Survey Report

Progress Report

Top End Regional Health Services

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

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TABLE OF PREVIOUSLY ACCREDITED TERMS AND REQUESTED TERMS FOR THIS SURVEY

ACCREDITATION EXPIRES 30 SEPTEMBER 2022								
PRIMARY ALLOCATION FACILITY (Royal Darwin Hospital) + OFFSITE UNIT (Palmerston Regional Hospital) + OFFSITE UNIT (Katherine Hospital) + OFFSITE UNIT (Gove District Hospital) REQUESTED								
ACCREDITED TERMS			CURRENT			REQUESTED		
	PRIMARY SITE	CORE/NON-CORE	PGY 1	PGY 2	TOTAL	PGY 1	PGY 2	TOTAL
EMERGENCY MEDICAL CARE								
Emergency Medical Care	RDH	C	10	16	26	0	0	0
MEDICINE								
General Medicine	RDH	C	12	12	24	0	0	0
Renal Medicine	RDH	NC	2	2	4	0	0	0
Palliative Care	RDH	NC	1	1	2	0	0	0
Cardiology	RDH	NC	2	3	5	0	0	0
Haematology	RDH	NC	0	1	1	0	0	0
Oncology	RDH	NC	0	1	1	0	1	1
Respiratory	RDH	NC	0	1	1	0	0	0
Gastroenterology	RDH	NC	0	1	1	0	0	0
Endocrinology	RDH	NC	0	1	1	0	0	0
Neurology	RDH	NC	0	1	1	0	0	0
IFD/HITH	RDH	NC	0	2	2	0	0	0
RAPU	RDH	NC	0	5	5	0	0	0
DPH	RDH	NC	0	4	4	0	0	0
Dermatology	RDH	NC	0	0	0	0	1	1
SURGERY & CRITICAL CARE								
General Surgery	RDH	C	10	12	22	2	2	4
Vascular Surgery	RDH	NC	1	1	2	0	0	0
Orthopaedics	RDH	NC	0	4	4	0	0	0

Head and Neck (Maxillofacial)	RDH	NC	2	1	3	0	0	0
ENT	RDH	NC	0	1	1	0	0	0
Neurosurgery	RDH	NC	0	1	1	0	0	0
Cardiac Surgery (expired)	RDH	NC	0	1	1	0	0	0
Plastic Surgery	RDH	NC	0	1	1	0	0	0
Intensive Care Medicine	RDH	NC	0	5	5	0	0	0
Anaesthetics	RDH	NC	0	2	2	0	0	0
DIVISION OF WOMENS, CHILDREN & YOUTH								
Paediatrics	RDH	NC	2	8	10	0	0	0
Obstetrics & Gynaecology	RDH	NC	0	10	10	0	0	0
TOP END MENTAL HEALTH SERVICE								
Psychiatry/Alcohol and Other Drugs	RDH	NC	0	5	5	0	0	0
OFFSITE UNIT/S								
Emergency Medical Care	PRH	C	4	15	19	0	0	0
Medicine	PRH	C	1	6	7	0	0	0
Rehabilitation Medicine	PRH	NC	1	2	3	0	0	0
Geriatrics	PRH	NC	1	2	3	0	0	0
General Surgery	PRH	NC	0	6	6	0	0	0
Anaesthetics	PRH	NC	0	1	1	0	0	0
Emergency Medical Care	KH	C	1	2	3	0	0	0
Medicine	KH	C	1	2	3	0	0	0
General Rural Term	GDH	NC	3	5	8	0	0	0
TOTALS			**54**	**144**	**198**	**2**	**4**	**204**

C = Core/Mandatory Term N = Non-Core/Mandatory Term

REPORT EXECUTIVE SUMMARY

Thank you for submitting the Top End Regional Health Services 2021 Progress Report, modified unit and new unit requests. The NT Accrediting Authority reviews prevocational accreditation submissions provided by NT prevocational accredited education and training providers as part of its monitoring functions to ensure that accredited providers continue to meet the relevant standards and criteria.

The survey team appointed on behalf of the Accrediting Authority and approved by the regional health service prior to the event included:

Dr *Nigel Gray* (Lead Surveyor)
General Practitioner, Medical Educator. FRACGP, GCHPE.

Dr Cameron Spenceley (Team Member)
Specialist Emergency Physician, FACEM

Ms Silvia Bretta (Team Member)
Senior GP Registrar Program Manager, NTGPE

EXECUTIVE SUMMARY

The survey team would like to thank the Health Service for providing their Progress Report in a timely fashion and recognise the considerable input behind its submission, particularly from the outgoing Medical Education Officer.

There have undoubtedly been areas of considerable progress since the initial full survey visit, such as the PETP structure and the HSEP content & delivery.

However we unanimously and independently agree that subsequent to last year's QAP stage 3 some areas have failed to show progress as outlined in Section 2 of this report and one in particular, namely that of senior clinician engagement both with the MEU and within the PEAG, has regressed. The challenging conditions imposed by operating in a relatively remote part of Australia during a pandemic are acknowledged. Nevertheless as surveyors we have a duty to caution the health service against lapsing into a sense of resignation that further progress in any area is impeded by the prevailing contextual climate.

In this regard the engagement of a senior clinician from the surgical (urology) term to take up a co-DCT role alongside the incumbent DCT who instigated improved communication links during the early part of his tenure and who is highly regarded within the PAC and its offsite units, is welcomed and should provide an opportunity to rekindle any links in need of being re-ignited.

In parallel to the relationships between the MEU and specific departments, the effective functioning of the PEAG also appears to be at risk of being diluted by complacency. The health service is once again encouraged to explore more creative ways of fostering collegial approaches to developing term education programmes and to ensuring greater supervisor commitment across the board to the PEAG and its processes. The overdue Supervisor survey may well help to inform such issues and relationships. More specifically, whilst the breadth of Supervisor reports presented within the body of evidence supporting this survey event is laudable, some term representatives are encouraged to pay greater attention to providing constructive comments within their submissions rather than relying upon a generic template developed by the MEU.

The surveyors recognise their role is not to be overly prescriptive, but were nonetheless struck by the rapidity of consultant cycling within a number of terms and wondered whether this would be an area the health service may choose to review in the interests of developing more productive, bilateral supervisor to junior relationships and therefore help to address any tensions in workload expectations between the two cohorts.

It is hoped that the comments contained within this summary are not taken to be overly critical and the Health Service will acknowledge the focus needed on continuous quality improvement which underpins the whole accreditation process. The survey team recall and recognise the significant progress made in some areas by the health service during the past 12 months in particular, such as the development of much greater awareness amongst junior doctors of the role of the MEU, and is therefore optimistic that forward momentum can be regained in the near future. In addition the modified and new unit submissions all appear to be progressive initiatives and we look forward to learning of the benefits they confer to the delivery of the PETP at next year's survey visit.

Dr Nigel Gray
NT Prevocational Accrediting Authority Lead Surveyor – Progress Report Survey Event

SUMMARY OF STANDARDS FOR THIS PROGRESS REPORT

FUNCTION 1 – GOVERNANCE

Standard 1 – Health service Structure

Standard 2 – Personnel Overseeing the Prevocational Doctor Education and Training Program (PETP)

Standard 3 – Prevocational Doctor Education and Training Program (PETP)

Standard 4 – Governance of a Prevocational Offsite Unit

Standard 5 – Prevocational Doctor Education and Training Committee (IETC)

FUNCTION 2 – INTERN EDUCATION AND TRAINING PROGRAM (PETP)

Standard 1 – Structure of the Prevocational Doctor Education and Training Program

Standard 2 – PETP Orientation

Standard 3 – Health service Education Program Content

Standard 4 – Health service Education Program Delivery

Standard 5 – Health service Education Program Evaluation

Standard 6 – Term Orientation and Handover

Standard 7 – Term Supervision

Standard 8 – Term Content

Standard 9 – Term Evaluation

Standard 10 – Prevocational Doctor (Performance) Assessment

SURVEY TEAM REVIEW COMMENTS

Section 1

OUTSTANDING RECOMMENDATIONS REVIEW OUTCOMES

(from the 2018 reaccreditation survey)

Recommendation Rating Scale: Satisfactorily Met (SM) or Not Met (NM)

Primary/Offsite	Function, Standard and Criterion	Recommendation/Condition	Review of Progress Report Evidence	Outcome
Primary	F1 S1 C3	**CONDITION:** The distribution of workload across the surgical prevocational doctors is improved with particular attention to the high SACU workload.	The Modified Surgical Unit request submitted as a corollary to this Progress Report confirms the specific progress against this Condition as applicable to SACU.	**P**
Primary	F1 S1 C6	**RECOMMENDATION 1:** **THAT** The new policies/guidelines which facilitate the delivery and co-ordination of the PETP are implemented and disseminated across all prevocational years.	The survey team were able to note the significant progress in this area subsequent to their visit at the outset of this cycle in 2018.	**SM**
Primary	F1 S2 C1	**RECOMMENDATION 2:** **THAT** Urgent and immediate priority is given to stabilisation of the MEU through recruitment and appointment to those outstanding positions currently filled by temporary appointments.	Reflecting on progress subsequent to the QAP stage 3 of February 2021, for reasons partially outside of the control of the Health Service this area of attention remains unstable and unconsolidated, albeit the priority given to it is acknowledged.	**P**
Primary	F1 S5 C1, 2 & 5	**RECOMMENDATION 3:** **THAT** The communication gaps between the clinical supervisors, relevant committees and the MEU be addressed.	The presentation of Term Supervisor reports from a wide range of Departments is most welcome, signifying a degree of engagement with the MEU and relevant committees. However the recency of this initiative suggests progress towards narrowing the communication gaps remains in its infancy.	**NP**

Primary/Offsite	Function, Standard and Criterion	Recommendation/Condition	Review of Progress Report Evidence	Outcome
Primary	F1 S5 C1, 2 & 5	**RECOMMENDATION 4:** **THAT** The effectiveness of the committee structure and governance be reviewed as part of a quality improvement activity prior to the scheduled 2021 Progress Report submission.	Progress is again noted in this area but governance remains somewhat unstructured and informal, such that confirmed efficacy is yet to be demonstrated.	**P**
Primary	F1 S5 C1, 2 & 5	**RECOMMENDATION 5:** **THAT** The Prevocational Education Advisory Group (PEAG) takes responsibility for auditing the outcomes of continuous improvement action plans where PETP deficits are identified.	The PEAG is still yet to take sufficient responsibility for implementing this Recommendation and has not demonstrated engagement with the necessary formal audit process.	**NP**
Primary	F2 S3 C4	**The below condition applies only to the SACU term.** **CONDITION:** That the distribution of workload across the surgical prevocational doctors is improved with particular attention to the high SACU workload.	The Modified Surgical Unit request submitted as a corollary to this Progress Report confirms the specific progress against this Condition as applicable to SACU.	**P**
Primary	F2 S5 C3	**Recommendation 6:** **THAT** All supervisors of prevocational doctors are given the opportunity to provide feedback and to participate in discussion of the value of the HSEP, through both the Prevocational Education Advisory Group and informal monitoring within their division.	There remains an insufficient contribution to the PEAG by supervisors in general, compounded by the lack of a recent formal supervisor survey. The evidence presented by the Health Service in support of its Progress Report represents only a point in time summary rather than evidence of a more systematic approach to supervisor engagement.	**NP**
Primary	F2 S9 C 2 & 3 PGY 1 & 2	**CONDITION:** The MEU reviews feedback mechanism across the PETP to ensure that prevocational doctors have the ability to encourage frank and honest feedback in a range of formal and informal ways.	Further progress in this area could be harnessed by the developmental and implementation of a formal audit process.	**P**

Orthopaedics

Primary/Offsite	Function, Standard and Criterion	Recommendation	Review of Progress Report Evidence	Outcome
Primary	F2 S6 C ALL PGY2	**RECOMMENDATION 7:** **THAT** The head of Surgery and Critical Care takes responsibility for leading and driving cultural change within the Orthopaedic term in order to be responsible for the provision of the full range of clinical patient care.	A degree of disconnect between the head of department and the wider orthopaedic team is evident and is borne out of hierarchical structural deficiencies & distances impacting on the ability of the head to exert much effective cultural change.	**NP**
Primary	F2 S6 C ALL PGY2	**RECOMMENDATION 8:** **THAT** Senior Clinicians in Orthopaedic terms are more directly involved in the terms orientation, clinical and term supervision requirements and that the term teaching program is delivered as identified in the Term Descriptor, ROVER and assessment booklet.	The lack of orthopaedic Term Supervisor reports within the body of evidence is striking and concerning, possibly reflecting the lack of guidance and influence from departmental heads.	**NP**
Primary	F2 S7 C ALL PGY2	**RECOMMENDATION 8:** **THAT** Senior Clinicians in Orthopaedic terms are more directly involved in the terms orientation, clinical and term supervision requirements and that the term teaching program is delivered as identified in the Term Descriptor, ROVER and assessment booklet.	The lack of orthopaedic Term Supervisor reports within the body of evidence is striking and concerning, possibly reflecting the lack of guidance and influence from departmental heads.	**NP**
Primary	F2 S8 C ALL PGY2	**RECOMMENDATION 8:** **THAT** Senior Clinicians in Orthopaedic terms are more directly involved in the terms orientation, clinical and term supervision requirements and that the term teaching program is delivered as identified in the Term Descriptor, ROVER and assessment booklet.	The lack of orthopaedic Term Supervisor reports within the body of evidence is striking and concerning, possibly reflecting the lack of guidance and influence from departmental heads.	**NP**

Primary	F2 S9 C 2 & 3 PGY 1 & 2	**RECOMMENDATION 5:** **THAT** The Prevocational Education Advisory Group (PEAG) takes responsibility for auditing the outcomes of continuous improvement action plans where PETP deficits are identified.	The PEAG is still yet to take sufficient responsibility for implementing this Recommendation and has not demonstrated engagement with the necessary formal audit process.	**NP**
Primary	F2 S10 C 1,2,3,4 & 5 PGY2	**RECOMMENDATION 8:** **THAT** Senior Clinicians in Orthopaedic terms are more directly involved in the terms orientation, clinical and term supervision requirements and that the term teaching program is delivered as identified in the Term Descriptor, ROVER and assessment booklet.	The lack of orthopaedic Term Supervisor reports within the body of evidence is striking and concerning, possibly reflecting the lack of guidance and influence from departmental heads.	**NP**

SACU

Primary/Offsite	Function, Standard and Criterion	Recommendation	Review of Progress Report Evidence	Outcome
Primary	F2 S8 C3	**CONDITION:** That the distribution of SACUs workload for prevocational doctors is reviewed to alleviate the potential issue of preventing an educational experience in this term/rotation.	The Modified Surgical Unit request submitted as a corollary to this Progress Report confirms the specific progress against this Condition as applicable to SACU.	**P**

RAPU

Primary/Offsite	Function, Standard and Criterion	Recommendation	Review of Progress Report Evidence	Outcome
Primary	F2 S7 C1 PGY 2	**CONDITION:** That the prevocational doctor's position in RAPU is provided with timely support of a nominated senior clinician within the unit.	The survey team were unable to find evidence of sufficient progress in providing timely support to the RAPU's Junior Doctors. Moreover there appears to be some uncertainty as to the staffing of the Unit by prevocational doctors in 2022.	**NP**

Section 2

SURVEY TEAM REVIEW COMMENTS – PROGRESS REPORT
Function 1 - Governance

This section provides comments regarding the continuous improvement that has occurred within the Prevocational Education Training Program since the health services/facilities last reaccreditation visit, including all improvements made because of a recommendation and/or because of any internal or external reviews of the PETP. These comments are based on the evidence provided to the NT Accrediting Authority for this survey event and are likely to be awarded a Progressing at this Progress Report stage of the accreditation cycle.

Outcomes applied for this Progress Report

Unsatisfactory (US)	**Not Met** the standard or a criteria within a standard - The Health service/Facility may not meet the related Function/Standard/Criteria and the Accrediting Authority may investigate further
Not Progressing (NP)	Minimal or no progress (identified in evidence provided) since last reaccreditation survey visit. Limited awareness and knowledge identified in the application of the standards in the Health service/Facility, with little or no monitoring (evaluation/review) of outcomes against the Standards.
Progressing (P)	Identified progress against the standards with further reporting/evidence necessary.
Satisfactorily Met (SM)	The Health service/Facility has provided evidence to show the collection of outcome data from their systems designed to implement standards and the continuous improvements to those systems since the last reaccreditation survey visit.

Standard 1 – Health Service Structure

Review of Progress Report Evidence	Outcome
• Priority given to in house governance of the PETP needs to be re-established • Commendable attention given to addressing rostering challenges, particularly in the context of the current pandemic • Auditing of the PETP's efficacy and consequent planning of its components	P

Standard 2 – Personnel Overseeing the PETP

Review of Progress Report Evidence	Outcome
• Retention of MEU corporate staff with translation into corporate knowledge remains pivotal, and challenging. • Continued engagement of term supervisors crucial; instigation of a process acknowledged but needs to be maintained. • Performance appraisal of those delivering the PETP needs to commence.	P

Standard 3 – Prevocational Doctor Education and Training Program

Review of Progress Report Evidence	Outcome
Significant progress against this Standard noted, borne out by participant evaluations.	SM

Standard 4 – Governance of a Prevocational Offsite Unit

Review of Progress Report Evidence	Outcome
• Evidence presented is not broad, but suggests no cause for concern. • An opportunity to appraise the experiences of participating Junior Doctors via in person interviews at the next full survey visit would be welcomed.	P

Standard 5 – Prevocational Doctor Education and Training Committee

Review of Progress Report Evidence	Outcome
Evaluation and review functions of the Committee must be performed with greater commitment and given higher priority than currently demonstrated.	NP

Section 2

Function 2 – Prevocational Doctor Education and Training Program (PETP)

Standard 1 – PETP Structure

Review of Progress Report Evidence	Outcome
Significant progress against this Standard noted, borne out by participant evaluations.	SM

Standard 2 – PETP Orientation

Review of Progress Report Evidence	Outcome
Significant progress against this Standard noted, borne out by participant evaluations.	SM

Standard 3 – HSEP Content

Review of Progress Report Evidence	Outcome
Significant progress against this Standard noted, borne out by participant evaluations.	SM

Standard 4 – HSEP Delivery

Review of Progress Report Evidence	Outcome
Significant progress against this Standard noted, borne out by participant evaluations.	SM

Standard 5 – HSEP Evaluation

Review of Progress Report Evidence	Outcome
Term supervisor engagement, active contribution and assessment across all terms needs to be ensured, facilitated by the MEU.	P

Standard 6-10

For the purposes of this Progress Report all currently accredited terms for prevocational trainees (PGY1 & PGY2) were found to be progressing against all Function 2 standards 6-10. These findings will be confirmed at the Top End Region Health Service reaccreditation visit in 2022. Please see term/unit recommendation of accreditation on pg.14.

Section 3
Modified Unit Requests

Medicine

Review of Modified Unit Evidence	Outcome
The survey team had no concerns regarding this proposal and looks forward to a review of progress at the next full Accreditation Survey visit.	SM

Surgery

Review of Modified Unit Evidence	Outcome
The attempts to improve workload distribution for the Prevocational Doctors, particularly those undertaking Terms in SACU, are noted and commended. The efficacy of the proposed structural approach will best be tested by an evaluation of the changes 12 months post-implementation.	SM

Oncology

Review of Modified Unit Evidence	Outcome
The survey team had no concerns regarding this proposal and looks forward to a review of progress at the next full Accreditation Survey visit.	SM

Section 4
New Unit Request

Dermatology

Review of New Unit Evidence	Outcome
The survey team had no concerns regarding this proposal and looks forward to a review of progress at the next full Accreditation Survey visit.	SM

Section 5
Unit Expected to Cease Accreditation

Cardiac Surgery

Review of Unit Evidence	Outcome
In line with the NT Prevocational Accreditation system units which have not had a prevocational doctor placed within the last 2 years lose their awarded accreditation status.	NM

RECOMMENDATION FOR ACCREDITATION

On the basis of the documentation provided to the survey team from the Top End Regional Health Service and the outcomes stated in this report, the survey team recommends that the Prevocational Accreditation Committee endorses the Top End Regional Health Service to continue to be accredited until 30th September 2022 for the units/terms listed below.

Units Accredited for PGY1 and PGY2 positions

- Emergency Medical Care
- Emergency Medical Care (Offsite Unit – KH)
- Emergency Medical care (Offsite Unit – PRH)
- Medicine
- Medicine (Offsite Unit – KH)
- Medicine (Offsite Unit – PRH)
- Renal Medicine
- Palliative Care
- Rehabilitation Medicine (Offsite Unit – PRH)
- Cardiology
- Geriatrics (Offsite Unit – PRH)
- Surgery
- Head and Neck (Maxillofacial)
- Paediatrics
- General Rural Term (Offsite Unit GDH)

Units Accredited only for PGY2 positions

- Haematology
- Oncology
- Respiratory
- Gastroenterology
- Endocrinology
- Neurology
- IFD/HITH
- RAPU
- DPH
- Orthopaedics
- ENT Surgery
- Neurosurgery
- Vascular Surgery
- Plastic Surgery
- Intensive Care Medicine
- Anaesthetics
- O & G
- Psychiatry/Alcohol and Other Drugs
- General Surgery (Offsite Unit – PRH)
- Anaesthetics (Offsite Unit – PRH)

Modified Unit requests

• Medicine	1 PGY1 position to be used as a composite term
• Surgery	2 PGY1 + 2 PGY2 x extra positions
• Oncology	1 PGY2 x extra position

New Units requested for PGY2

• Dermatology	1 x position

Units with expired accreditation status

- Cardiac Surgery

RECOMMENDATION TO PREVOCATIONAL ACCREDITATION COMMITTEE

Based on the documentation provided to the Survey Team from the Top End Regional Health Services and the outcomes stated in this Report, the Survey Team recommends to the Prevocational Accreditation Committee (PAC) that the Top End Regional Health Services accreditation status should continue until 30 September 2022.

***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. PGY1 accredited places are independent to PGY2 places. PGY1 and PGY2 places are **NOT** interchangeable.

Legend:

C = Compulsory Term (Intern (PGY1) AHPRA General Registration requirements)
N = Non Compulsory/Elective Term
R = Resident Medical Officer Term **Only** (PGY2) **(NOT Accredited for PGY1 Prevocational Doctors)**

ACCREDITED TERMS	**PGY1 total places**	**PGY2+ total places**
EMERGENCY MEDICAL CARE		
Emergency Medical Care - **C**	10	16
DIVISION OF MEDICINE		
Medicine - **C**	12	12
Renal – N	2	2
Palliative Care - **N**	1	1
Cardiology - **N**	2	3
Haematology - **R**	0	1
Oncology - **R**	0	2
Respiratory - **R**	0	1
Gastroenterology - **R**	0	1
Endocrinology - **R**	0	1
Neurology - **R**	0	1
IFD/HITH - **R**	0	2
RAPU - **R**	0	5
DPH - **R**	0	4
Dermatology - **R**	0	1
DIVISION OF SURGERY AND CRITICAL CARE		
General Surgery – **C**	12	14

Vascular Surgery - **N**	1	1
Orthopaedics – **R**	0	4
Head and Neck (Maxillofacial) - **N**	2	1
ENT Surgery - **R**	0	1
Neurosurgery - **R**	0	1
Plastic Surgery - **R**	0	1
Intensive Care Medicine - **R**	0	5
Anaesthetics - **R**	0	2
DIVISION OF WOMENS, CHILDREN & YOUTH		
Paediatrics - **N**	2	8
O & G - **R**	0	10
TOP END MENTAL HEALTH SERVICE		
Psychiatry/Alcohol and Other Drugs - **R**	0	5
OFFSITE UNITS		
PRH – Emergency Medical Care – **C**	4	15
PRH – Medicine – **C**	1	6
PRH - Rehabilitation Medicine – N	1	2
PRH - Geriatrics – N	1	2
PRH – General Surgery - **R**	0	6
PRH – Anaesthetics – **R**	0	1
KH – Emergency Medical Care – **C**	1	2
KH – Medicine – **C**	1	2
GDH – General Rural Term- N	3	5
TOTAL	**56**	**147**

SURVEY TEAM MEMBERS

All surveyors have accepted and endorsed this report via email.

Dr Nigel Gray (Team Lead)

Dr Cameron Spenceley (Team Member)

Ms Silvia Bretta (Team Member)

ACCREDITING AUTHORITY SUPPORT TEAM MEMBERS

Support Team:

Ms Maria Halkitis

Report Sighted by: NT Accrediting Authorities Accreditation Manager
Name: Shirley Bergin

Date: 25/11/2021

HEALTH SERVICE/FACILITY REPORT RECEIVED

The Prevocational Accreditation Committee requests that the Executive Director of Medical Services (or equivalent), Directors of Medical Services, Director of Clinical Training and Prevocational Medical Education and Training Committee Chair upon receipt of this report sign and notify the NT Accrediting Authorities Accreditation Manager that the assessment report has been received.

***__Please Note__ that receipt of the report does __not__ mean that the regional health service agrees with the content of the report.

NT Accrediting Authority will update the latest regional health service accreditation status and accredited terms on the NT Accrediting Authorities website.

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

Dr Charles Pain
Executive Director of Medical Services
Top End Regional Health Services

Signature:..... **Date:** 31/01/22

Dr Sara Watson
Director of Medical Services
Royal Darwin and Palmerston Regional Hospitals

Signature:..... **Date:** 6.1.22

Dr Arnel Polong
Director of Medical Services
Katherine Hospital

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

Dr Raj Pillay
Director of Medical Services
Gove District Hospital

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

Dr Madhi Sundaram
Director of Clinical Training
Top End Regional Health Services

Signature:..... **Date:** 06/01/202

Prevocational Education and Training Committee Chair
Top End Regional Health Services

Dr Watson is the Chair, see above

Name:.....

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

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

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2. *POST SIGNED ORIGINAL TO:*

PREVOCATIONAL MEDICAL ASSURANCE SERVICES (PMAS)
ATTN: ACCREDITATION MANAGER – SHIRLEY BERGIN
PO BOX 40596
CASUARINA, NT 0811

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Executive Director of Medical Services
Top End Regional Health Services

Signature:..... Date:

Dr Sara Watson
Director of Medical Services
Royal Darwin and Palmerston Regional Hospitals

Signature:..... Date:

Dr Arnel Polong
Director of Medical Services
Katherine Hospital

Signature:..... Date:

Dr Raj Pillay
Director of Medical Services
Gove District Hospital

Signature:..... Date: 18/01/2022

Dr Madhi Sundaram
Director of Clinical Training
Top End Regional Health Services

Signature:..... Date:

Prevocational Education and Training Committee Chair
Top End Regional Health Services

Name:.....

Signature:..... Date:

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Executive Director of Medical Services
Top End Regional Health Services

Signature:..... Date:

Dr Sara Watson
Director of Medical Services
Royal Darwin and Palmerston Regional Hospitals

Signature:..... Date:

Dr Arnel Polong
Director of Medical Services
Katherine Hospital

Signature:..... Date: 17/01/2022

Dr Raj Pillay
Director of Medical Services
Gove District Hospital

Signature:..... Date:

Dr Madhi Sundaram
Director of Clinical Training
Top End Regional Health Services

Signature:..... Date:

Prevocational Education and Training Committee Chair
Top End Regional Health Services

Name:.....

Signature:..... Date:

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