

# Survey Report

## Progress Report

### Central Australia Regional Health Services

Alice Springs Hospital  
Tennant Creek Hospital



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

ACCREDITATION EXPIRES 30 SEPTEMBER 2024

**PRIMARY ALLOCATION HEALTH SERVICE PREVOCAIONAL POSITIONS**

ACCREDITED TERMS	PRIMARY SITE	CORE/NO N-CORE	CURRENT			REQUESTED		
			PGY 1	PGY 2	TOTAL	PGY 1	PGY 2	TOTAL
<b>EMERGENCY MEDICINE</b>	ASH	C	6	0	6	8	0	8
<b>MEDICINE</b>								
General Medicine	ASH	C	8	0	8	8	0	8
Renal Medicine	ASH	C	2	0	2	2	0	2
Intensive Care Unit	ASH	NC	1	0	1	0	0	0
<b>SURGERY</b>								
General Surgery	ASH	C	6	0	6	6	0	6
Orthopaedics	ASH	C	2	0	2	2	0	2
<b>MATERNAL AND CHILD HEALTH</b>								
Paediatrics	ASH	NC	2	0	2	2	0	2
<b>OTHER DIVISION/DEPARTMENT</b>								
Alcohol and Other Drugs	ASH	NC	1	0	1	0	0	0
<b>GENERAL RURAL TERM</b>								
General Rural Term – Offsite Unit TCH	TCH	NC	2	0	2	2	0	2
<b>TOTALS</b>			<b>30</b>	<b>0</b>	<b>30</b>	<b>32</b>	<b>0</b>	<b>32</b>

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

## REPORT EXECUTIVE SUMMARY

Thank you for submitting the Central Australia Regional Health Services 2022 Progress Report and modified 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 Health service/Training provider prior to the event included:

**Dr Cameron Spenceley (Lead Surveyor)**

*MBBS, FACEM*

**Professor Sandawana William Majoni (Team Member)**

*MBChB, MRCP, FRACP, UKCCST, MMedStats, MCLAM, FRCP*

**Dr Sanjay Joseph (Team Member)**

*BSc MD*

### EXECUTIVE SUMMARY

On behalf of the survey team assessing this monitoring survey event, I would like to acknowledge the work undertaken by the Health Service to provide a very high quality report, and detailed and structured accompanying evidence at a very high standard.

The survey team found overall very good progress across all Functions and Standards. In particular areas it is evident that there has been very comprehensive work and a clear desire to provide the best possible pre-vocational environment for learning and development. Principal amongst these areas is the offsite General Rural term at Tenant Creek Hospital(TCH). The survey team commends the Health Service staff at both Alice Springs Hospital (ASH) and TCH for their progress in improving and strengthening this high quality and keenly sought after pre-vocational term.

All Units and Terms maintained overall a Satisfactorily Met outcome. The survey team felt that there only isolated areas in which further work was required to prepare for its 2024 reaccreditation event.

The survey team noted that the Health Service is confronted by significant junior doctor workforce issues, as are many other health services and facilities across the country. It is clear that the Health Service has worked very hard to manage this issue within its capacity to do so. The survey team does note with regret that this issue has apparently contributed to the decision not to retain accreditation of the ICU and Alcohol and Other Drugs terms.

The survey team noted the significant achievement of the Health Service in securing accreditation for Registrar positions in Orthopaedics and Obstetrics and Gynaecology and highly commends the Health Service for this. These positions will undoubtedly strengthen the educational and training environment for the pre-vocational medical officers who work with the Registrars who will fill these accredited posts.

Finally, the Health Service included in its report a request for increase in the number of accredited PGY1 positions within the Emergency Department by two (2) positions. This request is supported.

*Dr Cameron Spenceley*

*MBBS, FACEM*

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**

**Outcomes applied for this Progress Report**

<b>Not Met (NM)</b>	The Health service/Facility have not met the related Function/Standard/Criteria and the Accrediting Authority may investigate further
<b>Not Progressing (NP)</b>	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.
<b>Progressing (P)</b>	Identified progress against the standards with further reporting/evidence necessary.
<b>Satisfactorily Met (SM)</b>	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 event.

<b>Primary/Offsite</b>	<b>Function, Standard and Criterion</b>	<b>Recommendation/Condition</b>	<b>Review of Progress Report Evidence</b>	<b>Outcome</b>
Primary	Across all Functions	<b><u>RECOMMENDATION 1:</u></b> <b>THAT</b> CAHS now share their experience and expertise across the NT and nationally.	The Health Service's participation in, and contribution to, peak Australia and Australia/NZ prevocational forums to share experience and expertise is noted and commended.	<b>SM</b>

## ORTHOPAEDICS

Primary/Offsite	Function, Standard and Criterion	Recommendation	Review of Progress Report Evidence	Outcome
Primary	F2 S9 C2	<b>CONDITION:</b> An explicit quality improvement process, based on the collated term evaluation themes is developed and maintained for the Orthopaedic Term.	It is apparent that an explicit quality improvement process is yet to be developed and the basis for this is noted from the Health Service comments that feedback for the Orthopaedics unit has not generated significant identified themes. Whilst the Health Service has clearly done significant work to identify and respond to themes applicable to the Department of Surgery, further work specific to the Orthopaedic unit –from analysis of future evaluations - is required.	<b>P</b>

## TENNANT CREEK HOSPITAL

Primary/Offsite	Function, Standard and Criterion	Recommendation	Review of Progress Report Evidence	Outcome
Offsite	F1 S4 C4 & 5	<b>RECOMMENDATION 2:</b> <b>THAT</b> A review of Tennant Creek Hospital intern placements is undertaken including allocation, orientation, support personnel, supervision, case mix, accommodation and tailored feedback mechanisms.	The decision of the MTC not to undertake an in person review is noted. However, the comprehensive work to update intern allocation to the TCH rotation, and the comprehensive and high quality Term Descriptor is evident. The initiative to provide an on-site orientation day via RFDS flight greatly impressed the survey team and is commended. It is also generally apparent that there is a close and effective relationship between ASH and TCH under the current effective and collaborative clinical leadership at both sites. This observation is notwithstanding some issues with MTC meeting attendance on behalf of TCH. The survey team commends the Health Service for its work and progress. For these reasons additional review steps, including an in person review are not required.	<b>SM</b>
Offsite	F2 S7 C1, 2 & 3	<b>RECOMMENDATION 2:</b> <b>THAT</b> A review of Tennant Creek Hospital intern placements is undertaken including allocation, orientation, support personnel, supervision, case mix, accommodation and tailored feedback mechanisms.	As above.	<b>SM</b>

## Section 2

### SURVEY TEAM REVIEW COMMENTS

#### 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.

#### Standard 1 – Health Service Structure

Review of Progress Report Evidence	Outcome
<p><b>NOTE: Criteria 1-8 were assessed as substantially met in 2019. Specific observations follow.</b></p> <p><b>Comments:</b></p> <p><b>Criterion 2:</b> The evidence pointed to concerns that actual working hours did not reflect rostered hours. The survey team suggests that preparation for the Central Australia Region Health Service reaccreditation in 2024 should include evidence of steps take to address these concerns for Medicine and Renal terms. The survey team noted and commends the positive steps that have been taken to address these concerns for the Surgical term.</p> <p><b>Criterion 8:</b> The survey team noted that there was still not comprehensive evidence of attendance by the TCH DMS and/or TCH representative at the MTC.</p>	SM

#### Standard 2 – Personnel Overseeing the PETP

Review of Progress Report Evidence	Outcome
<p><b>NOTE: Criteria 1-5 were assessed as substantially met in 2019. Specific observations follow.</b></p> <p><b>Comment:</b></p> <p><b>Criterion 4:</b> The survey team noted that the intern orientation program contained clear and high quality information regarding feedback and advocacy for JMOs. [NB Comment relates to PGY1 only]</p>	SM

#### Standard 3 – Prevocational Doctor Education and Training Program

Review of Progress Report Evidence	Outcome
<p><b>NOTE: Criteria 1-8 were assessed as substantially met in 2019. Specific observations follow.</b></p> <p><b>Comment:</b></p> <p><b>Criterion 1</b> The survey team noted the overall positive feedback from JMOs regarding their terms at TCH.</p>	SM

#### Standard 4 – Governance of a Prevocational Offsite Unit

Review of Progress Report Evidence	Outcome
<p><b>NOTE: Criteria 1-3 were assessed as substantially met in 2019. Specific observations follow.</b></p> <p><b>Comment:</b></p> <p><b>Criteria 4 and 5:</b> The survey team noted the evidence on the changes to supervision that had been implemented for TCH as seen by feedback from TCH term 2020, 2021 and 2022 and also the updated Term Descriptor. Preparation for the Central Australia Region Health Service reaccreditation in 2024 should include ongoing and up to date evidence that the supervision model and actual practices maintain the standards that have been attained.</p>	C1-3 – SM C4- 5- P



### Standard 5 – Prevocational Doctor Education and Training Committee

Review of Progress Report Evidence	Outcome
<p><b>Criteria 1-5 were assessed as substantially met in 2019. Specific observations follow.</b></p> <p><b>Comment:</b></p> <p><b>Criterion 5:</b></p> <p>Was allocated a condition that the membership of the MTC be amended to include a prevocational representative from TCH. This was assessed in 2021 Progress report as having been substantially met.</p> <p>As a general comment, the survey team did note feedback in the MTC evaluation that appeared to reflect concerns that the JMO role in MTC may not be appropriately respected and valued. Whilst this was an isolated comment, monitoring and evaluation in further surveys will be an important step for the Central Australia Region Health Service reaccreditation in 2024.</p>	SM

## Section 2

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

#### Standard 1 – PETP Structure

Review of Progress Report Evidence	Outcome
<p><b>Criteria 1-7 were assessed as substantially met in 2019. The survey team had no additional comments.</b></p>	SM

#### Standard 2 – PETP Orientation

Review of Progress Report Evidence	Outcome
<p>The distribution of USBs with recordings of PETP sessions to those medical officers who missed them is commended.</p>	SM

#### Standard 3 – HSEP Content

Review of Progress Report Evidence	Outcome
<p><b>Criteria 1-4 were assessed as substantially met in 2019. Specific observations follow.</b></p> <p><b>Comment:</b></p> <p><b>Criterion 4:</b></p> <p>The survey team noted some comments pointing to an excessive workload in the Medicine, Renal and Surgery term. Monitoring and evaluation of this will be required for the Central Australia Region Health Service reaccreditation in 2024.</p>	SM

#### Standard 4 – HSEP Delivery

Review of Progress Report Evidence	Outcome
<p><b>Criteria 1-2 were assessed as substantially met in 2019. The survey team had no additional comments.</b></p>	SM

### Standard 5 – HSEP Evaluation

Review of Progress Report Evidence	Outcome
<p><b>Criteria 1-3 were assessed as substantially met in 2019. Specific observations follow.</b></p> <p><b>Comment:</b> Ongoing attainment of all criteria was clearly evident from the MTC briefing paper detailing the identification of issues in Surgery, evaluation of this feedback and the taking of specific actions to implement solutions. Evidence of feedback on the implemented solutions, together with evidence of identification and response to any new issues relevant to the HSEP will be required for the Central Australia Region Health Service reaccreditation in 2024.</p>	<b>SM</b>

### Standard 6-10

For the purposes of this Progress Report all currently accredited terms for prevocational trainees were found to be progressing against all Function 2 standards 6-10. These findings will be confirmed at the Central Australia Region Health Service reaccreditation visit in 2024. Please see term/unit recommendation of accreditation on page 12.

## Section 3

### Units Expected to Cease Accreditation

#### INTENSIVE CARE UNIT

Review of Progress Report Evidence	Outcome
The Health Service advised that due to 'Workforce Pressure' they do not wish to retain accreditation of this term.	<b>Not applicable</b>

#### ALCOHOL AND OTHER DRUGS

Review of Progress Report Evidence	Outcome
The Health Service advised that due to 'Workforce Pressure' they do not wish to retain accreditation of this term	<b>Not applicable</b>



## OUTCOME SUMMARY SHEET

**Legend:**

**NM = Not Met**

PGY1/PGY2									
Function and Standard	C1	C2	C3	C4	C5	C6	C7	C8	NM
<b>Function 1 – Governance</b>									
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	P	P				
Standard 5: PETP Committee	SM	SM	SM	SM	SM				
<b>Function 2 – Prevocational Doctor Education and Training Program (PETP)</b>									
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						
<b>PGY1 – For term outcomes please see page 12</b>									
Standard 6: Term Orientation and Handover									
Standard 7: Term Supervision									
Standard 8: Term Content									
Standard 9: Term Evaluation									
Standard 10: Prevocational Doctor (Performance) Assessment									
<b>PGY2 – For term outcomes please see page 12</b>									
Standard 6: Term Orientation and Handover									
Standard 7: Term Supervision									
Standard 8: Term Content									
Standard 9: Term Evaluation									
Standard 10: Prevocational Doctor (Performance) Assessment									

**NP = Not Progressing**

**P = Progressing**

**SM = Satisfactorily Met**

## RECOMMENDATION TO PREVOCATIONAL ACCREDITATION COMMITTEE

Based on the documentation provided to the Survey Team from the Central Australia 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 2024.

**\*\*\*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
<b>EMERGENCY MEDICAL CARE</b>		
Emergency Medicine- <b>C</b>	8	0
<b>MEDICINE</b>		
Medicine - <b>C</b>	8	0
Renal – <b>C</b>	2	0
Intensive Care Unit - <b>NC</b>	0	0
<b>SURGERY</b>		
General Surgery – <b>C</b>	6	0
Orthopaedics – <b>C</b>	2	0
<b>MATERNAL AND CHILD HEALTH</b>		
Paediatrics - <b>NC</b>	2	0
<b>OTHER DIVISION/DEPARTMENT</b>		
Alcohol and Other Drugs - <b>NC</b>	0	0
<b>GENERAL RURAL TERM</b>		
General Rural Term – Offsite Unit TCH	2	0
Primary and Public Health Care [recently accredited therefore not assessed this survey event]	0	2
<b>TOTAL</b>	<b>30</b>	<b>2</b>

## **SURVEY TEAM MEMBERS**

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

**Dr Cameron Spenceley (Team Lead)**

**Professor Sandawana William Majoni (Team Member)**

**Dr Sanjay Joseph  
(Team Member)**

## **ACCREDITING AUTHORITY SUPPORT TEAM MEMBERS**

**Support Team:**

**Ms Cherie Hamill**

**Report Sighted by: NT Accrediting Authorities Accreditation Manager  
Name: Maria Halkitis**

**Date: 08/11/2022**

**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 Health service/Facility agrees with the content of the report.

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

**Receipt of the Survey Report outcomes for the Central Australia Regional Health Services Progress Report is acknowledged by:**

**Dr Samuel Goodwin** Signature:..... Date:  
Executive Director of Medical Services  
Alice Springs Hospital

**Dr Rael Codron** Signature:..... Date:  
Director of Medical Services  
Tennant Creek Hospital

**Dr Paul Helliwell** Signature:..... Date:  
Director of Clinical Training  
Central Australia Regional Health Service

**Dr Annie Kilpatrick** Signature:..... Date:  
Director of Clinical Training  
Central Australia Regional Health Service

**Dr Nina Kilfoyle** Signature:..... Date:  
Director of Clinical Training  
Central Australia Regional Health Service

**Ms Annabel Tyne** Signature:..... Date:  
Medical Education Officer  
Central Australia Regional Health Service

**Medical Training Committee Chair** Name:.....  
Central Australia Health Services  
Signature:..... Date:

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- 1. SCAN AND EMAIL TO [NTAccreditingAuthority.THS@nt.gov.au](mailto:NTAccreditingAuthority.THS@nt.gov.au)  
**OR**

- 2. POST SIGNED ORIGINAL TO:

**PREVOCATIONAL MEDICAL ASSURANCE SERVICES (PMAS)  
ATTN: ACCREDITATION MANAGER – MARIA HALKITIS  
PO BOX 40596  
CASUARINA, NT 0811**