Central Australia Health Service

Alice Springs Hospital
Tennant Creek Hospital

SURVEY REPORT

Reaccreditation

June 2019

PREVOCATIONAL EDUCATION & TRAINING PROGRAM

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INTRODUCTION

The Northern Territory Prevocational Accreditation Committee thanks the Executive and staff of the Central Australia Health Service (CAHS) for taking part in the 2019 Reaccreditation Survey. NT Accreditation support staff and the Survey Team, led by Dr Tamsin Cockayne (Team Leader), acknowledge the hard work and effort put in by the staff of the hospital in order to complete the relevant documentation and arrange a well planned visit, providing valuable assistance on the day.

CAHS is comprised of Alice Springs and Tennant Creek Hospitals (TCH) with Alice Springs Hospital (ASH) being the Primary Allocation Facility for Intern Education, Training and Supervision with TCH as an offsite unit. Please see attached all terms listed for CAHS including offsite unit in the following Table of Terms accredited.

The Central Australia region covers 64.7% (872,861km^2) of the total NT geographical area and includes Alice Springs, Tennant Creek, and major communities including Elliott, Yuendumu, Kaltukatjara (Docker River), Alpurrurulam (Lake Nash), Ali Curung and many more discrete Aboriginal communities.

On 30 June 2014, Central Australia had an estimated resident population of 48,506 people, representing 19.8% of the total NT population. Almost 60% of the Central Australia population lives in Alice Springs (28667) and a further 7.5% lives in Tennant Creek (3634). The remainder of the population (16,205) lives in discrete remote communities and outstations. The Aboriginal population is 44% (21, 674) of the total Central Australia population.

Alice Springs Hospital provides acute care services in Central Australia. It has 189 beds (this includes Mental Health Patients).

Services available at Alice Springs Hospital include:

- General medicine, paediatrics, obstetrics and gynaecology, general surgery, renal, ophthalmology, ear nose and throat, orthopaedic, emergency medicine, intensive care and anaesthetics
- General allied health, welfare, diagnostic and treatment services
- Aboriginal liaison services
- 24-hour emergency services
- Day procedures
- Chemotherapy
- Renal services including dialysis
- Palliative care, including home visiting as well as hospital services
- Visiting medical officer services providing neurology, neurosurgery, oncology, rheumatology, urology, cardiology, respiratory, pain service, gastroenterology, plastic surgery, sleep studies, dermatology, rehabilitation medicine and endocrinology
- Medical specialist outreach services to remote communities for obstetric, adult and paediatric physician services, eye clinics and ear nose and throat clinics.

Since the last Accreditation Survey, CAHS expanded its Prevocational Education and Training Program to Tennant Creek Hospital in early 2017.

The terms listed at the back of the Accreditation Report are the **only** terms recommended by the Survey Team to be accredited for PGY1 placements for this Health Service.

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 PREVIOUSLY ACCREDITED TERMS AND REQUESTED TERMS FOR THIS SURVEY

ACCREDITATION EXPIRES 30 SEPTEMBER 2023						
PRIMARY ALLOCATION FACILITY (ASH) + OFFSITE UNIT (TCH) REQUESTED						
ACCREDITED TERMS	CURRENT			REQUESTED		
	PGY 1	PGY 2	TOTAL	PGY 1	PGY 2	TOTAL
Emergency Medicine	6	0	6	0	0	6
DIVISION OF SURGERY						
General Surgery	6	0	6	0	0	6
Orthopaedics	2	0	2	0	0	2
DIVISION OF MEDICINE						
General Medicine	4	0	4	4	0	8
Renal	2	0	2	0	0	2
ICU	1	0	1	0	0	1
OTHER DIVISION						
Paediatrics	2	0	2	0	0	2
AOD	0	0	0	1	0	1
GENERAL RURAL TERM						
General Rural Term - **Offsite Unit TCH**	2	0	2	0	0	2
TOTALS	**25**	**0**	**25**	**5**	**0**	**30**

TEAM LEADER EXECUTIVE SUMMARY

On behalf of the Survey Team and PMAS staff, I would like to begin by acknowledging the long term commitment and dedication of a broad range of staff, including Central Australian Health Service (CAHS) executive and the Medical Education Unit (MEU) that underpins the current success and ongoing improvements of the CAHS Prevocational Medical Education and Training Program (PETP). I particularly thank the MEU staff under the leadership of Amanda Cawthorne-Crosby for presenting a very thorough and comprehensive array of evidence and ensuring a coordinated and streamlined approach to our survey visit.

The 2019 survey of CAHS PETP has revealed a program that is of an excellent standard. Across all levels of enquiry, the survey team encountered a deep commitment to education as a core activity and value of the Alice Springs Hospital (ASH), of which the staff are rightly proud. What has been established over many years of commitment and witnessed increasingly over the last series of survey events is a commitment, by individuals and the organisation, to maintaining a unique rural hospital community feel whilst providing tertiary quality care to its population. This has resulted not only in improvements in patient outcomes but in a reputation for delivery of an excellent PETP and the return over years of junior doctors to become registrars and consultants. The focus on education is pervasive and evident through all levels of operational and strategic planning.

Since the last survey the R.E.D building has been built and opened. The physical infrastructure of this building including the world-class SIM labs provides an education focus at the very heart of the ASH campus. This investment will ensure education remains a focus and hub of hospital activity for a long time to come and the MEU being situated within this hub is fitting given their central and greatly valued role in supporting prevocational education activities and participants across the breadth of CAHS.

The survey team commends a number of work teams for their innovative education and training measures developed since the last survey:

- The Emergency Department's reconfiguration of their term teaching sessions with particular focus on peer reflection as a learning tool and understanding the communities of Central Australia.
- The Surgical Department's daily redistribution of interns' workloads amongst their peer group.
- The Sim Club which brings all levels of medical learning together in a voluntary education space.

The survey team identified a number of areas for ongoing improvement and have addressed these through a series of recommendations and conditions. A number of these relate to the Tennant Creek Hospital (TCH) term which was accredited since the last full survey. The survey team found that whilst the overall commitment and potential of this term to become an excellent prevocational experience remains, the current experience of interns placed in this term requires attention at a range of levels to mitigate vulnerabilities that currently exist. The survey team identified that whilst individually many of these factors were surmountable, in combination they are resulting in interns at TCH experiencing significant difficulties in this term. A number of conditions which will help address this have been outlined as well as a recommendation for a review of a broad range of elements, which if addressed, will ensure the term reaches its full potential.

The program to support provisionally registered International Medical Graduates (IMGs) has strengthened since the last survey. The team has found some areas that would further strengthen this program to ensure these provisionally registered doctors receive support to the same level as non-IMGs and have the full benefit of the PETP.

As part of the survey we also examined the requests for the expansion of the PETP to include an additional four General Medical intern allocations and accreditation of an Alcohol and Other Drugs Term. The survey team were supportive of both these requests.

Finally in acknowledging the great success of this program, we recommend:

Recommendation 1: That CAHS now share their experience and expertise across the NT and nationally.

This would place CAHS well to be in reach of an Extensive Achievement rating for some areas of their program at the next full survey which we recommend to occur in 4 years.

Dr Tamsin Cockayne
Survey Team Leader/Coordinator
28 June 2019

SUMMARY OF STANDARDS

Function 1 – Governance

Standard 1 – Health service Structure

Standard 2 – Personnel Overseeing the Prevocational Education and Training Program

Standard 3 – Prevocational Education and Training Program (PETP)

Standard 4 – Governance of a Prevocational Offsite Unit

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Standard 1 – Structure of the Prevocational Education and Training Program

Standard 2 – PETP Orientation

Standard 3 – Health service Education Program Content

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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

NOTE: Please read Comments with Recommendations and Conditions

There are a total of **2 Recommendations, 5 Conditions** and **4 Commendations**

Function And Standard	Comments Y/N	Recommendation/Condition/Commendation
F1 S1	Y	**COMMENDATION:** The survey team commends the health service as the Prevocational Training and Medical Education is embedded and considered across all levels of strategic and operational planning to a remarkable degree. **CONDITION:** That the membership of the MTC is amended to include a prevocational representative from the offsite unit (TCH).
F1 S2	Y	**COMMENDATION:** The survey team commended the individual and collective commitment and passion for education of supervisors which is underpinned by the nurturing and supportive MEU. **CONDITION:** There is a need for continuing engagement with prevocational doctors to ensure that they are all aware of the range of avenues for advocacy (peer/clinical/non-clinical/administrative).
F1 S3	Y	**CONDITION:** Given the established program and the increasing number of accredited intern places, reconsideration of the ability of interns to preference their elective term across CAHS is needed. **CONDITION:** The current process for allocation to TCH be urgently reviewed as it is not seen by junior doctors as fair and transparent and does not reflect the process accredited in 2017.
F1 S4	Y	**RECOMMENDATION 2** THAT A review of Tennant Creek Hospital intern placements is undertaken including allocation, orientation, support personnel, supervision, case mix, accommodation and tailored feedback mechanisms.
F1 S5	Y	**CONDITION:** That the membership of the MTC is amended to include a prevocational representative from the offsite unit (TCH).
F2 S1	Y	**CONDITION:** IMGs are provided pager protected dedicated time for teaching and training as all other provisionally registered doctors.
F2 S2	Y	
F2 S3	Y	
F2 S4	Y	**CONDITION:** IMGs are provided pager protected dedicated time for teaching and training as all other provisionally registered doctors.
F2 S5	Y	
F2 S6	Y	
F2 S7	Y	**COMMENDATION:** The survey team commends the surgical unit for the culture of team work evidenced by the daily redistribution of workload amongst the junior medical officers. **RECOMMENDATION 2** THAT A review of Tennant Creek Hospital intern placements is undertaken including allocation, orientation, support personnel, supervision, case mix, accommodation and tailored feedback mechanisms.
F2 S8	Y	**COMMENDATION:** The Emergency Department is to be commended for the introduction of a comprehensive teaching program consisting of four elements. In particular the opportunity for peer reflection and discussion and the remote central Australia community profiling was seen as innovative and should be showcased.
F2 S9	Y	
F2 S10	Y	

GLOSSARY

The following terms may be used in 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

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	Comments
1	SM	All	**CRITERION 6:** See General Rural Term (TCH) on page 10. **CRITERION 7:** The survey team noted a number of physical spaces which are planned for upgrade including TCH facilities and the ASH welfare spaces (i.e. Tetley Tea Room rest room and the Resident Medical Officer (RMO) Society room). Having a welcoming and practical space for Junior doctors close to where they provide clinical care would be valuable and promote wellbeing. **CRITERION 8:** Whilst daily communication between the DMS's occurs, low attendance of TCH DMS at the MTC and the lack of an onsite non clinical contact point creates a gap in the communication and support network available.
			Commendation
			CRITERION 3: The survey team commends the health service as the Prevocational Training and Medical Education is embedded and considered across all levels of strategic and operational planning to a remarkable degree.
			Condition
			CRITERION 8: That the membership of the MTC is amended to include a prevocational representative from the offsite unit (TCH).

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	Comments
1	SM	All	**CRITERION 1:** The sustained attention paid to the growth and succession planning to the MEU is evident in the success of the PETP. **CRITERION 4:** Whilst the survey team could see that there were numerous policies and systems in place for advocacy, in a small hospital environment true advocacy can be challenging due to the multiple roles of individual senior staff. The struggle to find the balance was evident throughout the survey.
			Commendation
			CRITERION 2 & CRITERION 3: The survey team commended the individual and collective commitment and passion for education of supervisors which is underpinned by the nurturing and supportive MEU.
			Condition
			CRITERION 4: There is a need for continuing engagement to ensure all prevocational doctors are aware of the range of avenues for advocacy (peer/clinical/non-clinical/administrative).

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	SM	All	**CRITERION 1 & CRITERION 6:** In general recruitment to CAHS meets the requirement of C1 however the specific term allocation to TCH has raised concerns for junior doctors' wellbeing. **CRITERION 4:** The survey team acknowledge the innovation in setting up Conversational English classes. **CRITERION 6:** Consideration of an individual's support needs and preferences would facilitate the TCH term being a more positive learning experience. **CRITERION 8:** The health service self-assessed this as partially met. The findings of the survey team were that since the time of the submission, mechanisms have been put in place and this criteria has now been met.
			Conditions
			CRITERION 1: Given the established program and the increasing number of accredited intern places, reconsideration of the ability of interns to preference their elective term across CAHS is needed. **CRITERION 1:** The current process for allocation to TCH be urgently reviewed as it is not seen by junior doctors as fair and transparent and does not reflect the process accredited in 2017.

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	Comments
1	SM	1, 2, 3	**CRITERION 1:** Whilst daily communication between the DMS's occurs, low attendance of TCH DMS at MTC and the lack of an onsite non clinical contact point creates a gap in the communication and support network for interns. **CRITERION 3:** The physical infrastructure of both TCH and TCH accommodation requires attention. The survey team was pleased to hear funding has been secured to address this which will include physical and technological upgrades.
	PM	4, 5	**Comments**
			CRITERION 4: The model of supervision at TCH involves a succession of supervisors across the term. The survey team heard that this model results in interns not being aware at all times of their current supervision requirements, due to different supervision styles. This leaves a risk that an intern in difficulty is unidentified or not adequately supported particularly in the first two terms of their internship. **CRITERION 5:** Risks were identified regarding the governance of the intern placement at TCH. Recommendation 1 from the 2017 TCH Offsite Unit report outlined a mechanism to address similar concerns and this remains.
			Recommendation
			RECOMMENDATION 2 **THAT** **A review of Tennant Creek Hospital intern placements is undertaken including allocation, orientation, support personnel, supervision, case mix, accommodation and tailored feedback mechanisms.**

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	Comments
1	SM	All	**CRITERION 1:** The survey team was impressed by the attendance records and continuous engagement of senior staff in the MTC. **CRITERION 4:** Whilst the culture of feedback is strong, clarity around where the feedback goes and how it is processed, is not clear either to interns or provisionally registered IMGs.
			Condition
			CRITERION 5: That the membership of the MTC is amended to include a prevocational representative from the offsite unit (TCH).

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	Comment
1	SM	All	**CRITERION 5 & CRITERION 7:** Currently, provisionally registered IMGs are not supported to the same level as other prevocational doctors to have dedicated pager protected time for teaching and training.
			Condition
			CRITERION 7: IMGs are provided pager protected dedicated time for teaching and training as all other provisionally registered doctors.

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	SM	All	**CRITERION 1:** The survey team heard of varying degrees of orientation for provisionally registered IMGs. A consistent approach to provisionally registered IMG's orientation should be applied. **CRITERION 3:** The survey team were impressed with the reflective approach to the evaluation of the PETP orientation at 3 points over the year, which demonstrates a thorough approach to continuous quality improvement.

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.

Criterion:

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	SM	All	The survey team found that this standard was satisfactorily met.

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	SM	All	**CRITERION 1:** Currently, provisionally registered IMGs are not supported to the same level as other prevocational doctors to have dedicated pager protected time for teaching and training. **CRITERION 2**: The survey team praised the development of the innovative SIM Club providing access to all levels of trainees for medical education and training.
			Condition
			CRITERION 1: IMGs are provided pager protected dedicated time for teaching and training as all other provisionally registered doctors.

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.

Criterion:

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	SM	All	The survey team found that this standard was satisfactorily met.

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

Rating outcome relevant to PAC (ASH) unless otherwise stated

Division of Surgery

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comments
General Surgery	1	SM	All	The survey team found that this standard was satisfactorily met.
Orthopaedics	1	SM	All	The survey team found that this standard was satisfactorily met.

Division of Medicine

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comments
General Medicine	1	SM	All	The survey team found that this standard was satisfactorily met.
Renal	1	SM	All	The survey team found that this standard was satisfactorily met.
ICU	1	SM	All	The survey team found that this standard was satisfactorily met.

Other Divisions

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comments
Paediatrics	1	SM	All	The survey team found that this standard was satisfactorily met.
AOD	1	PM	All	The material presented to the survey team at the visit suggested this will meet the requirement of the standard. This term will be assessed 6 months after an intern has been placed within the term or as part of the next survey event, whichever comes first.

Division of Emergency Medicine

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comment
Emergency Medicine	1	SM	All	The survey team found that this standard was satisfactorily met.

General Rural Term (TCH)

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comment
General Rural Term	1	SM	All	The survey team found that this standard was satisfactorily met.

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

Rating outcome relevant to PAC (ASH) unless otherwise stated

Division of Surgery

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comment
General Surgery	1	SM	All	The survey team found that this standard was satisfactorily met.
				Commendation
				The survey team commends the surgical unit for the culture of team work evidenced by the daily redistribution of workload amongst the junior medical officers.
Orthopaedics	1	SM	All	The survey team found that this standard was satisfactorily met.

Division of Medicine

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comments
General Medicine	1	SM	All	The survey team found that this standard was satisfactorily met.
Renal	1	SM	All	The survey team found that this standard was satisfactorily met.
ICU	1	SM	All	The survey team found that this standard was satisfactorily met.

Other Divisions

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comments
Paediatrics	1	SM	All	The survey team found that this standard was satisfactorily met.
AOD	1	PM	All	The material presented to the survey team at the visit suggested this will meet the requirement of the standard.

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comments
				This term will be assessed 6 months after an intern has been placed within the term or as part of the next survey event, whichever comes first.

Division of Emergency Medicine

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comments
Emergency Medicine	1	SM	All	The survey team found that this standard was satisfactorily met.

General Rural Term (TCH)

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comments
General Rural Term	1	SM	All	**CRITERION 1 & CRITERION 2:** The model of supervision at TCH involves a succession of supervisors across the term. The survey team heard that this model is unclear to interns and results in interns having difficulty building effective and confident supervisor-trainee relationships. This leaves a risk that an intern in difficulty is unidentified or not adequately supported particularly in the first two terms of their internship. **CRITERION 3:** It was not obvious to the survey team that rotating supervisors have been made aware of their roles and responsibilities of supervising in the accredited TCH model.
				Recommendation
				Recommendation 2 **THAT** **A review of Tennant Creek Hospital intern placements is undertaken including allocation, orientation, support personnel, supervision, case mix, accommodation and tailored feedback mechanisms.**

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

Rating outcome relevant to PAC (ASH) unless otherwise stated

C4 - Comment applies to all terms

Currently provisionally registered IMGs are not supported to the same level to have dedicated pager protected time for teaching and training for prevocational doctors.

Division of Surgery

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comments
General Surgery	1	SM	All	The survey team found that this standard was satisfactorily met.
Orthopaedics	1	SM	All	The survey team found that this standard was satisfactorily met.

Division of Medicine

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comments
General Medicine	1	SM	All	The survey team found that this standard was satisfactorily met.
Renal	1	SM	All	The survey team found that this standard was satisfactorily met.
ICU	1	SM	All	The survey team found that this standard was satisfactorily met.

Other Divisions

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comments
Paediatrics	1	SM	All	The survey team found that this standard was satisfactorily met.
AOD	1	PM	All	The material presented to the survey team at the visit suggested this will meet the requirement of the standard. This term will be assessed 6 months after an intern has been placed within the term or as part of the next survey event, whichever comes first.

Division of Emergency Medicine

Rotation/Term	Level of trainee PGY	Rating	Criteria	Commendation
Emergency Medicine	1	SM	All	The Emergency Department is to be commended for the introduction of a comprehensive teaching program consisting of four elements. In particular the opportunity for peer reflection and discussion and the remote central Australia community profiling was seen as innovative and should be showcased.

General Rural Term (TCH)

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comment
General Rural Term	1	SM	All	The survey team found that this standard was satisfactorily met.

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 (ASH) unless otherwise stated

Division of Surgery

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comments
General Surgery	1	SM	All	The survey team found that this standard was satisfactorily met.
Orthopaedics	1	SM	All	The survey team found that this standard was satisfactorily met.

Division of Medicine

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comments
General Medicine	1	SM	All	The survey team found that this standard was satisfactorily met.
Renal	1	SM	All	The survey team found that this standard was satisfactorily met.
ICU	1	SM	All	The survey team found that this standard was satisfactorily met.

Other Divisions

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comments
Paediatrics	1	SM	All	The survey team found that this standard was satisfactorily met.
AOD	1	PM	All	The material presented to the survey team at the visit suggested this will meet the requirement of the standard. This term will be assessed 6 months after an intern has been placed within the term or as part of the next survey event, whichever comes first.

Division of Emergency Medicine

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comment
Emergency Medicine	1	SM	All	The survey team found that this standard was satisfactorily met.

General Rural Term (TCH)

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comment
General Rural Term	1	SM	All	**CRITERION 3:** The survey team heard from several prevocational doctors that due to the tight knit professional and social links between the supervisors, DMS and EDMCS, there was a fear of giving frank and honest feedback which was potentially affecting their wellbeing and the reputation of the term.

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

Rating outcome relevant to PAC (ASH) unless otherwise stated

Division of Surgery

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comments
General Surgery	1	SM	All	The survey team found that this standard was satisfactorily met.
Orthopaedics	1	SM	All	The survey team found that this standard was satisfactorily met.

Division of Medicine

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comments/Conditions/Recommendations
General Medicine	1	SM	All	The survey team found that this standard was satisfactorily met.
Renal	1	SM	All	The survey team found that this standard was satisfactorily met.
ICU	1	SM	All	The survey team found that this standard was satisfactorily met.

Other Divisions

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comments/Conditions/Recommendations
Paediatrics	1	SM	All	The survey team found that this standard was satisfactorily met.

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comments/Conditions/Recommendations
AOD	1	PM	All	The material presented to the survey team at the visit suggested this will meet the requirement of the standard. This term will be assessed 6 months after an intern has been placed within the term or as part of the next survey event, whichever comes first.

Division of Emergency Medicine

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comments/Conditions/Recommendations
Emergency Medicine	1	SM	All	The survey team found that this standard was satisfactorily met.

General Rural Term (TCH)

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comments/Conditions/Recommendations
General Rural Term	1	SM	All	The survey team found that this standard was satisfactorily met.

RATING SUMMARY SHEET

PGY1									
Function and Standard	**C1**	**C2**	**C3**	**C4**	**C5**	**C6**	**C7**	**C8**	**HPR/ AC60 /NS**
Function 1 – Governance									
Standard 1:Health service Structure	**SM**	**SM**	**SM**	**SM**	**SM**	**SM**	**SM**	**SM**	
Standard 2: Personnel Overseeing the PETP	**SM**	**SM**	**SM**	**SM**	**SM**				
Standard 3: PETP	**SM**	**SM**	**SM**	**SM**	**SM**	**SM**	**SM**	**SM**	
Standard 4: Governance of a Prevocational Offsite Unit	**SM**	**SM**	**SM**	**PM**	**PM**				
Standard 5: PETP Committee	**SM**	**SM**	**SM**	**SM**	**SM**				
Function 2 – Prevocational Doctor Education and Training Program									
Standard 1: Structure of the PETP	**SM**	**SM**	**SM**	**SM**	**SM**	**SM**	**SM**		
Standard 2: PETP Orientation	**SM**	**SM**	**SM**						
Standard 3: HSEP Content	**SM**	**SM**	**SM**	**SM**					
Standard 4: HSEP Delivery	**SM**	**SM**							
Standard 5: HSEP Evaluation	**SM**	**SM**	**SM**						
For term ratings please see individual standard ratings on page 17-26									
Standard 6: Term Orientation and Handover									
Standard 7: Term Supervision									
Standard 8: Term Content									
Standard 9: Term Evaluation									
Standard 10: Prevocational Doctor (Performance) Assessment									

RECOMMENDATION FOR ACCREDITATION

On the basis of 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 grants the Central Australia Health Service Prevocational Accreditation for 4 years for the Units/Terms listed below. For total numbers of positions accredited in each unit/term see Table "Terms Recommended for Accreditation" pg. 29.

Current Units Accredited (PGY1)

- Medicine
- Renal
- ICU
- Surgery
- Orthopaedics
- Paediatrics
- Emergency Medicine
- General Rural Term (Offsite Unit TCH)

Special requirements include:

Nil

Accreditation expiry date for New Units:

- AOD – 30 September 2023

New Units accredited with 6 month review after an intern has completed a term

- AOD

New Units Accredited for PGY2

Nil

New Units requested but not accredited:

Nil

Modified Units accredited for a period of 1 year:

PGY1 (extra places accredited)

- Medicine 4 x extra positions

Modified Units requested but not accredited for extra places:

Nil

Quality Action Plan due to NT Accrediting Authority by:

Stage 1 31st March 2020

TERMS RECOMMENDED FOR ACCREDITATION

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".
No PGY2 positions were accredited on this occasion.
If changes are required within a unit/term to accommodate more PGY1 doctors a modified unit request must be submitted with the requested modification to the NT Accrediting Authority.

ACCREDITED TERMS	PGY1 total places	PGY2+ total places
DIVISION OF MEDICINE		
Medicine - **C**	8	0
Renal – **C**	2	0
ICU - N	1	0
DIVISION OF SURGERY		
Surgery – **C**	6	0
Orthopaedics – N	2	0
OTHER DIVISIONS		
Paediatrics - N	2	0
AOD - N	1	0
DIVISION OF EMERGENCY MEDICINE		
Emergency Medicine - **C**	6	0
OTHER		
Tennant Creek Hospital Offsite Unit – General Rural Term- **N**	2	0
TOTAL	**30**	**0**

Intern (PGY1) General Registration requirements - **C** – Compulsory Term **N** – Non Compulsory Term

SURVEY TEAM MEMBERS

All surveyors have accepted and endorsed this report via email.

Dr Tamsin Cockayne (Team Coordinator)

Dr William Majoni

Dr Sanjay Joseph

Ms Jean Murphy

PREVOCATIONAL ACCREDITATION SUPPORT TEAM DELEGATES

Support Team:

Ms Maria Halkitis

Ms Shirley Bergin

Report Sighted by: NT METC Accreditation Manager

Name: Shirley Bergin

Date: 28 June 2019

HEALTH SERVICE 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 the Prevocational Accreditation Manager that you have received and read this report.

Prevocational Accreditation Manager will update the latest Health Service Accreditation status and accredited terms on the PMAS website.

The receipt of contents of this Report is acknowledged by:

Dr Samuel Goodwin

Executive Director of Medical and Clinical Services

Central Australia Health Service **Signature:..... Date:**

Dr Paul Helliwell/Dr Nina Kilfoyle

Directors of Clinical Training

Central Australia Health Service

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

MTC Chair - Central Australia Health Service

Name:..... **Signature:..... Date:**