

# Survey Report

## Quality Action Plan Stage 3

Royal Darwin Hospital  
Palmerston Regional Hospital  
Gove District Hospital  
Katherine Hospital  
Top End Health Service



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

ACCREDITATION EXPIRES 30 SEPTEMBER 2022						
PRIMARY ALLOCATION FACILITY (RDH) +OFFSITE UNIT (PRH) + OFFSITE UNIT (KH) + OFFSITE UNIT (GDH) REQUESTED						
ACCREDITED TERMS	CURRENT			REQUESTED		
	PGY 1	PGY 2	TOTAL	PGY 1	PGY 2	NEW TOTAL
<b>DIVISION OF SURGERY AND CRITICAL CARE</b>						
General Surgery - RDH (Core Intern Term)	10	12	22	0	0	0
General Surgery - PRH - R	0	6	6	0	0	0
Vascular Surgery	1	0	1	0	0	0
Vascular & Urology	0	1	1	0	0	0
Head and Neck (Maxillofacial)	2	1	3	0	0	0
Orthopaedics - R	0	2	2	0	0	0
ENT Surgery - R	0	1	1	0	0	0
Neurosurgery - R	0	1	1	0	0	0
Cardiothoracic Surgery - R	0	1	1	0	0	0
Plastic Surgery - R	0	1	1	0	0	0
Intensive Care Medicine - R	0	5	5	0	0	0
Anaesthetics - R	0	2	2	0	0	0
Anaesthetics - PRH - R	0	1	1	0	0	0
<b>Total for Division of Surgery and Critical Care</b>	<b>13</b>	<b>34</b>	<b>47</b>			
<b>DIVISION OF EMERGENCY MEDICINE</b>						
Emergency Medicine – RDH (Core Intern Term)	10	16	26	0	0	0
Emergency Medicine - KH (Core Intern Term)	1	2	3	0	0	0
Emergency Medicine - PRH	4	15	19	0	0	0
<b>Total for Division of Emergency Medicine</b>	<b>15</b>	<b>33</b>	<b>48</b>			

ACCREDITED TERMS	CURRENT			REQUESTED		
	PGY 1	PGY 2	TOTAL	PGY 1	PGY 2	TOTAL
<b>DIVISION OF MEDICINE</b>						
General Medicine (Core Intern Term)	12	12	24	0	0	0
Medicine Term - <b>KH</b> (Core Intern Term)	1	2	3	0	0	0
Medicine - <b>PRH</b>	1	6	7	0	0	0
Renal	2	2	4	0	0	0
Palliative Care	1	1	2	0	0	0
Cardiology	2	3	5	0	0	0
Rehabilitation Medicine - <b>PRH</b>	1	2	3	0	0	0
Geriatric Medicine - <b>PRH</b>	1	2	3	0	0	0
Haematology - <b>R</b>	0	1	1	0	0	0
Oncology - <b>R</b>	0	1	1	0	0	0
Respiratory - <b>R</b>	0	1	1	0	0	0
Gastroenterology - <b>R</b>	0	1	1	0	0	0
Endocrinology - <b>R</b>	0	1	1	0	0	0
Neurology - <b>R</b>	0	1	1	0	0	0
IFD/HITH - <b>R</b>	0	2	2	0	0	0
RAPU - <b>R</b>	0	5	5	0	0	0
DPH - <b>R</b>	0	4	4	0	0	0
<b>Total for Division of Medicine</b>	<b>21</b>	<b>47</b>	<b>68</b>			
<b>DIVISION OF WOMENS, CHILDREN &amp; YOUTH</b>						
Paediatrics	2	8	10	0	0	0
O & G - <b>R</b>	0	10	10	0	0	0
<b>Total for Division of Maternal and Child Health</b>	<b>2</b>	<b>18</b>	<b>20</b>			

TOP END MENTAL HEALTH SERVICES						
Psychiatry - R	0	5	5	0	0	0
<b>Total for Top End Mental Health Services</b>	<b>0</b>	<b>5</b>	<b>5</b>			
GENERAL RURAL TERM						
General Rural Term - GDH	3	5	8	0	0	0
<b>Total General Rural Term</b>	<b>3</b>	<b>5</b>	<b>8</b>			
<b>Overall TEHS TOTALS</b>	<b>54</b>	<b>142</b>	<b>196</b>			

## TEAM LEADER EXECUTIVE SUMMARY

The survey team thanks the Top End Health Service for its submission of the Quality Action Plan (QAP) Stage 3 and supporting documentation. The QAP Stage 3 is the third stage of a monitoring progressive scheduled report that allows the Health service to describe their progress against the 2018 reaccreditation awarded recommendations and conditions. The monitoring accreditation assessment took the form of a desktop survey event. Whilst the survey team did not consider that a site visit was required to assess or finalise their report for the QAP Stage 3, it does request a virtual meeting with the newly appointed Director of Clinical Training, relevant staff members and PMO representatives in April/May of 2021 to gauge progress in the delivery of an effective PETP arising from the recent MEU stabilisation.

Once again, as with the QAP Stage 2 the Health service's submission demonstrates progress towards meeting the majority of the outstanding recommendations and conditions of the 2018 review. However, in many of these instances this progress is still at a disappointingly embryonic stage.

The leadership demonstrated by the MEO during the relatively short tenure of his appointment to date is commended and it is hoped will continue to provide modelling for the MEU as a whole to ultimately help bring about the necessary cultural change across all Terms. Complementary input from the substantive DCT will also be required for the TEHS to meet this goal and it is for this reason that the periodic virtual meeting is requested.

Having said this a sustainable improvement to the overall prioritisation of delivery of both formal and informal components of the PETP can only be maintained with the dedicated commitment of senior supervising clinicians across all Terms. The PEAG is the flagship vehicle in this regard and productive engagement with the group by these clinicians is seen as an integral component to the necessary cultural change. An additional advantage conferred through this medium is the opportunity for formal dialogue with the Junior Doctor representatives.

There are also more specific challenges, opportunities and achievements which are worthy of highlighting.

The Service is to be commended on its development of processes encouraging intern and RMO feedback, the collation of this data and ultimate dissemination to individual supervisors and departments. A rigorous audit of its efficacy is now encouraged.

The provision of timely support of a nominated senior clinician for the RAPU Term's prevocational doctors remains uncertain as insufficient data was provided within the submission to support this assertion; and the intern feedback for SACU across terms 1-3 of 2020 still highlights issues around rostering and required regular overtime, particularly on weekends; and to some extent persisting issues concerning access to the education programme and opportunities to attend theatre. Staffing levels and the present requirements for regular overtime must therefore be urgently addressed.

Whilst there is evidence of progress against the recommendation to drive cultural change within the Orthopaedic term, this is only at a very early stage of implementation. The need for a cultural change within this Term has been widely highlighted throughout this accreditation cycle and the requirement remains one in need of attention and significant input to bring about such change.

On behalf of the survey team, I thank the Health service for their QAP Stage 3 submission and look forward to its ongoing commitment and renewed leadership to expedite the necessary further enhancement of its PETP delivery.

*Dr Nigel Gray*

NT Prevocational Accrediting Authority Lead Surveyor – QAP Stage 3 Survey Event

## SURVEY TEAM REVIEW NOTES

This section provides comments regarding the progress on the recommendations and conditions that have occurred within the Prevocational Education Training Program since the health services/facilities last reaccreditation visit. These comments are based on the evidence provided to the NT Accrediting Authority for this survey event.

### Outcomes applied for this Progress Report

<b>Not Met (NM)</b>	The Health service/Facility may not meet the related Function/Standard/Criteria that the recommendation or condition was awarded. The Accrediting Authority may choose to investigate further.
<b>Not Progressing (NP)</b>	Minimal or no progress (identified in evidence provided) against the recommendations and/or conditions awarded in last reaccreditation survey. Limited awareness and knowledge identified in the application of the standards in the Health service/Facility, with little or no monitoring of outcomes against the Standards.
<b>Progressing (P)</b>	Identified progress against the standards with further reporting/evidence necessary to show implementation, dissemination and evaluation. Partially meeting the recommendation/condition awarded in last reaccreditation survey. More work needed to achieve SM.
<b>Satisfactorily Met (SM)</b>	The Health service/Facility has provided evidence to show that they have satisfactorily met the recommendations and/or conditions from the last reaccreditation survey.

Function, Standard and Criterion	Recommendation	Review of Stage 2 Quality Action Plan Evidence	Outcome/Rating
F2 S7 C3 for both PGY1 & PGY2	<b><u>RECOMMENDATION 9:</u></b> <b>THAT</b> <b>The MEU ensures that the term and clinical supervisors within all TEHS rotations/terms accredited for prevocational doctors are provided a relevant orientation to the PETP program and specific requirements of being a supervisor for both intern's and PGY2 doctors highlighting the differences.</b>	<i>The below recommendation applied to all terms accredited.</i>  Good progress has been made in the production and use of an excellent and comprehensive Induction PowerPoint format document for clinical and term supervisors and in commissioning the TEHS Medical Education and Training intranet page. The next step is to evaluate these avenues to establish the value of these initiatives – <b>Satisfactorily met in Quality Action Plan Stage 2.</b>	<b>SM</b>

Function, Standard and Criterion	Recommendation/Condition	Review comments of Stage 3 Quality Action Plan Evidence	Outcome/Rating
F1 S1 C3	<b><u>CONDITION:</u></b> The distribution of workload across the surgical prevocational doctors is improved with particular attention to the high SACU workload.	<p>The anonymous end of term RMO and intern surveys conducted for terms 1-3 of 2020 suggest there have been continuing improvements to the work: education balance allowing prevocational doctor learning objectives to be largely met.</p> <p>However, the intern feedback for SACU across terms 1-3 of 2020 still highlights issues around rostering and required regular overtime, particularly on weekends; and to some extent persisting issues concerning access to the education programme and opportunities to attend theatre.</p>	P
F1 S1 C6	<b><u>RECOMMENDATION 1:</u></b> <b>THAT</b> <b>The new policies/guidelines which facilitate the delivery and co-ordination of the PETP are implemented and disseminated across all prevocational years.</b>	<p>The overarching governance framework arising from the MEO's review of existing policies and procedures in July 2020 is an impressive resource.</p> <p>Easy access for prevocational doctors to policies, procedures and real time updates is key to facilitating the delivery and co-ordination of the PETP. The survey team is therefore requesting a progress schedule for the implementation of the MedAPP and/or Teams equivalent initiatives in advance of or at the time of the next survey event.</p>	P
F1 S2 C1	<b><u>RECOMMENDATION 2:</u></b> <b>THAT</b> <b>Urgent and immediate priority is given to stabilisation of the MEU through recruitment and appointment to those outstanding positions currently filled by temporary appointments.</b>	<p>The survey team acknowledges the significant progress achieved in working towards an adequately staffed MEU. Achieving stability in this area remains a high priority and to that end the survey team requests a meeting with key MEU personnel including the recently engaged DCT in April or May of 2021 to review the unit's capacity, stability, and efficacy in the delivery of the program. Maintenance of the TEHS's accreditation status for PGY1 trainees is contingent upon continued progress against this recommendation at that time.</p>	P



F1 S5 C 1,2 & 5	<b><u>RECOMMENDATION 3:</u></b> <b>THAT</b> <b>The communication gaps between the clinical supervisors, relevant committees and the MEU be addressed.</b>	The survey team was not able to find evidence of significantly improved participation by Term Supervisors from all Departments at PEAG. There remains a need for a cultural attitudinal change to ensure the universal delivery of a high quality PETP, whereby any barriers to communication and engagement are prioritised absolutely.	<b>NP</b>
	<b><u>RECOMMENDATION 4:</u></b> <b>THAT</b> <b>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</b>	<p>The Quality Improvement Work Plan is another impressive document presented within the QAP Stage 3 submission. It is imperative that progress against this Plan is maintained and evident at each survey opportunity.</p> <p>More specifically the survey team request a clearer delineation of PEAG attendee roles, in particular the Junior Doctor representation.</p>	<b>P</b>
	<b><u>RECOMMENDATION 5:</u></b> <b>THAT</b> <b>The Prevocational Education Advisory Group (PEAG) takes responsibility for auditing the outcomes of continuous improvement action plans where PETP deficits are identified.</b>	The comprehensive recommendations put to PEAG in September 2020 by the MEO (folio item 29 in the Submission) must be implemented and the resulting outcomes audited throughout the remainder of the current Accreditation cycle, and beyond. The strategic overlay governing these areas is strong and should therefore ensure full adoption of the recommendations.	<b>P</b>
F2 S3 C ALL	<b><u>CONDITION:</u></b> That the distribution of workload across the surgical prevocational doctors is improved with particular attention to the high SACU workload.	Feedback presented aligned with the MEO's comments confirm workload in the SACU remains high with the potential for affects upon Term experience, Prevocational Doctor wellbeing and ultimately patient care. Staffing levels and the present requirements for regular overtime must therefore be urgently addressed.	<b>NP</b>
F2 S5 C3	<b><u>RECOMMENDATION 6:</u></b> <b>THAT</b> <b>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.</b>	Whilst opportunities for supervisors to provide feedback and to participate in discussion of the value of the HSEP have been provided, the breadth of uptake and depth of contribution are the areas which need to be audited in the interests of PETP improvement.	<b>P</b>

## **Emergency Medicine Term**

Function, Standard and Criterion	Recommendation	Review of Stage 3 Quality Action Plan Evidence	Outcome/Rating
F2 S9 C2 & 3 PGY 1 & 2	<b><u>CONDITION:</u></b> 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.	The Service is to be commended on its development of processes encouraging intern and RMO feedback, the collation of this data and ultimate dissemination to individual supervisors & departments. A rigorous audit of its efficacy is now encouraged.	<b>P</b>

## **General Medicine Term (includes – Renal Medicine; Palliative Care; Cardiology; Rehabilitation Medicine; Geriatric Medicine; Haematology; Respiratory Medicine; Gastroenterology; Endocrinology; Neurology; IFD/HITH; DPH; Oncology; RAPU Term comments see below**

Function, Standard and Criterion	Recommendation	Review of Stage 3 Quality Action Plan Evidence	Outcome/Rating
F2 S9 C2 & 3 PGY1 & PGY2 where applicable across all terms	<b><u>CONDITION:</u></b> 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.	The Service is to be commended on its development of processes encouraging intern and RMO feedback, the collation of this data and ultimate dissemination to individual supervisors & departments. A rigorous audit of its efficacy is now encouraged.	<b>P</b>

## **RAPU Term**

Function, Standard and Criterion	Recommendation	Review of Stage 3 Quality Action Plan Evidence	Outcome/Rating
F2 S7 C1 PGY2	<b>CONDITION:</b> That the prevocational doctor's position in RAPU is provided with timely support of a nominated senior clinician within the unit.	<p>There is insufficient data available to support a rating of Progressing against this Condition.</p> <p>Moreover the survey team disputes the Service's assertion that aggrieved persons will reliably provide feedback; conversely we believe such Prevocational Doctors may well prefer not to raise concerns for fear of the implications of doing so. It is important therefore that a culture of encouraging feedback by demonstration of its effectiveness in engineering change is fostered.</p>	<b>NP</b>

## **Maternal and Child Health Term – (includes Paediatrics; O & G)**

Function, Standard and Criterion	Recommendation	Review of Stage 3 Quality Action Plan Evidence	Outcome/Rating
F2 S9 C2 & 3 PGY1 & PGY2 where applicable across all terms	<b>CONDITION:</b> 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.	The Service is to be commended on its development of processes encouraging intern and RMO feedback, the collation of this data and ultimate dissemination to individual supervisors & departments. A rigorous audit of its efficacy is now encouraged.	<b>P</b>

### **Top End Mental Health Service Term – (includes Psychiatry)**

Function, Standard and Criterion	Recommendation	Review of Stage 3 Quality Action Plan Evidence	Outcome/Rating
F2 S9 C2 & 3 PGY2 where applicable	<b>CONDITION:</b> 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.	The Service is to be commended on its development of processes encouraging intern and RMO feedback, the collation of this data and ultimate dissemination to individual supervisors & departments. A rigorous audit of its efficacy is now encouraged.	<b>P</b>

### **General Rural Terms**

Function, Standard and Criterion	Recommendation	Review of Stage 3 Quality Action Plan Evidence	Outcome/Rating
F2 S9 C2 & 3 PGY1 & PGY2 where applicable across all terms	<b>CONDITION:</b> 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.	The Service is to be commended on its development of processes encouraging intern and RMO feedback, the collation of this data and ultimate dissemination to individual supervisors & departments. A rigorous audit of its efficacy is now encouraged.	<b>P</b>

**Surgery and Critical Care Term** – (includes General Surgery; Head & Neck (Maxillofacial); ENT Surgery; Neurosurgery; Cardiothoracic Surgery; Vascular Surgery; Plastic Surgery; Intensive Care; Anaesthetics; Orthopaedic term comments see below)

Function, Standard and Criterion	Recommendation	Review of Stage 3 Quality Action Plan Evidence	Outcome/Rating
F2 S8 C3	<p><b><u>General Surgery – SACU ONLY</u></b></p> <p><b>CONDITION:</b> 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.</p>	The workload has indeed been reviewed and it appears the issue of an educational experience being prevented has been alleviated; however, as reported earlier, the workload itself remains too high placing the sustainable outcome of this review at risk.	P
F2 S9 C2 & 3 PGY1 & PGY2 where applicable across all terms	<p><b>CONDITION:</b> 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.</p>	The Service is to be commended on its development of processes encouraging intern and RMO feedback, the collation of this data and ultimate dissemination to individual supervisors & departments. A rigorous audit of its efficacy is now encouraged.	P

## Orthopaedic Term

Function, Standard and Criterion	Recommendation	Review of Stage 3 Quality Action Plan Evidence	Outcome/Rating
F2 S6 C ALL PGY2	<b><u>RECOMMENDATION 7:</u></b> <b><u>THAT</u></b> <b>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.</b>	<p>These Comments <b><u>ONLY</u></b> relate to PGY2 Places.</p> <p>Whilst there is evidence of progress against this recommendation, this is only at a very early stage of implementation. The need for a cultural change within this Term has been widely highlighted throughout this Accreditation cycle and the requirement remains one in need of attention and significant input to bring about such change.</p>	P
	<b><u>RECOMMENDATION 8:</u></b> <b><u>THAT</u></b> <b>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.</b>	<p>These Comments <b><u>ONLY</u></b> relate to PGY2 Places.</p> <p>The ROVER and Assessment Record Book are each comprehensive documents with the potential to become valuable resources underpinning a high quality term teaching programme. Early feedback of programme delivery shows improvement, with the exception of peer to peer &amp; clinical handover. Ongoing implementation of the resources will need to be closely monitored and their effective utilisation audited. The Senior Clinicians have an inherent responsibility to ensure the cultural change introduced by the Division Head is promoted and exemplified, supported in this domain by the incoming DCT.</p>	P
F2 S7 C ALL PGY2	<b><u>RECOMMENDATION 8:</u></b> <b><u>THAT</u></b> <b>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.</b>	<p>This Comment <b><u>ONLY</u></b> relates to PGY2 Places.</p> <p>The ROVER and Assessment Record Book are each comprehensive documents with the potential to become valuable resources underpinning a high quality term teaching programme. Early feedback of programme delivery shows improvement, with the exception of peer to peer &amp; clinical handover. Ongoing implementation of the resources will need to be closely monitored and their effective utilisation audited.</p>	P

		The Senior Clinicians have an inherent responsibility to ensure the cultural change introduced by the Division Head is promoted and exemplified, supported in this domain by the incoming DCT.	
F2 S8 CALL PGY2	<b><u>RECOMMENDATION 8:</u></b> <b>THAT</b> <b>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.</b>	This Comment <b><u>ONLY</u></b> relates to PGY2 Places.  The ROVER and Assessment Record Book are each comprehensive documents with the potential to become valuable resources underpinning a high quality term teaching programme. Early feedback of programme delivery shows improvement, with the exception of peer to peer & clinical handover. Ongoing implementation of the resources will need to be closely monitored and their effective utilisation audited. The Senior Clinicians have an inherent responsibility to ensure the cultural change introduced by the Division Head is promoted and exemplified, supported in this domain by the incoming DCT.	<b>P</b>
F2 S9 CALL PGY2	<b><u>CONDITION:</u></b> 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.	The Service is to be commended on its development of processes encouraging intern and RMO feedback, the collation of this data and ultimate dissemination to individual supervisors & departments. A rigorous audit of its efficacy is now encouraged.	<b>SM</b>
	<b><u>RECOMMENDATION 5:</u></b> <b>THAT</b> <b>The Prevocational Education Advisory Group (PEAG) takes responsibility for auditing the outcomes of continuous improvement action plans where PETP deficits are identified.</b>	The comprehensive recommendations put to PEAG in September 2020 by the MEO (folio item 29 in the Submission) must be implemented and the resulting outcomes audited throughout the remainder of the current Accreditation cycle, and beyond. The strategic overlay governing these areas is strong and should therefore ensure full adoption of the recommendations.	<b>P</b>
F2 S10 C 1,2,3,4 & 5 PGY2	<b><u>RECOMMENDATION 8:</u></b> <b>THAT</b> <b>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</b>	This Comment <b><u>ONLY</u></b> relates to PGY2 Places.  The ROVER and Assessment Record Book are each comprehensive documents with the potential to become valuable resources underpinning a high quality term teaching programme. Early feedback of programme delivery shows improvement, with the exception of peer to	<b>P</b>

	<p><b>the Term Descriptor, ROVER and assessment booklet.</b></p>	<p>peer &amp; clinical handover. Ongoing implementation of the resources will need to be closely monitored and their effective utilisation audited. The Senior Clinicians have an inherent responsibility to ensure the cultural change introduced by the Division Head is promoted and exemplified, supported in this domain by the incoming DCT.</p>	
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#### **SURVEY TEAM MEMBERS**

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

**Dr Nigel Gray (Team Leader)**

**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: 05/02/2021**

### 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 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 Top End Health Service, October 2020 Quality Action Plan Stage 3 Report is acknowledged by –

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

Signature:..... Date:

Dr Sarah Watson  
Director of Medical Services  
Royal Darwin and Palmerston Regional Hospital

Signature:..... Date:

Dr (Jose) Arnel Polong  
Director of Medical Services  
Katherine District Hospital

Signature:..... Date:  
12 April 2021

Dr \_\_\_\_\_  
Director of Medical Services  
Gove District Hospital

Signature:..... Date:

Dr \_\_\_\_\_  
Director of Clinical Training  
Top End Health Service

Signature:..... Date:

Prevocational Education and Training Committee Chair  
Top End Health Service

Name:.....

Signature:..... Date:

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**PREVOCATIONAL MEDICAL ASSURANCE SERVICES (PMAS)  
ATTN: ACCREDITATION MANAGER – SHIRLEY BERGIN  
PO BOX 41326  
CASUARINA, NT 0811**

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Top End Health Service

Signature:..... Date:

Dr Sarah Watson  
Director of Medical Services  
Royal Darwin and Palmerston Regional Hospital

Signature:..... Date:

  
31.3.21

Dr \_\_\_\_\_  
Director of Medical Services  
Katherine District Hospital

Signature:..... Date:

Dr \_\_\_\_\_  
Director of Medical Services  
Gove District Hospital

Signature:..... Date:

Dr MADH SUNDARAM  
Director of Clinical Training  
Top End Health Service

Signature:..... Date: 31/3/21.

Prevocational Education and Training Committee Chair  
Top End Health Service

Name: Leonic Katar A/DMS RDPH.

Signature:  Date: 25.3.21

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PREVOCATIONAL MEDICAL ASSURANCE SERVICES (PMAS)  
ATTN: ACCREDITATION MANAGER – SHIRLEY BERGIN  
PO BOX 41326  
CASUARINA, NT 0811

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

Signature:...  31/03/21  
..... Date:

Dr Sarah Watson  
Director of Medical Services  
Royal Darwin and Palmerston Regional Hospital

Signature:..... Date:

Dr \_\_\_\_\_  
Director of Medical Services  
Katherine District Hospital

Signature:..... Date:

Dr \_\_\_\_\_  
Director of Medical Services  
Gove District Hospital

Signature:..... Date:

Dr \_\_\_\_\_  
Director of Clinical Training  
Top End Health Service

Signature:..... Date:

Prevocational Education and Training Committee Chair  
Top End Health Service

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 41326**  
**CASUARINA, NT 0811**

#### 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 Top End Health Service, October 2020 Quality Action Plan Stage 3 Report is acknowledged by –

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

Signature:..... Date:

Dr Sarah Watson  
Director of Medical Services  
Royal Darwin and Palmerston Regional Hospital

Signature:..... Date:

Dr \_\_\_\_\_  
Director of Medical Services  
Katherine District Hospital

Signature:..... Date:

Dr GREER WEAVER  
Director of Medical Services  
Gove District Hospital

Signature:  Date: 20/4/2021

Dr \_\_\_\_\_  
Director of Clinical Training  
Top End Health Service

Signature:..... Date:

Prevocational Education and Training Committee Chair  
Top End Health Service

Name:.....

Signature:..... Date:

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