

Survey Report



New/Offsite/Modified Term

Population and Primary Health Care

Plastics

Urology

Paediatrics

Royal Darwin Hospital

Top End Regional Health Service

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REPORT EXECUTIVE SUMMARY

Thank you for submitting a request to have the following Top End Regional Health Service terms accredited:

- Population and Primary Health Care - Modified
- Plastics - Modified
- Urology - New
- Paediatrics - Modified

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 prevocational training provider prior to the event include:

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

Dr Dayna Duncan (Team Member)
BMed/MD, GAICD, AFHEA

EXECUTIVE SUMMARY

The survey team is grateful to the Medical Education Unit for providing the evidence presented in support of its request, evidence which has been valuable in assisting the survey team in coming to their recommendations.

The comments included against the individual terms have also been made in the context of the recent full survey visit in May 2023 and its subsequently determined review schedule, which remains in place.

In summary :

- The requested modification to the Population and Primary Healthcare term is supported, with a specific commendation regarding the detailed and comprehensive supportive documentation and the strong consideration of risk management & modification.
- The survey team expresses some caution against the requested substantial increase in prevocational doctors within the plastics term, particularly in view of the forthcoming increase in AMC assessment requirements for 2024.
- The request for a new accreditation for the urology term is encouraged and the evidence presented welcomed. An early review of progress and evaluations in mid-2024 will be sought.
- A particular commendation has also been made in support of the requested modification to the paediatric term, focusing on performance assessment under standard 10.

Dr Nigel Gray Team Leader

NT Prevocational Accrediting Authority Lead Surveyor – New/Offsite/Modified Term Survey Event

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 (TERHS)	Prevocational Education Advisory Group (Prevocational Doctor Education & Training Committee)
MTC (CARHS)	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

Population and Primary Health Care

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
PGY2	SM	1, 2, 3, 5	CRITERION 4: In the context of an increase to the number of accredited Primary Care sites, the health service is requested to provide evidence of its consideration of the necessary logistical support of supervision to ensure that General Practice supervisors are on site at all times that a prevocational doctor is on placement at a given location.
	PM	4	Recommendation CRITERION 4: The health service provide evidence of logistical planning to ensure supervision is maintained for all prevocational doctors across sites, at the next QAP stage 2.

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.

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comments
PPHC	2	SM	1, 3	<p>CRITERION 2: The team visiting for the 2023 full accreditation survey visit recognised that feedback on term orientations did occur, but this did not extend into an evaluation process.</p> <p>CRITERION 4: At the 2023 full accreditation survey visit prevocational doctors and the health service noted that the clinical handover is informal and driven by trainees. This requires the prevocational doctor to take initiative in identifying a person to receive handover from, and making time to do so. It would be beneficial if this process were more supported by providing protected time for this to occur.</p>
Plastics	1 & 2			
Urology	2			
Paediatrics	1 & 2	PM	2, 4	<p>Recommendation</p> <p>CRITERION 2: Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.</p> <p>CRITERION 4: That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.</p>

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.

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comment
PPHC	2	SM	1, 2	CRITERION 3: At the 2023 full accreditation survey visit there was noted to be variability of awareness amongst supervisors as to the nature of their role. Moreover the opportunities afforded supervisors to attend professional development activities was not uncommonly limited by their clinical commitments.
Plastics	1 & 2			Condition
Urology	2			CRITERION 3:
Paediatrics	1 & 2	PM	3	THAT Evidence to be provided of the process for making term supervisors explicitly aware of their roles and responsibilities

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.

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comments
PPHC	2	SM	1-4	Nil.
Plastics	1 & 2			
Urology	2			
Paediatrics	1 & 2			

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.

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comment
PPHC	2	SM	1-3	Urology - At present, the assessments (start of term, mid-term, end of term) of JMOs are proposed to be done by three different consultants. The survey team encourages the urology team reconsider this and aim to have all three assessments done by the same one consultant, although this may change each rotation with new prevocational doctors.
Plastics	1 & 2			
Urology	2			
Paediatrics	1 & 2			

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.

Rotation/Term	Level of trainee PGY	Rating	Criteria	Comments
PPHC	2	SM	1-8	Nil.
Plastics	1 & 2			Commendation
Urology	2			Paediatrics - The breadth of identified educational goals contained within the reviewed term assessment booklets and the wide range of supervisors signing these off speaks to a strong focus on teaching and learning within the term rotation.
Paediatrics	1 & 2			

RATING SUMMARY SHEET

Legend:

PGY1/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	SM	SM	SM	PM	SM				
Function 2 – Prevocational Doctor Education and Training Program (PETP)									
PGY and PGY2– For term ratings please see individual standard ratings									
Standard 6: Term Orientation and Handover									
Standard 7: Term Supervision									
Standard 8: Term Content									
Standard 9: Term Evaluation									
Standard 10: Prevocational Doctor (Performance) Assessment									

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 Top End Regional Health Service and the outcomes stated in this report, the survey team proposes to recommend that the Prevocational Accreditation Committee (PAC) grant the Top End Regional Health Service accreditation as listed below.

1. It is recommended that the **Population and Primary Health Care** term be accredited for the requested additional locations (Peppimenarti, Julanimawu, Jabiru, Gunbalanya, Darwin Correctional Centre, Warruwi) and a maximum of **0** PGY1 and **4** PGY2 positions and that this decision be reflected in the Top End Regional Health Service accreditation matrix.
2. It is recommended that the **Plastics** term be accredited for a maximum of **1** PGY1 and **1** PGY2 positions and that this decision be reflected in the Top End Regional Health Service accreditation matrix.
3. It is recommended that the **Urology** term be accredited for a maximum of **0** PGY1 and **1** PGY2 positions and that this decision be reflected in the Top End Regional Health Service accreditation matrix.
4. It is recommended that the **Paediatrics** term be accredited for a maximum of **4** PGY1 and **8** PGY2 positions and that this decision be reflected in the Top End Regional Health Service accreditation matrix.

TERMS RECOMMENDED FOR ACCREDITATION TO CONTINUE/MODIFIED

*****PLEASE NOTE:** This matrix indicates the maximum number of Interns for each term (not rostered shift within the term). As per the Prevocational Accreditation Policy 4.1 – “Interns **must not** be rostered to PGY1 **unaccredited** terms”.

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.

ACCREDITED TERMS	PGY1 total places	PGY2+ total places
EMERGENCY MEDICAL CARE		
Emergency Medical Care	10	16
DIVISION OF MEDICINE		
Medicine	12	12
Renal	2	2
Palliative Care	1	1
Cardiology	2	3
Haematology	0	1
Oncology	0	2
Respiratory	0	1
Neurology	0	1
IFD/HITH	0	2
DPH	0	4
Dermatology	0	1
DIVISION OF SURGERY AND CRITICAL CARE		
General Surgery	12	14
Vascular Surgery	1	1
Orthopaedics	0	4
Head and Neck (Maxillofacial)	2	1
ENT Surgery	0	1
Neurosurgery	0	1

Plastic Surgery	1	1
Intensive Care Medicine	0	5
Anaesthetics	0	2
Urology	0	1
DIVISION OF WOMENS, CHILDREN & YOUTH		
Paediatrics	4	8
O & G	0	10
TOP END MENTAL HEALTH SERVICE		
Psychiatry/Alcohol and Other Drugs	0	5
OFFSITE UNITS		
PRH - Emergency Medical Care	4	15
PRH - Medicine	1	6
PRH - Rehabilitation Medicine	1	2
PRH - Geriatrics	1	2
PRH - General Surgery	0	6
PRH - Anaesthetics	0	1
KH - Emergency Medical Care	1	2
KH - Medicine	1	2
GDH - General Rural Term	3	0
Gove Peninsula Rotation	0	6
Population & Primary Health Care Branch	0	4
Danila Dilba Health Service	0	4
Alyangula	0	1
TOTAL	59	151

SURVEY TEAM MEMBERS

All surveyors have accepted and endorsed this report via email.

Dr Nigel Gray (Lead Surveyor)

Dr Dayna Duncan (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: 17/11/2023

HEALTH SERVICE/TRAINING PROVIDER REPORT RECEIVED

The Prevocational Accreditation Committee requests that the Executive Director of Medical Services (or equivalent), Director 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/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 Top End Regional Health Service November 2023 New/Offsite/Modified term Report is acknowledged by –

Dr Sara Watson Signature:..... Date:
Director of Medical Services
Top End Regional Health Service

Dr Suzanne Brady Signature:..... Date:
Deputy Director of Medical Services
Top End Regional Health Service

Name: Signature:..... Date:
Director of Clinical Training
Top End Regional Health Service

Ms Rachel Taylor Signature:..... Date:
Medial Education Officer
Top End Regional Health Service

Name: Dr Sara Watson Signature:..... Date:
Prevocational Education and Training Committee Chair
Top End Regional Health Service

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 - MS MARIA HALKITIS
PO BOX 40596
CASUARINA, NT 0811**