

Survey Report

Quality Action Plan Stage 1

Alice Springs Hospital
Tennant Creek Hospital
Central Australia Health Service



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TABLE OF ACCREDITED TERMS

ACCREDITATION EXPIRES 30 September 2023						
PRIMARY ALLOCATION FACILITY (ASH) + OFFSITE UNIT (TCH)						
ACCREDITED TERMS	CURRENT No PGY2 accreditation			REQUESTED at time of assessment		
	PGY 1	PGY 2	TOTAL	PGY 1	PGY 2	TOTAL
DIVISION OF SURGERY AND CRITICAL CARE						
Surgery – C	6					6
Orthopaedics – N	2					2
DIVISION OF MEDICINE						
Medicine – C	8					8
Renal – C (Awarded Equivalence to Medicine Term)	2					2
Intensive Care Unit – N	1					1
DIVISION OF EMERGENCY MEDICINE						
Emergency Medical Care - C	6					6
OTHER DIVISION TERMS						
Paediatrics – N	2					2
Alcohol and Other Drugs – N	1					1
GENERAL RURAL TERM – OFFSITE UNIT						
General Rural Term - N	2					2
TOTALS	30					30

C = Core/Mandatory Term

N = Non-Core/Mandatory Term

REPORT EXECUTIVE SUMMARY

Thank you for submitting the Central Australia Health Service (CAHS) Quality Action Plan Stage 1 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 to undertake the assessment of this monitoring survey event included:

A/Prof William Majoni (Lead Surveyor)

NT Trained Prevocational Surveyor

Senior Consultant Nephrology

Specialist Physician

Clinical Dean TEHS/Flinders University NTMP

MBChB MRCP UKCCST FRACP MMedStats MCLAM (Leadership & management) FRCP (London)

Dr Sanjay Joseph (Team Member)

NT Trained Prevocational Surveyor

Resident Medical Officer

Top End Health Service

BSc, MD

EXECUTIVE SUMMARY

On behalf of the Survey Team assessing this monitoring survey event, I would like to acknowledge the continued commitment and dedication of the Central Australia Health Service (CAHS) Executive and Medical Education Unit (MEU) to the CAHS Prevocational Education and Training Program (PETP). The survey team also thanks those staff who collated the submission addressing the actions and progress against the recommendations and conditions from the June 2019 Reaccreditation visit. The survey team in June 2019 identified several areas for ongoing improvement, where the Accrediting Authority awarded two recommendations and a number of conditions.

It was clear to the survey team members from the CAHS QAP Stage 1 submission that there has been a substantial amount of work done to review and consider other ways to increase the communication, advocacy and representation of prevocational trainees not only for the General Rural term but also across all of the accredited terms at CAHS.

It was noted by the survey team that there was no mention in the QAP2 submission of the progress or plans to meet Recommendation 1 - *That CAHS now share their experience and expertise across the NT and nationally*. The survey team believe that this recommendation is critical to the CAHS PETP where sharing the innovation and implementation of best practices used in the CAHS PETP with both local and national prevocational training providers will only strengthen their PETP.

The survey team recognises the efforts and progress of the MEU in reviewing and actioning a number of factors raised in the June 2019 Reaccreditation report. CAHS is well on the way to finalising a number of conditions that will contribute to the second recommendation being met in later survey events.

On behalf of the Accrediting Authority, I look forward to seeing CAHS meet these recommendations and conditions which will enhance and strengthen the standing of the CAHS prevocational education and training program.

A/Prof William Majoni

NT Prevocational Accrediting Authority Lead Surveyor – QAP Stage 1 Survey Event

SURVEY TEAM REVIEW FINDINGS

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 of Stage 1 Quality Action Plan Evidence	Outcome
Across all Functions	<u>RECOMMENDATION 1:</u> THAT CAHS now share their experience and expertise across the NT and nationally.	<i>There was no evidence presented addressing this recommendation. It is requested information be provided on this recommendation as part of QAP Stage 2 submission.</i>	No information provided
F1 S1 C8	<u>CONDITION:</u> That the membership of the MTC is amended to include a prevocational representative from the offsite unit (TCH).	<i>The work undertaken to date for this condition is commendable. Clear efforts have been made to include TCH prevocational trainee's membership to the MTC.</i> <i>However, from the evidence provided, the survey team noted that the potential to get real time feedback and participation appeared to be challenging with only future TCH rotations of prevocational trainees offering to be on the MTC. The survey team encourages the MEU staff to continue to promote the importance to the prevocational trainees of having the opportunity to provide real time on the ground feedback (positive and constructive) during their rotations at TCH. Allowing the MEU to advocate on their behalf and address any issues in a timely manner. The survey team looks forward to further progress on this condition in QAP Stage 2.</i>	P

Function, Standard and Criterion	Recommendation/Condition	Review of Stage 1 Quality Action Plan Evidence	Outcome
F1 S2 C4	<p><u>CONDITION:</u></p> <p>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><i>It was clear to the survey team in the submission that the MEU has the awareness of the importance of the continuing engagement with prevocational doctors ensuring through orientation that the prevocational trainees are made aware of the range of avenues for advocacy including a lunch session with those rotating to TCH for their rural general term.</i></p> <p><i>The survey team would like to highlight one avenue that didn't appear in the submission, that being the NT Junior Medical Officer Forum (NTJMOF). A group of NT prevocational trainees who meet regularly to discuss NT wide prevocational issues and where as a recognised forum can advocate on prevocational trainees behalf.</i></p>	P
F1 S3 C1	<p><u>CONDITION:</u></p> <p>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><u>CONDITION:</u></p> <p>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><i>The survey team found clear evidence of the work being undertaken to progress these two conditions. The survey team noted that the opportunities to swap rotations with another prevocational trainee appears to be providing the opportunity to remove some of the anxiousness in having their ability to choose to experience a rural general term removed.</i></p> <p><i>The survey team does understand that there are complexities in the logistics of the prevocational trainee allocations ensuring the service demands within CAHS are met, however it is also important to ensure the learning experience is embraced by the prevocational trainee.</i></p> <p><i>The survey team looks forward to the evaluations of the term allocation process in QAP Stage 2.</i></p>	P

Function, Standard and Criterion	Recommendation/Condition	Review of Stage 1 Quality Action Plan Evidence	Outcome
F1 S4 C4 & 5	<u>RECOMMENDATION 2</u> THAT A review of Tennant Creek Hospital intern placements is undertaken including allocation, orientation, support personnel, supervision, case mix, accommodation and tailored feedback mechanisms.	<i>The survey team looks forward to the outcome of the review scheduled in 2020.</i> <i>However the survey team noted that some work has been commenced reviewing the summary of evaluations for prevocational trainees rotated to TCH in 2019 after the reaccreditation visit.</i> <i>The implementation of the Tennant Creek Hospital Lunch session appears to have been a valuable addition to those allocated to the rural general term.</i>	P
F1 S5 C5	<u>CONDITION:</u> That the membership of the MTC is amended to include a prevocational representative from the offsite unit (TCH).	<i>As mentioned above the survey team notes that it has been challenging to achieve since the 2019 Reaccreditation visit, with more time the survey team looks forward to the QAP Stage 2 submission providing further progress for this condition.</i>	P
F2 S1 C7	<u>CONDITION:</u> 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.</i>	SM
F2 S4 C1	<u>CONDITION:</u> 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.</i>	SM

Tennant Creek Hospital – General Rural Term

Function, Standard and Criterion	Recommendation	Review of Stage 1 Quality Action Plan Evidence	Outcome
F2 S7 C1, 2 & 3	<p><u>RECOMMENDATION 2</u></p> <p>THAT</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><i>The survey team acknowledges that through progress on many of the conditions awarded in the 2019 Reaccreditation visit that parts of Recommendation 2 are being progressed. The survey team looks forward to the completion of the review and the outcomes of the review being provided as part of the QAP Stage 2 submission.</i></p> <p><i>For the QAP Stage 2 submission inclusion of evidence regarding the supervision models at TCH for prevocational trainees and an evaluation of the success of the audio-visual/video conferencing weekly sessions for the mandatory HSEP.</i></p>	P

SURVEY TEAM MEMBERS

All surveyors have accepted and endorsed this report via email.

A/Prof William Majoni (Team Lead)

Dr Sanjay Joseph (Team Member)

ACCREDITING AUTHORITY SUPPORT TEAM MEMBERS

Support Team:

Ms Maria Halkitis

Report Sighted by: NT Accrediting Authorities Accreditation Manager

Name: Shirley Bergin

Date: 13/07/2020

HEALTH SERVICE/FACILITY REPORT RECEIVED

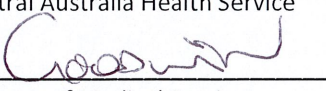
The Prevocational Accreditation Committee requests that the Executive Director of Medical Services (or equivalent), Director of Medical Services Tennant Creek Hospital, Director of Clinical Training and Prevocational Medical Education and Training Committee Chair upon receipt of this report sign and 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, June 2020 Quality Action Plan Stage 1 Progress Report is acknowledged by –

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

Dr 
Director of Medical Services
Tennant Creek Hospital

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

Prevocational Education and Training Committee Chair
Central Australia Health Service

Signature:  Date: 18/8/20

Signature:  Date: 19/8/20

Signature:  Date: 12/8/11

Name: *Dr Samuel Goodwin*

Signature: *as per above* Date:

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

1. SCAN AND EMAIL TO NTPMC.THS@nt.gov.au

OR

2. POST SIGNED ORIGINAL TO:

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