



Top End Health Service
Royal Darwin Hospital
SURVEY REPORT

New Unit – Vascular Surgery

June 2019

PREVOCATIONAL EDUCATION & TRAINING PROGRAM

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INTRODUCTION

TEHS is comprised of Royal Darwin, Palmerston Regional, Katherine and Gove District Hospitals with Royal Darwin Hospital (RDH) being the Primary Allocation Facility for Intern Education, Training and Supervision with a number of offsite units. Please see attached all terms listed for Top End Health Service including offsite units in the following Table of Terms accredited.

The TEHS region covers 35.3% (475,338 km²) of the total NT geographic area with an estimated resident population of 196,573 people, which is 80.2% of the total NT population. Almost 71% of the population lives in the Greater Darwin area (140,386), with the balance in regional towns Katherine (11,187) and Nhulunbuy (3,906) and the remote areas. The Indigenous population is 26% (50,577) of the total TEHS region population.

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

The Vascular Unit sits within the Division of Surgery at Royal Darwin Hospital. The Division of Surgery covers the following surgical specialities:

- General Surgery (including SACU)
- Vascular Surgery
- Urology
- Neurosurgery
- Plastic Surgery
- Maxillo Facial Surgery
- Ear Nose and Throat Surgery
- Ophthalmology
- Orthopaedic Surgery
- Intensive Care Unit
- Anaesthetics

The Division of Surgery aims to provide high quality medical and surgical care adapted to the specific needs and environment of the diverse peoples of the Top End of Australia.

The Northern Territory Prevocational Accreditation Committee (PAC) thanks the Executive and staff of the TEHS for its efforts in submitting an application for accreditation of the RDH Vascular Surgery Unit.

Due to an oversight, a prevocational doctor at the PGY1 level was allocated a term within this unit for term 1, 2019. When this oversight was discovered the PAC was notified promptly and a formal application for accreditation with effect from 1 January 2019 retrospectively was made. Further relevant information concerning the current accreditation status of clinical units within the TEHS can be found in the full reaccreditation survey report of the PAC which was completed in August 2018.

TEAM LEADER EXECUTIVE SUMMARY

The survey team thanks the executive and staff of Top End Health Service (TEHS) for the comprehensive information provided in support of the submission for a new postgraduate year 1 (PGY1) rotation (term) to be accredited as part of the Prevocational Education Training program (PETP) at TEHS.

The TEHS submission requested accreditation of the Royal Darwin Hospital (RDH) Vascular Surgery Unit at the PGY1 level. As part of this survey event assessment the RDH Director of Medical Services outlined the circumstances in a covering letter that had initiated this request. The survey team commends the Executive team in approaching the Accreditation Manager in regards to an Intern (PGY1) who had in error been placed into Vascular Surgery in term 1 of 2019 as it was believed to be an accredited rotation under the banner of General Surgery. The challenges identified included that the term Vascular Surgery needed to be accredited for PGY1 medical trainees and that it needed to be considered and assessed as an equivalent term to General Surgery. In order to assist the Intern who had been placed into Vascular Surgery in their first term to have this time accepted as part of their required 47 weeks of Internship consideration was requested to have the accreditation status to be backdated to cover the first term of the 2019 intern year.

The survey team notes, however, that the survey assessment was required to focus on the suitability of the TEHS Vascular Surgery Unit located at RDH for prevocational doctors at the PGY1 level, and the survey event was not conducted with a focus on the particular circumstances of this individual intern.

The survey team noted that the Vascular Surgery and Urology Unit had been accredited at the PGY2 level at the 2018 TEHS reaccreditation survey. Accordingly the survey team carried over the PAC decision for the functions of Governance (1) and Health service education program (2) standards. This was possible because those specific standards reflect upon the prevocational education and training capacity of the health service as a whole and are of equal applicability to prevocational doctors at the PGY1 and PGY2 levels. This allowed the survey team to focus on the term standards that applied to the Vascular Surgery unit for PGY1 medical trainees.

With respect to the balance of the Prevocational Accreditation Standards, namely accreditation Function 2, Standards 6-10, the survey team has been satisfied that the RDH Vascular Surgery Unit has met these standards and thus provided an appropriate, and in fact excellent, training environment for prevocational doctors at PGY1 level. Minor issues regarding the consistency of provision of teaching within the wider surgical division were noted and comment regarding this term training program are made. The very high quality of teaching within the Vascular Surgery unit and of general learning opportunities were noted from feedback from the intern provided in the submission and when interviewed by the survey team. The very strong qualities and capabilities of the RDH Vascular Surgery Unit head as a prevocational supervisor were noted, as was his very positive attitude to teaching at the PGY1 level. The survey team was pleased to note that the Registrar role within the unit is now predominantly filled by Surgical Education Trainees (SET) who have the benefit of ongoing teaching, development and leadership training via their accredited Royal Australian College of Surgery (RACS) training pathways.

The survey team noted that the current submission has two aspects: accreditation of the RDH Vascular Surgery Unit for one PGY1 position, and also that a rotation in this sub specialty term, meets the requirements of a core Surgical term for the purposes of the MBA requirements for general registration as a medical practitioner.

The survey team recommendations to the PAC are:

That

The RDH Vascular Surgery Unit be accredited for one PGY1 position. The survey team recommends as a result of the evidence provided to the survey team that the accreditation status should be made available to commence from 1 January 2019.

That

The RDH Vascular Surgery Unit be accredited as an elective 'non-core' term.

Careful consideration was made by the survey team of the scope of PGY1 general surgical experience offered in the RDH Vascular Surgery Unit submission evidence (leading DRGs) and the information provided to the survey team during the interview process, the survey team did not feel that the Unit offered sufficient broad surgical experience to meet the requirements of a General Surgery Term as outlined in the 'Clinical experience in surgery' component of the document 'AMC Intern training – Guidelines for terms.'

That

The PAC accepts the Survey report findings and aligns the accreditation status expiry date for the Vascular Surgery term with the TEHS Reaccreditation status of 30 September 2022.

Once again, the survey team thanks the staff of the TEHS for their work in maintaining and striving to improve the prevocational education and training environment, experience and opportunities in the Northern Territory.

Dr Cameron Spenceley
Survey Team Leader
11 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

Standard 5 – Prevocational Doctor Education and Training Committee

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

Standard 1 – Structure of the Prevocational Education and Training Program

Standard 2 – PETP Orientation

Standard 3 – Health service Education Program Content

Standard 4 – Health service Education Program Delivery

Standard 5 –Health service Education Program Evaluation

Standard 6 – Term Orientation and Handover

Standard 7 – Term Supervision

Standard 8 – Term Content

Standard 9 – Term Evaluation

Standard 10 – Prevocational Doctor (Performance) Assessment

SUMMARY OF RECOMMENDATIONS

Function And Standard	#	Recommendation/Condition
F1 S1-5 F2 S1-5		Unit meets accreditation standard based of 2018 TEHS accreditation.
F2 S6		Unit meets accreditation standard, for a non-compulsory, not core Surgical term.
F2 S7		Unit meets accreditation standard.
F2 S8	1	<p>Comment:</p> <p>There needs to be a review and evaluation of the reliability and continuity of the PGY1 Surgery term training program.</p>
F2 S9		Unit meets accreditation standard.
F2 S10		Unit meets accreditation standard.

GLOSSARY

The following terms are used throughout this document.

Term	Description
AMC	Australian Medical Council
ACF JD	Australian Curriculum Framework for Junior Doctors
DCT	Director of Clinical Training
DRG	Diagnostic Related Groups
EDMCS	Executive Director of Medical Clinical Services
HSEP	Health Service Education Program. 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. The overall annual program offered to Interns/Prevocational doctors including terms, education sessions, orientations, supervision, assessment and evaluation
IETC (MTC)	Intern Education and Training Committee (ASH Medical Training Committee)
MEO	Medical Education Officer
MEU	Medical Education Unit
MER	Medical Education Registrar
PAC	Prevocational Accreditation Committee (a functional element of Prevocational Medical Assurance Services)
PMAS	Prevocational Medical Assurance Services (previously Medical Education and Training Centre)
RACS	Royal Australasian College of Surgeons
RDH	Royal Darwin Hospital
TEHS	Top End Health Service

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.

Responsibility: Health service Delegated Officer (Identified and nominated)

TEAM FINDINGS

Standard met.

There is evidence of excellent supervision and support for the prevocational doctor for which the survey team commends the unit staff and the health service.

Rating

S7 : C1	SM	S7 : C2	SM	S7 : C3	SM
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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.

Responsibility: Educational Supervisor (Identified and nominated)

TEAM FINDINGS

There is ample evidence that the clinical experience of the prevocational doctor within the area of Vascular Surgery is excellent and that it encompasses a broad range of related conditions and areas of practice. However, the clinical experience is not sufficiently broad enough to allow the term to meet the general surgical requirements of the PGY1 year and can only be accredited as an elective non-compulsory term.

There are very good educational opportunities within the RDH Vascular Surgical Unit and this reflected a very strong commitment to teaching by the unit head. The staffing of the unit with predominantly SET trainees is likely to contribute strongly to the maintenance of the high standards demonstrated thus far.

The survey team noted that the educational opportunities within the RDH surgical division (to which the RDH Vascular Surgery Unit belongs) were more sporadic and at times unreliable in the delivery of session. The prevocational doctor was given strong encouragement to attend the formal HSEP sessions and the unit head ensured that the workload of the unit was organised appropriately to support this. The survey team strongly commends this approach.

COMMENT:

There needs to be a review and evaluation of the reliability and continuity of the PGY1 Surgery term training program.

Rating

S8 : C1	SM	S8 : C2	SM	S8 : C3	SM	S8 : C4	SM
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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.

Responsibility: Health service Delegated Officer (Identified and nominated)

TEAM FINDINGS

This standard was met, based on the 2019 term evaluation completed by the prevocational doctor who completed the term in term 1 2019. This represents, by necessity, a 100% completion rate for term evaluation. The survey looks forward to this high rating continuing for this elective rotation.

Rating

S9 : C1	SM	S9 : C2	SM	S9 : C3	SM
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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.

Responsibility: Health service Delegated Officer (Identified and nominated)

TEAM FINDINGS

This standard is met.

Continuity of TEHS policies and processes regarding Prevocational Doctor (Performance) Assessment is in place and was confirmed by the staff of Vascular Surgery.

The survey team also had regard to the accreditation findings to satisfy itself as to the achievement of criteria 4, 7 and 8 which have been established across the TEHS for all accredited terms.

Rating

S9 : C1	SM	S9 : C2	SM	S9 : C3	SM	S9 : C4	SM	S9 : C5	SM
S9: C6	SM	S9 : C7	SM	S9 : C8	SM				

RECOMMENDED TERM STATUS

It is recommended that Vascular Surgery be accredited as an Elective/Non Compulsory Term for a maximum of 1 PGY1 position.

RATING SUMMARY SHEET

Function and Standard	C1	C2	C3	C4	C5	C6	C7	C8	HPR/ AC60
Function 2 – Prevocational Doctor Education and Training Program									
Standard 6: Term Orientation and Handover	SM*	SM*	SM	SM					
Standard 7: Term Supervision	SM	SM	SM						
Standard 8: Term Content	SM	SM	SM	SM					
Standard 9: Term Evaluation	SM	SM	SM						
Standard 10: Prevocational Doctor (Performance) Assessment	SM	SM	SM	SM	SM	SM	SM	SM	

RECOMMENDATION FOR ACCREDITATION

On the basis of the documentation and interviews provided to NT Prevocational Accreditation Survey Team and the findings stated in this Report, the Survey Team proposes to recommend to the Northern Territory Prevocational Accreditation Committee that the committee grants the Royal Darwin Hospital New Unit Vascular Surgery Term Accreditation as listed below.

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”.

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. 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	12	12
Renal – N	2	2
Palliative Care - N	1	1
Cardiology - N	2	3
Haematology - R	0	1
Oncology - R	0	1
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
Katherine Hospital Offsite Unit – Medicine Wards – C	1	2
Palmerston Regional Hospital Offsite Unit – Medicine – C	1 (from 2019)	6
Royal Darwin Hospital Rehabilitation Medicine – N (until moved to PRH 2019)	1 (will shift to PRH)	0
Palmerston Regional Hospital Offsite Unit – Rehabilitation Medicine – N	1 (from 2019)	2
Palmerston Regional Hospital Offsite Unit – Geriatric Medicine – N	1 (from 2019)	2
DIVISION OF SURGERY AND CRITICAL CARE		
General Surgery – C	10	12
Orthopaedics – N – Suspended for PGY1 strongly suggested for PGY2	3	2
Emergency Medicine - C	10	16

ACCREDITED TERMS	PGY1 total places	PGY2+ total places
DIVISION OF SURGERY AND CRITICAL CARE (continued)		
Head and Neck (Maxillofacial) - N	2	1
Vascular Surgery - N	1	0
ENT Surgery - R	0	1
Neurosurgery - R	0	1
Cardiothoracic Surgery - R	0	1
Vascular & Urology - R	0	1
Plastic Surgery - R	0	1
Intensive Care Medicine - R	0	5
Anaesthetics - R	0	2
Katherine Hospital Offsite Unit – Emergency Medicine – C	1	2
Palmerston Regional Hospital Offsite Unit – Emergency Medicine – C	4 (from 2019/20)	15
Palmerston Regional Hospital Offsite Unit – General Surgery - R	0	6
Palmerston Regional Hospital Offsite Unit – Anaesthetics – R	0	1
DIVISION OF MATERNAL AND CHILD HEALTH		
Paediatrics - N	2	8
O & G - R	0	10
TOP END MENTAL HEALTH SERVICE		
Psychiatry/Alcohol and Other Drugs - R	0	5
OTHER		
Gove District Hospital Offsite Unit – General Rural Term- N	3	5
TOTAL	54 Total Not counting 3 Ortho positions suspended until further notice Total does Not include 1 PGY1 position at Rehabilitation Medicine RDH position counted in as 1 position at PRH (2019)	143

Intern (PGY1) General Registration requirements - C – Compulsory Term N – Non Compulsory Term
Resident Medical Officer (PGY2) Term Only – R (NOT Accredited for PGY1 Prevocational Doctors)

SURVEY TEAM MEMBERS

All surveyors have accepted and endorsed this report via email.

Dr Cameron Spenceley (Team Leader)

Dr Claire Chandler

PREVOCATIONAL ACCREDITATION SUPPORT TEAM DELEGATE

Support Team:

Ms Maria Halkitis

Ms Shirley Bergin

Report Sighted by: NT PMAS Accreditation Manager

Name: Shirley Bergin

Date: 13 June 2019

HEALTH SERVICE EXECUTIVE RECEIVED REPORT

The Prevocational Accreditation Committee requests that the Executive Director of Medical 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 Charles Pain

Signature:  Date: 22.7.19

Executive Director of Medical Services

Top End Health Service

Dr Anna Nakauyaca

Signature:  Date: 24.7.19

Director of Clinical Training

Top End Health Service

Dr Alison Maclean

Director Medical

Name: **Services RDH**

PEAG Chair

Top End Health Service

Signature:  Date: 24/7/19

