Survey Report

Reaccreditation

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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INTRODUCTION

The Northern Territory (NT) Accrediting Authority thanks the Executive and staff of the Top End Regional Health Service (TERHS) for taking part in the 2023 Reaccreditation Survey. NT accreditation support staff and the survey team, led by Dr Nigel Gray, acknowledge the hard work and effort put in by the staff of the hospitals in order to complete the relevant documentation and arrange a well-planned visit, providing valuable assistance during the visit.

TERHS is comprised of Royal Darwin, Palmerston Regional, Katherine and Gove District Hospitals with Royal Darwin Hospital (RDH) being the primary allocation centre for intern education, training and supervision with a number of offsite units. Please see attached all terms listed for TERHS including offsite units in the following table of terms accredited.

RDH is the NT's largest tertiary referral and teaching hospital providing acute hospital services to the residents of the Top End of the Northern Territory. RDH acts as a tertiary referral hospital for the remainder of the NT, the Kimberley Region of Western Australia and its northern neighbours in the event of a man-made or natural disaster in the region. The hospital has a strong and successful association with the Flinders University of South Australia through the joint initiative of the Northern Territory Flinders Medical Program and Clinical School. The association with Flinders University allows the hospital to engage teaching staff and thereby enhance its available expertise in wide-ranging fields along with training doctors.

Services include:

Medicine

- cardiology
- dermatology
- gastroenterology
- infectious diseases
- general medicine
- hyperbaric medicine
- neurology
- ophthalmology
- oncology
- haematology
- rehabilitation
- renal
- respiratory medicine
- rheumatology
- sleep studies
- endocrinology
- pain management
- hospital in the home
- anaesthetics
- palliative medicine.

Surgery

- ear, nose and throat (ENT) surgery
- oro-maxillo facial (OMF) surgery
- orthopaedic
- urology
- general surgery
- paediatric general surgery
- plastics surgery
- ophthalmology.

Allied health services

- physiotherapy
- occupational therapy
- speech pathology
- audiology
- social work
- nutrition/dietetics.

Clinical support services

- prosthetics and orthotics
- CT scan and MRI
- Aboriginal liaison
- radiology (including nuclear medicine)
- hospital chaplaincy
- interpreter services.

Maternal and child health

- obstetrics
- reproductive medicine
- paediatrics
- gynaecology.

Other

- outreach specialist and allied health services to Palmerston Health Precinct, rural and remote regions and clinical and retrieval support to regional hospitals
- teaching and reference services for northern Australia and Southeast Asia, with rural and remote medical training placements
- pharmaceutical services for the hospital and surrounding community area
- 24 hour emergency and critical care and support for air medical service
- renal satellite services at Nightcliff, Palmerston and Tiwi

RDH is a primary allocation centre for prevocational doctor education, training and supervision and at this survey site visit, the facility is seeking to have all terms listed in the following table of terms accredited.

The terms listed at the back of the accreditation report are the only terms recommended by the survey team to be accredited for PGY1 and PGY2 placements.

All intern terms must meet accreditation standards and an intern's registration will be at risk if placed in an unaccredited PGY1 term, including interns oversubscribed to the number of accredited places within a term.

TABLE OF 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/NON-CORE	PGY 1	PGY 2	TOTAL	PGY 1	PGY 2	TOTAL
EMERGENCY MEDICAL CARE								
Emergency Medical Care	RDH	C	10	16	26	10	16	26
MEDICINE								
General Medicine	RDH	C	12	12	24	12	12	24
Renal Medicine	RDH	NC	2	2	4	2	2	4
Palliative Care	RDH	NC	1	1	2	1	1	2
Cardiology	RDH	NC	2	3	5	2	3	5
Haematology	RDH	NC	0	1	1	0	1	1
Oncology	RDH	NC	0	2	2	0	2	2
Respiratory	RDH	NC	0	1	1	0	1	1
Gastroenterology	RDH	NC	0	1	1	0	0	0
Neurology	RDH	NC	0	1	1	0	1	1
IFD/HITH	RDH	NC	0	2	2	0	2	2
DPH	RDH	NC	0	4	4	0	4	4
Dermatology	RDH	NC	0	1	1	0	1	1
SURGERY & CRITICAL CARE								
General Surgery	RDH	C	12	14	26	12	14	26
Vascular Surgery	RDH	NC	1	1	2	1	1	2
Orthopaedics	RDH	NC	0	4	4	0	4	4
Head and Neck (Maxillofacial)	RDH	NC	2	1	3	2	1	3
ENT	RDH	NC	0	1	1	0	1	1

Neurosurgery	RDH	NC	0	1	1	0	1	1
Plastic Surgery	RDH	NC	0	1	1	0	1	1
Intensive Care Medicine	RDH	NC	0	5	5	0	5	5
Anaesthetics	RDH	NC	0	2	2	0	2	2
DIVISION OF WOMENS, CHILDREN & YOUTH								
Paediatrics	RDH	NC	2	8	10	2	8	10
Obstetrics & Gynaecology	RDH	NC	0	10	10	0	10	10
TOP END MENTAL HEALTH SERVICE								
Psychiatry/Alcohol and Other Drugs	RDH	NC	0	5	5	0	5	5
OFFSITE UNIT/S								
Emergency Medical Care	PRH	C	4	15	19	4	15	19
Medicine	PRH	C	1	6	7	1	6	7
Rehabilitation Medicine	PRH	NC	1	2	3	1	2	3
Geriatrics	PRH	NC	1	2	3	1	2	3
General Surgery	PRH	NC	0	6	6	0	6	6
Anaesthetics	PRH	NC	0	1	1	0	1	1
Emergency Medical Care	KH	C	1	2	3	1	2	3
Medicine	KH	C	1	2	3	1	2	3
General Rural Term	GDH	NC	3	0	3	3	0	3
Gove Peninsula Rotation	GDH	NC	0	6	6	0	6	6
Population & Primary Health Care Branch	RDH	NC	0	4	4	0	4	4
Danila Dilba Health Service	RDH	NC	0	4	4	0	4	4
Alyangula	GDH	NC	0	1	1	0	1	1
TOTALS			**56**	**151**	**207**	**56**	150	206

C = Core/Mandatory Term NC = Non-Core

REPORT EXECUTIVE SUMMARY

Thank you for submitting the Top End Regional Health Service (TERHS) 2023 Reaccreditation Survey Submission. 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 TERHS prior to the event include:

Dr *Nigel Gray* (Lead Surveyor)
MB ChB, FRACGP, GCHPE

Dr Sanjay Joseph (Team Member)
BSc MD

Dr Dayna Duncan (Team Member)
BMed/MD, AFHEA

Ms Silvia Bretta (Team Member)
Operations Team Leader, RACGP

EXECUTIVE SUMMARY

The TERHS is thanked for its co-operation in accommodating the survey team during our visit of May 15-18 2023.

The survey team found the TERHS representatives, particularly those from the Medical Education Unit, to be welcoming and supportive, providing all requested information in a timely fashion.

We are encouraged by our perceptions of a significant improvement in the culture of teaching and learning evident during the visit and sincerely hope this can continue to be translated into operational benefits for the interns and PGY2 RMOs within the accreditation cycle's remit.

The health service is advised to pay particular attention to the conditions, recommendations and commendations given within the body of this report as it is the fulfilment of these that will demonstrate that the accreditation standards have been adequately met.

It is undoubtedly recognised that workforce pressures, exacerbated by the effects of a COVID-19 pandemic, have compromised the ability of the health service to deliver an optimal PETP during the lifetime of this accreditation cycle and, moreover that these pressures have been felt particularly acutely in the Northern Territory (NT).

Nonetheless the health service is implored to continue its significant recent progress by substantiating the temporary contractual employment arrangements applicable to its MEU staff, including the innovative DCT model, into permanent appointments; and in addition by ensuring its clinical supervisors' enthusiasm for delivering teaching is recognised via the provision of fully protected and appropriately rewarded non-clinical time dedicated to the provision of teaching and learning to their junior medical staff.

We believe it is this recognition, supported by the further development of a streamed allocation and placement process into which clinical supervisors have input and which is applicable to both the primary allocation centre and its offsite units, that will support junior staff into feeling wholly part of a NT medical workforce pipeline to which they belong and wish to return regardless of any imperative to have periods of their specialist training seconded interstate.

The General Medical; General Surgical, particularly including SACU; and Darwin Private terms are especially challenged by the inhibitory resource allocations currently in place and it is in these directions that the health service is encouraged to initially direct its attention. There is further detail within the body of this report, but it is the areas of junior medical officer rostering in turn facilitating the provision of accessible term education programmes that should be the primary area of focus.

The survey team have given a number of commendations within this report and these will be summarised later and detailed further within the report itself.

However in addition to our overarching introductory statements above we would like to list those more specific areas still in need of targeted development and which as a result become the subject of conditions and recommendations.

- Health service wide guideline and policy update initiative.
- Supervisor training and support, including the introduction of a formal performance appraisal process.
- Consolidation of the Rovers, Term Descriptors and other term-specific orientation documents into a single, readily accessible resource.
- Communication of the PETP detail to all term educators, particularly offsite units in general.
- A robust oversight and management of the infrastructure available to support junior doctors at those offsite units.
- A health service wide process supporting facilitated handovers between juniors at the time of term handover, rather than leaving this to the juniors' own initiative.
- Timely term orientations across the board, with particular emphasis on some offsite units, which should include the setting of agreed learning goals.
- The consistent completion of mid-term and end of term assessments including detailed and specific comments as to each junior's progress; this may be facilitated by addressing term supervisor selection to target those best placed to provide these assessments.
- Ensuring Katherine hospital's Emergency department is fully supported to adequately supervise the number of junior medical staff which it is accredited to place.
- The more formal inclusion of relief terms within the PETP where they are deemed necessary to occur.

In addition and as foreshadowed the survey team would also like to draw attention to a good number of high quality aspects of TERHS's PETP, once again in list format.

- The outstanding progress demonstrated by the orthopaedic department in terms of its contribution to the PETP and the active & effective supervision of junior medical staff within the unit. We believe this example can be showcased within the health service as a demonstration of what can be achieved through collaboration between the MEU and a specific term if the overall objective of learner support is given precedence. Whilst it is recognised that this progress is largely person or people dependent in its early evolution, there should be translation of such quality improvement in to a systematic advance.
- The flexibility demonstrated in support of ensuring juniors are able to attend the HSEP, either contemporaneously or at a later time where unavoidable. This needs to be extended into the PGY2 space ahead of the impending changes to prevocational training.
- The paediatric and ED term education programmes.
- Sharing of best supervision and training practices within the PEC and its interface with the MEU.
- QI activities around term evaluations, the health service orientation and the HSEP.
- The collaborative relationship between the MEU and junior doctor representative group DiTAG.
- The FIFO opportunities available within the PPHC offsite term.
- The quality, accessibility and relevance of the term Rovers.

In summary the survey team would like to extend its thanks and congratulations to the health service, its representatives and staff for the demonstrable recent progress towards excellence in the supervision and support of its junior medical staff. Nonetheless this progress is recent, largely unevaluated and to that end fragile.

Detailed and careful oversight must therefore be exercised to ensure the trajectory of improvement is maintained and not allowed to tail off as has often been the case throughout this and previous accreditation cycles.

Dr Nigel Gray
NT Prevocational Accrediting Authority lead surveyor – Reaccreditation Survey

SUMMARY OF STANDARDS

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)

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

SUMMARY OF RECOMMENDATIONS/CONDITIONS/COMMENDATIONS

****NOTE: Comments may provide further understanding when read with Recommendations and Conditions**

There are a total of **8 Conditions, 15 Recommendations** and **3 Commendations.**

Function And Standard	Comments Y/N	Recommendation/Condition/Commendation
F1 S1	Y	**CONDITION - CRITERION 2:** **THAT** **SACU -** Review the workload on the SACU term to ensure that high workload does not impact on patient care**.** **MEDICINE -** On the General Medicine Term, the roster needs to be reviewed for fatigue management. **RECOMMENDATION - CRITERION 3:** That FTE for clinicians involved in education and supervision needs to include sufficient protected non-clinical time. **RECOMMENDATION - CRITERION 5:** That permanent recruitment of appropriately qualified staff to manage to PETP is completed. **RECOMMENDATION - CRITERION 6:** That updated policy, process and procedure documents are provided at the next progress report in 2025.
F1 S2	Y	**RECOMMENDATION - CRITERION 1:** That permanent recruitment of appropriately qualified staff to manage to PETP is completed. **RECOMMENDATION - CRITERION 2:** That FTE for clinicians involved in education and supervision needs to include sufficient protected non-clinical time. **RECOMMENDATION - CRITERION 5:** That evidence of a formal performance appraisal process in operation for MEU staff, including DCT(s) is provided at the next progress report.
F1 S3	Y	**CONDITION - CRITERION 1 – PGY2:** **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. **RECOMMENDATION - CRITERION 1 – PGY1:** That a clear statement about principles of selection of candidates that is readily available and accessible to candidates. **RECOMMENDATION - CRITERION 4 – PGY2:** In view of upcoming changes to the prevocational framework, a focus is recommended for PGY2 attendance at RMO education sessions for prevocational doctors across rotations. **RECOMMENDATION - CRITERION 8 (c):** That evidence is provided showing that the clinical supervisors for prevocational trainees on relieving terms are included in a robust assessment process**.**
F1 S4	Y	**CONDITION - CRITERION 2:** **THAT** For every offsite term, orientation must occur as early as possible following commencement, at a maximum within the first week.

F1 S5	Y	**RECOMMENDATION - CRITERION 1:** That updated policy, process and procedure documents are provided at the next progress report in 2025. **RECOMMENDATION - CRITERION 3:** 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.
F2 S1	Y	**COMMENDATION 1 - CRITERION 5:** The survey team commends the senior clinicians who are supportive of prevocational doctors attending intern and RMO education programs. There were numerous reports from juniors that consultants and registrars took on extra clinical workload to facilitate this. **RECOMMENDATION - CRITERION 4:** In view of upcoming changes to the prevocational framework, a focus is recommended for PGY2 attendance at RMO education sessions for prevocational doctors across rotations. **RECOMMENDATION - CRITERION 6:** Within the accreditation cycle, provide evidence of support for a trainee going through a process of application for flexible training arrangements. **RECOMMENDATION - CRITERION 7:** In view of upcoming changes to the prevocational framework, a focus is recommended for PGY2 attendance at RMO education sessions for prevocational doctors across rotations.
F2 S2	Y	**Nil**
F2 S3	Y	**RECOMMENDATION - CRITERION 3 – PGY1:** That a process is established for access to professional development leave for interns.
F2 S4	Y	**COMMENDATION 2 - CRITERION 1:** The ability for prevocational doctors to review recorded lectures in retrospect and write a synopsis to have their attendance counted is positive in providing flexibility as a process of innovation.
F2 S5	Y	**RECOMMENDATION - CRITERION 3:** 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.
TERM SPECIFIC		
F2 S6	Y	**See Function 2 Standards 6 -10 within this assessment report for each individual Rotation/Term recommendations/conditions/comments and commendations where awarded.**
F2 S7	Y	
F2 S8	Y	
F2 S9	Y	
F2 S10	Y	

OUTSTANDING RECOMMENDATIONS REVIEW OUTCOMES

Function, Standard and Criterion	Recommendation/Condition	2023 Outcome
F1 S1 C3	**CONDITION:** The distribution of workload across the surgical prevocational doctors is improved with particular attention to the high SACU workload.	**PM** **COMMENT:** Ongoing focus on rostering and workload in the SACU term is required, particularly for first and second term prevocational doctors. Evaluation of the changes to the SACU roster to be reported by the Quality Action Plan Stage 2 (2025).
F1 S2 C1	**RECOMMENDATION 2:** **THAT** Urgent and immediate priority is given to stabilisation of the MEU through recruitment and appointment to those outstanding positions currently filled by temporary appointments.	**PM** **COMMENT:** Recruitment of DCTs is noted and this innovative structure is commended, however this system is relatively new and requires ongoing monitoring. Currently DCTs are on temporary contracts. Outstanding administration role (second MEO), and the current MEO role is a temporary contract as well.
F1 S5 C1, 2 & 5	**RECOMMENDATION 3:** **THAT** The communication gaps between the clinical supervisors, relevant committees and the MEU be addressed.	**PM** **COMMENT:** There has been noted improvement in the communication between term supervisors, the newly established PEC and the MEU with the appointment of new DCTs. There is still some variability between departments. Notably there is increased communication with remote sites with the appointment of a dedicated DCT to facilitate collaboration; however, this is an ongoing process.
F1 S5 C1, 2 & 5	**RECOMMENDATION 4:** **THAT** The effectiveness of the committee structure and governance be reviewed as part of a quality improvement activity prior to the scheduled 2021 Progress Report submission	**PM** **COMMENT:** While there has been evidence of reflection with refining of the PEC ToR, no formal review has yet been completed.
F1 S5 C1, 2 & 5	**RECOMMENDATION 5:** **THAT** The Prevocational Education Advisory Group (PEAG) takes responsibility for auditing the outcomes of continuous improvement action plans where PETP deficits are identified.	**SM** **COMMENT:** Education program has been improved with response to feedback. There has also been evidence on the PEC (PEAG) taking responsibility for improvement of various aspects of the PETP, including the widespread use of IPAPs for supporting individual prevocational doctors.
F2 S5 C3	**RECOMMENDATION 6:** **THAT** All supervisors of prevocational doctors are given the opportunity to provide feedback and to participate in discussion of the value of the HSEP, through both the Prevocational	**SM** **COMMENT:** There is evidence of improved engagement of supervisors with PEC, and the opportunity exists for supervisors who want to engage to attend PEC meetings or provide feedback out of session through circulated

Function, Standard and Criterion	Recommendation/Condition	2023 Outcome
	Education Advisory Group and informal monitoring within their division.	minutes. Supervisors commented often on the informal monitoring within divisions.
F2 S9 C 2 & 3 PGY 1 & 2	**CONDITION:** The MEU reviews feedback mechanism across the PETP to ensure that prevocational doctors have the ability to encourage frank and honest feedback in a range of formal and informal ways.	**SM** **COMMENT:** There are numerous pathways for prevocational doctors to provide feedback to the PEC via survey processes such as at the end of orientation and after education sessions. There are prevocational doctor representatives invited and supported to attend PEC, and there is engagement with prevocational doctor representative groups including DiTAG. Feedback is also collected via end of term discussions.

ORTHOPAEDICS

Function, Standard and Criterion	Recommendation	2023 Outcome
F2 S6 C ALL PGY2	**RECOMMENDATION 7:** **THAT** The head of Surgery and Critical Care takes responsibility for leading and driving cultural change within the Orthopaedic term in order to be responsible for the provision of the full range of clinical patient care.	**SM** **COMMENT:** The MEU and hospital executive have taken initiative to drive improvements in the culture of education and support in the orthopaedic term.
F2 S6 C ALL PGY2	**RECOMMENDATION 8:** **THAT** Senior Clinicians in Orthopaedic terms are more directly involved in the terms orientation, clinical and term supervision requirements and that the term teaching program is delivered as identified in the Term Descriptor, ROVER and assessment booklet.	**SM** **COMMENT:** Senior clinicians run term orientation and perform assessments at the beginning, middle and end of term for prevocational doctors. Clinicians who are passionate about education have delivered a teaching program that is tailored to the prevocational doctors, and it is important to ensure that this will continue in the future with rotation of clinical staff.
F2 S7 C ALL PGY2	**RECOMMENDATION 8:** **THAT** Senior Clinicians in Orthopaedic terms are more directly involved in the terms orientation, clinical and term supervision requirements and that the term teaching program is delivered as identified in the Term Descriptor, ROVER and assessment booklet.	**SM** **COMMENT:** Senior clinicians run term orientation and perform assessments at the beginning, middle and end of term for prevocational doctors. Term supervision is also appropriate as reported by prevocational doctors. Clinicians who are passionate about education have delivered a teaching program that is tailored to the prevocational doctors, and it is important to ensure that this will continue in the future with rotation of senior clinical staff.

F2 S8 C ALL PGY2	**RECOMMENDATION 8:** **THAT** Senior Clinicians in Orthopaedic terms are more directly involved in the terms orientation, clinical and term supervision requirements and that the term teaching program is delivered as identified in the Term Descriptor, ROVER and assessment booklet.	**SM** **COMMENT:** Senior clinicians run term orientation and perform assessments at the beginning, middle and end of term for prevocational doctors. Clinicians who are passionate about education have delivered a teaching program that is tailored to the prevocational doctors, and it is important to ensure that this will continue in the future with rotation of clinical staff.
F2 S9 C 2 & 3 PGY2	**[Extracted from the TERHS Orthopaedic Progress Report – February 2022]** **RECOMMENDATION 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.	**PM** **COMMENT:** This recommendation is not able to be met as no data was collected in 2021, however focus group style feedback from JMOs provided gives evidence of improvement in the education, culture and support of the term. The survey team would like to continue to see evaluations of the orthopaedic term into the future.
F2 S9 C 2 & 3 PGY2	**RECOMMENDATION 5:** **THAT** The Prevocational Education Advisory Group (PEAG) takes responsibility for auditing the outcomes of continuous improvement action plans where PETP deficits are identified.	**SM** **COMMENT:** Education program has been improved with response to feedback. There has also been evidence on the PEC (PEAG) taking responsibility for improvement of various aspects of the PETP, including the widespread use of IPAPs for supporting individual prevocational doctors.
F2 S10 C 1,2,3,4 & 5 PGY2	**RECOMMENDATION 8:** **THAT** Senior Clinicians in Orthopaedic terms are more directly involved in the terms orientation, clinical and term supervision requirements and that the term teaching program is delivered as identified in the Term Descriptor, ROVER and assessment booklet.	**SM** **COMMENT:** Senior clinicians run term orientation and perform assessments at the beginning, middle and end of term for prevocational doctors. Clinicians who are passionate about education have delivered a teaching program that is tailored to the prevocational doctors, and it is important to ensure that this will continue in the future with rotation of senior clinical staff.

SACU

Function, Standard and Criterion	Recommendation	2023 Outcome
F2 S8 C3	**CONDITION:** That the distribution of SACUs workload for prevocational doctors is reviewed to alleviate the potential issue of preventing an educational experience in this term/rotation.	**NM** **COMMENT:** Ongoing high workload in the SACU term makes attendance of formal teaching of prevocational doctors difficult. This also makes it difficult for Clinicians to provide within term formal teaching, and informal on the run teaching.

GOVE PENINSULA, DDHS, PPHC & GROOTE EYLANDT

Function, Standard and Criterion	Recommendation	2023 Outcome
F1 S4 C1 PGY2	**RECOMMENDATION 1:** **THAT** 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 personal or professional harms as a result of placement at these offsite units. .	**SM** **COMMENT:** The appointment of a dedicated DCT for communication with offsite units has resulted in improved relationships and collaboration with offsite units, as evidenced by reports from offsite clinical supervisors.
F2 S6 C2 PGY2	**The below condition applies only to the Gove Peninsula & DDHS terms** **CONDITION:** 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.	**PM** **COMMENT:** There has been reform in the evaluation tool used across units including offsite units, to increase engagement. There were reports of variable orientation experiences in Gove Peninsula, and it was unclear whether this feedback reached the MEU.
F2 S6 C All PGY2	**The below recommendation applies only to the Groote Eylandt term.** **RECOMMENDATION 2:** **THAT** The Groote Eylandt orientation resource package is provided for review at the next scheduled reaccreditation survey event of the PAC.	**SM** **COMMENT:** There was positive feedback from prevocational doctors regarding the orientation for this rotation.
F2 S8 C2, 3, 4 PGY2	**CONDITION:** 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.	**SM** **COMMENT:** Clear expectations are set for prevocational doctors and supervisors for these rotations.
F2 S9 C2 PGY2	**RECOMMENDATION 3:** **THAT** 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.	**SM** **COMMENT:** The appointment of the DCT dedicated to communication with offsite units has improved awareness between sites of education programs and support for supervisors and prevocational doctors.
F2 S10 C7 PGY2	**CONDITION:** 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.	**SM** **COMMENT:** The IPAP process has been implemented across rotations. Supervisors from offsite terms identified that they could approach the DCTs and MEU if they noted a prevocational doctor to be struggling.

GLOSSARY

The following terms may be used throughout this document.

Term	Description
SM	Satisfactorily Met – Rating Scale
PM	Partially Met – Rating Scale
NM	Not Met – Rating Scale
TERHS	Top End Regional Health Service
CARHS	Central Australia Regional Health Service
Prevocational Doctor	For the purpose of this report, the term prevocational doctor refers to PGY1 and/or PGY2 doctors.
DCT	Director of Clinical Training
DMS	Director of Medical Services
DDMS	Deputy Director of Medical Services
HSEP	Health Service Education Program which refers to the formal education program comprised of a series of educational sessions provided for Interns/Prevocational doctors at your Facility
PETP	Prevocational Education and Training Program is the overall annual program offered to Interns/Prevocational doctors including terms, education sessions, orientations, supervision, assessment and evaluation
PEAG (TERHS)	Prevocational Education Advisory Group (Prevocational Doctor Education & Training Committee)
PEC (TERHS)	Prevocational Education Committee (formerly known as PEAG)
MTC (CARHS)	Medical Training Committee (Prevocational Doctor Education & Training Committee)
MEO	Medical Education Officer
MEU	Medical Education Unit
MAR	Medical Administration Registrar
MER	Medical Education Registrar
PMAS	Prevocational Medical Assurance Services
ACF JD	Australian Curriculum Framework for Junior Doctors
RDH	Royal Darwin Hospital
PRH	Palmerston Regional Hospital
KH	Katherine Hospital
GDH	Gove District Hospital
ASH	Alice Springs Hospital

TCH	Tennant Creek Hospital
Condition	Is an additional activity required to fully adhere to a standard. Conditions are issued in order to allow a prevocational training provider to address identified deficiencies within a defined period, while maintaining accreditation.
Recommendation	Is used to provide advice to a facility on how the overall quality of the prevocational training program may be improved. Quality improvement recommendations are to be completed within the awarded accreditation cycle timeframe.

PREVOCATIONAL EDUCATION & TRAINING PROGRAM REPORT

FUNCTION 1 - GOVERNANCE

The Delegated Officer will ensure that the Intern Education and Training Program offered is *sufficient* to enable Interns who undertake the program to gain the skills and knowledge in clinical medical practice necessary to competently and safely practise the profession.

STANDARD 1: HEALTH SERVICE STRUCTURE

The health service Manager is accountable for the provision and quality of the Prevocational Doctor Education and Training Program (PETP) by ensuring that there are appropriate and effective organisational, operational and governance structures in place to manage prevocational medical education and training.

Criteria:

1. Provide **governance** to the health services PETP that includes defining the **prevocational training program outcomes** and the **programs assessment.** Assessment roles are defined **and** meet any relevant national and/or territory laws and regulations pertaining to prevocational education and training.
2. The duties, rostering, working hours and supervision of prevocational doctors are consistent with the **delivery of high-quality, safe patient care**.
3. The health services give **appropriate priority** to medical education and training relative to other responsibilities.
4. Undertake medical education and training program **strategic planning.**
5. Ensure that there is an **organisational structure** with appropriately qualified staff to manage the PETP.
6. Ensure that there are **policies** (or equivalent)**, processes and procedures** in place, which facilitate the delivery, coordination and evaluation of the PETP including supervision and orientation.
7. Provide safe adequate **physical and educational infrastructure** to ensure the objectives of the prevocational doctor training years are met.
8. Ensure **effective communication between health services** that provide prevocational medical education and training.

Level of trainee PGY	Rating	Criteria	Comment
1 & 2	SM	1, 4, 7, 8	To be reviewed at scheduled Progress Report 2025.
	PM	2, 3, 5, 6	**Comments** **<u>CRITERION 2:</u>** On busier rotas, there may not be time for the delivery of 'high quality' care however there is safe patient care generally. There were concerns regarding fatigue affecting patient care and wellbeing of prevocational doctors. **<u>CRITERION 3:</u>** Clinicians on some rotations do not have FTE for non-clinical activities including teaching and supervision/ assessment of prevocational doctors. **<u>CRITERION 5:</u>** While there is a clear structure in place, vacancies and temporary contracts mean that the criteria for skilled staff is not met. Sustainability will be improved through securing appropriately qualified staff on a permanent basis. **<u>CRITERION 6:</u>** Policies are variably up to date, and it is recognised that this is due to changes in the NT Health Structure and approval processes for policies.

			Condition
			<u>CONDITION - CRITERION 2:</u> **THAT** **SACU** - Review the workload on the SACU term to ensure that high workload does not impact on patient care. **MEDICINE -** On the General Medicine term, the roster needs to be reviewed for fatigue management.
			Recommendations
			<u>CRITERION 3:</u> That FTE for clinicians involved in education and supervision needs to include sufficient protected non-clinical time. **<u>CRITERION 5:</u>** That permanent recruitment of appropriately qualified staff to manage to PETP is completed. **<u>CRITERION 6:</u>** That updated policy, process and procedure documents are provided at the next progress report in 2025.

GOVERNANCE

STANDARD 2: PERSONNEL OVERSEEING THE PREVOCATIONAL DOCTOR EDUCATION AND TRAINING PROGRAM

The health service Manager is accountable for the provision and quality of the training experience of prevocational doctors by ensuring that there are suitable personnel with clinical and educational expertise employed to support and undertake educational planning and the delivery of the prevocational doctor education and training program (PETP).

Criteria:

1. There are **educational support personnel** appointed with appropriate skills, knowledge, competencies, time and authority specifically employed to support the PETP.
2. There are **clinical and educational supervisors** appointed with appropriate skills, knowledge, competencies, time, authority and resources including the relevant capabilities and understanding of the assessment processes employed to support the PETP.
3. There is support for the participation in **professional development** opportunities by those overseeing the PETP.
4. **There is advocacy for** prevocational doctors by those overseeing the PETP and it is supported by relevant documentation.
5. **There is performance appraisal** of all Medical Education Unit or equivalent personnel involved in the prevocational doctors' training experience, which is monitored including the evaluation of presenters where appropriate.

Level of trainee PGY	Rating	Criteria	Comment
1 & 2	SM	3 , 4	To be reviewed at scheduled Progress Report 2025.
	PM	1, 2	**Comments**
			CRITERION 1: While there is a clear structure in place, vacancies and temporary contracts mean that the criteria for skilled staff is not met. Sustainability will be improved through securing appropriately qualified staff on a permanent basis. **CRITERION 2:** There are appropriately qualified staff, however they do not have protected time.
			Recommendations
			CRITERION 1: That permanent recruitment of appropriately qualified staff to manage to PETP is completed. **CRITERION 2:** That FTE for clinicians involved in education and supervision needs to include sufficient protected non-clinical time.
	NM	5	**Comment**
			CRITERION 5: The MEU have outlined plans for the implementation of performance appraisal processes for MEU staff. There is an established process for feedback to presenters of the PETP formal education program.
			Recommendation
			CRITERION 5: That evidence of a formal performance appraisal process in operation for MEU staff, including DCT(s) is provided at the next progress report in 2025.

GOVERNANCE

STANDARD 3: PREVOCATIONAL DOCTOR EDUCATION AND TRAINING PROGRAM (PETP)

The prevocational doctor education and training program (PETP) is composed of an organised Health service Education Program (HSEP), Term Education Program (TEP) and other educational experiences, designed to provide each prevocational doctor with the opportunity to fulfil the educational objectives outlined for each term, and achieve competence. The prevocational training program is underpinned by sound medical education principles.

Criteria:

1. The health service has a clear **statement** of principles underpinning the **selection process of prevocational doctors**. The health service's process for the **appointment** of prevocational doctors is based on the employment criteria, the principles of the program concerned and is transparent, rigorous and fair.
2. The health service delivering the prevocational training program **documents and reports** to the prevocational training accreditation body any **changes in the program**, **units or rotations** which may affect the delivery of the intern component of the program at a level consistent with the national standards.
3. A current flexible **HSEP** is delivered in paid time and is accessible and relevant to prevocational doctors. The intern component of the training program includes rotations that are structured to reflect the requirements of the national registration standard.
4. Prevocational doctors have equitable access to appropriate **clinical and non-clinical education** opportunities in order to meet his or her educational needs.
5. **Coordination and management** of the local delivery of the prevocational training program across **diverse sites occurs**.
6. Where **offsite unit terms** are used, the nature of the experience, education and training provided for the PETP is clearly defined. The HSEP supports the delivery of prevocational training by constructive working relationships with other health services and facilities.
7. The national **assessment** processes and health services assessment strategy are followed for all prevocational doctors.
8. Where **ward call/remote call** is allocated as part of a compulsory term:
    a. There is adequate supervision provided at all times
    b. Prevocational doctors are only rostered to cover in Units/terms that are currently accredited for Prevocational doctor training
    c. The Clinical Supervisor for ward call is included in the full assessment process
    d. The Prevocational doctor is aware of the change in assessment procedures
    e. The Clinical Supervisor for the compulsory term liaises with other Clinical Supervisors.

Level of trainee PGY	Rating	Criteria	Comments
1 & 2	SM	2, 3, 5, 6, 7, 8a, 8b, 8d, 8e	To be reviewed at scheduled Progress Report 2025. **CRITERION 3:** The flexibility of the HSEP is supported by the recording of MEU education sessions. Some prevocational doctors were eager to attend but unable to do so due to departmental teaching. Greater awareness of this online attendance option among prevocational doctors would be beneficial in facilitating attendance at both departmental teaching and HSEP sessions, particularly for those placed in the Emergency Department. **CRITERION 8(b) –PGY2:** The survey team acknowledges that there have been occasions where PGY2 doctors have been placed in non-accredited PGY2 terms. While this is not a current requirement, it will become as of January 2024 with the implementation of the new national framework, and the health service should be mindful of this in the future.

	PM	1, 4-PGY2, 8c	**Comments**
			<u>CRITERION 1 – PGY1:</u> There is no clear statement of principles for selection beyond the state based categories, the process is therefore not transparent. **<u>CRITERION 1 – PGY2:</u>** It is unclear how selection is made of PGY2 doctors to fill RMO positions, there is not transparency within the process and it is not rigorous. **<u>CRITERION 4 – PGY2:</u>** There are certain rotations (e.g. SACU, General Medicine) where PGY2 RMOs struggled to attend the formal RMO education program due to clinical workload. **<u>CRITERION 8(c):</u>** The survey team heard reports that at times it was unclear who the clinical supervisor was for prevocational doctors on relieving terms, and this resulted in less valuable term assessments.
			Condition
			<u>CONDITION - CRITERION 1 – 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.
			Recommendations
			<u>CRITERION 1 – PGY1:</u> That a clear statement about principles of selection of candidates is readily available and accessible to candidates. **<u>CRITERION 4 – PGY2</u>:** In view of upcoming changes to the prevocational framework, a focus is recommended for PGY2 attendance at RMO education sessions for prevocational doctors across rotations. **<u>CRITERION 8 (c):</u>** That evidence is provided showing that the clinical supervisors for prevocational trainees on relieving terms are included in a robust assessment process.

GOVERNANCE

STANDARD 4: GOVERNANCE OF A PREVOCATIONAL OFFSITE UNIT

The offsite Term Supervisor (e.g. RTP – DCME; Hospital DMS) is responsible for ensuring that there is clear communication with the Primary Allocation Centre (PAC) Medical Education Unit (MEU) to implement the prevocational doctor education program. (See glossary for definition of an Offsite Unit)

Examples of offsite units – prevocational doctor placements into

- **Hospitals;**
- **General practice; and**
- **Other health services e.g. AMS; health centres**

Criteria:

1. There is systematic **communication between health services** to optimise learning outcomes for the prevocational doctors. A procedure for liaising with the PAC's MEU is outlined.
2. There is an **offsite unit orientation** provided at the commencement of the term including relevant health service policies and processes that demonstrate the specifics of the offsite unit actively participating in the PAC's **prevocational training committee.**
3. There is **physical infrastructure** to support the implementation of the PETP.
4. There is appropriate **supervision** for prevocational doctors wherever they may be located and the health services policies on **adequate supervision are implemented** at all times (including when a prevocational doctor is rostered to ward call)
5. The PAC liaises with the Offsite Unit regarding their process for **evaluating the term**.

Level of trainee PGY	Rating	Criteria	Comment
1 & 2	SM	1, 3, 4, 5	To be reviewed at scheduled Progress Report 2025.
	PM	2	**Comment**
			CRITERION 2: For particular offsite units, orientation was occurring with some delay following commencement of the term. Given that there may be differences in clinical processes, staff supports and patient population, this orientation needs to occur as early as possible in the term, at a maximum within the first week.
			Condition
			CONDITION - CRITERION 2: **THAT** For every offsite term, orientation must occur as early as possible following commencement, at a maximum within the first week.

GOVERNANCE

STANDARD 5: PREVOCATIONAL DOCTOR EDUCATION AND TRAINING COMMITTEE

The Health service Manager will ensure that there is in place a committee with representation of all medical education stakeholders including prevocational doctors that meet to develop and survey all aspects of the prevocational doctor education and training program (PETP).

Criteria:

1. The Committee establishes the general and specific **policies of prevocational doctor education** in order to protect and preserve the best interests of the patient, the supervisor, the prevocational doctor and the Health service.

   The **Terms of Reference** will ensure that:

   a. The purpose of the Health service which employs prevocational doctors sets and promotes high standards of medical practice and junior doctor training.
   b. Appropriate reporting lines are in place within all levels of the Health service.
   c. Appropriate membership on the Committee including prevocational doctor and any offsite unit supervisor representation.
   d. Independent Chair who does not currently hold a position within the MEU.
   e. The Committee promotes quality assurance and complies with NT Standards, and encourages educational excellence.
2. The Committee schedules and undertakes regular **evaluation and review** of the **effectiveness** and **content** of the PETP and this is used to improve the PETP.
3. The committee schedules and undertakes regular **evaluation and review** of the **effectiveness** of the PETP **assessment processes.**
4. The Committee **responds to feedback and modifies the program** as necessary to improve the intern experience for interns, supervisors and hospital administrators.
5. **Prevocational doctors including interns are involved in the governance** of their training and there is representation on the training committee.

Level of trainee PGY	Rating	Criteria	Comment
1 & 2	SM	2, 4, 5	To be reviewed at scheduled Progress Report 2025.
	PM	1, 3	**Comments**
			CRITERION 1: Policies are variably up to date, and it is recognised that this is due to changes in the NT Health Structure and approval processes for policies. The PEC Terms of Reference are up to date and appropriate. The survey team saw good evidence of collegiality and collaboration in the PEC functioning. **CRITERION 3:** There is a planned process for PEC evaluation of the PETP but this has yet to be implemented.
			Recommendations
			CRITERION 1: That updated policy, process, and procedure documents are provided at the next progress report in 2025. **CRITERION 3:** 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.

FUNCTION 2 – PREVOCATIONAL DOCTOR EDUCATION AND TRAINING PROGRAM (PETP)

The structure and content of the program *including* assessment and supervision, training infrastructure and resources and clinical experiences is sufficient to enable Interns to progress to full registration.

STANDARD 1: STRUCTURE OF THE PREVOCATIONAL EDUCATION AND TRAINING PROGRAM

The structure and quality of the prevocational doctor education and training program meets the requirements for conditionally registered doctors to attain general registration with the Medical Board of Australia. It also meets the requirements for general registered doctors who have not yet commenced vocational training.

Criteria:

1. **The allocation to each term** meets the requirements of prevocational doctor training such that prevocational doctors in their postgraduate year one must each have the compulsory terms of medicine and surgery for a minimum of 10 weeks each and a term of at least 8 weeks that provides experience in emergency medical care. The remaining 19 weeks are to be taken in a range of approved terms to make up the minimum of 47 weeks fulltime equivalent service. (MBA Intern registration standard).
2. For offsite units, the **allocation of prevocational doctors** is in accordance with that **agreed by the Primary Allocation Health service**.
3. For each **rotation**, the health services list the **relevant outcome statements** and the skills and procedures that can be achieved in that rotation, and the nature and range of clinical experience available to meet these objectives.
4. Prevocational doctors have access to **formal** clinical teaching and **structured clinical and non-clinical learning activities** in addition to informal work-based teaching and learning.
5. The prevocational doctor training program enables prevocational doctors to **attend** formal educational sessions, and they are **supported** by senior medical staff to do so.
6. The prevocational doctor training provider/Health service **guides and supports supervisors and interns** in the **implementation** and **review** of **flexible training arrangements**. Arrangements are consistent with the General Registration Standard.
7. There is **dedicated time** for teaching and training for prevocational doctors and the health service also **reviews** the opportunities for work-based teaching and training.

Level of trainee PGY	Rating	Criteria	Comments
1 & 2	SM	1, 2, 3, 5	To be reviewed at scheduled Progress Report 2025. **CRITERION 2:** Previously there was an agreement between offsite units and the Primary Allocation site that the offsite unit would be involved in selecting prevocational doctors who would be allocated to them, this is no longer practice. While this is not a strict requirement of the guideline, the survey team urges the primary allocation site to collaborate with these offsite units to clarify the process for allocation to offsite units to ensure that it is in the best interest of the health service and prevocational doctors, and is transparent for those involved.
			Commendation
			COMMENDATION 1 - CRITERION 5: The survey team commends the senior clinicians who are supportive of prevocational doctors attending intern and RMO education programs. There were numerous reports from juniors that consultants and registrars took on extra clinical workload to facilitate this.

	PM	4, 6, 7	**Comments**
			CRITERION 4: All prevocational doctors have good access to the hospital-wide intern and RMO education program and this is often well supported by senior clinicians. In some terms there is a strong term-based education program, however this is not the case on rotations where heavy workload of junior and senior staff precludes formal and informal teaching. **CRITERION 6:** An NT Health guideline exists for flexible training arrangements that includes a process for flexible training in terms of time off. There is also a stated process for part time training although no examples have been provided of this being implemented. **CRITERION 7:** Pager protected teaching time is well supported for PGY1 and variably accessible for PGY2. All prevocational doctors have good access to the hospital-wide intern and RMO education program and this is often well supported by senior clinicians. In some terms there is a strong term-based education program, however this is not the case on rotations where heavy workload of junior and senior staff precludes formal and informal teaching.
			Recommendations
			CRITERION 4: In view of upcoming changes to the prevocational framework, a focus is recommended for PGY2 attendance at RMO education sessions for prevocational doctors across rotations. **CRITERION 6:** Within the accreditation cycle, provide evidence of support for a trainee going through a process of application for flexible training arrangements. **CRITERION 7:** In view of upcoming changes to the prevocational framework, a focus is recommended for PGY2 attendance at RMO education sessions for prevocational doctors across rotations.

PETP

STANDARD 2: PETP ORIENTATION

All prevocational doctors will be orientated to the Health service and Prevocational Doctor Education and Training Program (PETP) prior to commencement.

Criteria:

1. All Prevocational doctors participate in a comprehensive **orientation program** including the following:
    a. Identification of personnel responsible for implementing the PETP;
    b. Identification and explanation of relevant PETP policies and procedures including assessment and evaluation processes;
    c. Identification of prevocational doctor support personnel and processes;
    d. Identification and explanation of relevant Health service clinical policies and procedures;
    e. Explanation of educational and assessment processes used at the Health service including the educational program outcomes;
    f. Promotion of maintaining a logbook or portfolio (electronic) of term experiences;
    g. Information about the activities of committees that deal with prevocational doctor training;
    h. Outline how to find this information outside of the initial orientation period.
2. The **delivery of the PETP** orientation is consistent with best educational principles including experiential opportunities.
3. The PETP orientation program is **evaluated** by the prevocational doctors and necessary changes made in line with quality improvement. Data from the evaluations is reviewed by the Committee responsible for the oversighting of prevocational doctor Education at the Health service.

Level of trainee PGY	Rating	Criteria	Comments
1 & 2	SM	ALL	To be reviewed at scheduled Progress Report 2025.

PETP

STANDARD 3: HEALTH SERVICE EDUCATION PROGRAM CONTENT

The content of the Health service Education Program (HSEP) will be consistent with *The National Curriculum Framework for Prevocational doctors (ACFJD) and AMC Intern training – Intern outcome statements*. It will include career advice, professional development leave, access and opportunities for personal counselling where necessary.

Criteria:

1. The HSEP has **content** relevant to prevocational doctors and is mapped to the National Curriculum Framework and Intern outcome statements for Prevocational doctors as is applicable to the Health service. The HSEP is appropriately updated in response to feedback.
2. Prevocational doctors have access to **personal counselling and career advice**. The personal and career counselling services are publicised to prevocational doctors, their supervisors, and other team members.
3. The procedure for accessing appropriate **professional development leave** is fair, practical and published.
4. **Rotations** identified for training of prevocational doctors **considers** the following:
    - Complexity and volume of the unit's workload;
    - The prevocational doctor's workload (e.g. particularly for internship);
    - The experience prevocational doctors can expect to gain;
    - How the prevocational doctor will be supervised and by whom.

Level of trainee PGY	Rating	Criteria	Comment
1 & 2	SM	1, 2, 3-PGY2, 4	To be reviewed at scheduled Progress Report 2025.
	PM	3-PGY1	**Comment**
			CRITERION 3 – PGY1: At present, there is no accommodation for professional development leave for interns within the EBA. This is also restricted by national registration standards, however with the proposed changes to the EBA and flexibility in the new framework for prevocational doctors there will be opportunity to facilitate professional development leave in PGY1.
			Recommendation
			CRITERION 3 – PGY1: That a process is established for access to professional development leave for interns.

PETP

STANDARD 4: HEALTH SERVICE EDUCATION PROGRAM DELIVERY

The Health service Education Program (HSEP) will be delivered in a manner that maximises attendance and participation in an effective educational (setting) environment.

Criteria:

1. The health service ensures Prevocational doctors can **attend** the HSEP. The Health service demonstrates **innovation** to meet individual prevocational doctor **learning needs**.
2. The **delivery of the HSEP** is consistent with best educational principles including experiential opportunities.

Level of trainee PGY	Rating	Criteria	Comments
1 & 2	SM	ALL	To be reviewed at scheduled Progress Report 2025. **CRITERION 1:** The survey team would be supportive of advertisement of the online recording attendance opportunity to allow more prevocational doctors to participate.
			Commendation
			COMMENDATION 2 - CRITERION 1: The ability for prevocational doctors to review recorded lectures in retrospect and write a synopsis to have their attendance counted is positive in providing flexibility as a process of innovation.

PETP

STANDARD 5: EVALUATION OF THE HEALTH SERVICE EDUCATION PROGRAM

The Health service Education Program (HSEP) will be formally reviewed and evaluated using a quality framework.

Criteria:

1. There are **evaluation tools** to evaluate the HSEP, and a **process** that encourages all prevocational doctors to evaluate the HSEP.
2. There is **regular** systematic collection, interpretation and use of **evaluation data** from prevocational doctors and term supervisors. This evaluation data provides feedback into the program, places and the continuous improvement of both.
3. **Supervisors** contribute to monitoring program development. Their **feedback** is sought, analysed and used as part of the monitoring and evaluation process.

Level of trainee PGY	Rating	Criteria	Comment
1 & 2	SM	1, 2	To be reviewed at scheduled Progress Report 2025.
	PM	3	**Comment**
			CRITERION 3: Supervisor feedback collation is an ongoing project. In this area of the education program the feedback would be beneficial in ensuring that the education program caters to the identified gaps of prevocational doctors.
			Recommendation
			CRITERION 3: 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.

PETP

STANDARD 6: TERM ORIENTATION AND HANDOVER

Prevocational doctors will receive a *comprehensive* term orientation and handover prior to commencement of clinical duties.

Criteria:

1. Prevocational doctors receive a comprehensive **orientation to the term** prior to commencement of clinical duties including but not limited to:
    a. Reporting lines
    b. Rosters
    c. Timetables
    d. Relevant Unit policies, procedures and guidelines
    e. Documented clear generic Learning Objectives for a prevocational doctor undertaking this term
2. **Evaluation** of each term orientation.
3. **Record and discuss** with the prevocational doctor their agreed **individual learning objectives** for the term.
4. The prevocational doctor going to a ward has a **clinical handover** from an appropriate clinician prior to commencement of clinical duties.

Division and Sub Specialty Outcomes against Standard 6

The following commendation is across all PGY1 and PGY2 accredited terms:

****COMMENDATION 3****

THAT

Prevocational doctors reported that the Rover documents were positive in supporting transition to a new term and were relevant and up to date.

DIVISION OF EMERGENCY MEDICINE

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comment
Emergency Medical Care	1 & 2	SM PM	1, 3, 4 2	**CRITERION 2:** The survey team recognised that feedback on term orientations did occur, but this did not extend into an evaluation process.
				Recommendation
				CRITERION 2: Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.

DIVISION OF MEDICINE

<table>
<tr><th>Rotation/Term</th><th>Level of trainee PGY</th><th>Rating</th><th>Criteria</th><th>Comments</th></tr>
<tr><td rowspan="6">General Medicine</td><td rowspan="6">1 & 2</td><td rowspan="6">PM

NM</td><td rowspan="6">1, 2, 4

3</td><td><u>CRITERION 1:</u> For those who completed the composite term, they may not get orientation for their second specialty.

<u>CRITERION 2:</u> The survey team recognised that feedback on term orientations did occur, but this did not extend into an evaluation process.

<u>CRITERION 3:</u> On the medicine relief term there was often not an opportunity to set learning goals as there wasn't a clear supervisor with whom prevocational doctors had clinical contact.

<u>CRITERION 4:</u> Prevocational doctors and the health service have noted that the clinical handover is informal and driven by trainees. This requires the prevocational doctor to take initiative in identifying a person to receive handover from, and making time to do so. It would be beneficial if this process were more supported by providing protected time for this to occur.</td></tr>
<tr><td>Recommendations</td></tr>
<tr><td><u>CRITERION 2:</u> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.

<u>CRITERION 4:</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.</td></tr>
<tr><td>Conditions</td></tr>
<tr><td><u>CONDITION - CRITERION 1:</u>

THAT

For every offsite term, including Palmerston Regional Hospital, orientation must occur as early as possible following commencement, at a maximum within the first week.

<u>CONDITION - CRITERION 3:</u>

THAT

All prevocational doctors have an opportunity to set individual learning goals with their clinical supervisor at the beginning of term.</td></tr>
<tr><td rowspan="2">Renal Medicine</td><td rowspan="2">1 & 2</td><td rowspan="6">SM
PM</td><td rowspan="6">1, 3
2, 4</td><td rowspan="2">Comments</td></tr>
<tr><td rowspan="2">Palliative Care</td><td rowspan="2">1 & 2</td></tr>
<tr><td rowspan="4"><u>CRITERION 2:</u> The survey team recognised that feedback on term orientations did occur, but this did not extend into an evaluation process.

<u>CRITERION 4:</u> Prevocational doctors and the health service have noted that the clinical handover is informal and driven by prevocational doctors. This requires the prevocational doctor to take initiative in identifying a person to receive handover from, and making time to do</td></tr>
<tr><td>Cardiology</td><td>1 & 2</td></tr>
<tr><td>Haematology</td><td>2</td></tr>
<tr><td>Oncology</td><td>2</td></tr>
<tr><td>Respiratory</td><td>2</td></tr>
</table>

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comments
IFD/HITH	2			so. It would be beneficial if this process were more supported by providing protected time for this to occur.
				Recommendations
				CRITERION 2: Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process. **CRITERION 4:** That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.
Neurology	2	SM PM	3 1, 2, 4	**CRITERION 1:** There is a booklet sent out in advance, but no orientation to the physical environment or face-to-face orientation at the commencement of the term. **CRITERION 2:** The survey team recognised that feedback on term orientations did occur, but this did not extend into an evaluation process. **CRITERION 4:** Prevocational doctors and the health service have noted that the clinical handover is informal and driven by trainees. This requires the prevocational doctor to take initiative in identifying a person to receive handover from, and making time to do so. It would be beneficial if this process were more supported by providing protected time for this to occur.
				Recommendations
				CRITERION 2: Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process. **CRITERION 4:** That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.
				Condition
				CONDITION - CRITERION 1: **THAT** Term orientation must occur as early as possible following commencement, at a maximum within the first week.
DPH	2	SM PM	3 1, 2, 4	**Comments**
				CRITERION 1: There is orientation via a CNM to the site and processes, but not to the clinical work of a prevocational doctor from a medical officer. **CRITERION 2:** The survey team recognised that feedback on term orientations did occur, but this did not extend into an evaluation process. **CRITERION 4:** Prevocational doctors and the health service have noted that the clinical handover is informal and driven by trainees. This requires the prevocational doctor to take initiative in identifying a

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comments
				person to receive handover from, and making time to do so. It would be beneficial if this process were more supported by providing protected time for this to occur.
				Recommendations
				CRITERION 2: Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process. **CRITERION 4:** That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.
				Condition
				CONDITION - CRITERION 1: **THAT** Term orientation must occur as early as possible following commencement, at a maximum within the first week by an appropriate medical officer.

DIVISION OF SURGERY & CRITICAL CARE

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comments
General Surgery	1 & 2	PM NM	2, 4 1 ,3	**CRITERION 1:** Particular concern on SACU; Prevocational doctors report that no orientation was given. **CRITERION 2:** The survey team recognised that feedback on term orientations did occur, but this did not extend into an evaluation process. **CRITERION 3:** Prevocational doctors reported that there was no opportunity to set learning objectives with a term supervisor or clinical supervisor on some surgical teams, particularly SACU. **CRITERION 4:** Prevocational doctors and the health service have noted that the clinical handover is informal and driven by trainees. This requires the prevocational doctor to take initiative in identifying a person to receive handover from, and making time to do so. It would be beneficial if this process were more supported by providing protected time for this to occur.
				Recommendations
				CRITERION 2: Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process. **CRITERION 4:** That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comments
				Conditions
				CONDITION - CRITERION 1: **THAT** Term orientation must occur as early as possible following commencement, at a maximum within the first week. **CONDITION - CRITERION 3:** **THAT** All prevocational doctors have an opportunity to set individual learning goals with their clinical supervisor at the beginning of term.
Vascular Surgery	1 & 2	SM PM	1, 3 2, 4	**Comments**
Orthopaedics	2			**CRITERION 2:** The survey team recognised that feedback on term orientations did occur, but this did not extend into an evaluation process. **CRITERION 4:** Prevocational doctors and the health service have noted that the clinical handover is informal and driven by trainees. This requires the prevocational doctor to take initiative in identifying a person to receive handover from, and making time to do so. It would be beneficial if this process were more supported by providing protected time for this to occur.
Head and Neck (Maxillofacial)	1 & 2			
ENT	2			
Neurosurgery	2			
				Recommendations
Plastic Surgery	2			**CRITERION 2:** Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process **CRITERION 4:** That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.
Intensive Care Medicine	2			
Anaesthetics	2			

DIVISION OF WOMEN, CHILDREN & YOUTH

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comments
Paediatrics	1 & 2	SM PM	1, 3 2, 4	**CRITERION 1:** Excellent orientation to these terms including practical clinical skills, education sessions and medical knowledge relevant to the role. **CRITERION 2:** The survey team recognised that feedback on term orientations did occur, but this did not extend into an evaluation process. **CRITERION 4:** Prevocational doctors and the health service have noted that the clinical handover is informal and driven by trainees. This requires the prevocational doctor to take initiative in identifying a person to receive handover from, and making time to do so. It would be beneficial if this process were more supported by providing protected time for this to occur.
Obstetrics &Gynaecology	2			**Recommendations** **CRITERION 2:** Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process. **CRITERION 4:** That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.

TOP END MENTAL HEALTH SERVICE

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comments
Psychiatry/Alcohol and Other Drugs	2	SM PM	1, 3 2, 4	**CRITERION 2:** The survey team recognised that feedback on term orientations did occur, but this did not extend into an evaluation process. **CRITERION 4:** Prevocational doctors and the health service have noted that the clinical handover is informal and driven by trainees. This requires the prevocational doctor to take initiative in identifying a person to receive handover from, and making time to do so. It would be beneficial if this process were more supported by providing protected time for this to occur. **Recommendations** **CRITERION 2:** Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process. **CRITERION 4:** That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.

OFFSITE UNITS

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comment
Emergency Medical Care - PRH	1 & 2	SM PM	1, 3, 4 2	**CRITERION 2:** The survey team recognised that feedback on term orientations did occur, but this did not extend into an evaluation process.
				Recommendation
				CRITERION 2: Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.
Medicine - PRH	1 & 2	SM PM	3 1, 2, 4	**Comments**
				CRITERION 1: Orientation delayed until the second week, but comprehensive when it did occur. **CRITERION 2:** The survey team recognised that feedback on term orientations did occur, but this did not extend into an evaluation process. **CRITERION 4:** Prevocational doctors and the health service have noted that the clinical handover is informal and driven by trainees. This requires the prevocational doctor to take initiative in identifying a person to receive handover from, and making time to do so. It would be beneficial if this process were more supported by providing protected time for this to occur.
				Recommendations
				CRITERION 2: Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process. **CRITERION 4:** That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.
				Condition
				CONDITION - CRITERION 1: **THAT** Term orientation must occur as early as possible following commencement, at a maximum within the first week.
Rehabilitation Medicine - PRH	1 & 2	SM PM	3 1, 2, 4	**Comments**
				CRITERION 1: Prevocational doctors reported that a variable orientation program was delivered by registrars, dependent on unit staffing.

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comment
				CRITERION 2: The survey team recognised that feedback on term orientations did occur, but this did not extend into an evaluation process. **CRITERION 4:** Prevocational doctors and the health service have noted that the clinical handover is informal and driven by trainees. This requires the prevocational doctor to take initiative in identifying a person to receive handover from, and making time to do so. It would be beneficial if this process were more supported by providing protected time for this to occur.
				Recommendations
				CRITERION 2: Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process. **CRITERION 4:** That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.
				Condition
				CONDITION - CRITERION 1: **THAT** Term orientation must occur as early as possible following commencement, at a maximum within the first week.
Geriatrics – PRH	1&2	SM PM	1, 3 2, 4	**Comments**
Gen Surgery - PRH	2			**CRITERION 2:** The survey team recognised that feedback on term orientations did occur, but this did not extend into an evaluation process. **CRITERION 4:** Prevocational doctors and the health service have noted that the clinical handover is informal and driven by trainees. This requires the prevocational doctor to take initiative in identifying a person to receive handover from, and making time to do so. It would be beneficial if this process were more supported by providing protected time for this to occur.
Anaesthetics – PRH	2			
Emergency Medical Care - KH	1 & 2			
Medicine - KH	1 & 2			
General Rural Term - GDH	1			

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comment
Population & Primary Health Care Branch – RDH	2			**Recommendations**
Danila Dilba Health Service – RDH	2			**CRITERION 2:** Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process. **CRITERION 4:** That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.
Alyangula - GDH	2			
Gove Peninsula Rotation - GDH	2	SM PM	3 1, 2, 4	**CRITERION 1:** The survey team received reports that for some prevocational doctors, orientation was delayed which impacted clinical work. **CRITERION 2:** The survey team recognised that feedback on term orientations did occur, but this did not extend into an evaluation process. **CRITERION 4:** Prevocational doctors and the health service have noted that the clinical handover is informal and driven by trainees. This requires the prevocational doctor to take initiative in identifying a person to receive handover from, and making time to do so. It would be beneficial if this process were more supported by providing protected time for this to occur
				Recommendations
				CRITERION 2: Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process. **CRITERION 4:** That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.
				Condition
				CONDITION - CRITERION 1: **THAT** For every offsite term, orientation must occur as early as possible following commencement, at a maximum within the first week.

PETP

STANDARD 7: TERM SUPERVISION

The prevocational doctor will be supervised at all times by a medical practitioner with the appropriate knowledge, skills and experience to provide safe patient care and effective prevocational doctor training.

Criteria:

1. Sufficient **clinical and educational supervision is provided** by Supervisors. Supervisors of Prevocational doctors will have appropriate skills, knowledge, competencies, induction, time, authority and resources.
2. The Health service's policies on **adequate supervision are implemented** at all times (including when a prevocational doctor is rostered to ward call).
3. Supervisors of prevocational doctors are made aware of their **role and responsibilities in the PETP** and are given **professional development opportunities** to support improvement in the quality of the PETP.

Division and Sub Specialty Outcomes against Standard 7

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comments
ALL TERMS (except DPH)	1 & 2	SM PM	1, 2 3	**CRITERION 3:** There is variability in the awareness of supervisors of their roles and responsibilities as supervisors of PGY1 and PGY2 trainees. Whilst it is noted that supervisors are invited to professional development activities, their opportunity to attend is not uncommonly limited by their clinical commitments.
				Condition
				CONDITION - CRITERION 3: **THAT** Evidence to be provided of the process for making term supervisors explicitly aware of their roles and responsibilities.

DIVISION OF MEDICINE

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comments
DPH	2	SM PM	1 2, 3	**CRITERION 2:** The survey team were not provided with a clear understanding of how the supervision of prevocational doctors is provided at the private hospital. **CRITERION 3:** There is variability in the awareness of supervisors of their roles and responsibilities as supervisors of PGY1 and PGY2 trainees. Whilst it is noted that supervisors are invited to professional development activities, their opportunity to attend is not uncommonly limited by their clinical commitments.
				Conditions
				CONDITION - CRITERION 2: **THAT**

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comments
				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. **<u>CONDITION - CRITERION 3:</u>** **THAT** Evidence of the process for making term supervisors explicitly aware of their roles and responsibilities to be provided.

PETP

STANDARD 8: TERM CONTENT

Terms will provide clinical and educational experiences, which will contribute to the achievement of safe competent clinical practise.

Criteria:

1. The term provides appropriate **clinical experience** such that it enables the prevocational doctor to achieve competence in clinical activities appropriate to that term.
2. The **Scope of Practice** for the specific term including **specific clinical skills**, which require **direct observation** is documented and provided to the prevocational doctor at the commencement of the term.
3. A flexible, accessible and relevant **Term Education Program** provides a variety of formal and informal, clinical and non-clinical teaching and **learning opportunities** for prevocational doctors delivered in paid time.
4. The prevocational doctors **are supported and encouraged** to attend the formal HSEP sessions, which supplements the term experience.

Division and Sub Specialty Outcomes against Standard 8

The following condition is across all PGY1 and PGY2 accredited terms:

CRITERION 2: 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 following comment is across all PGY2 accredited terms:

CRITERION 2: There are some terms where RMO attendance at the HSEP is not supported, and this will need to be improved for PGY2s with the implementation of the National Framework.

DIVISION OF EMERGENCY MEDICINE

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comments
Emergency Medical Care	1 & 2	SM	ALL	To be reviewed at scheduled Progress Report 2025. **CRITERION 3:** Excellent term education program well reviewed by prevocational doctors. Prevocational doctors are paid to attend teaching on their days off and three hours of teaching time is provided each week.

DIVISION OF MEDICINE

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comment
General Medicine	1 & 2	SM PM	1, 2, 4 3	**CRITERION 3:** Some elements of the term education program are accessible to prevocational doctors such as the medical grand rounds, however teaching sessions are often cancelled due to clinical workload and attendance is further restricted when these activities do occur.
				Condition
				CONDITION - CRITERION 3:

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comment
				THAT All units are to provide a flexible, accessible and relevant term education program delivered in paid time.
Renal Medicine	1 & 2	SM	ALL	To be reviewed at scheduled Progress Report 2025.
Palliative Care	1 & 2	SM	ALL	To be reviewed at scheduled Progress Report 2025.
Cardiology	1 & 2	SM	ALL	To be reviewed at scheduled Progress Report 2025.
Haematology	2	SM	ALL	To be reviewed at scheduled Progress Report 2025.
Oncology	2	SM	ALL	To be reviewed at scheduled Progress Report 2025.
Respiratory	2	SM	ALL	To be reviewed at scheduled Progress Report 2025.
Neurology	2	SM PM	1, 2, 4 3	**CRITERION 3:** Teaching occurs at the bedside but formal teaching is difficult due to workload. **Condition** **CONDITION - CRITERION 3:** **THAT** All units are to provide a flexible, accessible and relevant term education program delivered in paid time.
IFD/HITH	2	SM	ALL	To be reviewed at scheduled Progress Report 2025.
DPH	2	SM NM	1, 2, 4 3	**CRITERION 3:** No evidence of any formal or informal teaching opportunities was presented to the survey team. **Condition** **CONDITION - CRITERION 3:** **THAT** All units are to provide a flexible, accessible and relevant term education program delivered in paid time.
Dermatology	2	SM	ALL	To be reviewed at scheduled Progress Report 2025.

DIVISION OF SURGERY & CRITICAL CARE

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comment
General Surgery	1 & 2	SM NM	1, 2, 4 3	**CRITERION 3:** It was report to the survey team that there was no formal teaching, constrained by workload of the unit. **Condition** **CONDITION - CRITERION 3:** **THAT** All units are to provide a flexible, accessible and relevant term education program delivered in paid time.
Vascular Surgery	1 & 2	SM	ALL	**CRITERION 3:** Excellent culture of valuing teaching and education as a priority around clinical workload- however, this required investment of clinician time after hours.
Orthopaedics	2	SM	ALL	To be reviewed at scheduled Progress Report 2025.
Head and Neck (Maxillofacial)	1 & 2	SM	ALL	To be reviewed at scheduled Progress Report 2025.
ENT	2	SM PM	1, 2, 4 3	**CRITERION 3:** It was reported to the survey team that there was no formal teaching, but lots of on the run teaching and hands on learning opportunities in theatre and clinic. **Condition** **CONDITION - CRITERION 3:** **THAT** All units are to provide a flexible, accessible and relevant term education program delivered in paid time.
Neurosurgery	2	SM	ALL	To be reviewed at scheduled Progress Report 2025.
Plastic Surgery	2	SM	ALL	To be reviewed at scheduled Progress Report 2025.
Intensive Care Medicine	2	SM	ALL	To be reviewed at scheduled Progress Report 2025.
Anaesthetics	2	SM	ALL	To be reviewed at scheduled Progress Report 2025.

DIVISION OF WOMEN, CHILDREN & YOUTH

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comment
Paediatrics	1 & 2	SM	ALL	To be reviewed at scheduled Progress Report 2025. The survey team heard positive feedback from prevocational trainees on the paediatric term education program including simulations and lectures.
Obstetrics & Gynaecology	2	SM	ALL	To be reviewed at scheduled Progress Report 2025.

TOP END MENTAL HEALTH SERVICE

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comment
Psychiatry/Alcohol and Other Drugs	2	SM	ALL	To be reviewed at scheduled Progress Report 2025.

OFFSITE UNITS

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comment
Emergency Medical Care - PRH	1 & 2	SM	ALL	To be reviewed at scheduled Progress Report 2025.
Medicine - PRH	1 & 2	SM	ALL	To be reviewed at scheduled Progress Report 2025.
Rehabilitation Medicine - PRH	1 & 2	SM	ALL	To be reviewed at scheduled Progress Report 2025.
Geriatrics - PRH	1 & 2	SM PM	1, 2, 4 3	**CRITERION 3:** M&M meetings are run every two months, but there are no frequent teaching activities targeted at prevocational doctors. **Condition** **CONDITION - CRITERION 3:** **THAT** All units are to provide a flexible, accessible and relevant term education program delivered in paid time.
General Surgery - PRH	2	SM	ALL	To be reviewed at scheduled Progress Report 2025.
Anaesthetics - PRH	2	SM	ALL	To be reviewed at scheduled Progress Report 2025.

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comment
Emergency Medical Care - KH	1 & 2	SM	ALL	To be reviewed at scheduled Progress Report 2025.
Medicine - KH	1 & 2	SM	ALL	To be reviewed at scheduled Progress Report 2025.
General Rural Term - GDH	1	SM	ALL	To be reviewed at scheduled Progress Report 2025.
Gove Peninsula Rotation - GDH	2	SM PM	1, 2, 4 3	**CRITERION 3:** While weekly education sessions are available, prevocational doctors are expected to attend prior to their shift start time and are not paid, which reduces the accessibility of this educational exercise. **Condition** **CONDITION - CRITERION 3:** **THAT** All units are to provide a flexible, accessible and relevant term education program delivered in paid time.
Population & Primary Health Care Branch - RDH	2	SM	ALL	To be reviewed at scheduled Progress Report 2025.
Danila Dilba Health Service - RDH	2	SM	ALL	To be reviewed at scheduled Progress Report 2025.
Alyangula - GDH	2	SM	ALL	To be reviewed at scheduled Progress Report 2025.

PETP

STANDARD 9: TERM EVALUATION

The Term Education Program will be formally evaluated using a quality framework.

Criteria:

1. Prevocational doctors are given the **opportunity to regularly evaluate** the adequacy and effectiveness of Term Education Programs (TEP) using an **evaluation tool** which gathers information on:
    a. Supervision
    b. Orientation
    c. Formal and informal learning opportunities
    d. Feedback
    e. Agreed individualised learning objectives
2. The term evaluation results are **reviewed** by the committee overseeing the PETP and are used to **quality improve** the terms.
3. There is a process in place to maintain the **confidentiality** of prevocational doctor **term evaluations** to protect the prevocational doctor and encourage frank and honest feedback on the term.

Division and Sub Specialty Outcomes against Standard 9

Rating outcome relevant to PAC unless otherwise stated

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comment
ALL TERMS	1 & 2	SM	ALL	To be reviewed at scheduled Progress Report 2025.

PETP

STANDARD 10: PREVOCATIONAL DOCTOR (PERFORMANCE) ASSESSMENT

There will be assessment and appraisal to provide ongoing constructive feedback to prevocational doctors, to ensure that both the prevocational doctor training objectives are met and that the requirements of registration are complied with.

Criteria:

1. At start of term, detail the specific **process for assessment** within the Unit, particularly outlining the personnel responsible for providing the feedback and conducting observation of clinical skills relevant to that term.
2. There is a **midterm feedback** session by the Term Supervisor for all terms, which exceed five weeks.
3. **Feedback sessions** will include input provided by Supervisors and others observing the doctor's performance. Prevocational doctors are encouraged to take responsibility for their own performance, and to seek feedback from their supervisors regarding their performance.
4. Ensure that prevocational doctors are informed when serious concerns exist. There is a documented **process for managing substandard performance**, which takes into account the welfare of the prevocational doctor and patients.
5. Objective **summative assessment** occurs at the end of each term. The Prevocational doctor must view the assessment form at the assessment interview, be provided an opportunity to write comments on it, be given a copy of the assessment form prior to it going to the PETP DCT and being stored in the prevocational doctor's personnel record.
6. The health service **records and documents** the progress and assessment of the Intern's performance consistent with the Medical Board of Australia Registration Standard for granting general registration as a medical practitioner, on **completion of their internship**.
7. The PETP establishes an **assessment review group** as required to assist with decisions on remediation of interns and other prevocational doctors who do not achieve satisfactory supervisor assessments.
8. The health service must have a **policy and process** in place to guide the resolution of training problems and disputes.

Division and Sub Specialty Outcomes against Standard 10

DIVISION OF EMERGENCY MEDICINE

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comment
Emergency Medical Care	1 & 2	SM	ALL	To be reviewed at scheduled Progress Report 2025.

DIVISION OF MEDICINE

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comment
General Medicine	1 & 2	SM PM	1, 3-8 2	**CRITERION 2:** It was reported to the survey team that there was variable mid-term assessment completion. **Condition** **CONDITION - CRITERION 2:** **THAT** Evidence must be provided confirming completion of mid and end of term assessments for all prevocational doctors.
Renal Medicine	1 & 2	SM	ALL	To be reviewed at scheduled Progress Report 2025.
Palliative Care	1 & 2	SM	ALL	To be reviewed at scheduled Progress Report 2025.

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comment
Cardiology	1 & 2	SM	ALL	To be reviewed at scheduled Progress Report 2025.
Haematology	2	SM	ALL	To be reviewed at scheduled Progress Report 2025.
Oncology	2	SM	ALL	To be reviewed at scheduled Progress Report 2025.
Respiratory	2	SM	ALL	To be reviewed at scheduled Progress Report 2025.
Neurology	2	SM NM	1, 3-8 2	**CRITERION 2:** The survey team were not presented with any evidence of a mid-term assessment. **Condition** **CONDITION - CRITERION 2:** **THAT** Evidence must be provided confirming completion of mid and end of term assessments for all prevocational doctors.
IFD/HITH	2	SM	ALL	To be reviewed at scheduled Progress Report 2025.
DPH	2	SM NM	1, 3-8 2	**CRITERION 2:** The survey team were not presented with any evidence of a mid-term assessment. **Condition** **CONDITION - CRITERION 2:** **THAT** Evidence must be provided confirming completion of mid and end of term assessments for all prevocational doctors.
Dermatology	2	SM	ALL	To be reviewed at scheduled Progress Report 2025.

DIVISION OF SURGERY & CRITICAL CARE

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comment
General Surgery	1 & 2	SM	ALL	To be reviewed at scheduled Progress Report 2025.
Vascular Surgery	1 & 2	SM	ALL	To be reviewed at scheduled Progress Report 2025.
Orthopaedics	2	SM	ALL	To be reviewed at scheduled Progress Report 2025.
Head and Neck (Maxillofacial)	1 & 2	SM	ALL	To be reviewed at scheduled Progress Report 2025.

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comment
ENT	2	SM	ALL	To be reviewed at scheduled Progress Report 2025.
Neurosurgery	2	SM	ALL	To be reviewed at scheduled Progress Report 2025.
Plastic Surgery	2	SM	ALL	To be reviewed at scheduled Progress Report 2025.
Intensive Care Medicine	2	SM	ALL	To be reviewed at scheduled Progress Report 2025.
Anaesthetics	2	SM	ALL	To be reviewed at scheduled Progress Report 2025.

DIVISION OF WOMEN, CHILDREN & YOUTH

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comment
Paediatrics	1 & 2	SM	ALL	To be reviewed at scheduled Progress Report 2025.
Obstetrics & Gynaecology	2	SM PM	1, 3-8 2	**CRITERION 2:** It was reported to the survey team that there was variable mid-term assessment completion. **Condition** **CONDITION - CRITERION 2:** **THAT** Evidence must be provided confirming completion of mid and end of term assessments for all prevocational doctors.

TOP END MENTAL HEALTH SERVICE

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comment
Psychiatry/Alcohol and Other Drugs	2	SM	ALL	To be reviewed at scheduled Progress Report 2025.

OFFSITE UNITS

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comment
Emergency Medical Care - PRH	1 & 2	SM	ALL	To be reviewed at scheduled Progress Report 2025.
Medicine - PRH	1 & 2	SM PM	1, 3-8 2	**CRITERION 2:** It was reported to the survey team that there was variable mid-term assessment completion. **Condition** **CONDITION - CRITERION 2:** **THAT** Evidence must be provided confirming completion of mid and end of term assessments for all prevocational doctors.
Rehabilitation Medicine - PRH	1 & 2	SM	ALL	To be reviewed at scheduled Progress Report 2025.
Geriatrics - PRH	1 & 2	SM PM	1, 3-8 2	**CRITERION 2:** It was reported to the survey team that there was variable mid-term assessment completion. **Condition** **CONDITION - CRITERION 2:** **THAT** Evidence must be provided confirming completion of mid and end of term assessments for all prevocational doctors.
General Surgery - PRH	2	SM	ALL	To be reviewed at scheduled Progress Report 2025.
Anaesthetics - PRH	2	SM	ALL	To be reviewed at scheduled Progress Report 2025.
Emergency Medical Care - KH	1 & 2	SM	ALL	To be reviewed at scheduled Progress Report 2025.
Medicine - KH	1 & 2	SM	ALL	To be reviewed at scheduled Progress Report 2025.
General Rural Term - GDH	1	SM	ALL	To be reviewed at scheduled Progress Report 2025.
Gove Peninsula Rotation - GDH	2	SM	ALL	To be reviewed at scheduled Progress Report 2025.

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comment
Population & Primary Health Care Branch - RDH	2	SM	ALL	To be reviewed at scheduled Progress Report 2025.
Danila Dilba Health Service - RDH	2	SM	ALL	To be reviewed at scheduled Progress Report 2025.
Alyangula - GDH	2	SM	ALL	To be reviewed at scheduled Progress Report 2025.

RATING SUMMARY SHEET

PGY1/PGY2									
Function and Standard	**C1**	**C2**	**C3**	**C4**	**C5**	**C6**	**C7**	**C8**	**HPR/ AC60/NS***
Function 1 – Governance									
Standard 1:Health service Structure	**SM**	**PM**	**PM**	**SM**	**PM**	**PM**	**SM**	**SM**	
Standard 2: Personnel Overseeing the PETP	**PM**	**PM**	**SM**	**SM**	**NM**				
Standard 3: PETP	**PM**	**SM**	**SM**	**SM – PGY1 PM – PGY2**	**SM**	**SM**	**SM**	**SM PM (c)**	
Standard 4: Governance of a Prevocational Offsite Unit	**SM**	**PM**	**SM**	**SM**	**SM**				
Standard 5: PETP Committee	**PM**	**SM**	**PM**	**SM**	**SM**				
Function 2 – Prevocational Doctor Education and Training Program (PETP)									
Standard 1: Structure of the PETP	**SM**	**SM**	**SM**	**PM**	**SM**	**PM**	**PM**		
Standard 2: PETP Orientation	**SM**	**SM**	**SM**						
Standard 3: HSEP Content	**SM**	**SM**	**SM – PGY2 PM – PGY1**	**SM**					
Standard 4: HSEP Delivery	**SM**	**SM**							
Standard 5: HSEP Evaluation	**SM**	**SM**	**PM**						
PGY1 – For term ratings please see individual standard ratings									
Standard 6: Term Orientation and Handover									
Standard 7: Term Supervision									
Standard 8: Term Content									
Standard 9: Term Evaluation									
Standard 10: Prevocational Doctor (Performance) Assessment									
PGY2 – For term ratings please see individual standard ratings									
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:
SM = Satisfactorily Met
PM = Partially Met
NM = Not Met
NS = Notification of Suspension

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 proposes to recommend that the Prevocational Accreditation Committee (PAC) grant the Top End Regional Health Service prevocational accreditation for **3 years** for the terms listed below. For total numbers of positions accredited in each unit/term see Table "Terms Recommended for Accreditation" in this assessment report.

CURRENT UNITS ACCREDITED	
PGY1	**PGY2**
• Emergency Medical Care • Emergency Medical Care (Offsite Unit – KH) • Emergency Medical Care (Offsite Unit – PRH) • General Medicine • General Medicine (Offsite Unit – KH) • General Medicine (Offsite Unit –PRH) • Renal Medicine • Palliative Care • Rehabilitation Medicine – PRH • Geriatrics - PRH • Cardiology • General Surgery • Vascular Surgery • Head and Neck (Maxillofacial) • Paediatrics • General Rural Term (Offsite Unit GDH)	• Emergency Medical Care • Emergency Medical Care (Offsite Unit – KH) • Emergency Medical Care (Offsite Unit – PRH) • General Medicine • General Medicine (Offsite Unit – KH) • General Medicine (Offsite Unit –PRH) • Renal Medicine • Palliative Care • Rehabilitation Medicine – PRH • Geriatrics - PRH • Cardiology • Haematology • Oncology • Respiratory • Gastroenterology • Neurology • IFD/HITH • DPH • Dermatology • General Surgery • Vascular Surgery • Orthopaedics • Head and Neck (Maxillofacial) • ENT • Neurosurgery • Plastic Surgery • Intensive Care Medicine • Anaesthetics • Paediatrics • Obstetrics & Gynaecology • Psychiatry/AOD • General Surgery – PRH • Anaesthetics - PRH • Gove Peninsula Rotation - GDH • Population & Primary Health Care – RDH • Danila Dilba – RDH • Alyangula - GDH

TERMS NOT RETAINING ACCREDITATION

- Gastroenterology

QUALITY ACTION PLAN DUE TO NT ACCREDITING AUTHORITY BY:

Stage 1	1st February 2024
Stage 2	30th August 2024

For all other accreditation cycle reports, see Prevocational Accreditation Cycle sent with this assessment report.

TERMS RECOMMENDED FOR ACCREDITATION TO CONTINUE

*****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 in writing by the NT Accrediting Authority. 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
EMERGENCY MEDICAL CARE		
Emergency Medical Care - **C**	10	16
DIVISION OF MEDICINE		
Medicine - **C**	12	12
Renal – N	2	2
Palliative Care - N	1	1
Cardiology - N	2	3
Haematology - **R**	0	1
Oncology - **R**	0	2
Respiratory - **R**	0	1
Neurology - **R**	0	1
IFD/HITH - **R**	0	2
DPH - **R**	0	4
Dermatology - **R**	0	1
DIVISION OF SURGERY AND CRITICAL CARE		
General Surgery – **C**	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
DIVISION OF WOMENS, CHILDREN & YOUTH		
Paediatrics - N	2	8
O & G - R	0	10
TOP END MENTAL HEALTH SERVICE		
Psychiatry/Alcohol and Other Drugs - **R**	0	5
OFFSITE UNITS		
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	0
GDH - Gove Peninsula Rotation - R	0	6
DRW - Population & Primary Health Care Branch - R	0	4
DRW - Danila Dilba Health Service - R	0	4
Groote Eylandt - Alyangula - R	0	1
TOTAL	**56**	**150**

SURVEY TEAM MEMBERS

All surveyors have accepted and endorsed this report via email.

Dr Nigel Gray (Team Lead)

Dr Sanjay Joseph (Team Member)

Dr Dayna Duncan (Team Member)

Ms Silvia Bretta (Team Member)

ACCREDITING AUTHORITY SUPPORT TEAM MEMBERS

Support Team:

Ms Maria Halkitis

Ms Cherie Hamill

Report Sighted by: NT Accrediting Authorities Accreditation Manager

Name: Ms Maria Halkitis

Date: 02/06/2023

HEALTH SERVICE/FACILITY REPORT RECEIVED

The Prevocational Accreditation Committee requests that the Executive Director of Medical Services (or equivalent), Director of Medical Services, Deputy Director 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 Service Reaccreditation Survey Report is acknowledged by –

Dr Sara Watson
Director of Medical Services
Top End Regional Health Service

Signature: ..... **Date:** 19.7.23

Dr Suzanne Brady
Deputy Director of Medical Services
Top End Regional Health Service

Signature: ..... **Date:** 18/7/23

Ms Rachel Taylor
Medical Education Officer
Top End Regional Health Service

Signature: ..... **Date:** 18/7/23

Dr Sara Watson
Prevocational Education Committee (PEC) Chair
Top End Regional Health Service

Signature: ..... **Date:** 19.7.23

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

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

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