

# Survey Report

## Equivalent Unit Request

Orthopaedic/Surgery

Alice Springs Hospital  
Central Australia Health Service

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## REPORT EXECUTIVE SUMMARY

Thank you for submitting a request to have the Central Australia Health Service – Orthopaedics Term accredited as an equivalent term to Surgery as a compulsory term. The Term is located at Alice Springs Hospital.

The NT Accrediting Authority reviews prevocational accreditation requests provided by NT prevocational accredited education and training providers and makes prevocational accreditation decisions based on the evidence provided.

The survey team appointed on behalf of the Accrediting Authority and approved by the Health service/Training provider prior to the event included:

**Dr Nigel Gray (Lead Surveyor)**

*General Practitioner/Experienced Surveyor and Team Leader*

**Dr Sanjay Joseph (Team Member)**

*JMO/Surveyor*

### **EXECUTIVE SUMMARY**

The survey team acknowledges the high quality of the currently accredited learning opportunities delivered in the Surgical Term. The documentation submitted in support of this application for equivalence between the compulsory surgery term and the elective orthopaedic term is impressive and is expected to continue to underpin an environment within which participants (Interns) are able to develop, learn and thrive.

The survey team have found in the 2020 submission enough evidence to recommend to the accrediting authority the request for equivalence. The survey team have provided comments and conditions that support further quality improvement in the Orthopaedic term. At the time of the equivalence assessment the survey team did not find any evidence that identified Interns or patients to be unsafe.

It is in this spirit that the conditions and comments to follow are put forward. Accordingly the CAHS Orthopaedic term is encouraged to treat these conditions and comments as quality improvement aspirations to further CAHS PETPs best practice.

As per the NT Prevocational Accreditation System processes for a modified/equivalence unit request, the survey team recommends that CAHS submits a term-specific progress report for the Orthopaedic Term. This Progress Report is to be provided after 6 months have elapsed. This will allow enough time to ascertain if the modification implemented has been successful and met the Health services/Training Providers objectives as well as maintaining the compulsory (Surgery) term's clinical learning requirements.

As the Health service has requested this equivalence decision be finalised for the commencement of Term 1, 2021 it is anticipated that an Equivalence Progress Report would be provided on or before 27 August 2021. As part of the requested Equivalence Progress Report the following evidence is requested in addition to the outlined conditions to be addressed in that Progress Report.

#### Additional Evidence requested

- Evidence of effective Intern clinical handovers, facilitated by the MEU if necessary and where appropriate;
- Evidence of the delivery of and Intern attendance at Term Education Programs;
- Evidence of Intern individual learning objectives for the Orthopaedic term; and
- Evidence of comparable surgical clinical learning opportunities for Interns within the Orthopaedic Term.

*Dr Nigel Gray*

NT Prevocational Accrediting Authority Lead Surveyor – Equivalence Survey Event (Desktop)

## SUMMARY OF RECOMMENDATIONS/CONDITIONS/COMMENDATIONS

**\*\*NOTE: Survey Team Comments are provided in this report for further understanding when read in conjunction with the Conditions awarded**

There is a total of **6 Conditions** and **1 Commendation**

Function And Standard	Comments Y/N	Recommendation/Condition/Commendation
F1 S1-5	N	<b>2019 Reaccreditation information used to support Orthopaedic Term equivalence request</b>
F2 S1-5	N	<b>2019 Reaccreditation information used to support Orthopaedic Term equivalence request</b>
<b>TERM SPECIFIC</b>		
F2 S6	Y	<b>CONDITION - CRITERION 1:</b> The orientation resources including the Orthopaedic Term ROVER need updating in advance of Term 1 2021 commencing, and the documents currency maintained thereafter. The Term orientation resources should also include reference to the AMCs requirement for Theatre attendance/clinical learning experience during the Orthopaedic Term. (See AMC's Intern Training – Guidelines For Terms' statement).
F2 S7	Y	<b>COMMENDATION</b> - The documentation presented demonstrating examples of the supervision of interns 'In Need' and the management of substandard performance is commendable.  <b>CONDITION - CRITERION 3:</b> Present and future Orthopaedic term supervisors (consultants/registrar) are made aware of their roles, responsibilities and ongoing maintenance requirements ; evidenced by their attendance at initial in house training and uptake of subsequent Professional Development opportunities.
F2 S8	Y	<b>CONDITION - CRITERION 1:</b> For the equivalence to be maintained, theatre attendance in the Orthopaedic term is to be factored into the term's rostered programme as required by the AMC's Intern Training – Guidelines For Terms statement.  <b>CONDITION - CRITERION 3:</b> The continuity and consistency of accessible Health Service and Term specific education programmes needs to be ensured at all times.
F2 S9	Y	<b>CONDITION - CRITERION 2:</b> An explicit quality improvement process, based on the collated term evaluation themes is developed and maintained for the Orthopaedic Term.
F2 S10	Y	<b>CONDITION – CRITERION 6:</b> Evidence of the process in place to record/collate all mid and end of term assessments for interns rotating through the Orthopaedic Term. This information will support the Medical Board of Australia's (MBA) Certificate of Completion requirement for Intern terms and be available if requested by the MBA.

## 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
TEHS	Top End Health Service
CAHS	Central Australia Health Service
DCT	Director of Clinical Training
DMS	Director of Medical Services
EDMCS/EDMS	Executive Director of Medical Clinical Services/Executive 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 (TEHS)	Prevocational Education Advisory Group (Prevocational Doctor Education & Training Committee)
MTC (CAHS)	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
TEP	Term Education Program

## FUNCTION 2 – PREVOCATIONAL DOCTOR EDUCATION AND TRAINING PROGRAM

### 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.

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comments
Orthopaedic equivalence to Surgery	1	SM	ALL	<p><b>CRITERION 1:</b> The orientation resources provided to support the equivalence have great potential to be highly valuable to the commencing intern. However, it was noted that the resources will need to be regularly updated and have their currency maintained to ensure their value is maximised prior to being disseminated. It is also recommended that these resources incorporate keys / legends where applicable for the benefit of incoming interns.</p> <p><b>CRITERION 3:</b> The equivalence submission did not provide any evidence to demonstrate that individual learning objectives are currently agreed to by the Interns and supervisors during the Orthopaedic term orientation. The survey team would like to bring to the Orthopaedic terms attention how important the individual Interns learning objectives for the Term are. These individual learning objectives should be recorded and discussed within the Term orientation and later for the mid and end of term discussions. This important process documenting evidence of the achievement of personal learning experiences by each intern will demonstrate closure of the educational loop.</p>
				<b>Condition</b>
				<p><b>CRITERION 1:</b> The orientation resources including the Orthopaedic Term ROVER need updating in advance of Term 1 2021 commencing, and the documents currency maintained thereafter. The Term orientation resources should also include reference to the AMCs requirement for Theatre attendance/clinical learning experience during the Orthopaedic Term. (See AMC's Intern Training – Guidelines For Terms' statement).</p>

**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.

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comments
Orthopaedic equivalence to Surgery	1	SM	All	<p><b>CRITERION 1:</b> The survey team accepts the previous survey event outcome for the provision of sufficient clinical and educational supervision to the junior doctors in both Surgery and Orthopaedic terms. This criteria will be reviewed after interns have been placed in this term once equivalence has been achieved.</p> <p><b>CRITERION 3:</b> The clinical supervision guidelines provided in the submission are comprehensive, However, it is unclear to the survey team for this assessment how the supervisors are made aware of their role and responsibilities. It was also unclear to the survey team if the supervisors are aware of specific supervisor PD available to them locally.</p> <p>The survey team strongly encourages the Orthopaedic and Surgical term supervisors to actively participate in the Medical Training Committee to ensure the equivalent clinical experience is maintained.</p>
				<p><b>Commendation</b></p>
				<p>The documentation presented demonstrating examples of the supervision of interns ‘In Need’ and the management of substandard performance is commendable.</p>
				<p><b>Condition</b></p>
				<p><b>CRITERION 3:</b> Present and future Orthopaedic term supervisors (consultants/registrars) are made aware of their roles, responsibilities and ongoing maintenance requirements ; evidenced by their attendance at initial in house training and uptake of subsequent Professional Development opportunities.</p>

**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.

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comments
Orthopaedic equivalence to Surgery	1	SM	All	<p><b>CRITERION 1:</b> In the Term descriptor provided for the Orthopaedic term, theatre attendance is noted to be optional, rather than an essential surgical intern clinical experience in conflict with the AMC's Intern Training – Guidelines For Terms' statement.</p> <p><b>CRITERION 2:</b> The Orthopaedic Term Descriptor contains an excellent overview of its scope of practice.</p> <p><b>CRITERION 3:</b> A comprehensive Term Education Program is listed for completion in the Orthopaedic Activity Log. However the 2020: 2nd Term's collated feedback suggests there have been challenges in ensuring its consistent delivery throughout the term.</p>
				<p><b>Condition</b></p>
				<p><b>CRITERION 1:</b> For the equivalence to be maintained, theatre attendance in the Orthopaedic term is to be factored into the term's rostered programme as required by the AMC's Intern Training – Guidelines For Terms statement.</p> <p><b>CRITERION 3:</b> The continuity and consistency of accessible Health Service and Term specific education programmes needs to be ensured at all times.</p>

**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.

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comments
Orthopaedic equivalence to Surgery	1	SM	All	<b>CRITERION 1:</b> The scope of the tool available to interns permits the evaluation of a wide range of issues contributing to the Term Education Programme
				<b>CRITERION 2:</b> The ARG's evaluation review process, whereby the individual Term evaluations are collated and action points distilled, would benefit from clearer definition in the interests of Quality Improvement activity development.
				<b>Condition</b>
				<b>CRITERION 2:</b> An explicit quality improvement process, based on the collated term evaluation themes is developed and maintained for the Orthopaedic Term.

**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.

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comments
Orthopaedic equivalence to Surgery	1	SM	All	<p><b>CRITERION 6:</b> For further information re the Condition below go to <i>Intern training – Assessing and certifying completion, AMC website</i></p> <p><a href="https://www.amc.org.au/wp-content/uploads/accreditation_recognition/prevocational_standards_accreditation/national_internship_framework/intern-training-assessing-and-certifying-2014-09-24.pdf">https://www.amc.org.au/wp-content/uploads/accreditation_recognition/prevocational_standards_accreditation/national_internship_framework/intern-training-assessing-and-certifying-2014-09-24.pdf</a></p>
				<p><b>Condition</b></p>
				<p><b>CRITERION 6:</b> Evidence of the process in place to record/collate all mid and end of term assessments for interns rotating through the Orthopaedic Term. This information will support the Medical Board of Australia’s (MBA) Certificate of Completion requirement for Intern terms and be available if requested by the MBA.</p>

## RATING SUMMARY SHEET

PGY1									
Function and Standard	C1	C2	C3	C4	C5	C6	C7	C8	HPR/ AC60 /NS*
<b>Function 2 – Prevocational Doctor Education and Training Program (PETP).</b>									
<b>PGY1 – For term ratings please see individual standard ratings.</b>									
Standard 6: Term Orientation and Handover	SM	SM	SM	SM					
Standard 7: Term Supervision	SM	SM	SM						
Standard 8: Term Content	SM	SM	SM						
Standard 9: Term Evaluation	SM	SM	SM						
Standard 10: Prevocational Doctor (Performance) Assessment	SM								

**Legend:**

**SM = Satisfactorily Met**

**NM = Not Met**

**PM = Partially Met**

**NS = Notification of Suspension**

## RECOMMENDATION FOR ACCREDITATION

Based on the documentation provided to the Survey Team from the Central Australia Health Service and the outcomes stated in this Report, the Survey Team proposes to recommend that the Prevocational Accreditation Committee (PAC) grant the Central Australia Health Service Prevocational Accreditation as listed below.

It is recommended that the Orthopaedic Term be accredited as a compulsory term as an equivalence to the Surgery Term for a maximum of 2 PGY1 positions and that this decision be reflected in the CAHS accreditation matrix.

## TERMS RECOMMENDED FOR ACCREDITATION TO CONTINUE/MODIFIED

\*\*\***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)

**EC** = Equivalence Compulsory Term

**N** = Non Compulsory/Elective Term

**R** = Resident Medical Officer Term **Only** (PGY2) (**NOT Accredited for PGY1 Prevocational Doctors**)

ACCREDITED TERMS	PGY1 total places	PGY2+ total places
<b>DIVISION OF MEDICINE</b>		
Medicine - C	8	0
Renal – EC	2	0
ICU – N	1	0
<b>DIVISION OF SURGERY</b>		
Surgery – C	6	0
Orthopaedic – EC	2	0
<b>DIVISION OF EMERGENCY MEDICINE</b>		
Emergency Medical Care - C	6	0
<b>OTHER DIVISIONS</b>		
Paediatric - N	2	0
AOD - N	1	0
Tenant Creek Hospital Offsite Unit – General Rural Term- N	2	0
<b>TOTAL</b>	<b>30</b>	<b>0</b>

## **SURVEY TEAM MEMBERS**

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

**Dr Nigel Gray (Lead Surveyor)**

**Dr Sanjay Joseph (Survey Team Member)**

## **ACCREDITING AUTHORITY SUPPORT TEAM MEMBERS**

**Support Team:**

**Ms Maria Halkitis**

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

**Name: Shirley Bergin**

**Date: 16/11/2020**

**HEALTH SERVICE/TRAINING PROVIDER REPORT RECEIVED**

The Prevocational Accreditation Committee requests that the Executive Director of Medical Services (or equivalent), 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.

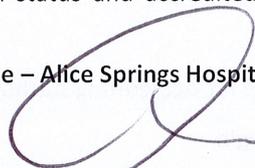
\*\*\***Please Note** that receipt of the report does **not** mean that the Health service/Training Provider agrees with the content of the report.

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

**Receipt of the Survey Report outcomes for the Central Australia Health Service – Alice Springs Hospital November 2020 Equivalent Unit Report is acknowledged by –**

**Dr Sam Goodwin**  
Executive Director of Medical Services  
Central Australia Health Service

Signature:..... Date:



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

Signature:..... Date: 10/12/20



Signature:..... Date:



**Prevocational Education and Training Committee Chair**  
Central Australia Health Service

Name:..... *Dr. Sachin Kodgire*.....

Signature:..... Date: 18/12/2020



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

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

**OR**

2. POST SIGNED ORIGINAL TO:

**PREVOCATIONAL MEDICAL ASSURANCE SERVICES (PMAS)  
ATTN: ACCREDITATION MANAGER – SHIRLEY BERGIN  
PO BOX 41326  
CASUARINA, NT 0811**