



Survey Report

Progress Report

Top End Regional Health Service

- Top End (Royal Darwin Hospital and Palmerston Regional Hospital)
- Big Rivers (Katherine Hospital)
- East Arnhem (Gove District Hospital)

September 2025

Progress Report Survey Report

Contents

Report executive summary.....	3
Table of accredited terms and requested terms for this survey	5
Summary of Standards.....	7
Outstanding recommendations/conditions review outcomes.....	8
Category B – Chronic Illness Care.....	45
Prevocational education & training program report.....	46
Standard 1 – Organisational purpose and the context in which prevocational training is delivered	46
Standard 2 - The prevocational training program – structure and content.....	44
Standard 3 - The prevocational training program – delivery	48
Standard 4 - The prevocational training program – prevocational doctors	49
Standard 5 - Monitoring, evaluation and continuous improvement	48
Recommendation for accreditation	49
Terms recommended for accreditation to continue	49
Survey team members	51
Accrediting authority support team members	51
Health service/facility report received	515

Report executive summary

Thank you for submitting the Top End Regional Health Service Progress Report. The NT Accrediting Authority reviews prevocational accreditation submissions provided by NT prevocational accredited training providers as part of its monitoring functions to ensure that accredited providers continue to meet the national standards.

The survey team appointed on behalf of the Accrediting Authority and approved by the prevocational training provider prior to the event include:

Dr Nigel Gray (Lead Surveyor)

MB ChB, FRACGP, GCHPE

Dr Kristof Wing (Team Member)

MBBS BMedSci (Hons) DTM&H Medical Registrar

Dr Jerida Keane (Team Member)

MBBS, BMedSci (Hons), ACRRM Registrar

EXECUTIVE SUMMARY

The survey team acknowledge the challenging circumstances under which this submission was prepared and thanks the Medical Education Unit for spending the time and effort necessary to ensure its construction. It is also fair to say that the bar against which surveys are conducted has been raised considerably of late by the AMC's revised standards. This of course is in the interests of improved education and training for prevocational doctors and needs to be respected.

Nevertheless, the team does continue to have a number of general overarching concerns regarding the processes used to collect and present evidence in support of the submission.

Much of the evidence itself was of a disappointingly low quality and of narrow breadth.

Examples of this include reference to meeting agendas rather than minutes, with these meetings appearing to occur infrequently or at times conveniently in advance of the submission becoming due.

Once again there was almost universal lack of triangulation of the evidence presented amongst prevocational doctors, term and clinical supervisors and/or MEU staff members.

The implementation of rigorous evaluative mechanisms, including the use of feedback tools is an essential component of an effective and far-sighted quality improvement process. The lack of such mechanisms was particularly evident with regard to the recommendation relating to term orientations. Whilst orientations undoubtedly take place, often to a significant degree, it is their rigorous evaluation that is required in the interests of quality improvement.

Evidence in support of the health service's assertions regarding chronic illness patient care was usually lacking. This therefore will be an area of focus for the forthcoming survey visit and could result in implications for prevocational doctor registration should such exposure not be substantiated.

Both in regard to chronic illness care and in more general terms the Health Service's MEU is reminded of the NT Prevocational Accreditation Evidence & Rating Scale Guideline's availability when compiling its succeeding submission.

There are once again however areas of commendation which it is hoped the health service will utilise as exemplars and as a springboard to further progress, areas which include the engagement of supervisors with feedback processes and the demonstration of greater independence between clinical teams of similar sub-specialty across units.

As much as anything else however the lack of permanent recruitment to the MEU remains as an inherent systemic obstacle in the way of sustainable growth and development of the postgraduate education and training program as a whole. The MEU is therefore encouraged to continue to lobby hard to have this situation addressed and rectified.

Dr Nigel Gray

NT Prevocational Accrediting Authority Lead Surveyor – Progress Report Survey Event

Progress Report Survey Report

Table of accredited terms and requested terms for this survey

ACCREDITATION EXPIRES 30 SEPTEMBER 2026								
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	AMC Category	PGY 1	PGY 2	TOTAL	PGY 1	PGY 2	TOTAL
EMERGENCY MEDICAL CARE								
Emergency Medical Care	RDH	A, C	10	16	26	10	16	26
MEDICINE								
General Medicine	RDH	B, C	12	12	24	12	12	24
Renal Medicine (integrated care)	RDH	B, C	2	2	4	2	2	4
Palliative Care (integrated care)	RDH	B	1	1	2	1	1	2
Cardiology	RDH	B, C	2	3	5	2	3	5
Haematology	RDH	B, C	0	1	1	0	1	1
Oncology (integrated care)	RDH	B, C	0	2	2	0	2	2
Respiratory	RDH	B, C	0	1	1	0	0	0
Neurology	RDH	B, C	0	1	1	0	1	1
IFD/HITH	RDH	B, C	0	2	2	0	2	2
DPH	RDH	B, C	0	4	4	0	0	0
Dermatology	RDH	B, C	0	1	1	0	1	1
Urology	RDH	C, D	0	1	1	0	1	1
SURGERY & CRITICAL CARE								
General Surgery	RDH	C, D	12	14	26	12	14	26
Vascular Surgery	RDH	C, D - PGY1 B, D - PGY2	1	1	2	1	1	2
Orthopaedics	RDH	B, C	0	4	4	0	4	4
Head and Neck (Maxillofacial)	RDH	C, D	2	1	3	2	1	3
ENT	RDH	B, C	0	1	1	0	1	1
Neurosurgery	RDH	B, C	0	1	1	0	1	1
Plastic Surgery	RDH	D - PGY1 B, D - PGY2	1	1	2	1	1	2

Progress Report Survey Report

Intensive Care Medicine	RDH	C, D	0	5	5	0	0	0
Anaesthetics	RDH	C, D	0	2	2	0	0	0
DIVISION OF WOMENS, CHILDREN & YOUTH								
Paediatrics	RDH	B, C	4	8	12	4	8	12
Obstetrics & Gynaecology	RDH	B, C	0	10	10	0	10	10
TOP END MENTAL HEALTH SERVICE								
Psychiatry/Alcohol and Other Drugs	RDH	B, C	0	5	5	0	5	5
OFFSITE UNIT/S								
Emergency Medical Care	PRH	A, C	4	15	19	4	15	19
Medicine	PRH	B, C	1	6	7	1	6	7
Rehabilitation Medicine	PRH	B	1	2	3	1	2	3
Geriatrics	PRH	B	1	2	3	1	2	3
General Surgery	PRH	C, D	0	6	6	0	6	6
Anaesthetics	PRH	C, D	0	1	1	0	0	0
Emergency Medical Care	KH	A, C	1	2	3	1	2	3
Medicine	KH	B, C	1	2	3	1	2	3
General Rural Term	GDH	A, C	3	0	3	3	0	3
Gove Peninsula Rotation	GDH	A, B	0	6	6	0	6	6
Population & Primary Health Care Branch	RDH	A, B	0	4	4	0	4	4
Danila Dilba Health Service	RDH	A, C	0	4	4	0	4	4
Groote Eylandt	GDH	A, C	0	1	1	0	1	1
TOTALS			59	151	210	59	138	197

Summary of Standards

Standard 1 - Organisational purpose and the context in which prevocational training is delivered

Standard 2 - The prevocational training program – structure and content

Standard 3 - The prevocational training program – delivery

Standard 4 - The prevocational training program – prevocational doctors

Standard 5 - Monitoring, evaluation and continuous improvement

Outstanding recommendations/conditions review outcomes

Outcomes applied for this Progress Report

Not Met (NM)	Awareness and knowledge of the standards but only fundamental systems in place or implemented systems but little or no monitoring of outcomes against standards.
Satisfactorily Met (SM)	Collection of outcome data from systems designed to implement standards and evidence of improvements to systems.
Partially Met (PM)	Indicates that the prevocational training provider has partially met the required standard or criteria recognising that some progress has been achieved.

Note: The following Recommendations and Conditions in black font are those outstanding from the previous accreditation cycle. Those in blue font are from the current accreditation cycle.

STANDARD/ CRITERIA	RECOMMENDATION/ CONDITION	REVIEW OF PROGRESS REPORT EVIDENCE	OUTCOME
F1 S5 C1, 2 & 5	<u>CONDITION 3:</u> THAT The communication gaps between the clinical supervisors, relevant committees and the MEU be addressed.	The survey team acknowledge evidence of some monthly MEU, DCT, Term Supervisor meetings. However, these meetings appear to only be recent, prior to submission date. Meetings need to be more frequent and consistent with minutes.	PM

Progress Report Survey Report

F1 S5 C1, 2 & 5	<p><u>CONDITION 4:</u></p> <p>THAT</p> <p>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.</p>	<p>The health service provided details of review of these structures including MEC, PEC, medical schools and TET.</p> <p>The survey team require evidence of efficacy via attendance records and outcomes.</p> <p>Meetings appear rare, evidence is thin and there is still no quality improvement (QI) review.</p>	NM
F1 S1 C3	<p><u>RECOMMENDATION:</u> That FTE for clinicians involved in education and supervision needs to include sufficient protected non-clinical time.</p>	<p>Whilst mentioned in the submission, the rostering framework was not presented as evidence.</p> <p>The supervisor survey is welcomed; but reveals inconsistent application of rostering framework (if there is one) regardless of EBA's stipulation.</p> <p>Individual department management and therefore potential for variance is concerning.</p>	PM
F1 S1 C5	<p><u>RECOMMENDATION:</u> That permanent recruitment of appropriately qualified staff to manage to PETP is completed.</p>	<p>The survey team appreciates that the MEU is now staffed with permanently budgeted FTEs but note there remain a number of positions still only temporarily filled.</p>	PM
F1 S1 C6	<p><u>RECOMMENDATION:</u> That updated policy, process and procedure documents are provided at the next progress report in 2025.</p>	<p>The survey team are pleased to read a working group has been formed to audit and update policy documents relevant to prevocational training. However, only two somewhat niche documents were presented as evidence.</p>	PM

Progress Report Survey Report

F1 S2 C1	<u>RECOMMENDATION:</u> That permanent recruitment of appropriately qualified staff to manage to PETP is completed	The survey team appreciates that the MEU is now staffed with permanently budgeted FTEs but note there remain a number of positions still only temporarily filled.	PM
F1 S2 C2	<u>RECOMMENDATION:</u> That FTE for clinicians involved in education and supervision needs to include sufficient protected non-clinical time.	<p>Whilst mentioned in the submission, the rostering framework was not presented as evidence.</p> <p>The supervisor survey is welcomed; but reveals inconsistent application of rostering framework (if there is one) regardless of EBA's stipulation.</p> <p>Individual department management and therefore potential for variance is concerning.</p>	PM
F1 S3 C1	<p><u>CONDITION (PGY2):</u> THAT Evidence of implementation of the NT Health Selection Policy in the PGY2 selections and transparency in this process with accessibility and availability of this policy to candidates is provided at the next progress report in 2025.</p> <p><u>RECOMMENDATION (PGY1):</u> That a clear statement about principles of selection of candidates that is readily available and accessible to candidates.</p>	<p>The survey team questioned what the policy states as it was not provided as evidence to assure them of its implementation.</p> <p>Survey from the allocation evening is welcomed but it is not clear if the policy was presented to the candidates, then or indeed at other times.</p> <p>The survey team found the 'Term lines and stream descriptions' document and 'Recruitment timelines provided as evidence to be sufficient.</p>	<p>PM</p> <p>SM</p>
F1 S3 C8 (C)	<u>RECOMMENDATION:</u> That evidence is provided showing that the clinical supervisors for prevocational trainees on relieving terms are included in a robust assessment process.	The submission implies time allocated for such a process with the names of 2 supervisors provided.	NM

Progress Report Survey Report

		Feedback provided by the PVD Training Committee highlights that assessments are not always offered and difficult to set up.	
F1 S4 C2	<p>CONDITION: THAT For every offsite term, orientation must occur as early as possible following commencement, at a maximum within the first week.</p> <p>The following offsite terms remain outstanding:</p> <ul style="list-style-type: none"> • PRH – ED • PRH – Rehab • PRH – Geriatrics • PRH – Surgery • PRH – Anaesthetics • KDH – ED 	<p>The submission states orientations are happening, but the survey team need PVD evidence to corroborate.</p> <p>The PVD submission corroborates this information for PRH ED, PRH “Medical” and KDH ED.</p> <p>Evidence is lacking for PRH Surgery, alluding to an RDH orientation only.</p>	PM
F1 S5 C1	<p>RECOMMENDATION: That updated policy, process and procedure documents are provided at the next progress report in 2025.</p>	<p>The survey team are pleased to read a working group has been formed to audit and update policy documents relevant to prevocational training. However, only two somewhat niche documents were presented as evidence.</p>	PM
F1 S5 C3	<p>RECOMMENDATION: Demonstrate evaluation review at the PEC meeting of the effectiveness of the PETP overall (including supervision, support, prevocational doctor assessments, and education programs) and responsiveness to any identified areas for improvement.</p>	<p>Whilst the submission states this is demonstrated there is a lack of evidence to corroborate this.</p> <p>The only evidence submitted is regarding supervisor evaluation which, whilst welcomed is insufficient.</p>	NM

Progress Report Survey Report

F2 S1 C6	<u>RECOMMENDATION:</u> Within the accreditation cycle, provide evidence of support for a trainee going through a process of application for flexible training arrangements.	The survey team is satisfied that there is clear evidence provided in the submission that this has been addressed.	SM
F2 S3 C3	<u>RECOMMENDATION (PGY1):</u> That a process is established for access to professional development leave for interns.	<p>The provided evidence demonstrates the provision of professional development leave for Neonatal Advanced Life Support (NALS), Advanced Life Support 1 (ALS1) and DETECT (an NT Health specific package related to identification and assessment of the deteriorating patient). These specific courses are afforded as they are required from an operational basis for TEHRS (i.e. prior to the rotation to rural sites, or for terms in paediatrics).</p> <p>There was limited evidence and/or the evidence available was challenging to interpret when non-mandatory professional development opportunities are considered. The health service is encouraged to provide evidence of learner experience (e.g. through survey or other post-experience assessment method) at the next visit.</p>	SM
F2 S5 C3	<u>RECOMMENDATION:</u> That evidence is provided to demonstrate the collation, analysis and response to supervisor feedback on the prevocational education program at the next progress report in 2025.	There is evidence of collection of excellent supervisor feedback with an impressive response rate of 41 individuals across a variety of specialities. They have provided insightful feedback highlighting areas for improvement. There is no evidence of a response to that feedback presented.	PM

EMERGENCY MEDICAL CARE

Standard/Criteria	Recommendation/Condition	Comments	Outcome
F2 S6 C2	<u>RECOMMENDATION:</u> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	<p>The submission indicates feedback has been gathered, but there is no evidence of any evaluation and QI processes.</p> <p>Orientation appears good but the MEU seems misguided in suggesting it is the occurrence that has a Recommendation attached when in fact it is the evaluation of that orientation.</p>	NM

GENERAL MEDICINE

Standard/Criteria	Recommendation/Condition	Comments	Outcome
F1 S1 C2	<u>CONDITION:</u> <u>THAT</u> On the General Medicine Term, the roster needs to be reviewed for fatigue management.	<p>The provided evidence is a templated roster for 'Med 2, 4, 6, 8' which is inferred to reflect practice on other medical units (i.e. Med 1, 3, 5, 7, and perhaps others).</p> <p>Although limited, triangulating evidence suggests that there is significant rostered and unrostered overtime worked by Interns in General Medicine.</p> <p>Without systematic triangulated evidence with regard to:</p> <ul style="list-style-type: none">- Unrostered overtime worked (or not).	PM

Progress Report Survey Report

		<ul style="list-style-type: none"> - DiT perceptions of workload and burn-out (including with regard to patient and cognitive load). - Accessibility of occasional leave, sick reliever ratios, or other mechanisms of fatigue management by rostering. - Historical rosters. <p>the survey team is unable to make further assessment of whether the health service has progressed with regard to this condition.</p>	
F2 S6 C2	<p><u>RECOMMENDATION:</u> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.</p>	<p>The survey team concluded the evidence provided does not prove a 'rigorous evaluation and quality improvement process' for term orientation, but instead provides evidence that orientation is likely occurring.</p> <p>Additionally, where possible, the survey team requests that evidence is provided in summary format (i.e. tabulated) in future, rather than as raw output.</p>	NM
F2 S6 C3	<p><u>CONDITION:</u> <u>THAT</u> All prevocational doctors have an opportunity to set individual learning goals with their clinical supervisor at the beginning of term.</p>	<p>The use of the Clinical Learning Australia (CLA) platform is commendable. It is foreseeable that the implementation of the National Framework will ensure all PVDs will have the opportunity to set individual learning goals.</p> <p>The provided evidence however provides only weak evidence that this is occurring for <i>all</i> PVDs in General Medicine</p>	PM

Progress Report Survey Report

F2 S6 C4	<p><u>RECOMMENDATION:</u> That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.</p>	<p>The survey team found the provided evidence demonstrates a rostered time each term for PVDs to hand-over. There is no evidence of how these sessions are facilitated or whether they are effective or well received, however it is commendable that this is now a routine part of quarterly business as usual.</p> <p>The survey team request the health service provide evidence of outcome/ PVD experiences in future submissions.</p>	PM
F2 S8 C3	<p>CONDITION: THAT All units are to provide a flexible, accessible and relevant term education program delivered in paid time</p>	<p>The survey team found the health service provided evidence of rostered weekly teaching for PVDs. It also provided evidence of a mechanism for PVDs to access teaching paid outside of their rostered hours of work. The latter only applies to Medical Education Unit (MEU) sponsored teaching, and notably not to departmental teaching.</p> <p>It is commendable that there are rostered and coordinated teaching sessions, and that there is provision for some of them to be paid.</p> <p>The available evidence, however, does not demonstrate that the education program is 'flexible, accessible, and relevant'. Learner-centred approaches should be considered by the health service that support PVDs (as adult learners) to support their own knowledge acquisition and professional development.</p>	PM

Progress Report Survey Report

F2 S10 C2	CONDITION: THAT Evidence must be provided confirming completion of mid and end of term assessments for all prevocational doctors.	<p>The survey team concluded the evidence provided demonstrates the CLA platform and administrative processes to assist in the completion of mid- and end-of-term assessments.</p> <p>Additional evidence demonstrates (for at least PGY2 PVDs in Term 1 of 2025) there were high rates of completion of mid-term and end-of-term assessments.</p> <p>There is no evidence available for PGY1 PVDs (e.g. Interns).</p>	PM
-----------	---	--	----

RENAL MEDICINE

Standard/Criteria	Recommendation/Condition	Comments	Outcome
F2 S6 C2	<u>RECOMMENDATION:</u> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	<p>The survey team found there was inadequate evidence submitted. No PGY2 feedback for the renal rotation was submitted in the submission. The submission includes 2 interns feedback from the first two terms of 2025. Both state that the term provides a term orientation but there is no evidence submitted regarding an evaluation as to the quality of the orientation or a quality improvement process.</p>	NM

Progress Report Survey Report

PALLATIVE CARE

Standard/Criteria	Recommendation/Condition	Comments	Outcome
F2 S6 C2	<u>RECOMMENDATION:</u> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	<p>The survey team agreed term-specific responses are pleasing.</p> <p>Education is still needed in closing the educational loop as there is no suggestion of a “rigorous evaluation and quality improvement process”.</p> <p>The survey team would welcome evidence of the term orientation feedback discussion between seniors mentioned in submission.</p>	PM
F2 S6 C4	<u>RECOMMENDATION:</u> That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	<p>The survey team found that whilst protected time has been made available, it is unclear whether this time is accessible, in particular by PGY2 doctors.</p>	PM

CARDIOLOGY

Standard/Criteria	Recommendation/Condition	Comments	Outcome
F2 S6 C2	<u>RECOMMENDATION:</u> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	<p>The health service provided evidence that relates specifically to orientation practices within Cardiology. The described mechanism of orientation is commendable (accessible in synchronous and asynchronous modes), and the appetite from the Head of Department to engage in evaluation of the program is pleasing to see.</p>	PM

Progress Report Survey Report

		<p>However, of the 3 responses provided regarding orientation to Cardiology, none of the respondents identify that that orientation occurred. Indeed, one respondent reflects that the term could be substantially improved through the provision of an orientation program.</p> <p>Evidence provided could be considered evidence against a 'rigorous evaluation and quality improvement process' toward orientation.</p>	
--	--	--	--

HAEMATOLOGY

Standard/Criteria	Recommendation/Condition	Comments	Outcome
F2 S6 C2	<u>RECOMMENDATION:</u> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	The survey team noted no PGY2 feedback regarding orientation for the haematology rotation is provided. The evidence presented from the head of department does not suggest an evaluation or quality improvement process of the orientation.	NM

Progress Report Survey Report

ONCOLOGY

Standard/Criteria	Recommendation/Condition	Comments	Outcome
F2 S6 C2	RECOMMENDATION: Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	The submission indicates feedback has been gathered, but there is no evidence of any evaluation and QI processes.	NM
F2 S6 C4	RECOMMENDATION: That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	The survey team found that whilst protected time has been made available, it is unclear whether this time is accessible, in particular by PGY2 doctors.	PM

RESPIRATORY – accreditation no longer required.

Standard/Criteria	Recommendation/Condition	Comments	Outcome
F2 S6 C2	RECOMMENDATION: Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	N/A	N/A

Progress Report Survey Report

F2 S6 C4	<u>RECOMMENDATION:</u> That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	N/A	N/A
----------	---	-----	-----

IFD/HITH

Standard/Criteria	Recommendation/Condition	Comments	Outcome
F2 S6 C2	<u>RECOMMENDATION:</u> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	In their submission the health service provided evidence from the Head of Department for Infectious Diseases which states that verbal and written orientation occur. There is no evidence of their evaluation.	NM
F2 S6 C4	<u>RECOMMENDATION:</u> That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	The survey team found that whilst protected time has been made available, it is unclear whether this time is accessible, in particular by PGY2 doctors.	PM

NEUROLOGY

Standard/Criteria	Recommendation/Condition	Comments	Outcome
F2 S6 C1	<u>CONDITION:</u> THAT Term orientation must occur as early as possible following commencement, at a maximum within the first week.	The survey team noted the evidence provided is a term supervisor email stating an orientation occurs "at the beginning of the term and during the rotation" but there is no specific	SM

Progress Report Survey Report

		<p>clarification or evidence provided to demonstrate this occurs in the first week.</p> <p>The PVD submission states that the orientation did occur within the first week in this term in term 2.</p>	
F2 S6 C2	<p>RECOMMENDATION: Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.</p>	<p>The survey team found no PGY2 feedback regarding orientation for the neurology rotation is provided. There is no evidence of any evaluation of a quality improvement process of the orientation.</p>	NM
F2 S6 C4	<p>RECOMMENDATION: That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.</p>	<p>The survey team found that whilst protected time has been made available, it is unclear whether this time is accessible, in particular by PGY2 doctors.</p>	PM
F2 S8 C3	<p>CONDITION: THAT All units are to provide a flexible, accessible and relevant term education program delivered in paid time.</p>	<p>The health services' submission provided evidence of the Neurology unit teaching roster, evidence of an email regarding General Medicine grand rounds and evidence of an RMO education roster.</p> <p>The PVDs' submission states that a flexible, accessible and relevant education program is delivered.</p>	SM
F2 S10 C2	<p>CONDITION: THAT Evidence must be provided confirming completion of mid and end of term assessments for all prevocational doctors</p>	<p>The survey team found there was inadequate evidence submitted. Evidence provided shows Term 1 2025 only with nil PGY2s allocated to Neurology.</p>	PM

Progress Report Survey Report

DARWIN PRIVATE HOSPITAL – accreditation no longer required.

Standard/Criteria	Recommendation/Condition	Comments	Outcome
F2 S6 C1	CONDITION: THAT Term orientation must occur as early as possible following commencement, at a maximum within the first week.	N/A	N/A
F2 S6 C2	RECOMMENDATION: Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	N/A	N/A
F2 S6 C4	RECOMMENDATION: That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	N/A	N/A
F2 S7 C2	CONDITION: THAT Evidence is provided of a dedicated term supervisor with appropriate knowledge and implementation of support and assessment who ensures adequate supervision of prevocational doctors rotating through the unit.	N/A	N/A
F2 S8 C3	CONDITION: THAT All units are to provide a flexible, accessible and relevant term education program delivered in paid time.	N/A	N/A

Progress Report Survey Report

F2 S10 C2	CONDITION: THAT Evidence must be provided confirming completion of mid and end of term assessments for all prevocational doctors	N/A	N/A
-----------	--	-----	-----

DERMATOLOGY

Standard/Criteria	Recommendation/Condition	Comments	Outcome
F2 S6 C2	<u>RECOMMENDATION:</u> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	The survey team found informal mid-term feedback on orientation was sought and actioned.	PM

GENERAL SURGERY

Standard/Criteria	Recommendation/Condition	Comments	Outcome
F2 S6 C2	<u>RECOMMENDATION:</u> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	<p>The survey team found the provided evidence is the raw output of end-of-term surveys from PGY1s. There is no identified evidence from PGY2 doctors. Of the small number of respondents (n<10) responses are variable for whether they received orientation within an acceptable timeframe.</p> <p>There is no evidence of a 'rigorous evaluation and quality improvement process'.</p>	NM

Progress Report Survey Report

F2 S6 C3	<p>CONDITION: THAT All prevocational doctors have an opportunity to set individual learning goals with their clinical supervisor at the beginning of term.</p>	<p>The survey team found no contextualisation has been provided for learning development planning within General Surgery.</p> <p>The use of the CLA platform is commendable, however it is insufficient to establish whether <i>all</i> prevocational doctors have had this opportunity.</p>	PM
F2 S6 C4	<p>RECOMMENDATION: That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.</p>	<p>The survey team concluded general measures to improving clinical handover are again described and referenced. The adoption of this as a business-as-usual approach is commendable.</p> <p>However, it is not apparent whether these mechanisms are accessible or effective for PVDs, and if they are ineffective how additional remedies have been implemented within General Surgery.</p>	PM
F2 S8 C3	<p>CONDITION: THAT All units are to provide a flexible, accessible and relevant term education program delivered in paid time.</p>	<p>It is unclear to the survey team how this condition is being addressed by General Surgery.</p> <p>Evidence provided refers to the HSEP education program, which is delivered at set times during the week, and refers to the Division of Medicine Grand Rounds – it is not apparent how this is relevant to General Surgery and their PVDs.</p> <p>Other evidence references a guideline document that permits access remuneration for attending the HSEP in real time (but not in a recorded/asynchronous fashion).</p>	PM

Progress Report Survey Report

		Whilst the HSEP being made available as recordings is commendable, it is not clear how General Surgery are addressing this specific condition.	
--	--	--	--

VASCULAR SURGERY

Standard/Criteria	Recommendation/Condition	Comments	Outcome
F2 S6 C2	RECOMMENDATION: Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	The survey team found there was inadequate evidence submitted. A single intern provided feedback that an orientation had been provided. There was no evidence of an evaluation or quality improvement process.	NM
F2 S6 C4	RECOMMENDATION: That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	The survey team found there was inadequate evidence submitted. Whilst protected time has been made available, it is unclear whether this time is accessible, in particular by PGY2 doctors. A single intern stated they could attend hospital teaching “half the time” during this rotation.	PM

Progress Report Survey Report

HEAD AND NECK (MAXILLOFACIAL)

Standard/Criteria	Recommendation/Condition	Comments	Outcome
F2 S6 C2	RECOMMENDATION: Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	The survey team noted no evidence of feedback being obtained. Evidence referenced relates to vascular surgery.	NM
F2 S6 C4	RECOMMENDATION: That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	The survey team accept protected time has been made available but it is unclear whether this time is accessible, in particular by PGY2 doctors.	PM

ENT

Standard/Criteria	Recommendation/Condition	Comments	Outcome
F2 S6 C2	RECOMMENDATION: Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	The survey team noted the evidence provided is the raw output of an end-of-term survey. There are no responses from any PVD from 'ENT' (or derivations of this).	NM
F2 S8 C3	CONDITION: THAT All units are to provide a flexible, accessible and relevant term education program delivered in paid time.	The survey team noted the evidence provided is the Division of Surgery Handbook 2024 (date of amendment uncertain) which does not detail any specific educational opportunities for PVDs in ENT.	NM

Progress Report Survey Report

		<p>Further evidence refers to the HSEP for PVDs, however evaluation of attendance and engagement is again not available.</p> <p>The provided NT Health guideline for claiming reimbursement for synchronous attendance at the HSEP whilst on a rostered day off may improve flexibility of educational experience somewhat.</p> <p>An email arranging a fortnightly meeting from 1630 to 1800 on a Monday in the Surgical Conference Room was also provided. From context, it is inferred to be an educational session. It is unclear who the intended audience is, whether prevocational doctors can and do attend, and why it is scheduled outside of ordinary hours (0800 – 1606) and thus whether this time is remunerated.</p> <p>Further clarification of these issues is important to progressing this condition.</p>	
--	--	--	--

Progress Report Survey Report

NEUROSURGERY

Standard/Criteria	Recommendation/Condition	Comments	Outcome
F2 S6 C2	<u>RECOMMENDATION:</u> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	The survey team noted nil neurosurgery feedback from PVDs submitted. No evaluation of a quality improvement process related to orientation presented in evidence.	NM
F2 S6 C4	<u>RECOMMENDATION:</u> That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	The survey team noted a single T1/T2 roster for incoming and outgoing PVDs was provided. An education schedule with time slot allocated for handover was also provided but no evidence of PVDs attendance was submitted.	PM

PLASTIC SURGERY

Standard/Criteria	Recommendation/Condition	Comments	Outcome
F2 S6 C2	<u>RECOMMENDATION:</u> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	The survey team noted no evidence of feedback being collected on term orientations.	NM
F2 S6 C4	<u>RECOMMENDATION:</u> That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	The survey team found that whilst protected time has been made available, it is unclear whether this time is accessible, in particular by PGY2 doctors.	PM

Progress Report Survey Report

INTENSIVE CARE MEDICINE – accreditation no longer required.

Standard/Criteria	Recommendation/Condition	Comments	Outcome
F2 S6 C4	<u>RECOMMENDATION:</u> That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	N/A	N/A

ANAESTHETICS – accreditation no longer required.

Standard/Criteria	Recommendation/Condition	Comments	Outcome
F2 S6 C2	<u>RECOMMENDATION:</u> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	N/A	N/A
F2 S6 C4	<u>RECOMMENDATION:</u> That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	N/A	N/A

PAEDIATRICS

Standard/Criteria	Recommendation/Condition	Comments	Outcome
F2 S6 C4	<u>RECOMMENDATION:</u> That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	The survey team concluded that whilst a peer-to-peer rostered handover as part of a business-as-usual approach is commendable, it is unclear whether it is an accessible or effective mechanism for PVDs.	PM

Progress Report Survey Report

OBSTETRICS & GYNAECOLOGY

Standard/Criteria	Recommendation/Condition	Comments	Outcome
F2 S6 C2	RECOMMENDATION: Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	The survey team noted the evidence provided is the raw output of an end-of-term survey from prevocational doctors. Evidence from 2 PVDs both stated they had a departmental orientation but there was no evaluation of quality or quality improvement process is submitted.	NM
F2 S6 C4	RECOMMENDATION: That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	The survey team noted evidence of a scheduled time at the Thursday RMO teaching. The 2 PVDs that submitted feedback stated they “occasionally” or “never” attended Thursday teaching during this rotation.	NM
F2 S8 C2	CONDITION: THAT Term documents to be collated including term descriptors, rovers, and various term-specific orientation documents, in line with the new AMC Framework and provided at the Quality Action Plan Stage 1.	The survey team noted the Term Descriptor was included, but no rover or unit orientation guide provided in supplied Term Descriptor document.	PM
F2 S10 C2	CONDITION: THAT Evidence must be provided confirming completion of mid and end of term assessments for all prevocational doctors	The survey team noted the CLA program appears to have excellent capacity to monitor and record end of term assessments however there is no evidence submitted that all PVDs in this term have been able to utilise it across the rotations. Evidence shows a term assessment tracking spreadsheet for term 1 of 2025 only. This indicates that all PVDs were able to complete a mid and end of term assessment during this term	SM

Progress Report Survey Report

PSYCHIATRY/ALCOHOL AND OTHER DRUGS

Standard/Criteria	Recommendation/Condition	Comments	Outcome
F2 S6 C2	RECOMMENDATION: Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	The survey team found there was a lack of evidence pointing towards a rigorous evaluation or quality improvement process.	NM
F2 S6 C4	RECOMMENDATION: That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	The survey team agreed that whilst protected time has been made available, it is unclear whether this time is accessible, in particular by PGY2 doctors.	PM

EMERGENCY MEDICAL CARE – PRH

Standard/Criteria	Recommendation/Condition	Comments	Outcome
F2 S6 C2	RECOMMENDATION: Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	<p>The survey team found evidence provided specifically reference this recommendation, however in response no rigorous mechanism with regarding to continuous quality improvement of orientation is identified.</p> <p>The orientation booklet referenced within the email correspondence is not referenced in the progress report response and is not evident in any folio.</p> <p>Other evidence provided are raw output from end-of-term surveys from prevocational doctors. None of the responses relate specifically to Emergency Medical Care – PRH (or related phrases).</p>	NM

Progress Report Survey Report

MEDICINE – PRH

Standard/Criteria	Recommendation/Condition	Comments	Outcome
F2 S6 C2	RECOMMENDATION: Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	<p>The survey team found submitted evidence included orientation handbooks and email correspondence outlining that there is an in person and written handover for medical rotations at PRH.</p> <p>There is no feedback in the evidence documents that specifies the PVD completed the rotation at PRH.</p> <p>There has been no evidence of an evaluation or quality improvement process submitted.</p>	NM
F2 S6 C4	RECOMMENDATION: That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	<p>The survey team found that whilst protected time has been made available, it is unclear whether this time is accessible, in particular by PGY2 doctors.</p>	NM
F2 S10 C2	CONDITION: THAT Evidence must be provided confirming completion of mid and end of term assessments for all prevocational doctors	<p>The survey team found the evidence provided was of a single PVD at the PRH completing a geriatrics rotation in Term 1 of 2025 only. A mid and end of term report was completed. There was no General Medicine PVD during this block.</p> <p>The survey team concluded inadequate evidence has been supplied</p>	PM

Progress Report Survey Report

REHABILITATION MEDICINE – PRH

Standard/Criteria	Recommendation/Condition	Comments	Outcome
F2 S6 C1	CONDITION: THAT Term orientation must occur as early as possible following commencement, at a maximum within the first week.	The survey team is satisfied that there is clear evidence provided in the submission that this has been addressed.	SM
F2 S6 C2	RECOMMENDATION: Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	The survey team found the health service's submission still only contains verbiage around data collection, not its evaluation.	NM

GERIATRICS – PRH

Standard/Criteria	Recommendation/Condition	Comments	Outcome
F2 S6 C2	RECOMMENDATION: Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	<p>The survey team found the evidence provided is a 'Palmerston Regional Hospital General Medical Services Orientation Handbook'. The Handbook makes extensive reference to Geriatric inpatient services at Palmerston Regional Hospital and provides clear guidance to PVDs.</p> <p>Email correspondence between a Director of Clinical Training and by inference members of the Geriatric Team at PRH was also submitted. It details ineffective mechanisms for sourcing of feedback regarding term orientation (ad-hoc feedback at the quarterly M&M).</p>	PM

Progress Report Survey Report

		Additional evidence contains a single reference to Geriatrics but does not make comment on orientation practices.	
F2 S8 C3	CONDITION: THAT All units are to provide a flexible, accessible and relevant term education program delivered in paid time.	The survey team found the health service's response details 3 in-hours educational opportunities. Additional evidence details the timing of Division of Medicine Grand Rounds, and a guideline for accessing remuneration for synchronous attendance of the HSEP.	PM
F2 S10 C2	CONDITION: THAT Evidence must be provided confirming completion of mid and end of term assessments for all prevocational doctors	The survey team concluded the submission does not provide a context-specific response. Evidence demonstrates (for at least PGY2 PVDs in Term 1 of 2025) there were high rates of completion of mid-term and end-of-term assessments.	PM

GENERAL SURGERY – PRH

Standard/Criteria	Recommendation/Condition	Comments	Outcome
F2 S6 C2	RECOMMENDATION: Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	The bulk PVD feedback surveys submitted for term 1 and 2 for PGY1s and term 1 only for PGY2s provide no feedback that specifies any PVDs completed their rotation at PRH. There has been no evidence of an evaluation or quality improvement process submitted.	NM

Progress Report Survey Report

F2 S6 C4	<u>RECOMMENDATION:</u> That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	The survey team found that whilst protected time has been made available, it is unclear whether this time is accessible, in particular by PGY2 doctors.	NM
----------	---	---	----

ANAESTHETICS – PRH – accreditation no longer required.

Standard/Criteria	Recommendation/Condition	Comments	Outcome
F2 S6 C2	<u>RECOMMENDATION:</u> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	N/A	N/A
F2 S6 C4	<u>RECOMMENDATION:</u> That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	N/A	N/A

EMERGENCY MEDICAL CARE – KH

Standard/Criteria	Recommendation/Condition	Comments	Outcome
F2 S6 C2	<u>RECOMMENDATION:</u> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	The survey team found the health service's submission still only contains verbiage around data collection, not its evaluation.	NM
F2 S6 C4	<u>RECOMMENDATION:</u> That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	The survey team agreed that whilst protected time has been made available, it is unclear whether this time is accessible, in particular by PGY2 doctors.	PM

Progress Report Survey Report

MEDICINE – KH

Standard/Criteria	Recommendation/Condition	Comments	Outcome
F2 S6 C2	RECOMMENDATION: Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	<p>The survey team found evidence to support a thorough and concise PVD orientation.</p> <p>These mechanisms appear effective when taken in context of the other evidences, however it is unclear whether modifications to orientation programs occur as a result of feedback.</p>	PM

GENERAL RURAL TERM – GDH

Standard/Criteria	Recommendation/Condition	Comments	Outcome
F2 S6 C2	RECOMMENDATION: Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	The survey team found that whilst the presented documentation shows evidence of a strong commitment to the presence of an orientation program (even in atypical circumstances) no evidence of a rigorous evaluation or quality improvement process has been provided.	NM
F2 S6 C4	RECOMMENDATION: That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	The survey team found evaluation of attendance and engagement at HSEP is not available. There is comment made of the capacity to attend online or complete handover over the phone however, there is no evidence provided for the capacity of PVDs at GDH to attend.	PM

Progress Report Survey Report

POPULATION & PRIMARY HEALTH CARE BRANCH – RDH

Standard/Criteria	Recommendation/Condition	Comments	Outcome
F2 S6 C2	<u>RECOMMENDATION:</u> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	The survey team found evidence provided demonstrated robust orientation materials, but minimal evidence of program's evaluation (discussed at April's PEC but no outcome recorded).	PM
F2 S6 C2	<u>RECOMMENDATION (PGY2):</u> 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.	The survey team found no evidence provided in the submission to demonstrate that this has been addressed.	NM
F2 S6 C4	<u>RECOMMENDATION:</u> That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	The survey team agreed that whilst protected time has been made available, it is unclear whether this time is accessible, in particular by PGY2 doctors.	PM

Progress Report Survey Report

DANILA DILBA

Standard/Criteria	Recommendation/Condition	Comments	Outcome
F2 S6 C2	<u>RECOMMENDATION (PGY2):</u> 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.	The survey team found the supplied and referenced evidence documents made no reference to Danila Dilba. As such, there is insufficient evidence to conclude whether an evaluation tool exists and whether it is resulted in any process of quality improvement.	NM
	<u>RECOMMENDATION:</u> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	The survey team found no evidence provided in the submission to demonstrate that this has been addressed.	NM
F2 S6 C4	<u>RECOMMENDATION:</u> That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	The survey team found processes described and referenced are not contextualised to Danila Dilba. Additional evidence is required to demonstrate the effectiveness of these processes.	PM

Progress Report Survey Report

GROOTE EYLANDT – GDH

Standard/Criteria	Recommendation/Condition	Comments	Outcome
F2 S6 C2	<u>RECOMMENDATION:</u> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	<p>The survey team found evidence provided referenced a primary care orientation program and checklist respectively with reference to a single PGY2 doctor as a part of this specific orientation program. In this context the specificity of the orientation to the needs of a PGY2 doctor would require further evidence, which is not supplied.</p> <p>PEC minutes provided indicate a discussion of the need for a “better” orientation program. The piloting of a community-based orientation is mentioned though there is no record of who was involved in that discussion or the outcome.</p>	PM
F2 S6 C2	<u>RECOMMENDATION (PGY2):</u> 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.	The survey team found there is no evidence provided of the implementation of an evaluation tool or evaluation data for this community-based term, though it is noted the orientation process seems to have undergone reform without a formal evaluation process.	PM
F2 S6 C4	<u>RECOMMENDATION:</u> That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	The survey team found evidence provided refers to HSEP for PVDs, however evaluation of attendance and engagement is not available. Comment is made of the capacity to attend online or complete handover over the phone however, there is no evidence provided for the capacity of PVDs at GDH to attend.	PM

Progress Report Survey Report

GOVE PENINSULA ROTATION – GDH

Standard/Criteria	Recommendation/Condition	Comments	Outcome
F2 S6 C2	<u>RECOMMENDATION (PGY2):</u> 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.	The survey team found no evidence provided in the submission to demonstrate that this has been addressed.	NM
	<u>RECOMMENDATION:</u> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	There was also no relevant comment in the submission relating to this recommendation.	NM
F2 S6 C4	<u>RECOMMENDATION:</u> That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	The survey team agreed that whilst protected time has been made available, it is unclear whether this time is accessible, in particular by PGY2 doctors.	PM
F2 S8 C3	<u>CONDITION:</u> <u>THAT</u> All units are to provide a flexible, accessible and relevant term education program delivered in paid time.	The survey team concluded the submission verbiage was impressive and the DCT report informative and welcomed. This was also supported by the PVD report.	SM

Progress Report Survey Report

ORTHOPAEDIC TERM

Standard/Criteria	Recommendation/Condition	Comments	Outcome
F2 S9 C 2 & 3 PGY2	<p>[Extracted from the TERHS Orthopaedic Progress Report – February 2022]</p> <p>CONDITION 1 THAT 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>This condition arises from a progress report in February 2022, and continues to be not met.</p> <p>The evidence provided reflects no processes for the collation and comparison of term feedback.</p> <p>The emails provided from PVDs reflect deficiencies in the educational experience, and also do not identify systematic data collection within the unit.</p>	NM
F2 S6 C2	<p><u>RECOMMENDATION:</u> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.</p>	<p>The survey team found the referenced evidence documents contained no responses related to orthopaedics.</p> <p>Evidence documents did not identify processes of rigorous continuous quality improvement.</p> <p>The referenced flyer contains an embedded document 'Orthopaedic RMO Induction Royal Darwin Hospital'. Given the complexity and volume of cases the orientation document is notable for its brevity.</p>	NM
F2 S6 C4	<p><u>RECOMMENDATION:</u> That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.</p>	<p>The survey team found processes described and referenced are not contextualised to Orthopaedics.</p> <p>Additional evidence is required to demonstrate the effectiveness of these processes.</p>	PM

Progress Report Survey Report

F2 S8 C2	<p>CONDITION: THAT</p> <p>Term documents to be collated including term descriptors, rovers, and various term-specific orientation documents, in line with the new AMC Framework and provided at the Quality Action Plan Stage 1.</p>	<p>The survey team found the referenced email evidence does not detail collation of these documents.</p> <p>Additional evidence documents partially collates these documents, though the embedded orientation document is notable for its brevity.</p>	PM
----------	--	--	----

Category B – Chronic illness care

The prevocational training provider had a number of terms awarded Category B – Chronic illness care status during the 2024 QAP2 survey event. The survey team requested feedback from PVDs in these terms to be provided in the 2025 Progress Report to substantiate exposure to chronic illness patient care. Please provide feedback as requested for the following terms:

Term	Comments
Orthopaedics	Evidence provided is a single email received from a PVD who completed an orthopaedic term and provides moderate justification for the chronic conditions encountered and managed in this term. Additional robust objective evidences will be required prior to further adjudication of this term's utility as Category B.
ENT	Evidence provided is a single email from a single PVD who identifies with two of seven available examples that clinical exposure within the ENT term is consistent with chronic illness care. The provided evidence is in any case insufficient to support or refute the ENT term being suitable for Category B exposure. It is imperative that the health service provide robust, objective evidences at the next review. Where evidences are not provided, it may not be possible to justify accreditation as Category B.
Neurosurgery	No evidence is provided. There is no evidence that this rotation is able to provide exposure to chronic illness patient care in its current form.
Plastics	No evidence is provided. There is no evidence that this rotation is able to provide exposure to chronic illness patient care in its current form.
Obstetrics & Gynaecology	No evidence is provided. There is no evidence that this rotation is able to provide exposure to chronic illness patient care in its current form.

Prevocational education & training program report

Standard 1 – Organisational purpose and the context in which prevocational training is delivered

1.1 Organisational purpose	Outcome
<p>Comments:</p> <ul style="list-style-type: none">• Submission response well written.• Little short-term evidence available, longer-term evaluation will only come with time.• Greater attention seemingly necessary towards addressing Aboriginal and Torres Strait Islander communities' place-based needs and their health.• Concerningly, education and training not listed explicitly within the key priorities; hence the PM (as opposed to SM) outcome.	PM
1.2 Outcomes of the prevocational training program	
<p>Comments:</p> <ul style="list-style-type: none">• Evidence contained within wider body of submission in context of recommendations and conditions arising from original visit (surveyed against previous iteration of Standards).• The health service needs to relate its training and education functions to the health care needs of the communities it serves.	PM
1.3 Governance	
<p>Comments:</p> <ul style="list-style-type: none">• Documents submitted refer to governance at a higher level than the PETP.• Evidence elsewhere suggestive of ongoing dysfunction within committee structure.	PM
1.4 Program management	
<p>Comments:</p> <ul style="list-style-type: none">• This section appears jumbled without much specific focus on PETP management per se.• Elsewhere within submission evidence of ongoing MEU instability, somewhat counterbalanced by DCT longevity.	PM
1.5 Relationships to support medical education	
<p>Comments:</p> <ul style="list-style-type: none">• Submission talks more to internal training and management relationships than to education.• Externally more promising, including an exemplar potentially being PPHC to DCT relationship but this needs to be more fleshed out.	PM

Progress Report Survey Report

1.6 Reconsideration, review and appeals processes	
Comments: <ul style="list-style-type: none"> Health service response talks more to monitoring and remediation, but nevertheless pathways in place suggest opportunity for use in both directions. Structure containing these pathways appears robust, but nonetheless needs testing with experience. 	PM

Standard 2 - The prevocational training program – structure and content

2.1 Program structure and composition	Outcome
Comments: <ul style="list-style-type: none"> There is insufficient evidence in the current submission to make substantive assessment of this criterion. Evidence regarding the term allocations matrix, compliance with AMC time- and experience-based requirements, term descriptors (aside from orthopaedics, paediatrics and O&G) are lacking. PVD and supervisor feedback on training experiences lacks robustness and synthesis. There is no clearly articulated strategic vision for the prevocational training programme, though there are elements of strategic purpose – in particular, the creation of a rural generalist training pathway and creation of non-hospital rotations for PVDs. 	PM
2.2 Training requirements	
Comments: <ul style="list-style-type: none"> There is insufficient evidence in the current submission to make substantive assessment of this criterion. There is an absence of robust PVD and supervisor feedback on educational experiences. There is no evidence of a supervisor professional development programme, and no reference to educational theory or evidence in submissions. Elements of an acceptable prevocational education programme are present, including the provision of timetabled and protected educational time. 	PM
2.3 Assessment requirements	
Comments: <ul style="list-style-type: none"> There is no evidence provided that any and/or all supervisors have undertaken supervisor training in this submission (Standard 2.3.1). There is, however, evidence of systematic mid-term and end-of-term evaluations, and processes in place to ensure these occur (Standard 2.3.2). There is weak evidence to support a progression review mechanism (Criterion 2.3.4), however no evidence with regard to its effectiveness or psychological safety. 	PM
2.4 Feedback and supporting continuous learning	

Progress Report Survey Report

Comments: <ul style="list-style-type: none"> The described PETP nominally meets the requirements of Standard 2.4.1 and 2.4.2, however evidence of a robust educational culture that nurtures prevocational doctors in the clinical and non-clinical setting is lacking for all terms. Some aspects of this criterion do not apply, as EPA-based assessments are not yet occurring. The health service is encouraged to consider how it might embed clinical learning and professional development into all clinical environments. 	PM
2.5 Improving performance	
Comments: <ul style="list-style-type: none"> There is weak evidence in the submission to support the processes required by Standard 2.5.1 and 2.5.2, however the evidence provided is insufficient to make judgement of the quality or effectiveness of these processes. It is unclear how the welfare and wellbeing of PVDs who are felt to not meet the desired standard are supported. 	PM

Standard 3 - The prevocational training program – delivery

3.1 Work-based teaching and training	Outcome
Comments: <ul style="list-style-type: none"> There is insufficient evidence submitted in relation to this criterion. The health service makes mention of teaching on the run but no evidence of PVDs participation in the program, or evidence of benefit to PVD clinical experience/ learning as a result, provided with the submission. There is evidence of ALS1, NLS (for paediatric rotation PVDs) and DETECT course participation. There is concern regarding the health provider providing broad generalist clinical work-based teaching and training, in particular in relation to chronic disease management (Standard 3.1.1). There is no evidence reference to support the fact the prevocational training program provided clinical experience that is able to deliver the training and assessment requirements (Standard 3.1.2). There is no evidence provided of consideration to the educational and clinical experience of PVDs in each training term (Standard 3.1.3) 	PM
3.2 Supervisors and assessors – attributes, roles and responsibilities	
Comments: <ul style="list-style-type: none"> No evidence has been submitted for this criterion to address any of standards 3.2.1, 3.2.2, 3.2.3, 3.2.4 or 3.2.5. 	NM
3.3 Supervisor training and support	
Comments: <ul style="list-style-type: none"> There is insufficient evidence submitted. 	PM

Progress Report Survey Report

<ul style="list-style-type: none"> • The single piece of evidence supplied is an IMG PowerPoint of three slides with minimal content. • The supervisor survey referenced in the text but not in evidence is an excellent first step and showed an exceptional level of engagement, however no evidence of action based on that feedback has been supplied. • There is no evidence of supervisor's access to professional development (standard 3.3.1) or training in supervision (Standard 3.3.2). • There is no evidence of evaluation of the effectiveness or adequacy of prevocational doctor supervision (3.3.3) or evidence of support for supervisors to fulfil their training roles and responsibility (3.3.4). 	
3.4 Formal education program	
Comments: <ul style="list-style-type: none"> • The work that has occurred to re-develop the formal teaching program is acknowledged in the submission and the improvement in HSEP is identified in the PVDs report. • It appears that the PGY1 group have access to a relevant and quality formal education program (Standard 3.4.1). • Whilst there appears to be a formal education program for PGY2 doctors (Standard 3.4.2) attendance seems to be inconsistent (Standard 3.4.4). • No evidence of evaluation to ensure relevant learning occurs is provided (Standard 3.4.3). 	PM
3.5 Facilities	
Comments: <ul style="list-style-type: none"> • No evidence has been submitted for this criterion to address standards 3.5.1 or 3.5.2. • Both the submission and the PVDs report identified significant issues in relation to facilities. Notably access to computers to complete clinical work. 	NM
3.6 E-portfolio	
Comments: <ul style="list-style-type: none"> • No evidence has been submitted for this criterion to address standards 3.6.1. • Unclear from submission the stage of implementation of the e-portfolio/CLA system. • Note PVD and submission concerns of many issues with the e-portfolio/CLA implementation. 	NM

Progress Report Survey Report

Standard 4 - The prevocational training program – prevocational doctors

4.1 Appointment to program and allocation to terms	Outcome
<p>Comments:</p> <ul style="list-style-type: none"> The process of appointment of PVDs to programs is not provided (Standard 4.1.1) Evidence regarding the process for allocation of PVDs to terms is provided (Standard 4.1.2) Reference is made to a “merit-based process undertaken by specialists” however the criteria surrounding this is unclear in the visible documents for PVDs. It is unclear if PVDs are aware of the additional factors contributing to rotation selection (ie. commitment to NT, priority for residents who are completing 12-month resident contracts, plan to enter a specific training program the following year and evidence of speciality related research). A disputes process is not submitted in evidence. 	PM
4.2 Wellbeing and support	
<p>Comments:</p> <ul style="list-style-type: none"> No evidence is provided regarding creating a supportive environment for Aboriginal and Torres Strait Islander PVDs (Standard 4.2.2). Reference is made to rosters decreasing fatigue, relocation allowance and pager protected time without evidence. (Standard 4.2.3) No evidence of any strategy, reporting system or mechanism to identify bullying/ harassment or discrimination is provided in evidence (Standard 4.4.2). No evidence of the process available to PVDs, or their knowledge of a pathway, to access a confidential counselling service (Standard 4.2.5) The is no mention or evidence of PVDs access to professional development (Standard 4.2.6) There is no evidence submitted regarding PVDs access to career advice (Standard 4.2.7). Referenced evidence provided relates solely to the social activities of the “Top End Medical Society”, which has a paid membership and organises paid events. No evidence acknowledging the role or responsibility of the prevocational training provider to support the wellbeing of PVDs is provided. Whilst the provided statement suggests this may not reflect the actual views of the training provider the implication of the only evidence in the submission regarding PVD wellbeing being related to social activities not provided by the training provider without evidence of any ownership by the training provider for PVD wellbeing should be carefully considered. 	NM
4.3 Communication with prevocational doctors	
<p>Comments:</p> <ul style="list-style-type: none"> There is no evidence provided regarding timely communication to PVDs in relation to outcome of evaluation (Standard 4.3.1). The engagement of the TET committee is noted addressing standard 4.3.2. Evidence submitted shows PEC agenda and minutes which notably does include TET committee involvement and evidence of a TET initiated executive meeting with very valid concerns regarding PVD training experience highlighted with no evidence of response provided to the raised concerns. 	PM
4.4 Resolution of training problems and conflicts	
<p>Comments:</p> <ul style="list-style-type: none"> No evidence submitted of a process for PVDs to address problems (standard 4.4.1). No evidence of a clear impartial pathway for timely resolution of disputes between PVDs and supervisors, the healthcare team or the health service (standard 4.4.2). 	NM

Progress Report Survey Report

Standard 5 - Monitoring, evaluation and continuous improvement

5.1 Program monitoring and evaluation	Outcome
<p>Comments:</p> <ul style="list-style-type: none">There is weak evidence to support a process of continuous quality improvement within the PETP as described in the submission.There is no strong evidence to suggest a process of directed evolution toward a shared vision.The evidence provided is insufficient to assess the effectiveness of the processes evidenced or described, not least because of the provision of agendas rather than meeting minutes in several instances.Regularity and attendance of key meetings in the management of the PETP are insufficiently described or evidenced in the submission (5.1.1, 5.1.2)The submission does not describe any process by which a PVD would confidentially raise a concern about the standard of training or a supervisor, and the systematic collection and use of feedback and data related to the PETP is lacking (5.1.3).	PM
5.2 Evaluation outcomes and communication	
<p>Comments:</p> <ul style="list-style-type: none">There is no evidence in the submission to support the notion that the PETP communicates the outcomes of evaluation activities to PVDs, though this may be occurring.This activity may also be limited by the lack of robust evidence to support quality improvement initiatives within the PETP.	PM
5.1 Program monitoring and evaluation	Outcome
<p>Comments:</p> <ul style="list-style-type: none">There is weak evidence to support a process of continuous quality improvement within the PETP as described in the submission.There is no strong evidence to suggest a process of directed evolution toward a shared vision.The evidence provided is insufficient to assess the effectiveness of the processes evidenced or described, not least because of the provision of agendas rather than meeting minutes in several instances.Regularity and attendance of key meetings in the management of the PETP are insufficiently described or evidenced in the submission (5.1.1, 5.1.2)The submission does not describe any process by which a PVD would confidentially raise a concern about the standard of training or a supervisor, and the systematic collection and use of feedback and data related to the PETP is lacking (5.1.3).	PM
5.2 Evaluation outcomes and communication	
<p>Comments:</p> <ul style="list-style-type: none">There is no evidence in the submission to support the notion that the PETP communicates the outcomes of evaluation activities to PVDs, though this may be occurring.This activity may also be limited by the lack of robust evidence to support quality improvement initiatives within the PETP.	PM

Recommendation for accreditation

Based on the documentation provided to the survey team from the Top End Regional Health Service and the outcomes stated in this report, the survey team recommends to the Prevocational Accreditation Committee (PAC) that the Top End Regional Health Service accreditation should continue until 30 September 2026.

Terms recommended for accreditation to continue

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

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

ACCREDITED TERMS	PGY1 total places	PGY2+ total places
EMERGENCY MEDICAL CARE		
Emergency Medical Care	10	16
MEDICINE		
Medicine	12	12
Renal	2	2
Palliative Care	1	1
Cardiology	2	3
Haematology	0	1
Oncology	0	2
Neurology	0	1
IFD/HITH	0	2
Dermatology	0	1
Urology	0	1
SURGERY AND CRITICAL CARE		
General Surgery	12	14
Vascular Surgery	1	1
Orthopaedics	0	4
Head and Neck (Maxillofacial)	2	1

Progress Report Survey Report

ACCREDITED TERMS	PGY1 total places	PGY2+ total places
ENT Surgery	0	1
Neurosurgery	0	1
Plastic Surgery	0	1
DIVISION OF WOMENS, CHILDREN & YOUTH		
Paediatrics	4	8
O & G	0	10
TOP END MENTAL HEALTH SERVICE		
Psychiatry/Alcohol and Other Drugs	0	5
OFFSITE UNITS		
PRH – Emergency Medical Care	4	15
PRH – Medicine	1	6
PRH - Rehabilitation Medicine	1	2
PRH - Geriatrics	1	2
PRH – General Surgery	0	6
KH – Emergency Medical Care	1	2
KH – Medicine	1	2
GDH – General Rural Term	3	0
GDH - Gove Peninsula Rotation	0	6
DRW - Population & Primary Health Care Branch	0	4
DRW - Danila Dilba Health Service	0	4
Groote Eylandt	0	1
TOTAL	59	138

Progress Report Survey Report

Survey team members

All surveyors have accepted and endorsed this report via email.

Dr Nigel Gray (Team Lead)

Dr Kristof Wing (Team Member)

Dr Jerida Keane (Team Member)

Accrediting authority support team members

Support Team:

Ms Cherie Hamill

Report Sighted by: NT Accrediting Authorities Accreditation Director

Name: Ms Maria Halkitis

Date: 25/11/2025

Progress Report Survey Report

Health service report received

The Prevocational Accreditation Committee requests that the Director of Medical Services, Director of Clinical Training and Prevocational Clinical Training Committee Chair upon receipt of this report sign and notify the NT Accrediting Authority that the assessment report has been received.

*****Please Note** that receipt of the report does **not** mean that the health service 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 Authority's website.

Receipt of the survey report outcomes for the Top End Regional Health Service August 2025 Progress Report is acknowledged by –

Dr Sara Watson
RDH General Manager
Top End Regional Health Service

Signature:..... Date:

Dr John Roe
Executive Director of Medical Services
Top End Regional Health Service

Signature:..... Date:

Dr Danika Thiemt
Director of Medical Services
Top End Regional Health Service

Signature:..... Date:

Dr Tone Trewella
Director of Clinical Training
Top End Regional Health Service

Signature:..... Date:

Dr Vidya Kasireddy
Director of Clinical Training
Top End Regional Health Service

Signature:..... Date:

Prevocational Clinical Training Committee Chair Name:.....

Top End Regional Health Service

Signature:..... Date:

ON COMPLETION OF THIS PAGE PLEASE FORWARD A COPY TO THE NT ACCREDITING AUTHORITY VIA EMAIL TO NTAccreditingAuthority.Health@nt.gov.au



PREVOCATIONAL MEDICAL
ASSURANCE SERVICES



ISSUED BY

THE NORTHERN TERRITORY PREVOCATIONAL MEDICAL ASSURANCE SERVICES

