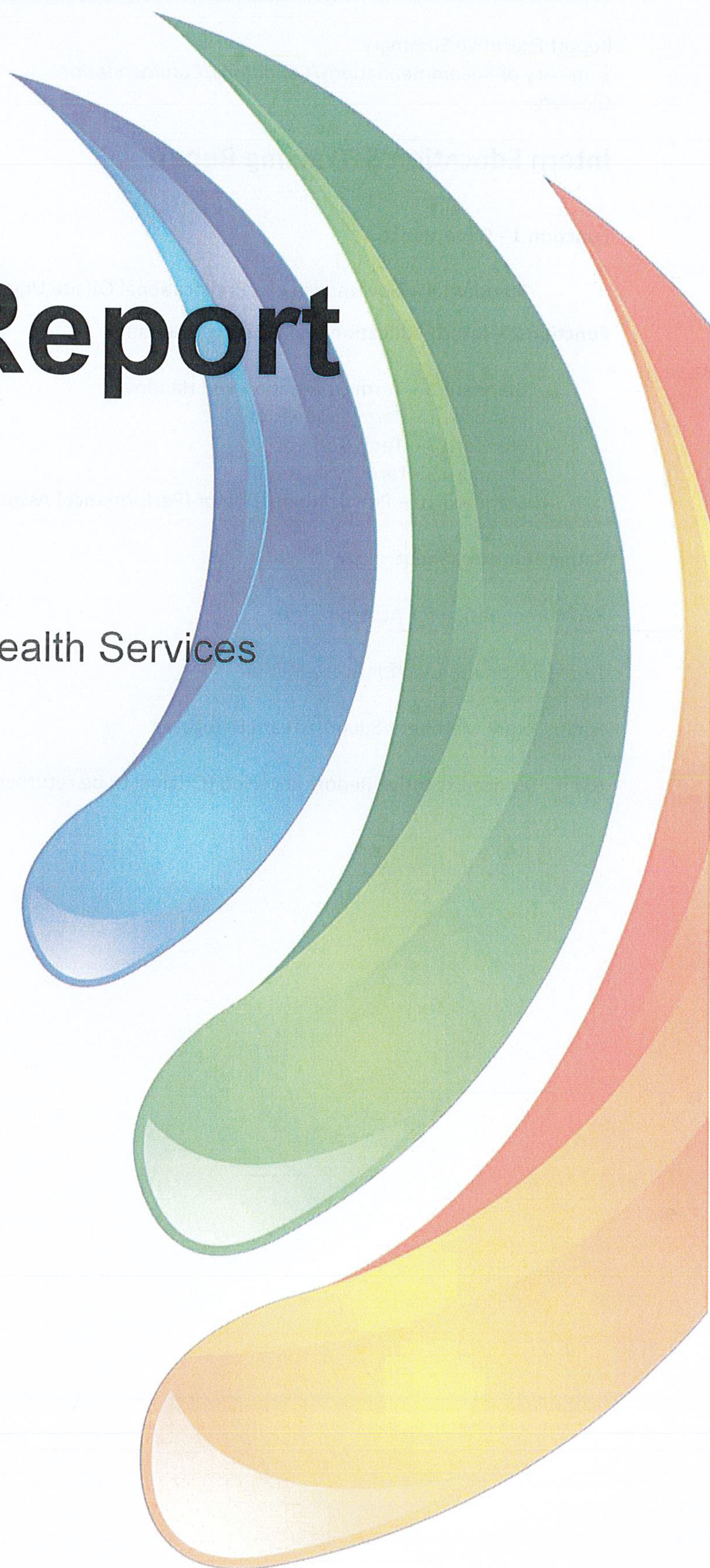
Attachment 5.1



Survey Report

New Unit

Public and Primary Health Care

Alice Springs Hospital
Central Australia Regional Health Services

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REPORT EXECUTIVE SUMMARY

Thank you for submitting a request to have the Public and Primary Health Care term accredited as a *'New offsite unit'*.
The NT Accrediting Authority reviews prevocational accreditation requests provided by NT prevocational accredited education and training providers and makes prevocational accreditation recommendations based on the evidence provided.

The survey team appointed on behalf of the Accrediting Authority and approved by the Central Australia Regional Health Service prior to the event include:

Dr *Nigel Gray* (Lead Surveyor)
MB ChB, FRACGP, GCHPE

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 new offsite unit survey event, I would like to acknowledge the very clear evidence provided in the recent submission demonstrating the continuing commitment and dedication of the
Central Australia Regional Health Service (CARHS) Executive and Medical Education Unit (MEU) staff to the CARHS Prevocational Education and Training Program (PETP).

The survey team also thanks all CARHS staff who collated and prepared the submission.

The survey team understands the Health Service is looking to commence 2 PGY2s in the Term from November 2022 and, having reviewed the evidence provided, is able to recommend this be sanctioned.

This is a high quality submission, particularly for a new offsite unit, from which the survey team have sought to provide only 2 recommendations as well as 2 commendations, with the majority of criteria being satisfactorily met at this initial stage.

We address the two Recommendations initially in this summary, with associated detail and explanations; followed by the two Commendations.

The survey team believes that evidence demonstrating the effectiveness of systemic and widespread communication between the primary allocating and off-site health services is still required. This would optimise the learning outcomes for prevocational doctors. The Term Description (TD) does an excellent job of describing the learning outcomes, but does not seem to align to the Primary Allocation Centre's outcomes. The TD mentions a MEU template and provides suggestions, but there was no formal evidence of this systematic communication provided. The submission mentions the role of the MEO in this space but there is no operational evidence of this input. The MTC minutes will be needed to substantiate this going forward, including reference to specific PPHC issues. Consideration of inclusion of senior Term-specific representation at the MTC table will assist in this regard.

A process for the collation of term evaluations is required to inform a future quality improvement cycle. Evaluations are indeed mandated within the Term, but evidence of the co-ordination process behind their presentation is required.
Evidence of supervisor attendance at and evaluation of professional development opportunities, including the Clinical Leaders in Conversation programme, is also required.

Outlining the commendations, there is an impressive clinical handover process in place, including scheduling within the intern teaching sessions, a list of names of participants and a checklist of topics to be covered.
In addition, the availability and supported facilitation of RMO attendance at the Term Education Programme twice weekly is to be commended.

It is recommended that provisional accreditation be granted with a requirement for the submission of a Progress Report 6 months after completion of the first placement.
At this 6 month review juncture there will be a need to provide an evaluation of the handover process between RMOs at the various remote primary healthcare locations where applicable and possible.

On behalf of the Accrediting Authority's survey team, I look forward to seeing CAHS meet these recommendations which will enhance and strengthen the high-quality standing of the CAHS prevocational education and training program in their next survey event submission.

Dr Nigel Gray
NT Prevocational Accrediting Authority Lead Surveyor – New Offsite Unit Survey Event

SUMMARY OF RECOMMENDATIONS/CONDITIONS/COMMENDATIONS

****NOTE: Comments may provide further understanding when read with Recommendations and Conditions**

There are a total of **2 Recommendations, 0 Conditions** and **2 Commendations**

Function And Standard	Comments Y/N	Recommendation/Condition/Commendation
F1 S1-5	N	**New Offsite Unit meet accreditation standards based on 2019 Central Australia Regional Health Service accreditation.**
F1 S4	Y	**RECOMMENDATION 1:** **THAT** Evidence of systemic and effective communication between health services is required which will optimise learning outcomes for prevocational doctors. **RECOMMENDATION 2:** **THAT** A process for collation of term evaluations is required, to inform a future quality improvement cycle.
F2 S1-5	N	**New Offsite Unit meet accreditation standards based on 2019 Central Australia Regional Health Service accreditation.**
TERM SPECIFIC		
F2 S6	Y	**COMMENDATION:** The clinical handover process supporting the commencing prevocational doctor is particularly impressive, including as it does specific scheduling within the intern teaching sessions. **RECOMMENDATION 2:** **THAT** A process for collation of term evaluations is required, to inform a future quality improvement cycle.
F2 S7	Y	**Please refer to page 7 for further information.**
F2 S8	Y	**COMMENDATION:** The availability and supported facilitation of RMO attendance at the Term Education Programme twice weekly is to be commended.
F2 S9	Y	**Please refer to page 9 for further information.**
F2 S10	Y	**Please refer to page 10 for further information.**

GLOSSARY

The following terms may be used throughout this document.

Term	Description
SM	Satisfactorily Met – Rating Scale
PM	Partially Met – Rating Scale
NM	Not Met – Rating Scale
TERHS	Top End Regional Health Service
CARHS	Central Australia Regional Health Service
DCT	Director of Clinical Training
DMS	Director of Medical Services
EDMCS/EDMS	Executive Director of Medical Clinical Services/Executive Director of Medical Services
HSEP	Health Service Education Program which refers to the formal education program comprised of a series of educational sessions provided for Interns/Prevocational doctors at your Facility
PETP	Prevocational Education and Training Program is the overall annual program offered to Interns/Prevocational doctors including terms, education sessions, orientations, supervision, assessment and evaluation
PEAG (TEHS)	Prevocational Education Advisory Group (Prevocational Doctor Education & Training Committee)
MTC (CAHS)	Medical Training Committee (Prevocational Doctor Education & Training Committee)
MEO	Medical Education Officer
MEU	Medical Education Unit
MAR	Medical Administration Registrar
MER	Medical Education Registrar
PMAS	Prevocational Medical Assurance Services
ACF JD	Australian Curriculum Framework for Junior Doctors
RDH	Royal Darwin Hospital
PRH	Palmerston Regional Hospital
KH	Katherine Hospital
GDH	Gove District Hospital
ASH	Alice Springs Hospital
TCH	Tennant Creek Hospital
TEP	Term Education Program

FUNCTION 1 – GOVERNANCE

GOVERNANCE

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**	**Comment/s**
PGY2	SM	2, 3, 4	CRITERION 2: Impressive Term Description (TD); do need to include link to Enterprise Agreement however; and more specifically tailored information for RMOs rather than locums. CRITERION 3: Physical infrastructure from established remote clinics is in place, complemented by evidence of rostering and the weekly teaching programme. CRITERION 4: Supervision is tight, well-delineated and shared through Term Supervisor (RMP) and DMS / delegate.
	PM	1, 5	CRITERION 1: Learning outcomes well attended to in TD however it is unclear how do these tie in with the PAC's specifically. The TD talks of a MEU template and provides suggestions however there is no evidence of systematic communication. The submission mentions the role of the MEO in this space however there is a lack of operational evidence of this input. MTC minutes will be needed to substantiate this going forward, including reference to specific PPHC issues. Senior Term-specific representation at MTC table will assist in this regard. CRITERION 5: Evaluations are mandated, but evidence of the co-ordination process behind their presentation is required.
			Recommendation/s
			RECOMMENDATION 1: THAT Evidence of systemic and effective communication between health services is required, which will optimise learning outcomes for prevocational doctors. RECOMMENDATION 2: THAT A process for collation of term evaluations is required, to inform a future quality improvement cycle.

FUNCTION 2 – PREVOCATIONAL DOCTOR EDUCATION AND TRAINING PROGRAM

PETP

STANDARD 6: TERM ORIENTATION AND HANDOVER

Prevocational doctors will receive a *comprehensive* term orientation and handover prior to commencement of clinical duties.

Criteria:

1. Prevocational doctors receive a comprehensive **orientation to the term** prior to commencement of clinical duties including but not limited to:
   a. Reporting lines
   b. Rosters
   c. Timetables
   d. Relevant Unit policies, procedures and guidelines
   e. Documented clear generic Learning Objectives for a prevocational doctor undertaking this term
2. **Evaluation** of each term orientation.
3. **Record and discuss** with the prevocational doctor their agreed **individual learning objectives** for the term.
4. The prevocational doctor going to a ward has a **clinical handover** from an appropriate clinician prior to commencement of clinical duties.

Level of trainee PGY	Rating	Criteria	Comments
PGY2	SM	1,3,4	There is an impressive clinical handover process in place, including scheduling within the intern teaching sessions, a list of names of participants and a checklist of topics to be covered (JMO Term Changeover Checklist).
			Commendation
			The clinical handover process supporting the commencing prevocational doctor is particularly impressive, including as it does specific scheduling within the intern teaching sessions.
	PM	2	**Comments**
			There is insufficient evidence to support there being a robust process for the evaluation of each term orientation.
			Recommendation
			RECOMMENDATION 2: THAT A process for collation of term evaluations is required, to inform a future quality improvement cycle.

PETP

STANDARD 7: TERM SUPERVISION

The prevocational doctor will be supervised at all times by a medical practitioner with the appropriate knowledge, skills and experience to provide safe patient care and effective prevocational doctor training.

Criteria:

1. Sufficient **clinical and educational supervision is provided** by Supervisors. Supervisors of Prevocational doctors will have appropriate skills, knowledge, competencies, induction, time, authority and resources.
2. The Health service's policies on **adequate supervision are implemented** at all times (including when a prevocational doctor is rostered to ward call).
3. Supervisors of prevocational doctors are made aware of their **role and responsibilities in the PETP** and are given **professional development opportunities** to support improvement in the quality of the PETP.

Level of trainee PGY	Rating	Criteria	Comments
PGY2	SM	1, 2, 3	CRITERION 2: The health service is encouraged to include the additional transparency of sharing its supervision standards with its junior doctors. CRITERION 3: The health service should consider provision of evidence of supervisor attendance at and evaluation of professional development opportunities, including the Clinical Leaders in Conversation programme.

PETP

STANDARD 8: TERM CONTENT

Terms will provide clinical and educational experiences, which will contribute to the achievement of safe competent clinical practise.

Criteria:

1. The term provides appropriate **clinical experience** such that it enables the prevocational doctor to achieve competence in clinical activities appropriate to that term.
2. The **Scope of Practice** for the specific term including **specific clinical skills**, which require **direct observation** is documented and provided to the prevocational doctor at the commencement of the term.
3. A flexible, accessible and relevant **Term Education Program** provides a variety of formal and informal, clinical and non-clinical teaching and **learning opportunities** for prevocational doctors delivered in paid time.
4. The prevocational doctors **are supported and encouraged** to attend the formal HSEP sessions, which supplements the term experience.

Level of trainee PGY	Rating	Criteria	Comments
PGY2	SM	All	All criteria have been successfully met, with the documented breadth of available clinical experience particularly impressive.
			Commendation
			The availability and supported facilitation of RMO attendance at the Term Education Programme twice weekly is to be commended.

PETP

STANDARD 9: TERM EVALUATION

The Term Education Program will be formally evaluated using a quality framework.

Criteria:

1. Prevocational doctors are given the **opportunity to regularly evaluate** the adequacy and effectiveness of Term Education Programs (TEP) using an **evaluation tool** which gathers information on:
   a. Supervision
   b. Orientation
   c. Formal and informal learning opportunities
   d. Feedback
   e. Agreed individualised learning objectives
2. The term evaluation results are **reviewed** by the committee overseeing the PETP and are used to **quality improve** the terms.
3. There is a process in place to maintain the **confidentiality** of prevocational doctor **term evaluations** to protect the prevocational doctor and encourage frank and honest feedback on the term.

Level of trainee PGY	Rating	Criteria	Comments
PGY2	SM	All	All criteria have been satisfactorily met; albeit assurance of the maintenance of absolute confidentiality of evaluations is difficult in infrequently visited remote locations.

PETP

STANDARD 10: PREVOCATIONAL DOCTOR (PERFORMANCE) ASSESSMENT

There will be assessment and appraisal to provide ongoing constructive feedback to prevocational doctors, to ensure that both the prevocational doctor training objectives are met and that the requirements of registration are complied with.

Criteria:

1. At start of term, detail the specific **process for assessment** within the Unit, particularly outlining the personnel responsible for providing the feedback and conducting observation of clinical skills relevant to that term.
2. There is a **midterm feedback** session by the Term Supervisor for all terms, which exceed five weeks.
3. **Feedback sessions** will include input provided by Supervisors and others observing the doctor's performance. Prevocational doctors are encouraged to take responsibility for their own performance, and to seek feedback from their supervisors regarding their performance.
4. Ensure that prevocational doctors are informed when serious concerns exist. There is a documented **process for managing substandard performance**, which takes into account the welfare of the prevocational doctor and patients.
5. Objective **summative assessment** occurs at the end of each term. The Prevocational doctor must view the assessment form at the assessment interview, be provided an opportunity to write comments on it, be given a copy of the assessment form prior to it going to the PETP DCT and being stored in the prevocational doctor's personnel record.
6. The health service **records and documents** the progress and assessment of the Intern's performance consistent with the Medical Board of Australia Registration Standard for granting general registration as a medical practitioner, on **completion of their internship**.
7. The PETP establishes an **assessment review group** as required to assist with decisions on remediation of interns and other prevocational doctors who do not achieve satisfactory supervisor assessments.
8. The health service must have a **policy and process** in place to guide the resolution of training problems and disputes.

Level of trainee PGY	Rating	Criteria	Comments
PGY2	SM	All	All criteria are satisfactorily met, although the tool used to support the assessment process under criterion 1 needs rebranding from the ACRRM original.

RATING SUMMARY SHEET

PGY2									
Function and Standard	**C1**	**C2**	**C3**	**C4**	**C5**	**C6**	**C7**	**C8**	**HPR/ AC60 /NS***
Function 1 – Governance									
Standard 4: Governance of a Prevocational Offsite Unit	**PM**	**SM**	**SM**	**SM**	**PM**				
Function 2 – Prevocational Doctor Education and Training Program (PETP)									
Standard 6: Term Orientation and Handover	**SM**	**PM**	**SM**	**SM**					
Standard 7: Term Supervision	**SM**	**SM**	**SM**						
Standard 8: Term Content	**SM**	**SM**	**SM**						
Standard 9: Term Evaluation	**SM**	**SM**	**SM**						
Standard 10: Prevocational Doctor (Performance) Assessment	**SM**	**SM**	**SM**	**SM**	**SM**	**SM**	**SM**	**SM**	

Legend:
SM = Satisfactorily Met
NM = Not Met
PM = Partially Met
NS = Notification of Suspension

RECOMMENDATION FOR ACCREDITATION

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

It is recommended that **Public and Primary Health Care** be accredited as an Elective for a maximum of zero PGY1 and two PGY2 positions and that this decision be reflected in the Central Australia Regional Health Service accreditation matrix.

TERMS RECOMMENDED FOR ACCREDITATION TO CONTINUE/MODIFIED

***__PLEASE NOTE:__** This matrix indicates the maximum number of Interns for each unit (not rostered shift within the unit). As per the Prevocational Accreditation Policy 4.1 – "Interns **must not** be rostered to PGY1 **unaccredited** units".

PGY2 positions **are not** accredited for PGY1 prevocational doctors unless stated in writing by the NT Accrediting Authority. PGY1 accredited places are independent to PGY2 places. PGY1 and PGY2 places are **NOT** interchangeable.

Legend:

C = Compulsory Term (Intern (PGY1) AHPRA General Registration requirements)

EC = Equivalence Compulsory Term

N = Non Compulsory/Elective Term

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

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

SURVEY TEAM MEMBERS

All surveyors have accepted and endorsed this report via email.

Dr Nigel Gray (Lead Surveyor)

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: Ms Maria Halkitis

Date: 23/08/2022

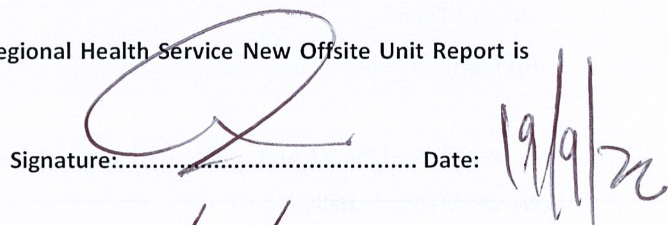
HEALTH SERVICE/TRAINING PROVIDER REPORT RECEIVED

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.

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

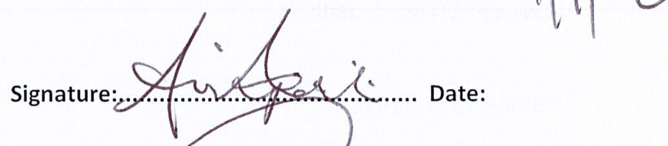
NT Accrediting Authority will update the latest Health Service Accreditation status and accredited terms on the NT Accrediting Authorities website.

Receipt of the Survey Report outcomes for the Central Australia Regional Health Service New Offsite Unit Report is acknowledged by –



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

Signature:.. Date: 19/9/22

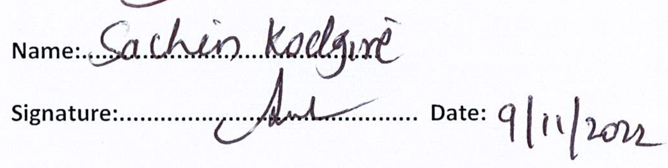


Dr Paul Helliwell & Dr Annie Kilpatrick
Directors of Clinical Training
Central Australia Health Service

Signature:.. Date:

Dr Priyantha Wijesurendra
Primary Care Manager
Central Australia Regional Health Service

Signature:.. Date: 11/11/22



Prevocational Education and Training Committee Chair
Central Australia Regional Health Service

Name: Sachin Kadgire

Signature:.. Date: 9/11/2022

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

1. *SCAN AND EMAIL TO* 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

Thank you survey team, we are looking forward to implementing OMO training into 1° care.