



# Survey Report

## Quality Action Plan Stage 1

- Top End (Royal Darwin Hospital and Palmerston Regional Hospital)
- Big Rivers (Katherine Hospital)
- East Arnhem (Gove District Hospital)

## Top End Regional Health Service

## TABLE OF CONTENTS

Table of Previously Accredited Terms and Requested Terms for this Survey	3
Survey Team Executive Summary	5
Survey Team Review Findings	7
National Framework for Prevocational (PGY1 & PGY2) Medical Training	69
Survey Team & Support Members	71
Health Service/Facility Report Received (Signature Page)	72

## TABLE OF ACCREDITED TERMS

ACCREDITATION EXPIRES 30 SEPTEMBER 2026								
PRIMARY ALLOCATION FACILITY (Royal Darwin Hospital) + OFFSITE UNIT (Palmerston Regional Hospital) + OFFSITE UNIT (Katherine Hospital) + OFFSITE UNIT (Gove District Hospital) + Primary Care								
ACCREDITED TERMS			CURRENT			REQUESTED		
	PRIMARY SITE	AMC Category	PGY 1	PGY 2	TOTAL	PGY 1	PGY 2	TOTAL
<b>EMERGENCY MEDICAL CARE</b>								
Emergency Medical Care	RDH	A, C	10	16	26	10	16	26
<b>MEDICINE</b>								
General Medicine	RDH	B, C	12	12	24	12	12	24
Renal Medicine	RDH	B, C	2	2	4	2	2	4
Palliative Care	RDH	B	1	1	2	1	1	2
Cardiology	RDH	B, C	2	3	5	2	3	5
Haematology	RDH		0	1	1	0	1	1
Oncology	RDH		0	2	2	0	2	2
Respiratory	RDH		0	1	1	0	1	1
Neurology	RDH		0	1	1	0	1	1
IFD/HITH	RDH		0	2	2	0	2	2
DPH	RDH		0	4	4	0	4	4
Dermatology	RDH		0	1	1	0	1	1
Urology	RDH		0	1	1	0	1	1
<b>SURGERY &amp; CRITICAL CARE</b>								
General Surgery	RDH	C, D	12	14	26	12	14	26
Vascular Surgery	RDH	C, D	1	1	2	1	1	2
Orthopaedics	RDH		0	4	4	0	4	4
Head and Neck (Maxillofacial)	RDH	C, D	2	1	3	2	1	3
ENT	RDH		0	1	1	0	1	1
Neurosurgery	RDH		0	1	1	0	1	1
Plastic Surgery	RDH	D	1	1	2	1	1	2
Intensive Care Medicine	RDH		0	5	5	0	5	5

Anaesthetics	RDH		0	2	2	0	2	2
DIVISION OF WOMENS, CHILDREN & YOUTH								
Paediatrics	RDH	B, C	4	8	12	4	8	12
Obstetrics & Gynaecology	RDH		0	10	10	0	10	10
TOP END MENTAL HEALTH SERVICE								
Psychiatry/Alcohol and Other Drugs	RDH		0	5	5	0	5	5
OFFSITE UNIT/S								
Emergency Medical Care	PRH	A, C	4	15	19	4	15	19
Medicine	PRH	B, C	1	6	7	1	6	7
Rehabilitation Medicine	PRH	B	1	2	3	1	2	3
Geriatrics	PRH	B	1	2	3	1	2	3
General Surgery	PRH	C, D	0	6	6	0	6	6
Anaesthetics	PRH		0	1	1	0	1	1
Emergency Medical Care	KH	A, C	1	2	3	1	2	3
Medicine	KH	B, C	1	2	3	1	2	3
General Rural Term	GDH	A, C	3	0	3	3	0	3
Gove Peninsula Rotation	GDH		0	6	6	0	6	6
Population & Primary Health Care Branch	RDH	A, B	0	4	4	0	4	4
Danila Dilba Health Service	RDH		0	4	4	0	4	4
Alyangula	GDH		0	1	1	0	1	1
TOTALS			59	151	210	59	151	210

## REPORT EXECUTIVE SUMMARY

Thank you for submitting the Top End Regional Health Service (TERHS) Quality Action Plan (QAP) Stage 1. 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 prior to the event included:

**Dr Nigel Gray (Lead Surveyor)**

MB ChB, FRACGP, GCHPE

**Dr Kristof Wing (Team Member)**

MBBS BMedSci (Hons) DTM&H Medical Registrar

**Ms Silvia Bretta (Team Member)**

Manager Rural Pathways and Rural Generalist Training (NT), RACGP

### EXECUTIVE SUMMARY

The Health Service appears to have relaxed somewhat into a period of complacency following the completion of last year's full survey visit.

This development is disappointing in the context of that visit which identified a number of new initiatives, but also uncovered potential vulnerabilities within the system as to the sustainability of some of these initiatives.

The concerns held by the survey team members at that time and in this regard have unfortunately been proven to be reasonably founded and the health service is therefore mandated to urgently address the level of disengagement elaborated upon below in time for the QAP2 submission due in August 2024.

The evidence provided within the submission was generally of an insufficient quality to allow robust assessment. Hence the survey team would strongly encourage the health service in their upcoming submissions to focus on improving the collation, systematisation, accessibility, and synthesis of available evidence.

Where evidence is unavailable and/or unobtainable, comment should be made on the reasons for this and intended quality improvement activities developed to ensure the collection of robust evidence to support the delivery of a prevocational training program. For absolute clarity, the use of tools designed to promote reflective practice (i.e. self-assessment forms) by Doctors in Training are not sufficient and nor should they be used as a substitute for the assessment of the performance of the health service in providing a PETP.

Evidence of the performance of the health service in providing a PETP must be sought through a process separated in time and space from self-evaluations. Feedback must be sought from trainees and supervisors alike, and sought in a fashion that prioritises authenticity, discretion, and confidentiality, and enables quantitative, high fidelity, longitudinal, and robust evaluation by impartial external assessors as well as the service themselves.

More specifically, the health service is strongly encouraged to take an overall longer term view encompassing QAP2 and beyond, better supported by a systematic data collection and forward-looking developmental process, including comprehensive high fraction evaluation surveying.

Embracing such a perspective shift will facilitate a culture change towards long term thinking, systematic approaches and comprehensive evaluation, thereby underpinning a culture of accountability and transparency.

A number of requirements resulting from the implementation of the new *National Framework for Prevocational (PGY1 & PGY2) Medical Training* effective January 2024 have also been addressed within the submission. The

comments provided reflect varying degrees of compliance at this somewhat early stage, whilst at the same time revealing significant opportunities to be pursued during the accreditation cycle.

The survey team understands there are opportunities available for collaborative developmental linkages with other equivalent exemplar health services nationally should TERHS choose to pursue these. Once again the health service is strongly encouraged to do so.

It is also the view of the survey team that the continuing lack of overall stability and continuity within the Medical Education Unit are significant factors contributing to the marked lack of evidence and of quality improvement activities being presented.

Moreover, the repetitive nature of several generic, uninformative submissions from individual units suggest a poor engagement with the PTP as a whole. Where a similar service (e.g. General Surgery, General Medicine, Anaesthetics) operates across 2 campuses, the health service is strongly encouraged to address and evidence them as two separate units moving forward. This will support greater clarity and information provision directly related to the term type and environment.

Whilst there remain some Recommendations and Conditions outstanding from previous reports, which in itself is particularly concerning and should be the primary focus of the QAP2, the remainder of this Executive Summary will concentrate on those requirements arising directly from the 2023 visit and which recur frequently as pertaining to a significant number of individual units.

There is a recommendation for Term Orientations to be subject to rigorous evaluation and quality improvement planning. There are relevant exemplars evident within the health service such as in Intensive Care Medicine and to a lesser extent Paediatrics where the introduction of a named, dedicated registrar to drive this process is welcomed. The survey team is curious as to why these initiatives have not been more widely disseminated throughout the health service, instead of approaching the Alice Springs Hospital for its own guidelines in some instances. Similarly Rehabilitation Medicine is also particularly well represented in this QAP, providing an opportunity for its inter-rotational clinical handover support process to be shared with other units.

The submission contains frequent references to a 2023 Supervisor orientation and development program designed to enhance their preparation for and knowledge about their roles. However there is no supporting evidence of actual attendance by the supervisors nor of how any learnings have been translated into practice. This is a further example of a deficit between the implementation of a laudable initiative and its robust evaluation.

It has been a condition of accreditation that all units provide a flexible, accessible and relevant Term Education Program in time for the commencement of the 2024 training year. It is therefore unacceptable to state in some instances that such a program will be presented as part of QAP2, falling as it does well beyond the training year's commencement.

Finally, whilst perhaps technically admissible, the lack of completion of many Term Descriptors as a stated consequence of the imposition of additional PGY2 training requirements in 2025 belies poor and inconsistent engagement of many units with the MEU.

Once again therefore the fact that the now longstanding Condition mandating 'Urgent and immediate priority is *to be* given to stabilisation of the MEU through recruitment and appointment to those outstanding positions currently filled by temporary appointments' remains at best incompletely met, underpin the continuing disorganisation and disengagement evident in the health service's Prevocational Training Program.

It is this disorganisation and disengagement which continues to adversely affect the education and training experience available to prevocational doctors employed by the health service, a situation which is patently unreasonable on behalf of these junior colleagues and of the population they will be charged with serving in the future. It goes without saying that the situation needs to be urgently addressed and rectified.

**Dr Nigel Gray**

**NT Prevocational Accrediting Authority Lead Surveyor – QAP Stage 1 Survey Event**

## SURVEY TEAM REVIEW FINDINGS

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 Quality Action Plan

Not Met (NM)	Awareness and knowledge of the standards but only fundamental systems in place, or implemented systems but little or no monitoring of outcomes against standards.
Satisfactorily Met (SM)	Collection of outcome data from systems designed to implement standards and evidence of improvements to systems.
Partially Met (PM)	Indicates that the prevocational training provider has partially met the required standard or criteria recognising that some progress has been achieved.

**Note:** The following Recommendations and Conditions in black font are those outstanding from the previous accreditation cycle. Those in **blue font** are from the 2023 Reaccreditation Survey Visit Report.

Function, Standard and Criterion	Recommendation/Condition	Review of Stage 1 Quality Action Plan Evidence	Outcome
F1 S1 C3	<b>RECOMMENDATION:</b> The distribution of workload across the surgical prevocational doctors is improved with particular attention to the high SACU workload.	<p>The survey team raised concern that there is no evidence of interim progress toward this recommendation.</p> <p>There is concern that this recommendation will be unachievable by QAP2 2024.</p> <p>The focus of survey feedback is more on orientation, teaching, supervision and feedback with the workload not being explicitly covered.</p>	<b>PM</b>

		The survey team expects that substantive evidence of processes for monitoring, evaluation, and modification of work practices be provided in QAP2.	
F1 S2 C1	<p><b><u>CONDITION 2:</u></b></p> <p><b>THAT</b></p> <p>Urgent and immediate priority is given to stabilisation of the MEU through recruitment and appointment to those outstanding positions currently filled by temporary appointments.</p>	The survey team notes the information provided within the submission however given the significant changes once again within the MEU, this structure remains in its infancy. Ongoing monitoring and proactive succession planning is required as well as a shift from the provision of temporary employment contracts, to support the ongoing successful delivery of the prevocational training program.	<b>NM</b>
F1 S5 C1, 2 & 5	<p><b><u>CONDITION 3:</u></b></p> <p><b>THAT</b></p> <p>The communication gaps between the clinical supervisors, relevant committees and the MEU be addressed.</p>	<p>The survey team noted continuing low attendance at PEC; Minutes &amp; Action Item lists were distributed but this is not sufficient to address communication gaps.</p> <p>Moreover the causes for low attendance seem to be unresolved.</p> <p>Participation of all relevant parties in the creation and maintenance of a prevocational education program is required.</p>	<b>NM</b>
F1 S5 C1, 2 & 5	<p><b><u>CONDITION 4:</u></b></p> <p><b>THAT</b></p> <p>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</p>	<p>There appears to be an over reliant on input from the new DMS.</p> <p>The review of policies remains in the very early stages. The survey team requires substantial progress for QAP2, noting that these matters are cultural as much as they are procedural.</p> <p>Assignment of policies does not equal review and progress of policies. No formal review of the effectiveness of the PEC has occurred since it was initially recommended thus denoting a procedural and cultural issue.</p>	<b>NM</b>
F1 S1 C3	<p><b><u>RECOMMENDATION:</u></b> That FTE for clinicians involved in education and supervision needs to include sufficient protected non-clinical time.</p>	The health service will require significant retooling and mobilisation of workforce to achieve requirements of the Medical Officers Northern Territory Public Sector 2022 - 2025 Enterprise Agreement (EA), which has now been in force since June of 2023. The survey team expected that evidence of progress toward this,	<b>NM</b>



		<p>in the form of evidenced protected non-clinical time for supervision, would have been provided at this stage of the accreditation cycle.</p> <p>The submission affirms EA endorsement of non-clinical time, backed by PEC and NT Health executive consensus. However, policies governing regular implementation of non-clinical time for clinicians appear to be in a very preliminary stage with no evidence of actual progress.</p>	
F1 S1 C5	<b>RECOMMENDATION:</b> That permanent recruitment of appropriately qualified staff to manage to PETP is completed.	<p>Emphasis on the consistency, predictability, and dedicated time of staff (both clinical and non-clinical) is critical to achieving this aim. Recommendation is for permanent recruitment of staff – currently evidenced is a high turnover of staff without clear stewardship of clear functions by a permanent/ semi-permanent workforce. The survey team recognise the challenges related to stability of staffing in Northern Australia, however the maintenance of a suitable Prevocational Training Program relies on having a stable medical education workforce.</p>	<b>NM</b>
F1S1C6	<b>RECOMMENDATION:</b> That updated policy, process and procedure documents are provided at the next progress report in 2025.	<p>The survey team notes this is DMS reliant, with help from one DCT. The survey team noted that at the date of submission 2 draft policies had been circulated for review.</p>	<b>PM</b>
F1 S2 C1	<b>RECOMMENDATION:</b> That permanent recruitment of appropriately qualified staff to manage to PETP is completed.	<p>Emphasis on the consistency, predictability, and dedicated time of staff (both clinical and non-clinical) is critical to achieving this aim. Recommendation is for permanent recruitment of staff – currently evidenced is a high turnover of staff without clear stewardship of clear functions by a permanent/ semi-permanent workforce. The survey team recognise the challenges related to stability of staffing in Northern Australia, however the maintenance of a suitable Prevocational Training Program relies on having a stable medical education workforce.</p>	<b>NM</b>

F1 S2 C2	<p><b><u>RECOMMENDATION:</u></b> That FTE for clinicians involved in education and supervision needs to include sufficient protected non-clinical time.</p>	<p>The health service will require significant retooling and mobilisation of workforce to achieve requirements of Medical Officers Northern Territory Public Sector 2022 - 2025 Enterprise Agreement (EA), which has now been in force since June of 2023. The survey team expected that evidence of progress toward this, in the form of evidenced protected non-clinical time for supervision, would have been provided at this stage of the accreditation cycle.</p> <p>The submission affirms EA endorsement of non-clinical time, backed by PEC and NT Health executive consensus. However, policies governing regular implementation of non-clinical time for clinicians appear to be in a very preliminary stage with no evidence of actual progress.</p>	<b>NM</b>
F1 S2 C5	<p><b><u>RECOMMENDATION:</u></b> That evidence of a formal performance appraisal process in operation for MEU staff, including DCT(s) is provided at the next progress report.</p>	<p>The health service cites confidentiality constraints as reason for providing only front pages of Work partnership plans (WPPs). As the recommendation was to provide evidence of a formal performance appraisal process in operation for MEU, the survey team agrees that front pages of WPPs constitute an acceptable evidence for this purpose,</p>	<b>SM</b>
F1 S3 C1	<p><b><u>CONDITION (PGY2):</u></b> <b>THAT</b></p> <p>Evidence of implementation of the NT Health Selection Policy in the PGY2 selections and transparency in this process with accessibility and availability of this policy to candidates is provided at the next progress report in 2025.</p> <p><b><u>RECOMMENDATION (PGY1):</u></b> That a clear statement about principles of selection of candidates that is readily available and accessible to candidates.</p>	<p>The survey team were only provided with the assessment rubric, not a statement of principle.</p> <p>There was also no <i>evidence</i> of the <i>implementation</i> of the policy provided.</p>	<b>NM</b>

			<b>NM</b>
F1 S3 C4	<b>RECOMMENDATION (PGY2):</b> In view of upcoming changes to the prevocational framework, a focus is recommended for PGY2 attendance at RMO education sessions for prevocational doctors across rotations.	<p>The focus of this response does not reflect nor suggest a sufficient commitment to meeting this recommendation – the requirement to mandate is different from a systematic process of ensuring the attendance of PGY2 doctors as much as possible at the prevocational education program.</p> <p>The survey team strongly recommends that this be implemented in 2024, with high rates of attendance to permit easy and predictable transition in 2025.</p> <p>These matters are as much cultural as they are procedural – and culture will take a longer period to change.</p> <p>While mandates can serve as catalysts for change, their effectiveness ultimately depends on the underlying cultural context.</p> <p>The health service's response appears to suggest a regressive change to the PGY2 program at a time when it needs to be strengthened in time for 2025. This is a significant cause for concern.</p>	<b>NM</b>
F1 S3 C8 (C)	<b>RECOMMENDATION:</b> That evidence is provided showing that the clinical supervisors for prevocational trainees on relieving terms are included in a robust assessment process.	<p>The described supervision framework appears comprehensive and sound, but with 20-25% of PGY1 and 2 DiTs on relief terms this is a significant risk.</p> <p>There is no evidence of a robust supervision framework for rotational residents.</p> <p>Additionally the statement “which will require monitoring” in regards to the new/increased split terms, there is no robust mechanism detailed to provide such monitoring.</p>	<b>PM</b>
F1 S4 C2	<b>CONDITION:</b> <b>THAT</b>	The survey team acknowledges the statements of intent however at this stage of the cycle, evidence of aggregate statistics collated through the Term Evaluation process and from DiTs should be available. These aggregate statistics would detail the proportion of	<b>PM</b>

	For every offsite term, orientation must occur as early as possible following commencement, at a maximum within the first week.	terms achieving this standard, and a quality improvement process for those that are failing.	
F1 S5 C1	<b>RECOMMENDATION:</b> That updated policy, process and procedure documents are provided at the next progress report in 2025.	The survey team notes this is DMS reliant, with help from one DCT. The survey team noted that at the date of submission 2 draft policies had been circulated for review.	<b>PM</b>
F1 S5 C3	<b>RECOMMENDATION:</b> Demonstrate evaluation review at the PEC meeting of the effectiveness of the PETP overall (including supervision, support, prevocational doctor assessments, and education programs) and responsiveness to any identified areas for improvement.	The health service is focusing on supervisor review and, to a lesser extent the teaching program – but the recommendation requires more than this.  Additionally, the statement “In 2023 the MEU delivered a Supervisor orientation and maintained a schedule of supervisor development workshops to ensure Term and Clinical Supervisors were prepared and knowledgeable about their roles within the delivery of the prevocational medical officer training program (submitted in 2023 full site visit report).” appears to be in conflict with the evidences at Folio J7, Column K, that demonstrates 4 of 9 respondents did not receive formal training prior to becoming a supervisor – clarification of this tension would be illustrative.	<b>NM</b>
F2 S1 C4	<b>RECOMMENDATION:</b> In view of upcoming changes to the prevocational framework, a focus is recommended for PGY2 attendance at RMO education sessions for prevocational doctors across rotations.	The survey team noted 2024 to be a year of gradual introduction with monitoring until December. This response however contradicts the information provided in F1 S3 C4 where the health service states that no efforts will be made to mandate this prior to 2025. The presentation of robust summary evidence for attendance in QAP2 given the decision not to mandate attendance would be illustrative.	<b>PM</b>
F2 S1 C6	<b>RECOMMENDATION:</b> Within the accreditation cycle, provide evidence of support for a trainee going through a process of application for flexible training arrangements.	This is a particular concern to the survey team as evidence was expected <i>within</i> the accreditation cycle.  “Flexible training options are applied on a case by case basis and are supported by the health service management.” However there appear to be no examples of such an application provided to substantiate this.	<b>NM</b>

F2 S1 C7	<b><u>RECOMMENDATION:</u></b> In view of upcoming changes to the prevocational framework, a focus is recommended for PGY2 attendance at RMO education sessions for prevocational doctors across rotations.	<p>The survey team noted 2024 to be a year of gradual introduction with monitoring until December</p> <p>The presentation of robust summary evidence for attendance in QAP2 given the decision not to mandate attendance would be illustrative.</p>	<b><i>PM</i></b>
F2 S3 C3	<b><u>RECOMMENDATION (PGY1):</u></b> That a process is established for access to professional development leave for interns.	<p>The health service's progress towards a proposed completion date of July was halted by an individual's departure – this needs to be supported &amp; implemented in a timely fashion.</p> <p>There is no reference to Professional Development Leave in Folio J5 or J6. The evidences provided are not sufficient and/ or relevant.</p>	<b><i>NM</i></b>
F2 S5 C3	<b><u>RECOMMENDATION:</u></b> That evidence is provided to demonstrate the collation, analysis and response to supervisor feedback on the prevocational education program at the next progress report in 2025.	The survey team recognises this is work in progress and it seems to have been a reasonably fast start.	<b><i>PM</i></b>

## EMERGENCY MEDICAL CARE

Function, Standard and Criterion	Recommendation/Condition	Review of Stage 1 Quality Action Plan Evidence	Outcome
F2 S6 C2	<b><u>RECOMMENDATION:</u></b> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	The survey team noted the strong process described but need evidence of its tested operation.	<b>PM</b>
F2 S7 C3	<b>CONDITION:</b> <b>THAT</b> Evidence to be provided of the process for making term supervisors explicitly aware of their roles and responsibilities.	The survey team noted the process as described however this does need testing to complete a cycle of continuous quality improvement.	<b>PM</b>
F2 S8 C2	<b>CONDITION:</b> <b>THAT</b> Term documents to be collated including term descriptors, rovers, and various term-specific orientation documents, in line with the new AMC Framework and provided at the Quality Action Plan Stage 1.	The survey team is satisfied that there is clear evidence provided in the submission that this has been addressed.	<b>SM</b>

## GENERAL MEDICINE

Function, Standard and Criterion	Recommendation/Condition	Review of Stage 1 Quality Action Plan Evidence	Outcome
F1 S1 C2	<b>CONDITION:</b> <b>THAT</b> On the General Medicine Term, the roster needs to be reviewed for fatigue management.	The survey team acknowledges the move to 8 teams in 2024 compared to 5 teams in 2023.  Evidence of its efficacy will be confirmed through the end of term evaluations.	<b>PM</b>
F2 S6 C1	<b>CONDITION:</b> <b>THAT</b> For every offsite term, including Palmerston Regional Hospital, orientation must occur as early as possible following commencement, at a maximum within the first week.	No evidence was provided in the submission to demonstrate this condition has been met.	<b>NM</b>
F2 S6 C2	<b>RECOMMENDATION:</b> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	No evidence was provided in the submission to demonstrate this recommendation has been met.	<b>NM</b>
F2 S6 C3	<b>CONDITION:</b> <b>THAT</b> All prevocational doctors have an opportunity to set individual learning goals with their clinical supervisor at the beginning of term.	No evidence was provided in the submission to demonstrate this condition has been met.	<b>NM</b>
F2 S6 C4	<b>RECOMMENDATION:</b> That processes are implemented to support clinical handover between prevocational doctors upon term	No evidence was provided in the submission to demonstrate this recommendation has been met.	<b>NM</b>

	rotation, and protected time be made available for this to occur.		
F2 S7 C3	<b>CONDITION:</b> <b>THAT</b> Evidence to be provided of the process for making term supervisors explicitly aware of their roles and responsibilities.	The survey team looks forward to receiving details of this process in the QAP2 submission.	<b>NM</b>
F2 S8 C2	<b>CONDITION:</b> <b>THAT</b> Term documents to be collated including term descriptors, rovers, and various term-specific orientation documents, in line with the new AMC Framework and provided at the Quality Action Plan Stage 1.	The survey team is satisfied that there is clear evidence provided in the submission that this has been addressed.	<b>SM</b>
F2 S8 C3	<b>CONDITION:</b> <b>THAT</b> All units are to provide a flexible, accessible and relevant term education program delivered in paid time.	The health service provided the Grand Round schedule, but are waiting on Alice Springs Hospital for their guideline in the interests of consistency.  The survey team does not understand the relevance of seeking a guideline from Alice Springs Hospital.	<b>NM</b>
F2 S10 C2	<b>CONDITION:</b> <b>THAT</b> Evidence must be provided confirming completion of mid and end of term assessments for all prevocational doctors.	The term assessment template has been provided however the survey team has not been able to locate any de-identified evidence in support of this condition having been met.	<b>NM</b>



## RENAL MEDICINE

Function, Standard and Criterion	Recommendation/Condition	Review of Stage 1 Quality Action Plan Evidence	Outcome
F2 S6 C2	<b>RECOMMENDATION:</b> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	A robust, consistent and impartial process of term <i>evaluation</i> is required for all terms.  The survey team is not satisfied that evidence of such was provided in the submission.	<b>NM</b>
F2 S6 C4	<b>RECOMMENDATION:</b> That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	The survey team is satisfied that there is evidence provided in the submission that this has been addressed but additionally is subject to the health service's full policy review.	<b>SM</b>
F2 S7 C3	<b>CONDITION:</b> <b>THAT</b> Evidence to be provided of the process for making term supervisors explicitly aware of their roles and responsibilities.	The survey team acknowledges that "There is verbal handovers that are done" but it nevertheless remains reasonable to expect evidence of such, and their perceived adequacy, which was not provided.	<b>NM</b>
F2 S8 C2	<b>CONDITION:</b> <b>THAT</b> Term documents to be collated including term descriptors, rovers, and various term-specific orientation documents, in line with the new AMC Framework and provided at the Quality Action Plan Stage 1.	The survey team is satisfied that there is clear evidence provided in the submission that this has been addressed.	<b>SM</b>

## PALLATIVE CARE

Function, Standard and Criterion	Recommendation/Condition	Review of Stage 1 Quality Action Plan Evidence	Outcome
F2 S6 C2	<b>RECOMMENDATION:</b> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	The survey team is not satisfied that evidence of a rigorous evaluation process was provided in the submission.  In addition there is no evidence of any quality improvement process.	<b>NM</b>
F2 S6 C4	<b>RECOMMENDATION:</b> That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	The survey team acknowledges that the “Medical Administration/Rostering Team facilitated a shift overlap with at least one incoming and outgoing intern each term” is commendable.  The unit was also complementary of the MEU’s facilitation in this regard however it is still subject to the health service’s full policy review.	<b>PM</b>
F2 S7 C3	<b>CONDITION:</b> <b>THAT</b> Evidence to be provided of the process for making term supervisors explicitly aware of their roles and responsibilities.	The survey team looks forward to receiving evidence of this process in the QAP2 submission, including evidence of supervisor attendance and engagement with the content.	<b>PM</b>
F2 S8 C2	<b>CONDITION:</b> <b>THAT</b> Term documents to be collated including term descriptors, rovers, and various term-specific orientation documents, in line with the new	The survey team is satisfied that there is clear evidence provided in the submission that this has been addressed.	<b>SM</b>

	AMC Framework and provided at the Quality Action Plan Stage 1.		
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## CARDIOLOGY

Function, Standard and Criterion	Recommendation/Condition	Review of Stage 1 Quality Action Plan Evidence	Outcome
F2 S6 C2	<b>RECOMMENDATION:</b> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	The survey team found 'The current practice within the work unit is to request verbal feedback' is not sufficient.  Evidence of a more rigorous evaluation and quality improvement process is to be provided.	<b>PM</b>
F2 S6 C4	<b>RECOMMENDATION:</b> That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	The survey team agreed the MS Teams initiative is noteworthy however it is still subject to the health service's full policy review.  The use of MS Teams to handover patients is, however, different between the handover between interns and residents. A formal process of role handover should exist.	<b>PM</b>
F2 S7 C3	<b>CONDITION:</b> <b>THAT</b>  Evidence to be provided of the process for making term supervisors explicitly aware of their roles and responsibilities.	The survey team looks forward to receiving evidence of this process in the QAP2 submission, including evidence of supervisor attendance and engagement with the content.	<b>NM</b>
F2 S8 C2	<b>CONDITION:</b> <b>THAT</b>  Term documents to be collated including term descriptors, rovers, and various term-specific orientation documents, in line with the new AMC Framework and provided at the Quality Action Plan Stage 1.	The survey team is satisfied that there is clear evidence provided in the submission that this has been addressed.	<b>SM</b>

## HAEMATOLOGY

Function, Standard and Criterion	Recommendation/Condition	Review of Stage 1 Quality Action Plan Evidence	Outcome
F2 S6 C2	<b>RECOMMENDATION:</b> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	The survey team is not satisfied that evidence of a rigorous evaluation process was provided in the submission.  In addition there is no evidence of any quality improvement process.	<b>NM</b>
F2 S6 C4	<b>RECOMMENDATION:</b> That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	The survey team is satisfied that there is evidence provided in the submission that this has been addressed but additionally is subject to the health service's full policy review.  The health service stated 'As a department they anticipate the handover and both the registrar and RMO are given protected time to handover when the rotation ends.' The survey team agreed this was good to see.	<b>SM</b>
F2 S7 C3	<b>CONDITION:</b> <b>THAT</b> Evidence to be provided of the process for making term supervisors explicitly aware of their roles and responsibilities.	The health service stated 'No specific departmental involvement in this – relies on MEU.' Departments should and must be empowered to actively seek this information, rather than passively expect the information to be provided by MEU.  The survey team looks forward to receiving evidence of this process in the QAP2 submission, including evidence of supervisor attendance and engagement with the content.	<b>NM</b>
F2 S8 C2	<b>CONDITION:</b> <b>THAT</b> Term documents to be collated including term descriptors, rovers, and various term-specific	Term specific documentation was provided but the Term Descriptor is not yet complete.  The survey team appreciates that requirements for PGY2s will not be implemented until 2025 but evidence of completed Term	<b>PM</b>

	orientation documents, in line with the new AMC Framework and provided at the Quality Action Plan Stage 1.	Descriptors will be required prior to this time and are therefore requested to be included in QAP2.	
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## ONCOLOGY

Function, Standard and Criterion	Recommendation/Condition	Review of Stage 1 Quality Action Plan Evidence	Outcome
F2 S6 C2	<b>RECOMMENDATION:</b> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	The survey team was concerned that no specific process exists within the division to ensure that term orientation is subject to a rigorous evaluation and quality improvement other than self-reflection forms.	<b>NM</b>
F2 S6 C4	<b>RECOMMENDATION:</b> That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	These processes are pending the health service full review of policies and procedures. The survey team noted no protected time evidenced.	<b>NM</b>
F2 S7 C3	<b>CONDITION:</b> <b>THAT</b> Evidence to be provided of the process for making term supervisors explicitly aware of their roles and responsibilities.	The survey team looks forward to receiving evidence of this process in the QAP2 submission, including evidence of supervisor attendance and engagement with the content.	<b>NM</b>
F2 S8 C2	<b>CONDITION:</b> <b>THAT</b> Term documents to be collated including term descriptors, rovers, and various term-specific orientation documents, in line with the new AMC Framework and provided at the Quality Action Plan Stage 1.	Term specific documentation was provided but the Term Descriptor is not yet complete.  The survey team appreciates that requirements for PGY2s will not be implemented until 2025 but evidence of completed Term Descriptors will be required prior to this time and are therefore requested to be included in QAP2.	<b>PM</b>

## RESPIRATORY

Function, Standard and Criterion	Recommendation/Condition	Review of Stage 1 Quality Action Plan Evidence	Outcome
F2 S6 C2	<b>RECOMMENDATION:</b> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	The survey team sited evidence of informal end of term meetings and self-reflection but not of any rigorous evaluation nor a quality improvement process.	<b>PM</b>
F2 S6 C4	<b>RECOMMENDATION:</b> That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	These processes are pending the health service full review of policies and procedures.  Handover occurs at the end of term verbally and in writing but it is not clear to the survey team if this is protected time.	<b>PM</b>
F2 S7 C3	<b>CONDITION:</b> <b>THAT</b>  Evidence to be provided of the process for making term supervisors explicitly aware of their roles and responsibilities.	As stated by the health service there is no internal process within the department.  The survey team looks forward to receiving evidence of this process in the QAP2 submission, including evidence of supervisor attendance and engagement with the content.	<b>NM</b>
F2 S8 C2	<b>CONDITION:</b> <b>THAT</b>  Term documents to be collated including term descriptors, rovers, and various term-specific orientation documents, in line with the new AMC Framework and provided at the Quality Action Plan Stage 1.	Term specific documentation was provided but the Term Descriptor is not yet complete.  The survey team appreciates that requirements for PGY2s will not be implemented until 2025 but evidence of completed Term Descriptors will be required prior to this time and are therefore requested to be included in QAP2.	<b>PM</b>



## IFD/HITH

Function, Standard and Criterion	Recommendation/Condition	Review of Stage 1 Quality Action Plan Evidence	Outcome
F2 S6 C2	<b>RECOMMENDATION:</b> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	The survey team was disappointed 'No specific process exists within the division' to ensure that term orientation is subject to a rigorous evaluation and quality improvement other than self-reflection forms.	<b>NM</b>
F2 S6 C4	<b>RECOMMENDATION:</b> That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	These processes are pending the health service full review of policies and procedures.	<b>NM</b>
F2 S7 C3	<b>CONDITION:</b> <b>THAT</b> Evidence to be provided of the process for making term supervisors explicitly aware of their roles and responsibilities.	As stated by the health service 'No specific process exists within the division'.  The survey team looks forward to receiving evidence of this process in the QAP2 submission, including evidence of supervisor attendance and engagement with the content.	<b>NM</b>
F2 S8 C2	<b>CONDITION:</b> <b>THAT</b> Term documents to be collated including term descriptors, rovers, and various term-specific orientation documents, in line with the new AMC Framework and provided at the Quality Action Plan Stage 1.	Term specific documentation was provided but the Term Descriptor is not yet complete.  The survey team appreciates that requirements for PGY2s will not be implemented until 2025 but evidence of completed Term Descriptors will be required prior to this time and are therefore requested to be included in QAP2.	<b>PM</b>

## NEUROLOGY

Function, Standard and Criterion	Recommendation/Condition	Review of Stage 1 Quality Action Plan Evidence	Outcome
F2 S6 C1	<b>CONDITION:</b> <b>THAT</b> Term orientation must occur as early as possible following commencement, at a maximum within the first week.	The survey team require evidence to test the statement that 'Orientation occurs within the first week of term followed by a handover meeting on Friday of that first week'.	<b>NM</b>
F2 S6 C2	<b>RECOMMENDATION:</b> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	No specific process exists within the division to ensure that term orientation is subject to a rigorous evaluation and quality improvement other than obtaining insights from self-reflection forms.	<b>NM</b>
F2 S6 C4	<b>RECOMMENDATION:</b> That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	The survey team noted verbal handovers are usually done but dependent upon relief shifts.  Processes are pending the health service full review of policies and procedures.	<b>PM</b>
F2 S7 C3	<b>CONDITION:</b> <b>THAT</b> Evidence to be provided of the process for making term supervisors explicitly aware of their roles and responsibilities.	The survey team looks forward to receiving evidence of this process in the QAP2 submission, including evidence of supervisor attendance and engagement with the content.	<b>NM</b>
F2 S8 C2	<b>CONDITION:</b> <b>THAT</b>	Term specific documentation was provided but the Term Descriptor is not yet complete.	<b>PM</b>

	Term documents to be collated including term descriptors, rovers, and various term-specific orientation documents, in line with the new AMC Framework and provided at the Quality Action Plan Stage 1.	The survey team appreciates that requirements for PGY2s will not be implemented until 2025 but evidence of completed Term Descriptors will be required prior to this time and are therefore requested to be included in QAP2.	
F2 S8 C3	<b>CONDITION:</b> <b>THAT</b> All units are to provide a flexible, accessible and relevant term education program delivered in paid time.	The survey team notes the health service advised that evidence will be provided in QAP2. The survey team concluded that providing evidence of this at the QAP2 stage is imperative considering this is a condition of accreditation.	<b>NM</b>
F2 S10 C2	<b>CONDITION:</b> <b>THAT</b> Evidence must be provided confirming completion of mid and end of term assessments for all prevocational doctors	The term assessment template has been provided however the survey team has not been able to locate any de-identified evidence in support of this condition having been met.	<b>NM</b>

## DARWIN PRIVATE HOSPITAL

Function, Standard and Criterion	Recommendation/Condition	Review of Stage 1 Quality Action Plan Evidence	Outcome
F2 S6 C1	<b>CONDITION:</b> <b>THAT</b> Term orientation must occur as early as possible following commencement, at a maximum within the first week by an appropriate medical officer.	<p>The survey team is not satisfied that evidence of such was provided in the submission particularly when the health service stated that 'Ideally term orientations will occur within the first few days of a placement',</p> <p>The survey team was concerned that 'Unit contacted for comment regarding management and improvement of internal processes' when the responsibility to ensure this rests directly with the MEU and RDPH executive.</p>	<b>NM</b>
F2 S6 C2	<b>RECOMMENDATION:</b> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	<p>The survey team noted that no specific process exists within the division to ensure that term orientation is subject to a rigorous evaluation and quality improvement other than self-reflection forms.</p>	<b>NM</b>
F2 S6 C4	<b>RECOMMENDATION:</b> 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>The health service referred to a daily handover but no supplied evidence or detail of a clinical handover process between rotations.</p> <p>Processes are pending the health service full review of policies and procedures.</p>	<b>PM</b>
F2 S7 C2	<b>CONDITION:</b> <b>THAT</b> Evidence is provided of a dedicated term supervisor with appropriate knowledge and implementation of support and assessment who	<p>The survey team were satisfied details were provided on the named long-term supervisor.</p> <p>The health service stated there is a mechanism to assess and record supervisor relevant capabilities however there was no clear articulation of a process provided. A summary of process and evidence to this end should be provided in QAP2.</p>	<b>PM</b>

	ensures adequate supervision of prevocational doctors rotating through the unit.		
F2 S7 C3	<b>CONDITION:</b> <b>THAT</b> Evidence to be provided of the process for making term supervisors explicitly aware of their roles and responsibilities.	The survey team looks forward to receiving evidence of this process in the QAP2 submission, including evidence of supervisor attendance and engagement with the content.	<b>NM</b>
F2 S8 C2	<b>CONDITION:</b> <b>THAT</b> Term documents to be collated including term descriptors, rovers, and various term-specific orientation documents, in line with the new AMC Framework and provided at the Quality Action Plan Stage 1.	Term specific documentation was provided but the Term Descriptor is not yet complete.  The survey team appreciates that requirements for PGY2s will not be implemented until 2025 but evidence of completed Term Descriptors will be required prior to this time and are therefore requested to be included in QAP2.	<b>PM</b>
F2 S8 C3	<b>CONDITION:</b> <b>THAT</b> All units are to provide a flexible, accessible and relevant term education program delivered in paid time.	The survey team appreciates that only one prevocational doctor is on rotation at any one time. However having no term education program and encouraging the prevocational doctor to attend medicine teaching is not acceptable.  The Rolling hand OVER (Folio E11) makes no comment on teaching, education, or anything of the sort.	<b>PM</b>
F2 S10 C2	<b>CONDITION:</b> <b>THAT</b> Evidence must be provided confirming completion of mid and end of term assessments for all prevocational doctors.	The survey team require evidence to be provided in a collated and accessible form.	<b>NM</b>

## DERMATOLOGY

Function, Standard and Criterion	Recommendation/Condition	Review of Stage 1 Quality Action Plan Evidence	Outcome
F2 S6 C2	<b>RECOMMENDATION:</b> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	The survey team noted that no specific process exists within the division to ensure that term orientation is subject to a rigorous evaluation and quality improvement other than self-reflection forms.	<b>NM</b>
F2 S7 C3	<b>CONDITION:</b> <b>THAT</b> Evidence to be provided of the process for making term supervisors explicitly aware of their roles and responsibilities.	The survey team looks forward to receiving evidence of this process in the QAP2 submission, including evidence of supervisor attendance and engagement with the content.	<b>NM</b>
F2 S8 C2	<b>CONDITION:</b> <b>THAT</b> Term documents to be collated including term descriptors, rovers, and various term-specific orientation documents, in line with the new AMC Framework and provided at the Quality Action Plan Stage 1.	Term specific documentation was provided but the Term Descriptor is not yet complete.  The survey team appreciates that requirements for PGY2s will not be implemented until 2025 but evidence of completed Term Descriptors will be required prior to this time and are therefore requested to be included in QAP2.	<b>PM</b>

## GENERAL SURGERY

Function, Standard and Criterion	Recommendation/Condition	Review of Stage 1 Quality Action Plan Evidence	Outcome
F2 S6 C1	<b>CONDITION:</b> <b>THAT</b> Term orientation must occur as early as possible following commencement, at a maximum within the first week.	The survey team take no comfort from the statement in this submission that the education program is under review. This being a very generic statement which does not provide any information about the actual status of the review.	<b>NM</b>
F2 S6 C2	<b>RECOMMENDATION:</b> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	The health service stated evaluation forms will be handed out and samples to come in QAP2; but this seems to be about term education program rather than orientation.  The survey team will require evidence of orientation evaluation and a quality improvement process.	<b>NM</b>
F2 S6 C3	<b>CONDITION:</b> <b>THAT</b> All prevocational doctors have an opportunity to set individual learning goals with their clinical supervisor at the beginning of term.	The health service stated that the unit will continue to ensure time is allocated to address individual learning objectives, however evidence is required to confirm this.	<b>NM</b>
F2 S6 C4	<b>RECOMMENDATION:</b> That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	The health service stated that there is written handover only and that this has proven to be the most effective method (least disruption to ward routines). The survey team found this to be questionable.  The use of solely written handover goes against the DoH Handover Policy (Folio B3) and TEHS Clinical Handover Guideline (Folio B2). Robust justification for the deviation from	<b>PM</b>

		these guidelines from the perspective of maximising the educational value of the DiT's clinical duties must be provided.	
F2 S7 C3	<b>CONDITION:</b> <b>THAT</b> Evidence to be provided of the process for making term supervisors explicitly aware of their roles and responsibilities.	The survey team notes the intention to develop a term supervisor role description and supervisor development workshop. The survey team looks forward to receiving evidence of this and the process in the QAP2 submission, including evidence of supervisor attendance and engagement with the content.	<b>NM</b>
F2 S8 C2	<b>CONDITION:</b> <b>THAT</b> Term documents to be collated including term descriptors, rovers, and various term-specific orientation documents, in line with the new AMC Framework and provided at the Quality Action Plan Stage 1.	The survey team is satisfied that there is clear evidence provided in the submission that this has been addressed.	<b>SM</b>
F2 S8 C3	<b>CONDITION:</b> <b>THAT</b> All units are to provide a flexible, accessible and relevant term education program delivered in paid time.	The survey team notes the draft program provided for the first 6 weeks of 2024. The unit will also be working with the Trauma Centre and Alice Springs Hospital to enhance the program. The health service stated that a prevocational doctor protected teaching time policy needs to be developed to avoid misinterpretations but did not specify what the lack of clarity here is to make this statement.	<b>PM</b>



## VASCULAR SURGERY

Function, Standard and Criterion	Recommendation/Condition	Review of Stage 1 Quality Action Plan Evidence	Outcome
F2 S6 C2	<b>RECOMMENDATION:</b> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	The survey team noted that no specific process exists within the division to ensure that term orientation is subject to a rigorous evaluation and quality improvement other than self-reflection forms.	<b>NM</b>
F2 S6 C4	<b>RECOMMENDATION:</b> That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	Processes are pending the health service full review of policies and procedures.	<b>NM</b>
F2 S7 C3	<b>CONDITION:</b> <b>THAT</b> Evidence to be provided of the process for making term supervisors explicitly aware of their roles and responsibilities.	As stated by the health service, 'No specific process exists within the division'.  The survey team looks forward to receiving evidence of this process in the QAP2 submission, including evidence of supervisor attendance and engagement with the content.	<b>NM</b>
F2 S8 C2	<b>CONDITION:</b> <b>THAT</b> Term documents to be collated including term descriptors, rovers, and various term-specific orientation documents, in line with the new AMC Framework and provided at the Quality Action Plan Stage 1.	The survey team is satisfied that there is clear evidence provided in the submission that this has been addressed.	<b>SM</b>

## HEAD AND NECK (MAXILLOFACIAL)

Function, Standard and Criterion	Recommendation/Condition	Review of Stage 1 Quality Action Plan Evidence	Outcome
F2 S6 C2	<b>RECOMMENDATION:</b> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	The survey team noted that no specific process exists within the division to ensure that term orientation is subject to a rigorous evaluation and quality improvement other than self-reflection forms.	<b>NM</b>
F2 S6 C4	<b>RECOMMENDATION:</b> That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	Processes are pending the health service full review of policies and procedures.	<b>NM</b>
F2 S7 C3	<b>CONDITION:</b> <b>THAT</b> Evidence to be provided of the process for making term supervisors explicitly aware of their roles and responsibilities.	The health service stated that the unit orientation document is utilised to make supervisors explicitly aware of their roles and responsibilities.  The survey team looks forward to receiving evidence of this process in the QAP2 submission, including evidence of supervisor attendance and engagement with the content.	<b>PM</b>
F2 S8 C2	<b>CONDITION:</b> <b>THAT</b> Term documents to be collated including term descriptors, rovers, and various term-specific orientation documents, in line with the new AMC Framework and provided at the Quality Action Plan Stage 1.	The survey team is satisfied that there is clear evidence provided in the submission that this has been addressed.	<b>SM</b>

## ENT

Function, Standard and Criterion	Recommendation/Condition	Review of Stage 1 Quality Action Plan Evidence	Outcome
F2 S6 C2	<b>RECOMMENDATION:</b> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	The health service mentioned evaluation of the orientation document when there are changes within the term but other than the self-evaluation form there is no rigorous evaluation or quality improvement process.	<b>PM</b>
F2 S6 C4	<b>RECOMMENDATION:</b> That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	The survey team sited evidence of clinical handover processes including utilising documentation within departmental F-drive.  This seems more robust than many units.  Processes will also be reviewed as part of the health service full review of policies and procedures.	<b>SM</b>
F2 S7 C3	<b>CONDITION:</b> <b>THAT</b>  Evidence to be provided of the process for making term supervisors explicitly aware of their roles and responsibilities.	The health service stated that there is a 'Verbal handover only'.  The survey team looks forward to receiving evidence of this process in the QAP2 submission, including evidence of supervisor attendance and engagement with the content.	<b>NM</b>
F2 S8 C2	<b>CONDITION:</b> <b>THAT</b>  Term documents to be collated including term descriptors, rovers, and various term-specific orientation documents, in line with the new AMC Framework and provided at the Quality Action Plan Stage 1.	Term specific documentation was provided but the Term Descriptor is not yet complete.  The survey team appreciates that requirements for PGY2s will not be implemented until 2025 but evidence of completed Term Descriptors will be required prior to this time and are therefore requested to be included in QAP2	<b>PM</b>

F2 S8 C3	<p><b>CONDITION:</b></p> <p><b>THAT</b></p> <p>All units are to provide a flexible, accessible and relevant term education program delivered in paid time.</p>	<p>The survey team noted that there is no education program schedule yet available.</p> <p>The health service stated that a prevocational doctor protected teaching time policy needs to be developed to avoid misinterpretations but did not specify what the lack of clarity here is to make this statement.</p>	<b>NM</b>
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## NEUROSURGERY

Function, Standard and Criterion	Recommendation/Condition	Review of Stage 1 Quality Action Plan Evidence	Outcome
F2 S6 C2	<b>RECOMMENDATION:</b> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	The survey team noted that no specific process exists within the division to ensure that term orientation is subject to a rigorous evaluation and quality improvement other than self-reflection forms.	<b>NM</b>
F2 S6 C4	<b>RECOMMENDATION:</b> That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	Processes are pending the health service full review of policies and procedures.	<b>NM</b>
F2 S7 C3	<b>CONDITION:</b> <b>THAT</b> Evidence to be provided of the process for making term supervisors explicitly aware of their roles and responsibilities.	The health service stated that there is 'No specific process exists within the division'.  The survey team looks forward to receiving evidence of this process in the QAP2 submission, including evidence of supervisor attendance and engagement with the content.	<b>NM</b>
F2 S8 C2	<b>CONDITION:</b> <b>THAT</b> Term documents to be collated including term descriptors, rovers, and various term-specific orientation documents, in line with the new AMC Framework and provided at the Quality Action Plan Stage 1.	Term specific documentation was provided but the Term Descriptor is not yet complete.  The survey team appreciates that requirements for PGY2s will not be implemented until 2025 but evidence of completed Term Descriptors will be required prior to this time and are therefore requested to be included in QAP2	<b>PM</b>

## PLASTIC SURGERY

Function, Standard and Criterion	Recommendation/Condition	Review of Stage 1 Quality Action Plan Evidence	Outcome
F2 S6 C2	<b>RECOMMENDATION:</b> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	The survey team noted that no specific process exists within the division to ensure that term orientation is subject to a rigorous evaluation and quality improvement other than self-reflection forms.	<b>NM</b>
F2 S6 C4	<b>RECOMMENDATION:</b> That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	Processes are pending the health service full review of policies and procedures.	<b>NM</b>
F2 S7 C3	<b>CONDITION:</b> <b>THAT</b> Evidence to be provided of the process for making term supervisors explicitly aware of their roles and responsibilities.	The health service stated that there is 'No specific process exists within the division'.  The survey team looks forward to receiving evidence of this process in the QAP2 submission, including evidence of supervisor attendance and engagement with the content.	<b>NM</b>
F2 S8 C2	<b>CONDITION:</b> <b>THAT</b> Term documents to be collated including term descriptors, rovers, and various term-specific orientation documents, in line with the new AMC Framework and provided at the Quality Action Plan Stage 1.	The survey team noted the term specific documentation was provided including the Term Descriptor however a Term Assessment Booklet is still pending. This is to be provided in QAP2.	<b>PM</b>

## INTENSIVE CARE MEDICINE

Function, Standard and Criterion	Recommendation/Condition	Review of Stage 1 Quality Action Plan Evidence	Outcome
F2 S6 C2	<b>RECOMMENDATION:</b> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	The survey team found that clear evidence was provided in the submission to demonstrate that this has been addressed exemplary.	<b>SM</b>
F2 S6 C4	<b>RECOMMENDATION:</b> That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	The health service stated DiTs are encouraged to receive handover at the start of term. The survey team questioned if this is therefore dependent upon their own initiative as entering.  Processes are also pending the health service full review of policies and procedures.	<b>PM</b>
F2 S7 C3	<b>CONDITION:</b> <b>THAT</b>  Evidence to be provided of the process for making term supervisors explicitly aware of their roles and responsibilities.	The survey team noted that evidence provided in the submission indicated that this has been addressed – as a quality improvement activity supervisors could be surveyed as to efficacy of the process in place.	<b>SM</b>
F2 S8 C2	<b>CONDITION:</b> <b>THAT</b>  Term documents to be collated including term descriptors, rovers, and various term-specific orientation documents, in line with the new AMC Framework and provided at the Quality Action Plan Stage 1.	Term specific documentation was provided including welcoming induction document but the Term Descriptor is not yet complete.  The survey team appreciates that requirements for PGY2s will not be implemented until 2025 but evidence of completed Term Descriptors will be required prior to this time and are therefore requested to be included in QAP2	<b>PM</b>

## ANAESTHETICS

Function, Standard and Criterion	Recommendation/Condition	Review of Stage 1 Quality Action Plan Evidence	Outcome
F2 S6 C2	<b>RECOMMENDATION:</b> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	The survey team noted that no specific process exists within the division to ensure that term orientation is subject to a rigorous evaluation and quality improvement other than self-reflection forms.	<b>NM</b>
F2 S6 C4	<b>RECOMMENDATION:</b> That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	Processes are pending the health service full review of policies and procedures.	<b>NM</b>
F2 S7 C3	<b>CONDITION:</b> <b>THAT</b> Evidence to be provided of the process for making term supervisors explicitly aware of their roles and responsibilities.	The health service stated that there is 'No specific process exists within the division'.  The survey team looks forward to receiving evidence of this process in the QAP2 submission, including evidence of supervisor attendance and engagement with the content.	<b>NM</b>
F2 S8 C2	<b>CONDITION:</b> <b>THAT</b> Term documents to be collated including term descriptors, rovers, and various term-specific orientation documents, in line with the new AMC Framework and provided at the Quality Action Plan Stage 1.	Term specific documentation was provided but the Term Descriptor is not yet complete.  The survey team appreciates that requirements for PGY2s will not be implemented until 2025 but evidence of completed Term Descriptors will be required prior to this time and are therefore requested to be included in QAP2	<b>PM</b>



## PAEDIATRICS

Function, Standard and Criterion	Recommendation/Condition	Review of Stage 1 Quality Action Plan Evidence	Outcome
F2 S6 C2	<b>RECOMMENDATION:</b> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	The survey team agreed the named responsible registrar commendable and hope that this process is not person dependant.  The survey team also noted that it was great to see a registrar with a DiT portfolio seeking near-peer feedback.	<b>SM</b>
F2 S6 C4	<b>RECOMMENDATION:</b> That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	Processes are pending the health service full review of policies and procedures.	<b>NM</b>
F2 S7 C3	<b>CONDITION:</b> <b>THAT</b>  Evidence to be provided of the process for making term supervisors explicitly aware of their roles and responsibilities.	The health service stated that there is 'No specific process exists within the division'.  The survey team looks forward to receiving evidence of this process in the QAP2 submission, including evidence of supervisor attendance and engagement with the content.	<b>NM</b>
F2 S8 C2	<b>CONDITION:</b> <b>THAT</b>  Term documents to be collated including term descriptors, rovers, and various term-specific orientation documents, in line with the new AMC Framework and provided at the Quality Action Plan Stage 1.	The survey team is satisfied that there is clear evidence provided in the submission that this has been addressed.	<b>SM</b>

## **OBSTETRICS & GYNAECOLOGY**

<b>Function, Standard and Criterion</b>	<b>Recommendation/Condition</b>	<b>Review of Stage 1 Quality Action Plan Evidence</b>	<b>Outcome</b>
F2 S6 C2	<b><u>RECOMMENDATION:</u></b> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	The survey team noted that no specific process exists within the division to ensure that term orientation is subject to a rigorous evaluation and quality improvement other than self-reflection forms.	<b>NM</b>
F2 S6 C4	<b><u>RECOMMENDATION:</u></b> That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	Processes are pending the health service full review of policies and procedures.	<b>NM</b>
F2 S7 C3	<b>CONDITION:</b> <b>THAT</b> Evidence to be provided of the process for making term supervisors explicitly aware of their roles and responsibilities.	The health service stated that there is 'No specific process exists within the division'.  The survey team looks forward to receiving evidence of this process in the QAP2 submission, including evidence of supervisor attendance and engagement with the content.	<b>NM</b>
F2 S8 C2	<b>CONDITION:</b> <b>THAT</b> Term documents to be collated including term descriptors, rovers, and various term-specific orientation documents, in line with the new AMC Framework and provided at the Quality Action Plan Stage 1.	Term specific documentation was provided but the Term Descriptor is not yet complete.  The survey team appreciates that requirements for PGY2s will not be implemented until 2025 but evidence of completed Term Descriptors will be required prior to this time and are therefore requested to be included in QAP2	<b>PM</b>

F2 S10 C2	<p><b>CONDITION:</b></p> <p><b>THAT</b></p> <p>Evidence must be provided confirming completion of mid and end of term assessments for all prevocational doctors.</p>	<p>The survey team notes that the QAP2 submission will provide further evidence as this is a PGY2 term only, and therefore no requirement until 2025.</p>	<p><b>NM</b></p>
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## PSYCHIATRY/ALCOHOL AND OTHER DRUGS

Function, Standard and Criterion	Recommendation/Condition	Review of Stage 1 Quality Action Plan Evidence	Outcome
F2 S6 C2	<b>RECOMMENDATION:</b> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	The survey team found the process seemingly in infancy, but present via exit surveys. The aim should be to develop this into an evaluative and quality improvement process.	<b>PM</b>
F2 S6 C4	<b>RECOMMENDATION:</b> That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	Processes are pending the health service full review of policies and procedures.	<b>NM</b>
F2 S7 C3	<b>CONDITION:</b> <b>THAT</b> Evidence to be provided of the process for making term supervisors explicitly aware of their roles and responsibilities.	The health service stated that there is currently a verbal process internally which is not sufficient.  The survey team looks forward to receiving evidence of this process in the QAP2 submission, including evidence of supervisor attendance and engagement with the content.	<b>NM</b>
F2 S8 C2	<b>CONDITION:</b> <b>THAT</b> Term documents to be collated including term descriptors, rovers, and various term-specific orientation documents, in line with the new AMC Framework and provided at the Quality Action Plan Stage 1.	Term specific documentation was provided but the Term Descriptor is not yet complete.  The survey team appreciates that requirements for PGY2s will not be implemented until 2025 but evidence of completed Term Descriptors will be required prior to this time and are therefore requested to be included in QAP2.	<b>PM</b>

## EMERGENCY MEDICAL CARE – PRH

Function, Standard and Criterion	Recommendation/Condition	Review of Stage 1 Quality Action Plan Evidence	Outcome
F2 S6 C2	<b><u>RECOMMENDATION:</u></b> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	The survey team noted the strong process described but need evidence of its tested operation	<b>PM</b>
F2 S7 C3	<b>CONDITION:</b> <b>THAT</b> Evidence to be provided of the process for making term supervisors explicitly aware of their roles and responsibilities.	The survey team noted the process as described however this does need testing to complete the loop.	<b>PM</b>
F2 S8 C2	<b>CONDITION:</b> <b>THAT</b> Term documents to be collated including term descriptors, rovers, and various term-specific orientation documents, in line with the new AMC Framework and provided at the Quality Action Plan Stage 1.	The survey team is satisfied that there is clear evidence provided in the submission that this has been addressed.	<b>SM</b>

## MEDICINE – PRH

Function, Standard and Criterion	Recommendation/Condition	Review of Stage 1 Quality Action Plan Evidence	Outcome
F2 S6 C1	<b>CONDITION:</b> <b>THAT</b> Term orientation must occur as early as possible following commencement, at a maximum within the first week.	The health service stated orientation does occur within the first few days of term but the survey team requires evidence to support this statement.	<b>NM</b>
F2 S6 C2	<b>RECOMMENDATION:</b> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	The survey team noted that no specific process exists within the division to ensure that term orientation is subject to a rigorous evaluation and quality improvement other than verbal feedback to the term supervisor and self-reflection forms.	<b>NM</b>
F2 S6 C4	<b>RECOMMENDATION:</b> That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	The health service advised that verbal and written clinical handovers are conducted but the survey team saw no evidence of this process.	<b>NM</b>
F2 S7 C3	<b>CONDITION:</b> <b>THAT</b> Evidence to be provided of the process for making term supervisors explicitly aware of their roles and responsibilities.	The health service stated that supervisor handover is currently done verbally.  The survey team looks forward to receiving evidence of this process in the QAP2 submission, including evidence of supervisor attendance and engagement with the content.	<b>NM</b>
F2 S8 C2	<b>CONDITION:</b> <b>THAT</b>	The survey team is satisfied that there is clear evidence provided in the submission that this has been addressed.	<b>SM</b>

	Term documents to be collated including term descriptors, rovers, and various term-specific orientation documents, in line with the new AMC Framework and provided at the Quality Action Plan Stage 1.		
F2 S10 C2	<b>CONDITION:</b> <b>THAT</b> Evidence must be provided confirming completion of mid and end of term assessments for all prevocational doctors.	The term assessment template has been provided however the survey team has not been able to locate any de-identified evidence in support of this condition having been met.	<b>NM</b>

## REHABILITATION MEDICINE – PRH

Function, Standard and Criterion	Recommendation/Condition	Review of Stage 1 Quality Action Plan Evidence	Outcome
F2 S6 C1	<b>CONDITION:</b> <b>THAT</b> Term orientation must occur as early as possible following commencement, at a maximum within the first week.	The health service stated a registrar generally delivers orientation within the first week of term but the survey team requires evidence to support this statement.	<b>PM</b>
F2 S6 C2	<b>RECOMMENDATION:</b> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	The survey team found a process is in place and supported by comprehensive documentation.  Evaluation of this process is now required to assess its effectiveness.	<b>PM</b>
F2 S6 C4	<b>RECOMMENDATION:</b> That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	The survey team found that clear evidence was provided in the submission to demonstrate that this has been addressed exemplary.	<b>SM</b>
F2 S7 C3	<b>CONDITION:</b> <b>THAT</b> Evidence to be provided of the process for making term supervisors explicitly aware of their roles and responsibilities.	The survey team sensed a strong culture from consultant support, meeting of JMO assessment requirements.  To support the longevity of this process documentation is required.	<b>PM</b>
F2 S8 C2	<b>CONDITION:</b> <b>THAT</b>	The survey team is satisfied that there is clear evidence provided in the submission that this has been addressed.	<b>SM</b>



	Term documents to be collated including term descriptors, rovers, and various term-specific orientation documents, in line with the new AMC Framework and provided at the Quality Action Plan Stage 1.		
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## GERIATRICS – PRH

Function, Standard and Criterion	Recommendation/Condition	Review of Stage 1 Quality Action Plan Evidence	Outcome
F2 S6 C2	<b>RECOMMENDATION:</b> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	The survey team are satisfied that a process is there but there was no evidence provided of a rigorous evaluation and quality improvement process.	<b>PM</b>
F2 S6 C4	<b>RECOMMENDATION:</b> That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	The survey team is satisfied that there is clear evidence provided in the submission that this has been addressed.	<b>SM</b>
F2 S7 C3	<b>CONDITION:</b> <b>THAT</b> Evidence to be provided of the process for making term supervisors explicitly aware of their roles and responsibilities.	As stated in the submission, Geriatrics formulating a supervisor booklet in 2024.  The survey team looks forward to receiving evidence of this and the process in the QAP2 submission, including evidence of supervisor attendance and engagement with the content.	<b>NM</b>
F2 S8 C2	<b>CONDITION:</b> <b>THAT</b> Term documents to be collated including term descriptors, rovers, and various term-specific orientation documents, in line with the new AMC Framework and provided at the Quality Action Plan Stage 1.	The survey team is satisfied that there is clear evidence provided in the submission that this has been addressed.	<b>SM</b>
F2 S8 C3	<b>CONDITION:</b> <b>THAT</b>	The survey team found evidence of a program was provided.	<b>PM</b>

	All units are to provide a flexible, accessible and relevant term education program delivered in paid time.	The health service stated that a prevocational doctor protected teaching time policy needs to be developed to avoid misinterpretations but did not specify what the lack of clarity here is to make this statement.	
F2 S10 C2	<b>CONDITION:</b> <b>THAT</b> Evidence must be provided confirming completion of mid and end of term assessments for all prevocational doctors.	The term assessment template has been provided however the survey team has not been able to locate any de-identified evidence in support of this condition having been met.	<b>NM</b>

## GENERAL SURGERY – PRH

Function, Standard and Criterion	Recommendation/Condition	Review of Stage 1 Quality Action Plan Evidence	Outcome
F2 S6 C2	<b>RECOMMENDATION:</b> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	The health service stated evaluation forms will be handed out and samples to come in QAP2; but this seems to be about term education program rather than orientation.  The survey team requires evidence of orientation evaluation and a quality improvement process.	<b>NM</b>
F2 S6 C4	<b>RECOMMENDATION:</b> That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	The health service stated that there is written handover only and that this has proven to be the most effective method (least disruption to ward routines). The survey team found this to be questionable.  The use of solely written handover goes against the DoH Handover Policy (Folio B3) and TEHS Clinical Handover Guideline (Folio B2). Robust justification for the deviation from these guidelines from the perspective of maximising the educational value of the DiT's clinical duties must be provided.	<b>PM</b>
F2 S7 C3	<b>CONDITION:</b> <b>THAT</b>  Evidence to be provided of the process for making term supervisors explicitly aware of their roles and responsibilities.	The survey team notes the intention to develop a term supervisor role description and supervisor development workshop.  The survey team looks forward to receiving evidence of this and the process in the QAP2 submission, including evidence of supervisor attendance and engagement with the content.	<b>NM</b>
F2 S8 C2	<b>CONDITION:</b> <b>THAT</b>	The survey team is satisfied that there is clear evidence provided in the submission that this has been addressed.	<b>SM</b>

	Term documents to be collated including term descriptors, rovers, and various term-specific orientation documents, in line with the new AMC Framework and provided at the Quality Action Plan Stage 1.		
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## ANAESTHETICS – PRH

Function, Standard and Criterion	Recommendation/Condition	Review of Stage 1 Quality Action Plan Evidence	Outcome
F2 S6 C2	<b>RECOMMENDATION:</b> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	The survey team noted that no specific process exists within the division to ensure that term orientation is subject to a rigorous evaluation and quality improvement other than self-reflection forms.	<b>NM</b>
F2 S6 C4	<b>RECOMMENDATION:</b> That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	Processes are pending the health service full review of policies and procedures.	<b>NM</b>
F2 S7 C3	<b>CONDITION:</b> <b>THAT</b> Evidence to be provided of the process for making term supervisors explicitly aware of their roles and responsibilities.	The health service stated that there is 'No specific process exists within the division'.  The survey team looks forward to receiving evidence of this process in the QAP2 submission, including evidence of supervisor attendance and engagement with the content.	<b>NM</b>
F2 S8 C2	<b>CONDITION:</b> <b>THAT</b> Term documents to be collated including term descriptors, rovers, and various term-specific orientation documents, in line with the new AMC Framework and provided at the Quality Action Plan Stage 1.	Term specific documentation was provided but the Term Descriptor is not yet complete.  The survey team appreciates that requirements for PGY2s will not be implemented until 2025 but evidence of completed Term Descriptors will be required prior to this time and are therefore requested to be included in QAP2	<b>PM</b>

## EMERGENCY MEDICAL CARE – KDH

Function, Standard and Criterion	Recommendation/Condition	Review of Stage 1 Quality Action Plan Evidence	Outcome
F2 S6 C2	<b>RECOMMENDATION:</b> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	Whilst the survey team found there is a process in place, evaluation of its efficacy is now required.	<b>PM</b>
F2 S6 C4	<b>RECOMMENDATION:</b> That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	The survey team agree with assertion that individual patient handover is not indicated; however orientation does include a term-general handover.	<b>NM</b>
F2 S7 C3	<b>CONDITION:</b> <b>THAT</b> Evidence to be provided of the process for making term supervisors explicitly aware of their roles and responsibilities.	The health service stated that Emergency Medicine Co-ordinator orientation is in place, including a supervisor responsibilities' section.  The survey team requires evidence of this.	<b>PM</b>
F2 S8 C2	<b>CONDITION:</b> <b>THAT</b> Term documents to be collated including term descriptors, rovers, and various term-specific orientation documents, in line with the new AMC Framework and provided at the Quality Action Plan Stage 1.	The survey team is satisfied that there is clear evidence provided in the submission that this has been addressed.	<b>SM</b>

## MEDICINE – KDH

Function, Standard and Criterion	Recommendation/Condition	Review of Stage 1 Quality Action Plan Evidence	Outcome
F2 S6 C2	<b>RECOMMENDATION:</b> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	6-monthly reviews of the orientation document are being undertaken to assist with currency; however the survey team found no evidence of any evaluation.  This process nevertheless seems to be better than that in place in most units.	<b>PM</b>
F2 S6 C4	<b>RECOMMENDATION:</b> That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	The survey team is satisfied that there is evidence provided in the submission that this has been addressed but additionally is subject to the health service's full policy review.	<b>SM</b>
F2 S7 C3	<b>CONDITION:</b> <b>THAT</b>  Evidence to be provided of the process for making term supervisors explicitly aware of their roles and responsibilities.	The survey team agreed supervisors appear well credentialed, but there was no evidence of specific role delineation activities.	<b>NM</b>
F2 S8 C2	<b>CONDITION:</b> <b>THAT</b>  Term documents to be collated including term descriptors, rovers, and various term-specific orientation documents, in line with the new AMC Framework and provided at the Quality Action Plan Stage 1.	The survey team is satisfied that there is clear evidence provided in the submission that this has been addressed.	<b>SM</b>



## GENERAL RURAL TERM – GDH

Function, Standard and Criterion	Recommendation/Condition	Review of Stage 1 Quality Action Plan Evidence	Outcome
F2 S6 C2	<b>RECOMMENDATION:</b> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	The survey team noted that no specific process exists within the division to ensure that term orientation is subject to a rigorous evaluation and quality improvement other than self-reflection forms.	<b>NM</b>
F2 S6 C4	<b>RECOMMENDATION:</b> That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	Processes are pending the health service full review of policies and procedures.	<b>NM</b>
F2 S7 C3	<b>CONDITION:</b> <b>THAT</b> Evidence to be provided of the process for making term supervisors explicitly aware of their roles and responsibilities.	The survey team looks forward to receiving evidence of this process in the QAP2 submission, including evidence of supervisor attendance and engagement with the content.	<b>NM</b>
F2 S8 C2	<b>CONDITION:</b> <b>THAT</b> Term documents to be collated including term descriptors, rovers, and various term-specific orientation documents, in line with the new AMC Framework and provided at the Quality Action Plan Stage 1.	The survey team is satisfied that there is clear evidence provided in the submission that this has been addressed.	<b>SM</b>

## POPULATION & PRIMARY HEALTH CARE BRANCH – RDH

Function, Standard and Criterion	Recommendation/Condition	Review of Stage 1 Quality Action Plan Evidence	Outcome
F2 S6 C2	<b>RECOMMENDATION:</b> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	Currently feedback is informal with a formal evaluation scheduled for February 2024. The process is updated and evaluated according to need.	<b>PM</b>
F2 S6 C2	<b>RECOMMENDATION (PGY2):</b> The PAC/offsite unit is to provide evidence of the implementation of the evaluation tool and evaluation data that indicates the evaluation of its community based term/rotation orientation processes at the next scheduled reaccreditation survey event of the PAC.	The survey team is not satisfied that evidence of any evaluation tool or data was provided in the submission. Prevocational doctors' engagement with formal Teams based process remains poor and further exploration is required.	<b>NM</b>
F2 S6 C4	<b>RECOMMENDATION:</b> That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	Processes are pending the health service full review of policies and procedures.	<b>NM</b>
F2 S7 C3	<b>CONDITION:</b> <b>THAT</b> Evidence to be provided of the process for making term supervisors explicitly aware of their roles and responsibilities.	The survey team notes that supervisor meetings occur weekly and verbal handovers are in place, with a draft supervisor job description also being worked on. The survey team looks forward to receiving evidence of this in the QAP2 submission, including evidence of supervisor attendance and engagement with the content.	<b>PM</b>
F2 S8 C2	<b>CONDITION:</b> <b>THAT</b>	The survey team is satisfied that there is clear evidence provided in the submission that this has been addressed.	<b>SM</b>

	Term documents to be collated including term descriptors, rovers, and various term-specific orientation documents, in line with the new AMC Framework and provided at the Quality Action Plan Stage 1.		
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## DANILA DILBA

Function, Standard and Criterion	Recommendation/Condition	Review of Stage 1 Quality Action Plan Evidence	Outcome
F2 S6 C2	<p><b>RECOMMENDATION (PGY2):</b> The PAC/offsite unit is to provide evidence of the implementation of the evaluation tool and evaluation data that indicates the evaluation of its community based term/rotation orientation processes at the next scheduled reaccreditation survey event of the PAC.</p> <p><b>RECOMMENDATION:</b> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.</p>	<p>The survey team is not satisfied that evidence of any evaluation tool or data was provided in the submission.</p> <p>Prevocational doctors' engagement with formal Teams based process remains poor and further exploration is required.</p> <p>The survey team noted that no specific process exists within the division to ensure that term orientation is subject to a rigorous evaluation and quality improvement other than self-reflection forms</p>	<p><b>NM</b></p> <p><b>NM</b></p>
F2 S6 C4	<p><b>RECOMMENDATION:</b> 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>	<p>Processes are pending the health service full review of policies and procedures.</p>	<b>NM</b>
F2 S7 C3	<p><b>CONDITION:</b></p> <p><b>THAT</b></p> <p>Evidence to be provided of the process for making term supervisors explicitly aware of their roles and responsibilities.</p>	<p>The health service stated that there is 'No specific process exists within the division'.</p> <p>The survey team looks forward to receiving evidence of this process in the QAP2 submission, including evidence of supervisor attendance and engagement with the content.</p>	<b>NM</b>

F2 S8 C2	<p><b>CONDITION:</b></p> <p><b>THAT</b></p> <p>Term documents to be collated including term descriptors, rovers, and various term-specific orientation documents, in line with the new AMC Framework and provided at the Quality Action Plan Stage 1.</p>	<p>Term specific documentation was provided but the Term Descriptor is not yet complete.</p> <p>The survey team appreciates that requirements for PGY2s will not be implemented until 2025 but evidence of completed Term Descriptors will be required prior to this time and are therefore requested to be included in QAP2</p>	<b>PM</b>
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## ALYANGULA – GDH

Function, Standard and Criterion	Recommendation/Condition	Review of Stage 1 Quality Action Plan Evidence	Outcome
F2 S6 C2	<b>RECOMMENDATION:</b> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.	The survey team noted that no specific process exists within the division to ensure that term orientation is subject to a rigorous evaluation and quality improvement other than self-reflection forms.	<b>NM</b>
F2 S6 C2	<b>RECOMMENDATION (PGY2):</b> The PAC/offsite unit is to provide evidence of the implementation of the evaluation tool and evaluation data that indicates the evaluation of its community based term/rotation orientation processes at the next scheduled reaccreditation survey event of the PAC.	The survey team is not satisfied that evidence of any evaluation tool or data was provided in the submission.  Prevocational doctors' engagement with formal Teams based process remains poor and further exploration is required.	<b>NM</b>
F2 S6 C4	<b>RECOMMENDATION:</b> That processes are implemented to support clinical handover between prevocational doctors upon term rotation, and protected time be made available for this to occur.	Processes are pending the health service full review of policies and procedures.	<b>NM</b>
F2 S7 C3	<b>CONDITION:</b> <b>THAT</b>  Evidence to be provided of the process for making term supervisors explicitly aware of their roles and responsibilities.	The health service stated that there is 'No specific process exists within the division'.  The survey team looks forward to receiving evidence of this process in the QAP2 submission, including evidence of supervisor attendance and engagement with the content.	<b>NM</b>
F2 S8 C2	<b>CONDITION:</b> <b>THAT</b>	Term specific documentation was provided but the Term Descriptor is not yet complete.	<b>PM</b>

	Term documents to be collated including term descriptors, rovers, and various term-specific orientation documents, in line with the new AMC Framework and provided at the Quality Action Plan Stage 1.	The survey team appreciates that requirements for PGY2s will not be implemented until 2025 but evidence of completed Term Descriptors will be required prior to this time and are therefore requested to be included in QAP2	
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## GOVE PENINSULA ROTATION – GDH

Function, Standard and Criterion	Recommendation/Condition	Review of Stage 1 Quality Action Plan Evidence	Outcome
F2 S6 C1	<p><b>CONDITION:</b></p> <p><b>THAT</b></p> <p>For every offsite term, term orientation must occur as early as possible following commencement, at a maximum within the first week.</p>	The survey team requires evidence to support assertion of a day 1 orientation taking place. Sufficient evidence not included in the submission.	<b>NM</b>
F2 S6 C2	<p><b>RECOMMENDATION (PGY2):</b> The PAC/offsite unit is to provide evidence of the implementation of the evaluation tool and evaluation data that indicates the evaluation of its community based term/rotation orientation processes at the next scheduled reaccreditation survey event of the PAC.</p> <p><b>RECOMMENDATION:</b> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.</p>	<p>The survey team is not satisfied that evidence of any evaluation tool or data was provided in the submission.</p> <p>Prevocational doctor engagement with formal Teams based process remains poor and further exploration is required.</p> <p>The survey team is not satisfied that evidence of a rigorous evaluation process or QIP were provided in the submission.</p>	<p><b>NM</b></p> <p><b>NM</b></p>
F2 S6 C4	<p><b>RECOMMENDATION:</b> 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>	<p>The health service stated that handover is completed verbally at least or in writing if time permits.</p> <p>Processes are pending the health service full review of policies and procedures.</p>	<b>PM</b>



F2 S7 C3	<p><b>CONDITION:</b></p> <p><b>THAT</b></p> <p>Evidence to be provided of the process for making term supervisors explicitly aware of their roles and responsibilities.</p>	<p>The survey team notes the provision of a 'Verbal handover only' but this should be about more than handover; it should be about cultural dissemination amongst supervisors.</p> <p>Evidence of a process to be provided in QAP2.</p>	<b>NM</b>
F2 S8 C2	<p><b>CONDITION:</b></p> <p><b>THAT</b></p> <p>Term documents to be collated including term descriptors, rovers, and various term-specific orientation documents, in line with the new AMC Framework and provided at the Quality Action Plan Stage 1.</p>	<p>Term specific documentation was provided but the Term Descriptor is not yet complete.</p> <p>The survey team appreciates that requirements for PGY2s will not be implemented until 2025 but evidence of completed Term Descriptors will be required prior to this time and are therefore requested to be included in QAP2.</p>	<b>PM</b>
F2 S8 C3	<p><b>CONDITION:</b></p> <p><b>THAT</b></p> <p>All units are to provide a flexible, accessible and relevant term education program delivered in paid time.</p>	<p>The survey team noted the teaching program that was provided but would welcome more program detail.</p> <p>The health service stated that a prevocational doctor protected teaching time policy needs to be developed to avoid misinterpretations but did not specify what the lack of clarity here is to make this statement.</p>	<b>PM</b>

## SACU TERM

Function, Standard and Criterion	Recommendation/Condition	Review of Stage 1 Quality Action Plan Evidence	Outcome
F2 S8 C3	<b><u>RECOMMENDATION:</u></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.	The survey team understands that the term is currently undergoing a review of work practices and interim attendance rates are reported as meeting standard. Details to be clarified in QAP2 submission.	<b>PM</b>
F1 S1 C2	<b><u>CONDITION:</u></b> <b><u>THAT</u></b> Review the workload on the SACU term to ensure that high workload does not impact on patient care.	Following the term review a potential restructure may be implemented by August 2024. Details to be clarified in QAP2 submission.	<b>PM</b>

## ORTHOPAEDIC TERM

Function, Standard and Criterion	Recommendation/Condition	Review of Stage 1 Quality Action Plan Evidence	Outcome
F2 S9 C 2 & 3 PGY2	<p>[Extracted from the TERHS Orthopaedic Progress Report – February 2022]</p> <p><b><u>CONDITION 1</u></b></p> <p><b><u>THAT</u></b></p> <p>A report containing the collated Orthopaedic Term evaluations for 2021 and their comparison with parallel data reflecting completed Terms in 2022 is provided at the time of the Health Service's next scheduled survey event.</p>	The health service has stated that this condition remains outstanding. There has been no prevocational doctor feedback. The survey team agrees this needs to be facilitated more proactively especially because of the quoted anecdotal evidence which would suggest considerable improvement in this term.	<b>NM</b>
F2 S6 C2	<p><b><u>RECOMMENDATION:</u></b> Ensure that all term orientations are subject to a rigorous evaluation and quality improvement process.</p>	The survey team appreciate feedback has been gained but this is yet to extend into the realms of an evaluation and quality improvement process.	<b>PM</b>
F2 S6 C4	<p><b><u>RECOMMENDATION:</u></b> 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>	The survey team noted that handover occurs between Registrars/Fellows and prevocational doctors at orientation only. There is no handover between prevocational doctors and this process needs rectifying.	<b>NM</b>
F2 S7 C3	<p><b><u>CONDITION:</u></b></p> <p><b><u>THAT</u></b></p>	<p>The survey team agreed this process needs to be more formalised. Currently allocation process and encouragement regarding training but nothing more.</p> <p>Supervisor development program detail to be provided in QAP2.</p>	<b>NM</b>

	Evidence to be provided of the process for making term supervisors explicitly aware of their roles and responsibilities.		
F2 S8 C2	<p><b>CONDITION:</b></p> <p><b>THAT</b></p> <p>Term documents to be collated including term descriptors, rovers, and various term-specific orientation documents, in line with the new AMC Framework and provided at the Quality Action Plan Stage 1.</p>	<p>Term specific documentation was provided but the Term Descriptor is not yet complete.</p> <p>The survey team appreciates that requirements for PGY2s will not be implemented until 2025 but evidence of completed Term Descriptors will be required prior to this time and are therefore requested to be included in QAP2.</p>	<b>PM</b>

## **NATIONAL FRAMEWORK FOR PREVOCATIONAL (PGY1 & PGY2) MEDICAL TRAINING**

This section provides comments regarding the work the health service is undertaking to meet the following new requirements that have resulted from the implementation of the new *National Framework for Prevocational (PGY1 & PGY2) Medical Training* effective January 2024.

Standard	Details	Survey Team Comments	Outcome
1.1.2	The employing health service's purpose identifies and addresses Aboriginal and Torres Strait Islander communities' place-based needs and their health in collaboration with those communities.	The survey team requires evidence supporting the submission statement 'that all training and education provided meets community needs including place-based needs across the NT'.	<b>NM</b>
1.2.1	The prevocational training provider relates its training and education functions to the health care needs of the communities it serves.	The survey team recognises this is a work in progress and suggests an evaluation of the training and education be provided at the Progress Report in August 2025.	<b>PM</b>
1.2.2	The training program provides generalist clinical training that prepares prevocational doctors with an appropriate foundation for lifelong learning and for further postgraduate training.	The health service provided details on some promising initiatives. The survey team requires an update at the next scheduled survey report (QAP 2 – August 2024). Moving forward there needs to be a transition to the provision of generalist clinical training applied to both the health service formal education and terms specific programs.	<b>PM</b>
1.3.4	The health service has documented and implemented strategies to provide a culturally safe environment that supports: <ul style="list-style-type: none"> <li>• Aboriginal and Torres Strait Islander patients / family / community care</li> <li>• the recruitment and retention of an Aboriginal and Torres Strait Islander health workforce.</li> </ul>	<p>The health service's statement read as being applicable more to workforce than patients and their supports.</p> <p>The survey team would like to see documented and implemented strategies that provide a culturally safe environment, supporting Aboriginal and Torres Strait Islander patients / family / community care.</p>	<b>PM</b>
2.1.3	Prevocational training terms are structured to reflect and provide exposure to one or two of the required clinical	The survey team is satisfied that the health service's statement in their submission and	<b>SM</b>

	experiences as described in 'Requirements for programs and terms' (Section 3 of National standards and requirements for programs and terms).	associated folio evidence support this standard being met.	
2.2.3	The prevocational program provides professional development and clinical opportunities in line with the prevocational outcome statements regarding Aboriginal and Torres Strait Islander peoples' health.	The survey team acknowledges the programs that have only recently been introduced and looks forward to their evaluation.	<b>PM</b>
2.4.4	The prevocational training program implements a longitudinal approach to assessment in accordance with the Training and assessment requirements.	The survey team is satisfied that there is clear evidence provided in the submission that this has been addressed.	<b>SM</b>
3.1.1	The prevocational training provider ensures opportunities for broad generalist clinical work-based teaching and training.	The health service only provided a single example (surgery) and this talks to a deficit which is in the early stages of being rectified. Further evidence to support meeting this standards is required.	<b>PM</b>
4.2.2	The prevocational training provider develops, implements and promotes strategies to enable a supportive training environment and to optimise Aboriginal and Torres Strait Islander prevocational doctor wellbeing and workplace safety.	The health service stated that this an area of central focus for 2024 and beyond.  The survey team looks forward to receiving evidence of such strategies in the QAP2 submission	<b>NM</b>
5.1.4	The prevocational training program uses internal and external sources of data in its evaluation and monitoring activities, such as surveys and assessment data.	The survey team found no evidence of the health service's use of external sources of such as independent reviews, audits or assessments.	<b>PM</b>

## **SURVEY TEAM MEMBERS**

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

**Dr Nigel Gray (Team Lead)**

**Dr Kristof Wing (Team Member)**

**Ms Silvia Bretta (Team Member)**

## **ACCREDITING AUTHORITY SUPPORT TEAM MEMBERS**

**Support Team:**

**Ms Cherie Hamill**

**Report Sighted by: NT Accrediting Authority Accreditation Manager**

**Name: Ms Maria Halkitis**

**Date:**

## HEALTH SERVICE/FACILITY 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/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 Regional Health Service February 2024 Quality Action Plan is acknowledged by –**

**Dr Sara Watson**  
Director of Medical Services  
Top End Regional Health Service

Signature:..... Date:

**Dr John Roe**  
Deputy Director of Medical Services  
Top End Regional Health Service

Signature:..... Date:

**Dr Carmeline Motha**  
Director of Clinical Training  
Top End Regional Health Service

Signature:..... Date:

**Mr Nikhil Jain**  
Medical Education Officer  
Top End Regional Health Service

Signature:..... Date:

**Prevocational Education and Training Committee Chair**  
Top End Regional Health Service

Name: Dr Sara Watson

Signature:..... Date:

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

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**





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