

# Survey Report

## Progress Report

### Top End Regional Health Services

Top End (Royal Darwin Hospital and Palmerston Regional Hospital)

Big Rivers (Katherine Hospital)

East Arnhem (Gove District Hospital)



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**TABLE OF PREVIOUSLY ACCREDITED TERMS AND REQUESTED TERMS FOR THIS SURVEY**

ACCREDITATION EXPIRES 30 SEPTEMBER 2023

PRIMARY ALLOCATION FACILITY (Royal Darwin Hospital) + OFFSITE UNIT (Palmerston Regional Hospital) + OFFSITE UNIT (Katherine Hospital) + OFFSITE UNIT (Gove District Hospital) + Primary Care

ACCREDITED TERMS			CURRENT			REQUESTED		
	PRIMARY SITE	CORE/NO N-CORE						
			PGY 1	PGY 2	TOTAL	PGY 1	PGY 2	TOTAL
<b>EMERGENCY MEDICAL CARE</b>								
Emergency Medical Care	RDH	C	10	16	26	0	0	0
<b>MEDICINE</b>								
General Medicine	RDH	C	12	12	24	0	0	0
Renal Medicine	RDH	NC	2	2	4	0	0	0
Palliative Care	RDH	NC	1	1	2	0	0	0
Cardiology	RDH	NC	2	3	5	0	0	0
Haematology	RDH	NC	0	1	1	0	0	0
Oncology	RDH	NC	0	2	2	0	0	0
Respiratory	RDH	NC	0	1	1	0	0	0
Gastroenterology	RDH	NC	0	1	1	0	0	0
Endocrinology	RDH	NC	0	1	1	0	0	0
Neurology	RDH	NC	0	1	1	0	0	0
IFD/HITH	RDH	NC	0	2	2	0	0	0
RAPU	RDH	NC	0	5	5	0	0	0
DPH	RDH	NC	0	4	4	0	0	0
Dermatology	RDH	NC	0	1	1	0	0	0
<b>SURGERY &amp; CRITICAL CARE</b>								
General Surgery	RDH	C	12	14	26	0	0	0
Vascular Surgery	RDH	NC	1	1	2	0	0	0
Orthopaedics	RDH	NC	0	4	4	0	0	0



Head and Neck (Maxillofacial)	RDH	NC	2	1	3	0	0	0
ENT	RDH	NC	0	1	1	0	0	0
Neurosurgery	RDH	NC	0	1	1	0	0	0
Plastic Surgery	RDH	NC	0	1	1	0	0	0
Intensive Care Medicine	RDH	NC	0	5	5	0	0	0
Anaesthetics	RDH	NC	0	2	2	0	0	0
<b>DIVISION OF WOMENS, CHILDREN &amp; YOUTH</b>								
Paediatrics	RDH	NC	2	8	10	0	0	0
Obstetrics & Gynaecology	RDH	NC	0	10	10	0	0	0
<b>TOP END MENTAL HEALTH SERVICE</b>								
Psychiatry/Alcohol and Other Drugs	RDH	NC	0	5	5	0	0	0
<b>OFFSITE UNIT/S</b>								
Emergency Medical Care	PRH	C	4	15	19	0	0	0
Medicine	PRH	C	1	6	7	0	0	0
Rehabilitation Medicine	PRH	NC	1	2	3	0	0	0
Geriatrics	PRH	NC	1	2	3	0	0	0
General Surgery	PRH	NC	0	6	6	0	0	0
Anaesthetics	PRH	NC	0	1	1	0	0	0
Emergency Medical Care	KH	C	1	2	3	0	0	0
Medicine	KH	C	1	2	3	0	0	0
General Rural Term	GDH	NC	3	5	8	0	0	0
Population & Primary Health Care Branch	RDH	NC	0	4	4	0	0	0
Danila Dilba Health Service	RDH	NC	0	4	4	0	0	0
Alyangula	GDH	NC	0	1	1	0	0	0
<b>TOTALS</b>			<b>56</b>	<b>156</b>	<b>212</b>	<b>0</b>	<b>0</b>	<b>0</b>

C = Core/Mandatory Term

NC = Non-Core/Mandatory Term

## REPORT EXECUTIVE SUMMARY

Thank you for submitting the Top End Regional Health Services 2022 Progress 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:

**Dr Nigel Gray (Lead Surveyor)**

MB ChB, FRACGP, GCHPE

**Dr Georgia Hirsch (Team Member)**

MD

**Ms Silvia Bretta (Team Member)**

Senior GP Registrar program Manager, NTGPE

### EXECUTIVE SUMMARY

Whilst the Health Service has demonstrated progression in many continuous improvement areas within the Prevocational Education Training Program since its last reaccreditation visit, this excludes the majority highlighted because of previous recommendations and conditions. These comments are based on the evidence provided to the NT Accrediting Authority for this survey event. This is concerning and will need to be thoroughly tested at the next full survey visit suggesting, as it does, that areas flagged for concern have not received timely and/or continuous attention during the intervening period to allow for demonstrated improvement.

The Service is referred to the more detailed comments in the Sections below, but summary points include the fact that the MEU remains in flux with recent & still pending recruitments, some roles still only being temporarily filled; and that various PEAG activities have not been happening due to a lack of clear governance oversight & a 2022 staffing review.

Referencing individual Terms previously identified as in need of further development, it is most concerning that orthopaedic specific teaching is still to be reinstated reflecting an ongoing sense of a lack of reliable commitment; and, in more general terms, engagement between the PAC and its offsite units has not been effective due to the recurrent MEU governance issues.

Nevertheless there have also been areas of demonstrated progress.

The distribution of workload across the surgical prevocational doctors has improved with particular attention being given to the high SACU workload.

A renewed focus on supervisor engagement has commenced via updates to the PEAG membership; an improved HESP evaluation process is being implemented and monitored to better inform supervisors; and there has been commitment given to the implementation of an annual supervisor survey.

Finally a review of the overarching PAC Evaluation Procedure in general is scheduled, supplementing a previous Commendation, with reference to strong education principles.

It is acknowledged by the survey team that this has been and remains a particularly challenging Accreditation cycle for the Health Service; and that overall there has been progress, however, at times, this has been and in some areas remains barely perceptible, highlighting the need for continuous focus and improved governance.

The full Survey Visit to conclude the cycle, scheduled to take place in mid next year provides an opportunity for the outstanding issues to be satisfactorily addressed as this may be considered necessary at the time to allow for retention of existing status in some areas.

*Dr Nigel Gray*

NT Prevocational Accrediting Authority Lead Surveyor – Progress Report Survey Event

## SUMMARY OF STANDARDS FOR THIS PROGRESS REPORT

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### FUNCTION 1 – GOVERNANCE

Standard 1 – Health service Structure

Standard 2 – Personnel Overseeing the Prevocational Doctor Education and Training Program (PETP)

Standard 3 – Prevocational Doctor Education and Training Program (PETP)

Standard 4 – Governance of a Prevocational Offsite Unit

Standard 5 – Prevocational Doctor Education and Training Committee (IETC)

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### FUNCTION 2 – INTERN EDUCATION AND TRAINING PROGRAM (PETP)

Standard 1 – Structure of the Prevocational Doctor Education and Training Program

Standard 2 – PETP Orientation

Standard 3 – Health service Education Program Content

Standard 4 – Health service Education Program Delivery

Standard 5 – Health service Education Program Evaluation

Standard 6 – Term Orientation and Handover

Standard 7 – Term Supervision

Standard 8 – Term Content

Standard 9 – Term Evaluation

Standard 10 – Prevocational Doctor (Performance) Assessment



## SURVEY TEAM REVIEW COMMENTS

### Section 1

#### OUTSTANDING RECOMMENDATIONS REVIEW OUTCOMES

##### Outcomes applied for this Progress Report

<b>Not Met (NM)</b>	The Health service/Facility have not meet the related Function/Standard/Criteria and the Accrediting Authority may investigate further
<b>Not Progressing (NP)</b>	Minimal or no progress (identified in evidence provided) since last reaccreditation survey visit. Limited awareness and knowledge identified in the application of the standards in the Health service/Facility, with little or no monitoring (evaluation/review) of outcomes against the Standards.
<b>Progressing (P)</b>	Identified progress against the standards with further reporting/evidence necessary.
<b>Satisfactorily Met (SM)</b>	The Health service/Facility has provided evidence to show the collection of outcome data from their systems designed to implement standards and the continuous improvements to those systems since the last reaccreditation survey event.

Primary/Offsite	Function, Standard and Criterion	Recommendation/Condition	Review of Progress Report Evidence	Outcome
Primary	F1 S1 C3	<p><b>CONDITION:</b> The distribution of workload across the surgical prevocational doctors is improved with particular attention to the high SACU workload.</p>	The implemented improvements by the health service have been noted by the survey team. Triangulation of the evidence will take place at next full survey visit by interviewing those junior doctors in post at the time as well as recent completers.	<b>P</b>

Primary/Offsite	Function, standard and Criterion	Recommendation/Condition	Review of Progress Report Evidence	Outcome
Primary	F1 S2 C1	<b>RECOMMENDATION 2:</b> <b>THAT</b> Urgent and immediate priority is given to stabilisation of the MEU through recruitment and appointment to those outstanding positions currently filled by temporary appointments.	MEU remains in flux with recent & still pending recruitments; and some roles still temporarily filled (MMSU, to become supernumerary; MEA, MEO) – anticipated by October. It is nevertheless appropriate to acknowledge the increased allocation of resources as a positive step towards future increased stabilisation.	NP
Primary	F1 S5 C1, 2 & 5	<b>RECOMMENDATION 3:</b> <b>THAT</b> The communication gaps between the clinical supervisors, relevant committees and the MEU be addressed.	The MEC & PEAG meeting structures are currently under review by DDMS. The survey team notes that MEC meetings have not happened in the first half of 2022 due to COVID leave. MEU is <u>planning</u> to recommence Supervisor catch ups.	NP
Primary	F1 S5 C1, 2 & 5	<b>RECOMMENDATION 4:</b> <b>THAT</b> 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	The survey team notes that the DDMS is working at progressing this.	NP
Primary	F1 S5 C1, 2 & 5	<b>RECOMMENDATION 5:</b> <b>THAT</b> The Prevocational Education Advisory Group (PEAG) takes responsibility for auditing the outcomes of continuous improvement action plans where PEP deficits are identified.	The survey team notes the absence of PEAG meetings due to a lack of clear governance oversight & due to 2022 staffing review. Policy review underway to refine ownership of documents, to only then allow their review. Accordingly a new evaluation methodology of term feedback to be trialled in Term 3 2022. The submission openly acknowledges lack of progress for this recommendation due to lack of clear governance and ownership of policies and procedures. As a survey team, we appreciate the transparency in identifying the reasons for the lack of progress in this space.	NP



Primary/Offsite	Function, Standard and Criterion	Recommendation/Condition	Review of Progress Report Evidence	Outcome
Primary	F2 S5 C3	<b>RECOMMENDATION 6:</b> <b>THAT</b> 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.	A renewed focus on supervisor engagement has commenced via updates to PEAG membership. An improved HESP evaluation process is being implemented and monitored to better inform supervisors. Implementation of an annual supervisor survey committed to, but still a December completion date is noted by the survey team.	P
Primary	F2 S9 C 2 & 3 PGY 1 & 2	<b>CONDITION:</b> 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.	Review of PAC Evaluation Procedure in train, supplementing the QAP #3 Commendation, with reference to strong education principles.	P

## ORTHOPAEDICS

Primary/Offsite	Function, Standard and Criterion	Recommendation	Review of Progress Report Evidence	Outcome
Primary	F2 S6 C ALL PGY2	<b>RECOMMENDATION 7:</b> <b>THAT</b> 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.	MEU structural change and greater accountability for each term are stated to increase involvement & responsibility, although not apparent as to how without associated evidence. The survey team's ratings reflect the whole cycle, despite recent improvements along the way and are not meant to discourage the Unit from continuing its current progress.	NP
Primary	F2 S6 C ALL PGY2	<b>RECOMMENDATION 8:</b> <b>THAT</b> Senior Clinicians in Orthopaedic terms are more directly involved in the terms orientation, clinical and term supervision	The survey team notes orientation appears to be delivered by senior clinicians, with clinical supervision apparently in place, however there is however a lack of supportive evidence for this. Most concerning that orthopaedic specific teaching is still to be reinstated reflecting the sense of a lack of reliable commitment still.	NP

Primary	F2 S7 C ALL PGY2	<p>requirements and that the term teaching program is delivered as identified in the Term Descriptor, ROVER and assessment booklet.</p> <p><b>RECOMMENDATION 8:</b> <b>THAT</b> 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>	<p>The survey team notes orientation appears to be delivered by senior clinicians with clinical supervision apparently on place, however there is a lack of supportive evidence for this. Most concerning that orthopaedic specific teaching is still to be reinstated reflecting the sense of a lack of reliable commitment still.</p>	<b>NP</b>
Primary	F2 S8 C ALL PGY2	<p><b>RECOMMENDATION 8:</b> <b>THAT</b> 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>	<p>The survey team notes orientation appears to be delivered by senior clinicians with clinical supervision apparently on place, however there is a lack of supportive evidence for this. Most concerning that orthopaedic specific teaching is still to be reinstated reflecting the sense of a lack of reliable commitment still.</p>	<b>NP</b>
Primary	F2 S9 C 2 & 3 PGY2	<p>[Extracted from the <b>TERHS Orthopaedic Progress Report – February 2022]</b></p> <p><b>RECOMMENDATION 1</b> <b>THAT</b> A report containing the collated Orthopaedic Term evaluations for 2021 and their comparison with parallel data reflecting completed Terms in 2022 is provided at the time of the Health Service's next scheduled survey event.</p>	<p>Not possible due to unrefined data set.</p>	<b>NM</b>
Primary	F2 S9 C 2 & 3 PGY2	<p><b>RECOMMENDATION 5:</b> <b>THAT</b> The Vocational Education Advisory Group (PEAG) takes responsibility for auditing the outcomes of continuous improvement action plans where PETP deficits are identified.</p>	<p>The survey team notes the absence of PEAG meetings due to a lack of clear governance oversight &amp; due to 2022 staffing review. Policy review underway to refine ownership of documents, to only then allow their review. Accordingly a new evaluation methodology of term feedback to be trialled in Term 3 2022.</p>	<b>NP</b>
Primary	F2 S10 C 1,2,3,4 & 5 PGY2	<p><b>RECOMMENDATION 8:</b> <b>THAT</b> Senior Clinicians in Orthopaedic terms are more directly involved in the terms</p>	<p>The survey team notes orientation appears to be delivered by senior clinicians with clinical supervision apparently on place, however there is a lack of supportive evidence for this.</p>	<b>NP</b>

	orientation, clinical and term supervision requirements and that the term teaching program is delivered as identified in the Term Descriptor, ROVER and assessment booklet.	Most concerning that orthopaedic specific teaching is still to be reinstated reflecting the sense of a lack of reliable commitment still.
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**SACU**

Primary/Offsite	Function, Standard and Criterion	Recommendation	Review of Progress Report Evidence	Outcome
Primary	F2 S3 C4	<b>CONDITION:</b> That the distribution of workload across the surgical prevocational doctors is improved with particular attention to the high SACU workload.	The implemented improvements by the health service have been noted by the survey team. Triangulation of the evidence will take place at next full survey visit by interviewing those junior doctors in post at the time as well as recent completers	SM
Primary	F2 S8 C3	<b>CONDITION:</b> 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.	The survey team notes that pager protected time has been agreed. There is a need for a trend analysis at year end to seek any correlation between rostering and educational programme attendance. Teams option increases flexibility.	P

**GOVE PENINSULA, DDHS, PPHC & GROOTE EYLANDT**

Primary/Offsite	Function, Standard and Criterion	Recommendation	Review of Progress Report Evidence	Outcome
Offsite	F1 S4 C1 PGY2	<b>RECOMMENDATION 1:</b> <b>THAT</b> Priority is given to establishing a systematic communication process that is maintained consistently between the PAC and each of the four offsite units, that prospectively identifies DITs who are at risk of and/or are experiencing	Review of policies, procedures and guidelines is underway.  Changes <i>will</i> be implemented by Dec (DCT: remote Supervisors meetings, Term Supervisors to governance meetings, offsite PETS minutes to MEU).	P



		personal or professional harms as a result of placement at these offsite units. .	The Progressing rating reflects acknowledgement of intention only, with a need to see evidence particularly in this area (as opposed to there being any evidence to see just yet) at the next accreditation survey event.	
Offsite	F2 S6 C2 PGY2	<p><b>The below condition applies only to the Gove Peninsula &amp; DDHS terms</b></p> <p><b>CONDITION:</b> The PAC/offsite unit is to provide evidence of the implementation of the evaluation tool and evaluation data that indicates the evaluation of its community based term/rotation orientation processes at the next scheduled reaccreditation survey event of the PAC.</p> <p><b>The below recommendation applies only to the Groote Eylandt term.</b></p> <p><b>RECOMMENDATION 2:</b></p> <p><b>THAT</b></p> <p>The Groote Eylandt orientation resource package is provided for review at the next scheduled reaccreditation survey event of the PAC.</p>	<p>Not progressed since the initial application for accreditation.</p> <p>PAC guideline &amp; locally specific tool to be developed, administrative dissemination process to be improved.</p>	NP
Offsite	F2 S6 C All PGY2	<p><b>CONDITION:</b> An appropriate scope of practice needs to be clearly defined for each individual community based rotation to ensure PGY2s have a safe and progressive experience throughout.</p> <p><b>CONDITION:</b> Rotation specific Education programmes should be written for all community based placement locations</p>	<p>Not yet completed – orientation process &amp; induction handbook in place, booklet to be finalised.</p>	P
Offsite	F2 S8 C2, 3, 4 PGY2	<p><b>RECOMMENDATION 3:</b></p> <p><b>THAT</b></p> <p>The Primary Allocation Centre provides evidence of visible engagement by the prevocational governance committee overseeing the PETP with all offsite Term Supervisors at the next scheduled reaccreditation survey event of the PAC.</p>	<p>Term Assessment Booklets still to be finalised insofar as scopes of practice yet to be clearly defined.</p> <p>Completed.</p>	NP
Offsite	F2 S9 C2 PGY2		<p>Engagement between PAC and the offsite units not effective due to MEU governance issues.</p> <p>Initiatives to be introduced by December will need to be monitored &amp; ideally evaluated at the next accreditation survey event.</p>	SM
Offsite				P

Offsite	F2 S10 C7 PGY2	<p><b>CONDITION:</b> The PACs Prevocational Assessment Review Group will review current processes and develop and include a remediation process to support those community based PGY2s not achieving satisfactory assessments.</p>	<p>Allowing for a quoted end date of February 2023, there nevertheless appears to be a process in place, including specificity for the offsite units.</p> <p>Need evaluation of outcomes to move to SM.</p>	P
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## Section 2

### SURVEY TEAM REVIEW COMMENTS

#### Function 1 - Governance

This section provides comments regarding the continuous improvement that has occurred within the Prevocational Education Training Program since the health services/facilities last reaccreditation visit, including all improvements made because of a recommendation and/or because of any internal or external reviews of the PETP. These comments are based on the evidence provided to the NT Accrediting Authority for this survey event.

#### Standard 1 – Health Service Structure

Review of Progress Report Evidence	Outcome
<p><b>Criterion 4</b> – evidence of increased availability and attendance from executive members following appointment of Deputy DMS.</p> <p><b>Criterion 6</b> – review of PETP policies &amp; procedures.</p> <p><b>Criterion 8</b> – improved communication processes between the PAC and the offsite units.</p>	P

#### Standard 2 – Personnel Overseeing the PETP

Review of Progress Report Evidence	Outcome
<p><b>Criterion 2</b> – evidence of implementation of formal supervisor training to ensure adequate understanding of supervisory role and responsibilities and assessment processes to support PETP.</p>	P

#### Standard 3 – Prevocational Doctor Education and Training Program

Review of Progress Report Evidence	Outcome
<p><b>Criterion 5</b> – clear and consistent communication lines between the MEU and offsite units.</p> <p><b>Criterion 6</b> – further development of off-site units term assessment booklets.</p>	P

#### Standard 4 – Governance of a Prevocational Offsite Unit

Review of Progress Report Evidence	Outcome
<p><b>Criterion 1</b> – clear and consistent communication lines between the MEU and offsite units.</p> <p><b>Criterion 2</b> – additional details to be added to offsite unit orientations.</p> <p><b>Criterion 5</b> – review and evaluation of updated EOT feedback process (survey completed in the final 2 weeks of the term and EOT reflection, discussion with DCT at EOT interview).</p>	P

#### Standard 5 – Prevocational Doctor Education and Training Committee

Review of Progress Report Evidence	Outcome
<p><b>Criterion 2</b> – Audit &amp; QI processes relating to the PETP to be more effectively governed by PEAG.</p> <p><b>Criterion 3</b> – ARG to improve effectiveness of its PETP assessment process.</p> <p><b>Criterion 5</b> – engagement between Doctors in Training Committee and PEAG.</p>	P



## Section 2

### Function 2 – Prevocational Doctor Education and Training Program (PETP)

#### Standard 1 – PETP Structure

Review of Progress Report Evidence	Outcome
Criterion 3 – prioritize updating term booklets to ensure current information is available to JMOs in terms of scope of practice and learning outcomes.	P

#### Standard 2 – PETP Orientation

Review of Progress Report Evidence	Outcome
Need greater structure to PGY2 orientation, particularly if mid-year commencers.	PGY1 SM PGY2 P

#### Standard 3 – HSEP Content

Review of Progress Report Evidence	Outcome
Completed.	SM

#### Standard 4 – HSEP Delivery

Review of Progress Report Evidence	Outcome
Criterion 2 – MEU to complete planned fully review of HESP to ensure variety of delivery methodologies.	P

#### Standard 5 – HSEP Evaluation

Review of Progress Report Evidence	Outcome
Criterion 1 – institution of evaluation guideline.	P
Criteria 2, 3 – Annual supervisor survey to inform a full evaluation process & programme development.	

**Standard 6 – Term Orientation**

**Standard 7 – Term Supervision**

**Standard 8 – Term Content**

**Standard 9 – Term Evaluation**

**Standard 10 – Prevocational Doctor (Performance) Assessment**

#### Standard 6-10

For the purposes of this Progress Report all currently accredited terms (other than those mentioned below) for prevocational trainees (PGY1 & PGY2) were found to be progressing against all Function 2 standards 6-10. These findings will be confirmed at the Top End Region Health Service reaccreditation visit in 2023. Please see term/unit recommendation of accreditation on pg.18.

## ORTHOPAEDICS

Review of Progress Report Evidence	Outcome
Standard 8 (Criteria 3) – term specific teaching yet to be implemented.	P
Standard 9 (Criteria 1, 2 &3) – new evaluation methodology still to be trialled.	

## SACU

Review of Progress Report Evidence	Outcome
Completed.	SM

## GOVE PENINSULA, DDHS, PPHC & GROOTE EYLANDT

Review of Progress Report Evidence	Outcome
Standard 8 (Criteria 2) – Term Assessment Booklets containing scope of practice still to be finalised.	NP

### Section 3

#### Units Expected to Cease Accreditation

## ENDOCRINOLOGY

Review of Progress Report Evidence	Outcome
In line with the NT Prevocational Accreditation system, units which have not had a prevocational doctor placed within the last 2 years lose their awarded accreditation status.	NOT APPLICABLE

## RAPU

Review of Progress Report Evidence	Outcome
In line with the NT Prevocational Accreditation system, units which have not had a prevocational doctor placed within the last 2 years lose their awarded accreditation status.	NOT APPLICABLE



## OUTCOME SUMMARY SHEET

PGY1/PGY2									
Function and Standard	C1	C2	C3	C4	C5	C6	C7	C8	NM
<b>Function 1 – Governance</b>									
Standard 1: Health service Structure	SM	SM	SM	P	SM	P	SM	P	
Standard 2: Personnel Overseeing the PETP	SM	P	SM	SM	SM				
Standard 3: PETP	SM	SM	SM	SM	P	P	SM	SM	
Standard 4: Governance of a Prevocational Offsite Unit	P	P	SM	SM	P				
Standard 5: PETP Committee	SM	P	P	SM	P				
<b>Function 2 – Prevocational Doctor Education and Training Program (PETP)</b>									
Standard 1: Structure of the PETP	SM	SM	P	SM	SM	SM	SM		
Standard 2: PETP Orientation	P	P	P						
Standard 3: HSEP Content	SM	SM	SM	SM					
Standard 4: HSEP Delivery	SM	P							
Standard 5: HSEP Evaluation	P	P	P						
<b>PGY1 – For term outcomes please see page 16</b>									
Standard 6: Term Orientation and Handover									
Standard 7: Term Supervision									
Standard 8: Term Content									
Standard 9: Term Evaluation									
Standard 10: Prevocational Doctor (Performance) Assessment									
<b>PGY2 – For term outcomes please see page 16</b>									
Standard 6: Term Orientation and Handover									
Standard 7: Term Supervision									
Standard 8: Term Content									
Standard 9: Term Evaluation									
Standard 10: Prevocational Doctor (Performance) Assessment									

**Legend:**

**NM = Not Met**

**NP = Not Progressing**

**P = Progressing**

**SM = Satisfactorily Met**



## RECOMMENDATION TO PREVOCATIONAL ACCREDITATION COMMITTEE

Based on the documentation provided to the Survey Team from the Top End Regional Health Services and the outcomes stated in this Report, the Survey Team recommends to the Prevocational Accreditation Committee (PAC) that the Top End Regional health Services accreditation status should continue until 30 September 2023.

**\*\*\*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. 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)

**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
<b>EMERGENCY MEDICAL CARE</b>		
Emergency Medical Care - <b>C</b>	10	16
<b>DIVISION OF MEDICINE</b>		
Medicine - <b>C</b>	12	12
Renal – <b>N</b>	2	2
Palliative Care - <b>N</b>	1	1
Cardiology - <b>N</b>	2	3
Haematology - <b>R</b>	0	1
Oncology - <b>R</b>	0	2
Respiratory - <b>R</b>	0	1
Gastroenterology - <b>R</b>	0	1
Endocrinology - <b>R</b>	0	0
Neurology - <b>R</b>	0	1
IFD/HITH - <b>R</b>	0	2
RAPU - <b>R</b>	0	0
DPH - <b>R</b>	0	4
Dermatology - <b>R</b>	0	1
<b>DIVISION OF SURGERY AND CRITICAL CARE</b>		
General Surgery – <b>C</b>	12	14

Vascular Surgery - N	1	1
Orthopaedics – R	0	4
Head and Neck (Maxillofacial) - N	2	1
ENT Surgery - R	0	1
Neurosurgery - R	0	1
Plastic Surgery - R	0	1
Intensive Care Medicine - R	0	5
Anaesthetics - R	0	2
<b>DIVISION OF WOMENS, CHILDREN &amp; YOUTH</b>		
Paediatrics - N	2	8
O & G - R	0	10
<b>TOP END MENTAL HEALTH SERVICE</b>		
Psychiatry/Alcohol and Other Drugs - R	0	5
<b>OFFSITE UNITS</b>		
PRH – Emergency Medical Care – C	4	15
PRH – Medicine – C	1	6
PRH - Rehabilitation Medicine – N	1	2
PRH - Geriatrics – N	1	2
PRH – General Surgery - R	0	6
PRH – Anaesthetics – R	0	1
KH – Emergency Medical Care – C	1	2
KH – Medicine – C	1	2
GDH – General Rural Term- N	3	5
Population & Primary Health Care Branch - R	0	4
Danila Dilba Health Service - R	0	4
Alyangula - R	0	1
<b>TOTAL</b>	<b>56</b>	<b>150</b>

## **SURVEY TEAM MEMBERS**

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

**Dr Nigel Gray (Team Lead)**

**Dr Georgia Hirsch (Team Member)**

**Ms Silvia Bretta (Team Member)**

## **ACCREDITING AUTHORITY SUPPORT TEAM MEMBERS**

**Support Team:**

**Ms Cherie Hamill**

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

**Name: Maria Halkitis**

**Date: 10/11/2022**



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.

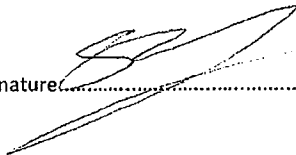
NT Accrediting Authority will update the latest Health Service Accreditation status and accredited terms on the NT Accrediting Authorities website.

Receipt of the Survey Report outcomes for the Top End Regional Health Services Progress Report is acknowledged by –

Dr Sara Watson  
Director of Medical Services  
Royal Darwin and Palmerston Regional Hospitals

Signature:  Date: 22/2/23

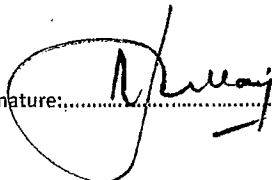
Dr Suzanne Brady  
Deputy Director of Medical Services  
Royal Darwin and Palmerston Regional Hospitals

Signature:  Date: 21/2/23

~~Dr Arnel Polong  
Director of Medical Services  
Katherine Hospital~~

Signature:..... Date:

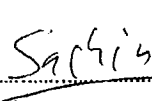
Dr Raj Pillay  
Director of Medical Services  
Gove District Hospital

Signature:  Date: 23/02/2023

~~Dr Madhivanan Sundaram  
Director of Clinical Training  
Top End Regional Health Services~~

Signature:..... Date:

Dr Sachin Khetan  
Director of Clinical Training  
Top End Regional Health Services

Signature:  Date: 23/2/23

~~Dr Kanakamani Jeyaraman  
Director of Clinical Training  
Top End Regional Health Services~~

Signature:..... Date:

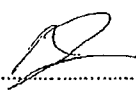
~~Dr Henry Duncan  
Director of Clinical Training  
Top End Regional Health Services~~

Signature:..... Date:

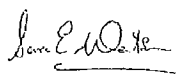
~~Dr Yean Yeow Tan  
Medical Education Officer  
Top End Regional Health Services~~

Signature:..... Date:

Ms Rachel Taylor  
Medical Education Officer  
Top End Regional Health Services

Signature:  Date: 21/02/23

Prevocational Education and Training Committee Chair

Signature:   
Name:.....

Signature:..... Date:

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

1. SCAN AND EMAIL TO [NTAccreditingAuthority.THS@nt.gov.au](mailto:NTAccreditingAuthority.THS@nt.gov.au)

**OR**

2. POST SIGNED ORIGINAL TO:

**PREVOCATIONAL MEDICAL ASSURANCE SERVICES (PMAS)  
ATTN: ACCREDITATION MANAGER – MARIA HALKITIS  
PO BOX 40596  
CASUARINA, NT 0811**