



# Prevocational Medical Accreditation

**Top End Health Service**

**SURVEY REPORT**

Quality Action Plan Stage 1

March 2019

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

ACCREDITATION EXPIRES 30 SEPTEMBER 2022						
PRIMARY ALLOCATION FACILITY (RDH) + OFFSITE UNIT (PRH) + OFFSITE UNIT (KH) + OFFSITE UNIT (GDH) REQUESTED						
ACCREDITED TERMS	CURRENT			REQUESTED		
	PGY 1	PGY 2	TOTAL	PGY 1	PGY 2	TOTAL
<b>DIVISION OF SURGERY AND CRITICAL CARE</b>						
General Surgery - RDH (Core Intern Term)	10	0	10	0	12	22
General Surgery - Offsite Unit PRH	0	0	0	0	6	6
Orthopaedics – <u>Suspended for PGY1</u>	3	0	3	0	2	5
Head and Neck (Maxillofacial)	2	0	2	0	1	3
ENT Surgery	0	0	0	0	1	1
Neurosurgery	0	0	0	0	1	1
Cardiothoracic Surgery	0	0	0	0	1	1
Vascular and Urology	0	0	0	0	1	1
Plastic Surgery	0	0	0	0	1	1
Intensive Care Medicine	0	0	0	0	5	5
Anaesthetics	0	0	0	0	2	2
Anaesthetics - Offsite Unit PRH	0	0	0	0	1	1
Emergency Medicine – RDH (Core Intern Term)	7	0	7	3	16	26
Emergency Medicine - Offsite Unit KH (Core Intern Term)	1	0	1	0	2	3
Emergency Medicine - Offsite Unit PRH	0	0	0	4	15	19



ACCREDITED TERMS	CURRENT			REQUESTED		
	PGY 1	PGY 2	TOTAL	PGY 1	PGY 2	TOTAL
<b>DIVISION OF MEDICINE</b>						
General Medicine (Core Intern Term)	10	0	10	2	12	24
Medicine Term - <b>Offsite Unit KH</b> (Core Intern Term)	1	0	1	0	2	3
Medicine - <b>Offsite Unit PRH</b>	0	0	0	1	6	7
Renal	1	0	1	1	2	4
Palliative Care	1	0	1	0	1	2
Cardiology	1	0	1	1	3	5
Rehabilitation Medicine – RDH (until moved to PRH 2019)	1	0	1	0	0	1
Rehabilitation Medicine - <b>Offsite Unit PRH</b>	0	0	0	1	2	3
Geriatrics - <b>Offsite Unit PRH</b>	0	0	0	1	2	3
Haematology	0	0	0	0	1	1
Oncology	0	0	0	0	1	1
Respiratory	0	0	0	0	1	1
Gastroenterology	0	0	0	0	1	1
Endocrinology	0	0	0	0	1	1
Neurology	0	0	0	0	1	1
IFD/HITH	0	0	0	0	2	2

ACCREDITED TERMS	CURRENT			REQUESTED		
	PGY 1	PGY 2	TOTAL	PGY 1	PGY 2	TOTAL
RAPU	0	0	0	0	5	5
DPH	0	0	0	0	4	4
<b>DIVISION OF MATERNAL AND CHILD HEALTH</b>						
Paediatrics	2	0	2	0	8	10
O & G	0	0	0	0	10	10
<b>TOP END MENTAL HEALTH SERVICES</b>						
Psychiatry/Alcohol and Other Drugs	0	0	0	0	5	5
<b>GENERAL RURAL TERM</b>						
General Rural Term - <b>Offsite Unit</b> GDH	2	0	2	1	5	8
<b>TOTALS</b>	<b>42</b>	<b>0</b>	<b>42</b>	<b>15</b>	<b>142</b>	<b>199</b>



## TEAM COORDINATOR EXECUTIVE SUMMARY

In August 2018 Top End Health Service underwent a full prevocational medical accreditation review. The outcome of this was a set of recommendations which included 3 commendation, 3 conditions and 9 recommendations. A notice of suspension of accreditation of the Orthopaedic Term was issued on 10<sup>th</sup> August 2018 due to significant safety concerns about that specific term.

This Quality Action Plan 1 has been submitted by Top End Health Services as part of the normal accreditation cycle of documenting planned actions to address the recommendations of the full survey. A desktop exercise has then been undertaken to examine the plans outlined and expected time frames.

The QAP 1 survey team thanks TEHS for their submission and continued commitment to this important process. The team noted the ongoing dedication of staff to understanding how quality based improvements can be made to the TEHS program. We were also impressed by the emphasis in the QAP 1 submission on ensuring time is taken to consult with staff to develop an in-depth of understanding of why some of the relationship and culture issues exist.

In the short time since the survey, areas where quality improvements can be implemented quickly have been addressed with evidence of true quality improvement cycles being planned. This is evidenced in the changes already implemented in SACU and RAPU and commentary about meaningful and effective engagement particularly with the supervisor group.

The delay in ability to recruit to the Directors of Clinical Training positions, who are now in place, and delay in confirmation of other MEU staff appears, however, to have had impacts on the rollout of some elements of the plan. Priority therefore needs to be given to stabilisation of this team if the planned quality improvement processes' implementation are to be successful.

With regard to the suspension of the Orthopaedic Term. As per the Notice of Suspension, to lift this suspension an Action Plan was required to be submitted by December 2018, with a further follow up report by December 2019. The Action Plan was submitted on time by December 2018 and described plans from TEHS to aim for reinstatement of interns in Term 3 2019. The survey team's review of the Dec 2018 Orthopaedics Action Plan identified potential challenges in meeting this timeframe and our understanding now, is that as per p13 of the QAP 1, TEHS plans to re-submit to the survey team this action plan in mid-April, at which time it will be further assessed.

Finally, the QAP1 mentions the plans for internships at Palmerston Regional Hospital from 2020. The review team noted the early planning for this and will watch with interest to see the development of this plan, particularly around the planning the MEU undertakes to meet the capacity and support needs of this change.

Thank you for the efforts in bringing this submission together and also in ensuring that the work across TEHS continually strives to keep prevocational trainees well supported.

Dr Tamsin Cockayne  
NT Prevocational Accreditation Lead Surveyor

**SURVEY TEAM REVIEW NOTES – QUALITY ACTION PLAN STAGE 1**

Function, Standard and Criterion	Condition/Recommendation	Comments on TEHS QAP 1 Submission	Outcome
F1 S1 C3	<p><b>CONDITION:</b> The distribution of workload across the surgical prevocational doctors is improved with particular attention to the high SACU workload.</p>	<p>Steps have been taken to address this including a change in mix of staff, changed roster and plan to evaluate.</p>	<p>Progressing</p>
F1 S1 C6	<p><b>RECOMMENDATION 1:</b>  <b>THAT</b>                      The new policies/guidelines which facilitate the delivery and co-ordination of the PETP are implemented and disseminated across all prevocational years.</p>	<p>A review of documents and dissemination strategies are in place – for the next stage there is an opportunity to examine the way policies and guidelines will be regularly updated and evaluation of the current dissemination methods.</p>	<p>Progressing</p>
F1 S2 C1	<p><b>RECOMMENDATION 2:</b>  <b>THAT</b>                      Urgent and immediate priority is given to stabilisation of the MEU through recruitment and appointment to those outstanding positions currently filled by temporary appointments.</p>	<p>The role of the DCT has been filled, however the other roles have not been recruited to with the urgent and immediate priority recommended. The team remains concerned about the impact of this on ongoing quality improvement work at TEHS and highlights this recommendation for further attention.</p>	<p>Progressing</p>
F1 S5 C1	<p><b>RECOMMENDATION 3:</b>  <b>THAT</b>                      The communication gaps between the clinical supervisors, relevant committees and the MEU be addressed.</p>	<p>A number of discrete activities with QI cycles have been outlined. An awareness of the need for prioritisation of this in more detail is evident. It appears this will be addressed once MEO and newly recruited DCTs are established as a team and key relationships are formed. At next review there would be an expectation of evidence of a strategy to ensure that the plan is translated into effective engagement.</p>	<p>Progressing</p>



Function, Standard and Criterion	Condition/Recommendation	Comments on TEHS QAP 1 Submission	Outcome
F1 S5 C1; 2; and 5	<p><b>RECOMMENDATION 4:</b>  <b>THAT</b>            The effectiveness of the committee structure and governance be reviewed as part of a quality improvement activity prior to the scheduled 2021 Progress Report submission.</p>	<p>This will be addressed in QAP 2.</p>	Progressing
F1 S5 C4	<p><b>RECOMMENDATION 5:</b>  <b>THAT</b>            The Prevocational Education Advisory Group (PEAG) takes responsibility for auditing the outcomes of continuous improvement action plans where PETP deficits are identified.</p>	<p>This recommendation is being addressed with the development of a PETP accreditation action plan and reviewing of the prevocational assessment committee structure.</p>	Progressing
F2 S3 C4	<p><b>CONDITION:</b> That the distribution of workload across the surgical prevocational doctors is improved with particular attention to the high SACU workload.</p>	<p>Steps have been taken to address this including a change in mix of staff, changed roster and plan to evaluate.</p>	Progressing
F2 S5 C5	<p><b>RECOMMENDATION 6:</b>  <b>THAT</b>            All supervisors of prevocational doctors are given the opportunity to provide feedback and to participate in discussion of the value of the HSEP, through both the Prevocational Education Advisory Group and informal monitoring within their division.</p>	<p>Some changes have been trialled, but appropriate attention to effective engagement is articulated. New personnel in the MEU will be able to pay attention to the delicate relationship building needed to further progress this work.</p>	Progressing
F2 S6 C1 and 2	<p><b>RECOMMENDATION 7:</b>  <b>THAT</b>            The head of Surgery and Critical Care takes responsibility for leading and driving cultural change within the Orthopaedic term in order to be responsible for the provision of the full range of clinical patient care.</p>	<p>The QAP 1 lacks information to confirm that recommendation 7 and 8 are being addressed. This will be assessed when TEHS resubmits the Orthopaedic Action Plan.</p>	<p>Not able to assess until the action plan for Orthopaedics terms is resubmitted</p>



Function, Standard and Criterion	Condition/Recommendation	Comments on TEHS QAP 1 Submission	Outcome
F2 S6 C1 and 2	<p><b><u>RECOMMENDATION 8:</u></b>  <b>THAT</b>  Senior Clinicians in Orthopaedic terms are more directly involved in the terms orientation, clinical and term supervision requirements and that the term teaching program is delivered as identified in the Term Descriptor, ROVER and assessment booklet.</p>	<p>The review team noted that this term should still remain the highest priority given the level of concerns which resulted in the suspension and the fact that RMOs continue to be employed in those terms.</p>	<p>Not able to assess until the action plan for Orthopaedics terms is resubmitted</p>
F2 S7 C1 and 2	<p><b><u>RECOMMENDATION 8:</u></b>  <b>THAT</b>  Senior Clinicians in Orthopaedic terms are more directly involved in the terms orientation, clinical and term supervision requirements and that the term teaching program is delivered as identified in the Term Descriptor, ROVER and assessment booklet.</p>	<p>As above.</p>	<p>As above</p>
F2 S7 C1	<p><b>CONDITION:</b> That the prevocational doctor's position in RAPU is provided with timely support of a nominated senior clinician within the unit.</p>	<p>A number of steps have been undertaken to improve this support – evaluation is planned.</p>	<p>Progressing</p>
F2 S7 all criterion for all TEHS prevocational terms	<p><b><u>RECOMMENDATION 9:</u></b>  <b>THAT</b>  The MEU ensures that the term and clinical supervisors within all TEHS rotations/terms accredited for prevocational doctors are provided a relevant orientation to the PETP program and specific requirements of being a supervisor for both intern's and PGY2 doctors highlighting the differences.</p>	<p>Plan in place to address this in a meaningful way.</p>	<p>Progressing</p>
F2 S8 C3	<p><b>CONDITION:</b> That the distribution of SACUs workload for prevocational doctors is reviewed to alleviate the potential issue of preventing an educational experience in this term/rotation.</p>	<p>As earlier.</p>	<p>Progressing</p>

Function, Standard and Criterion	Condition/Recommendation	Comments on TEHS QAP 1 Submission	Outcome
F2 S8 all criterion	<p><b><u>RECOMMENDATION 8:</u></b>  <b>THAT</b>  Senior Clinicians in Orthopaedic terms are more directly involved in the terms orientation, clinical and term supervision requirements and that the term teaching program is delivered as identified in the Term Descriptor, ROVER and assessment booklet.</p>	As earlier.	As earlier
F2 S9 C2 and 3 across all prevocational terms	<p><b><u>CONDITION:</u></b> The MEU reviews feedback mechanism across the PETP to ensure that prevocational doctors have the ability to encourage frank and honest feedback in a range of formal and informal ways.</p>	The plans across a number of activities show that progress is being made to articulate a number of mechanisms for interns.	Progressing
F2 S9 all criterion for Orthopaedic Term only	<p><b><u>RECOMMENDATION 5:</u></b>  <b>THAT</b>  The Prevocational Education Advisory Group (PEAG) takes responsibility for auditing the outcomes of continuous improvement action plans where PETP deficits are identified.</p>	As earlier.	As earlier
F2 S10 C1; 2; 3; 4; and 5 Orthopaedic Term Only	<p><b><u>RECOMMENDATION 8:</u></b>  <b>THAT</b>  Senior Clinicians in Orthopaedic terms are more directly involved in the terms orientation, clinical and term supervision requirements and that the term teaching program is delivered as identified in the Term Descriptor, ROVER and assessment booklet.</p>	As earlier.	As earlier



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## DESKTOP SURVEY TEAM MEMBERS

*All surveyors have accepted and endorsed this report.*

**Dr Tamsin Cockayne (Team Coordinator/Leader)**

**Ms Silvia Bretta (Team member)**

**Mrs Maria Halkitis (METC support)**






**FACILITY EXECUTIVE RECEIVED REPORT**

The Prevocational Accreditation Committee requests that the Executive Director of Medical and Clinical Services, Director of Clinical Training and Medical Training Committee Chair upon receipt of this report sign and notify Prevocational Accreditation Manager that you have received and read this report.

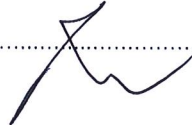
Prevocational Accreditation Manager will update the latest health services Accreditation status and accredited terms on the accrediting authority's website.

The receipt of contents of this Report is acknowledged by:

**Dr Charles Pain**  
Executive Director of Medical Services  
Top End Health Service

Signature:  Date: 27.6.19

**Director/s of Clinical Training**  
Top End Health Service

Name: *Dr. Kelvin Prigadevshama*  
Signature:  Date: 27/06/19

**PEAG Chair**  
Top End Health Service

Name: **Dr Alison Maclean**  
Director Medical Services RDH  
Signature:  Date: 28/6/19

