

F1 S3 C1	<p><b>CONDITION:</b> Given the established program and the increasing number of accredited intern places, reconsideration of the ability of interns to preference their elective term across CAHS is needed.</p> <p><b>CONDITION:</b> The current process for allocation to TCH be urgently reviewed as it is not seen by junior doctors as fair and transparent and does not reflect the process accredited in 2017.</p>	<p>The revised term allocation process is proving to be a success as per the range of evidence provided. The survey team notes that whilst a random draw for elective terms may not necessarily consider intern preferences, it is a fair and transparent process which provides interns with the opportunity to swap elective terms.</p> <p>It is pleasing to see the huge interest in completing a general rural term in TCH and the implementation of the elective term allocation process.</p>	<p><b>SM</b></p> <p><b>SM</b></p>
F1 S4 C4 & 5	<p><b>RECOMMENDATION 2</b></p> <p><b>THAT</b></p> <p>A review of Tennant Creek Hospital intern placements is undertaken including allocation, orientation, support personnel, supervision, case mix, accommodation and tailored feedback mechanisms.</p>	<p>The survey team notes the difficulties in completing this recommendation during the pandemic however commends CAHS on the extensive work completed to date.</p> <p>The one day orientation at TCH hospital appears to be very beneficial to interns. The detailed TCH Term Descriptor is a thorough document which covers a broad range of areas which provides interns with invaluable information to allow for a better term experience which is also evident from the term evaluations.</p> <p>The work currently being undertaken places CAHS in a very good position to have this recommendation met by the next scheduled survey event.</p>	<p><b>P</b></p>
F1 S5 C5	<p><b>CONDITION:</b> That the membership of the MTC is amended to include a prevocational representative from the offsite unit (TCH).</p>	<p>The continuous work undertaken to date is once again commendable. The development of the MTC Roles and Responsibilities document is an excellent addition to the PETP framework. The survey team acknowledges and appreciates the difficulties faced with meeting this condition due to the transient nature of the term location, however encourages CAHS to continue monitoring this arrangement to ensure continued representation of TCH interns.</p>	<p><b>SM</b></p>

## Tennant Creek Hospital – General Rural Term

Function, Standard and Criterion	Recommendation	Review comments of Stage 1 Quality Action Plan Evidence	Outcome/Rating
F2 S7 C1, 2 & 3	<p><b><u>RECOMMENDATION 2</u></b></p> <p><b>THAT</b></p> <p>A review of Tennant Creek Hospital intern placements is undertaken including allocation, orientation, support personnel, supervision, case mix, accommodation and tailored feedback mechanisms.</p>	<p>The survey team notes the difficulties in completing this recommendation during the pandemic however commends CAHS on the extensive work completed to date.</p> <p>The detailed TCH Term Descriptor is a thorough document which covers a broad range of areas including supervision which arms interns with invaluable information to allow for a better term experience which is also evident from the term evaluations.</p> <p>The survey team looks forward to the provision of further specific evidence to substantiate the completion of this recommendation by the next scheduled survey event.</p>	<b><i>P</i></b>



## **SURVEY TEAM MEMBERS**

*All surveyors have accepted and endorsed this report via email.*

**A/Prof William Majoni (Team Leader)**

**Dr Elise O'Connor (Team Member)**

**Dr Georgia Hirsch (Team Member)**

## **ACCREDITING AUTHORITY SUPPORT TEAM MEMBERS**

**Support Team:**

**Ms Maria Halkitis**

**Report Sighted by: NT Accrediting Authorities Accreditation Manager**

**Name: Shirley Bergin**

**Date: 13/05/2021**

## HEALTH SERVICE/FACILITY REPORT RECEIVED

The Prevocational Accreditation Committee requests that the Executive Director of Medical Services (or equivalent), Director of Medical Services Tennant Creek Hospital, 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 Central Australia Health Service, April 2021 Quality Action Plan Stage 2 Progress Report is acknowledged by –

Dr Samuel Goodwin  
Executive Director of Medical Services  
Central Australia Health Service

Dr Samuel Goodwin  
Director of Medical Services  
Tennant Creek Hospital

Dr Paul Helliwell or Dr Nina Kilfoyle  
Director of Clinical Training  
Central Australia Health Service

Prevocational Education and Training Committee Chair  
Central Australia Health Service

Signature:..... Date: 3/6/21

Signature:..... Date: 3/6/21

Signature:..... Date: 1/6/21

Name: Sachin Kodgire:.....

Signature:..... Date: 9/6/2021

ON COMPLETION OF THIS PAGE PLEASE FORWARD ORIGINAL TO NT ACCREDITING AUTHORITY

1. SCAN AND EMAIL TO [NTPMC.THS@nt.gov.au](mailto:NTPMC.THS@nt.gov.au) OR
2. POST SIGNED ORIGINAL TO:

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