

Survey Report

Progress Report

Central Australia Regional Health Services

Alice Springs Hospital
Tennant Creek Hospital



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TABLE OF PREVIOUSLY ACCREDITED TERMS AND REQUESTED TERMS FOR THIS SURVEY

ACCREDITATION EXPIRES 30 SEPTEMBER 2024

PRIMARY ALLOCATION HEALTH SERVICE PREVOCAATIONAL POSITIONS

ACCREDITED TERMS	PRIMARY SITE	CORE/N ON-CORE	CURRENT			REQUESTED		
			PGY 1	PGY 2	TOTAL	PGY 1	PGY 2	TOTAL
EMERGENCY MEDICINE	ASH	C	8	0	8	8	0	8
MEDICINE								
General Medicine	ASH	C	8	0	8	8	0	8
Renal Medicine	ASH	C	2	0	2	2	0	2
SURGERY								
General Surgery	ASH	C	6	0	6	7	0	7
Orthopaedics	ASH	C	2	0	2	3	0	3
MATERNAL AND CHILD HEALTH								
Paediatrics	ASH	NC	2	0	2	2	0	2
GENERAL RURAL TERM								
General Rural Term - Offsite Unit TCH	TCH	NC	2	0	2	2	0	2
Primary and Public Health Care	ASH	NC	0	2	2	0	2	2
TOTALS			30	2	32	32	2	34

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

REPORT EXECUTIVE SUMMARY

Thank you for submitting the Central Australia Regional Health Services 2023 Progress Report and modified unit requests. The NT Accrediting Authority reviews prevocational accreditation submissions provided by NT prevocational accredited education and training providers as part of its monitoring functions to ensure that accredited providers continue to meet the relevant standards and criteria.

The survey team appointed on behalf of the Accrediting Authority and approved by the Health service/Training provider prior to the event included:

Dr Nigel Gray (Lead Surveyor)

MB ChB, FRACGP, GCHPE

Dr Kristof Wing (Team Member)

MBBS BMedSci(Hons) Medical Registrar

EXECUTIVE SUMMARY

The survey team wishes to thank the members of the medical education unit (MEU) involved in collating and providing the evidence associated with its Progress Report submission.

The team notes and is encouraged by the continuing focus on education and training as the current accreditation cycle draws to a close, particularly in light of some significant changes within the MEU and DCT personnel during the period.

Whilst we have given our support to the requests for additional positions in Orthopaedic and General Surgery, there is however a need to ensure any reduction in workload arising from an increase in junior numbers across the services does not diminish any experiential exposure of those prevocational doctors to the clinical educational context.

Specific comments regarding outstanding recommendations and conditions are contained within the body of this report, in particular with regard to the Orthopaedic and Public & Primary Health Care terms. In addition, and most concerningly, attention is drawn to recent term evaluation data relating to the Emergency Department.

There are also a number of commendations expressed, with regard to the prevocational education training provider (PETP) orientation, the health service education program (HSEP) evaluation and the offsite term at Tennant Creek hospital. We also commend the efforts invested by the nephrology team in improving the workload and experience of PGY1 and PGY2 doctors in training, which has been reflected in consistent improvement in rotation evaluations.

The Director of Clinical Training's report within the submission identified additional areas of concern regarding a supported delivery of the PETP. These are listed below, with appropriate mitigations as:

Recommendations:

1. Interns' poor basic science knowledge - An enhancement of the HSEP, in collaboration with relevant educational institutions is recommended to ensure the provision of comprehensive educational experience for the benefit of patients and prevocational doctors alike.
2. Overtime - Where unrostered overtime is not paid, an alternative and similarly robust mechanism for monitoring hours of work be identified.
3. Nature of work - Where 'administrative' processes are identified by prevocational doctors as being of low educational value, a process of continuous quality improvement should occur to ensure that the educational value of their work-based training is maximised.
4. Appropriately supported Term Supervision - Term Supervisor reports consistently identified concerns foreshadowing the increased amount of time likely to be required to complete prevocational doctor assessments associated with changes to PGY1/2 training in 2024. We recommend that the anticipated time necessary to undertake these assessments be scoped, and fractional allocations for supervision adjusted accordingly.

Dr Nigel Gray

MB ChB, FRACGP, GCHPE

NT Prevocational Accrediting Authority Lead Surveyor – Progress Report Survey Event

SUMMARY OF STANDARDS FOR THIS PROGRESS REPORT

FUNCTION 1 – GOVERNANCE

Standard 1 – Health service Structure

Standard 2 – Personnel Overseeing the Prevocational Doctor Education and Training Program (PETP)

Standard 3 – Prevocational Doctor Education and Training Program (PETP)

Standard 4 – Governance of a Prevocational Offsite Unit

Standard 5 – Prevocational Doctor Education and Training Committee (IETC)

FUNCTION 2 – INTERN EDUCATION AND TRAINING PROGRAM (PETP)

Standard 1 – Structure of the Prevocational Doctor Education and Training Program

Standard 2 – PETP Orientation

Standard 3 – Health service Education Program Content

Standard 4 – Health service Education Program Delivery

Standard 5 – Health service Education Program Evaluation

Standard 6 – Term Orientation and Handover

Standard 7 – Term Supervision

Standard 8 – Term Content

Standard 9 – Term Evaluation

Standard 10 – Prevocational Doctor (Performance) Assessment

SURVEY TEAM REVIEW COMMENTS

Section 1

OUTSTANDING RECOMMENDATIONS REVIEW OUTCOMES

Outcomes applied for this Progress Report

Not Met (NM)	The Health service/Facility have not meet the related Function/Standard/Criteria and the Accrediting Authority may investigate further
Not Progressing (NP)	Minimal or no progress (identified in evidence provided) since last reaccreditation survey visit. Limited awareness and knowledge identified in the application of the standards in the Health service/Facility, with little or no monitoring (evaluation/review) of outcomes against the Standards.
Progressing (P)	Identified progress against the standards with further reporting/evidence necessary.
Satisfactorily Met (SM)	The Health service/Facility has provided evidence to show the collection of outcome data from their systems designed to implement standards and the continuous improvements to those systems since the last reaccreditation survey event.

ORTHOPAEDICS

Primary/Offsite	Function, Standard and Criterion	Recommendation	Review of Progress Report Evidence	Outcome
Primary	F2 S9 C2	<u>CONDITION:</u> An explicit quality improvement process, based on the collated term evaluation themes is developed and maintained for the Orthopaedic Term.	The survey team noted two examples of an explicit quality improvement process in operation, namely : <ul style="list-style-type: none"> - The development of a more experienced pool of registrars during the period following the most recent full survey visit in 2019, in response to the data presented within evaluated 2020 term feedback reports. - The change of rostering during successive Finke Desert Race periods to partially alleviate prevocational doctor stress and fatigue. 	P

			<p>However there remains some room for improvement with regard to JMO term preparation and their ability to attend the HSEP. This may relate to a possible broader cultural issue around JMO under staffing.</p> <p>The Health Service is therefore requested to explore this potential vulnerability and include comment within a similar QI process to be presented to the survey team at its May 2024 visit.</p>	
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TENNANT CREEK HOSPITAL

Primary/Offsite	Function, Standard and Criterion	Recommendation/Condition	Review of Progress Report Evidence	Outcome
Offsite	F1 S4 C4 & 5	<p><u>Comment from the 2022 progress report:</u></p> <p>The survey team noted the evidence on the changes to supervision that had been implemented for TCH as seen by feedback from TCH term 2020, 2021 and 2022 and also the updated Term Descriptor. Preparation for the Central Australia Region Health Service reaccreditation in 2024 should include ongoing and up to date evidence that the supervision model and actual practices maintain the standards that have been attained.</p>	<p>Throughout the assessed period rotations at Tennant Creek Hospital were highly valued by PGY1 and PGY2 doctors in training, who recognised the high quality clinical supervision and teaching. We commend the work of the Tennant Creek Hospital in supporting the training of these prevocational doctors in the remote Northern Territory.</p>	SM

PUBLIC AND PRIMARY HEALTH CARE

Primary/Offsite	Function, Standard and Criterion	Recommendation	Review of Progress Report Evidence	Outcome
Offsite	F1 S4	<p><u>RECOMMENDATION 1:</u></p> <p>THAT</p> <p>Evidence of systemic and effective communication between health services is</p>	<p>The appointment of the incumbent DMS PPHC to the DCT MEU role is likely to enhance effective communication between the two health services.</p>	P

		required which will optimise learning outcomes for prevocational doctors.	Nevertheless, despite no prevocational doctors having yet been placed to this term, an outline of what the process would be when this does eventuate is still required.	
Offsite	F1 S4	<u>RECOMMENDATION 2:</u> THAT A process for collation of term evaluations is required, to inform a future quality improvement cycle.	The lack of prevocational doctors' placements thus far precludes comment regarding the efficacy of any collation process; nonetheless a process remains a requirement pending such placements commencing.	NP
Offsite	F2 S6	<u>RECOMMENDATION 2:</u> THAT A process for collation of term evaluations is required, to inform a future quality improvement cycle.	The lack of prevocational doctors' placements thus far precludes comment regarding the efficacy of any collation process; nonetheless a process remains a requirement pending such placements commencing.	NP

Section 2

SURVEY TEAM REVIEW COMMENTS

Function 1 - Governance

This section provides comments regarding the continuous improvement that has occurred within the Prevocational Education Training Program since the health services/facilities last reaccreditation visit, including all improvements made because of a recommendation and/or because of any internal or external reviews of the PETP. These comments are based on the evidence provided to the NT Accrediting Authority for this survey event.

Standard 1 – Health Service Structure

Review of Progress Report Evidence	Outcome
Criteria 1-8 were assessed as substantially met in 2019. The survey team had no additional comments.	SM

Standard 2 – Personnel Overseeing the PETP

Review of Progress Report Evidence	Outcome
<p>Criteria 2-5 were assessed as substantially met in 2019. Specific observations follow.</p> <p>Comment: Criterion 1 The survey team identified some concerns around the stability of MEU staffing, citing high staff turnover and only the SMEO role being filled as evidence of this. The recent changes to the DCT personnel further substantiate the 'P' rating given with the Health Service required to consider the impact of the new prevocational framework and the impending request for PGY2 accreditation on MEU levels of staffing.</p> <p>RECOMMENDATION: The Health Service is requested to provide a report summarising the recent challenges affecting recruitment to the MEU within its submission for reaccreditation in 2024.</p>	P

Standard 3 – Prevocational Doctor Education and Training Program

Review of Progress Report Evidence	Outcome
<p>Criteria 1-8 were assessed as substantially met in 2019. Specific observations follow.</p> <p>Comment: The ASH MO Handbook can be considered something of an exemplar in this regard. However it is important that the resource remains up to date and therefore that there is a process in place which ensures this.</p>	SM

Standard 4 – Governance of a Prevocational Offsite Unit

Review of Progress Report Evidence	Outcome
<p>Criteria 1-4 were assessed as substantially met in 2019. Specific observations follow.</p> <p>Comment: Criterion 5 The appointment of the incumbent DMS PPHC to the DCT MEU role is likely to enhance effective communication between the two health services. Nevertheless, despite no prevocational doctors having yet been placed to this term, an outline of what the process would be when this does eventuate is still required.</p> <p>Separately however the review of progress report evidence relating to Tennant Creek Hospital confirms a highly functional, educationally focused offsite term.</p>	P

Standard 5 – Prevocational Doctor Education and Training Committee

Review of Progress Report Evidence	Outcome
<p>Criteria 1-4 were assessed as substantially met in 2019. Specific observations follow.</p> <p><u>Comment:</u></p> <p>Criterion 5</p> <p>Summarised records of attendance at the Prevocational Doctor Education and Training Committee are requested in light of comments within the submission alluding to the need for greater orthopaedic and surgical attendance.</p> <p><u>RECOMMENDATION:</u> The Health Service is requested to provide summarised records of attendance at the Prevocational Doctor Education and Training Committee within its submission for reaccreditation in 2024.</p>	<p>P</p>

Section 2

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

Standard 1 – PETP Structure

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

Standard 2 – PETP Orientation

Review of Progress Report Evidence	Outcome
<p>Criteria 1-3 were assessed as substantially met in 2019. Specific observations follow.</p> <p>Comment: The survey team values and supports the provision of in-person orientation to prevocational doctors, and that this is protected from clinical service delivery.</p>	SM

Standard 3 – HSEP Content

Review of Progress Report Evidence	Outcome
Criteria 1-4 were assessed as substantially met in 2019. The survey team had no additional comments.	SM

Standard 4 – HSEP Delivery

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

Standard 5 – HSEP Evaluation

Review of Progress Report Evidence	Outcome
<p>Criteria 1-3 were assessed as substantially met in 2019. Specific observations follow.</p> <p>COMMENDATION: The survey team wishes to commend both the >90% return rate of end of term intern feedback and the top rated teaching session of the year initiative under this standard.</p>	SM

Standard 6-10

For the purposes of this Progress Report all currently accredited terms for prevocational trainees (except for the Emergency Department term as per below) were found to be progressing against all Function 2 standards 6-10. These findings will be confirmed at the Central Australia Region Health Service reaccreditation visit in May 2024. Please see term recommendation of accreditation on page 14.

EMERGENCY DEPARTMENT

Standard	Comments	Outcome
Standard 6 - <u>Term Orientation and Handover</u>	<p>Criteria 1-3 continue to be met.</p> <p>Criterion 4 - Term evaluations have suggested some challenges to the effective handover of cases between shifts.</p>	P

	RECOMMENDATION: A report reviewing the inter-shift handover process within the Emergency Department is to be included within the Health Service's submission for reaccreditation in 2024.	
Standard 7 - <u>Term Supervision</u>	<p>Criteria 1-3 - Term evaluation data reflect examples of insufficient awareness of prevocational doctor's clinical performance by their supervisors through feedback and direct observation.</p> <p>In addition supportive supervision was not always readily available from senior clinical staff or from registrars.</p> <p>The survey team also noted inconsistent allocation of case mixes amongst junior staff as reported through term evaluations.</p> <p>RECOMMENDATION: A report reviewing the adherence by the Emergency Department to the Health Service's supervision policies and procedures is to be included within the submission for reaccreditation in 2024.</p>	P
Standard 8 - <u>Term Content</u>	Criteria 1-4 continue to be met.	SM
Standard 9 - <u>Term Evaluation</u>	Criteria 1-3 continue to be met.	SM
Standard 10 - <u>Prevocational Doctor (Performance) Assessment</u>	<p>Criteria 1-8 - Reports of dismissive or even hostile responses from senior clinical staff to prevocational doctors seeking assistance are most concerning, particularly when relating to the completion of term assessments.</p> <p>Adherence to the formal process already in place needs to be mandated by the MEU.</p> <p>CONDITION: The MEU is required to carry out a formal review of the performance assessment of prevocational doctors within the Emergency Department, a review which addresses outcomes arising from the evaluation of collated prevocational doctor feedback for the years 2020-23.</p>	NP

Section 3
Modified Unit Requests

SURGERY

Review of Modified Unit Evidence	Outcome
<p>Term evaluations have identified two apparent areas of strength worthy of commendation - the provision of teaching by senior staff within the Division and the changes to rostering practices as a result of prevocational doctor feedback.</p> <p><u>RECOMMENDATION:</u> The provision of more immediate registrar availability to prevocational doctors in general, recognising this limited availability may be driven by the workload of surgical registrars; and for consideration of additional support for prevocational doctors managing conditions related to internal medicine complaints (i.e. a nominated preoperative medical registrar role, or system for improving access to advice from internal medicine).</p>	Supported

ORTHOPAEDICS

Review of Modified Unit Evidence	Outcome
<p>Specific recommendations for a cycle of quality improvement have been addressed elsewhere in this Accreditation.</p> <p>Feedback from prevocational doctors indicates a high workload and long hours in a supportive and educational environment. The survey team notes the request for an additional orthopaedic intern, which is considered reasonable. To reduce fatigue and mitigate concerns regarding hours of work, consideration could be given to modifying patterns of work and/ or skill mix (i.e. placing more senior residents to this term).</p>	Supported

OUTCOME SUMMARY SHEET

PGY1/PGY2									
Function and Standard	C1	C2	C3	C4	C5	C6	C7	C8	NM
Function 1 – Governance									
Standard 1: Health service Structure	SM	SM	SM	SM	SM	SM	SM	SM	
Standard 2: Personnel Overseeing the PETP	P	SM	SM	SM	SM				
Standard 3: PETP	SM	SM	SM	SM	SM	SM	SM	SM	
Standard 4: Governance of a Prevocational Offsite Unit	SM	SM	SM	SM	P				
Standard 5: PETP Committee	SM	SM	SM	SM	P				
Function 2 – Prevocational Doctor Education and Training Program (PETP)									
Standard 1: Structure of the PETP	SM	SM	SM	SM	SM	SM	SM		
Standard 2: PETP Orientation	SM	SM	SM						
Standard 3: HSEP Content	SM	SM	SM	SM					
Standard 4: HSEP Delivery	SM	SM							
Standard 5: HSEP Evaluation	SM	SM	SM						
PGY1 – For term outcomes please see page 11									
Standard 6: Term Orientation and Handover									
Standard 7: Term Supervision									
Standard 8: Term Content									
Standard 9: Term Evaluation									
Standard 10: Prevocational Doctor (Performance) Assessment									
PGY2 – For term outcomes please see page 7									
Standard 6: Term Orientation and Handover									
Standard 7: Term Supervision									
Standard 8: Term Content									
Standard 9: Term Evaluation									
Standard 10: Prevocational Doctor (Performance) Assessment									

Legend:

NM = Not Met

NP = Not Progressing

P = Progressing

SM = Satisfactorily Met

RECOMMENDATION TO PREVOCATIONAL ACCREDITATION COMMITTEE

Based on the documentation provided to the survey team from the Central Australia Regional Health Services and the outcomes stated in this report, the survey team recommends to the Prevocational Accreditation Committee (PAC) that the Central Australia Regional Health Services accreditation status should continue until 30 September 2024.

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

PGY2 positions **are not** accredited for PGY1 prevocational doctors unless stated. PGY1 accredited places are independent to PGY2 places. PGY1 and PGY2 places are **NOT** interchangeable.

Legend:

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

N = Non Compulsory/Elective Term

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

ACCREDITED TERMS	PGY1 total places	PGY2+ total places
EMERGENCY MEDICAL CARE		
Emergency Medicine- C	8	0
MEDICINE		
Medicine - C	8	0
Renal – C	2	0
SURGERY		
General Surgery – C	7	0
Orthopaedics – C	3	0
MATERNAL AND CHILD HEALTH		
Paediatrics - NC	2	0
GENERAL RURAL TERM		
General Rural Term – Offsite Unit TCH	2	0
Primary and Public Health Care	0	2
TOTAL	32	2

SURVEY TEAM MEMBERS

All surveyors have accepted and endorsed this report via email.

Dr Nigel Gray (Team Lead)

Dr Kristof Wing (Team Member)

ACCREDITING AUTHORITY SUPPORT TEAM MEMBERS

Support Team:

Ms Cherie Hamill

Report Sighted by: NT Accrediting Authorities Accreditation Manager

Name: Maria Halkitis

Date: 17/11/2023

HEALTH SERVICE/FACILITY REPORT RECEIVED

The Prevocational Accreditation Committee requests that the Executive Director of Medical Services (or equivalent), Directors of Medical Services, Director of Clinical Training and Prevocational Medical Education and Training Committee Chair upon receipt of this report sign and notify the NT Accrediting Authorities Accreditation Manager that the assessment report has been received.

*****Please Note** that receipt of the report does **not** mean that the Health service/Facility agrees with the content of the report.

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

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

Dr Richard Johnson
A/Executive Director of Medical Services
Alice Springs Hospital

Signature:..... Date:

Dr Rael Codron
Director of Medical Services
Tennant Creek Hospital

Signature:..... Date:

Dr Paul Helliwell
Director of Clinical Training
Central Australia Regional Health Service

Signature:..... Date:

Dr PD Wijesurendra
Director of Clinical Training/ Director of Medical Services
Primary and Public Health Care
Central Australia Regional Health Service

Signature:..... Date:

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

Signature:.....

Medical Training Committee Chair
Central Australia Health Services

Name:.....

Signature:..... Date:

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

- 1. SCAN AND EMAIL TO NTAccreditingAuthority.THS@nt.gov.au

OR

- 2. POST SIGNED ORIGINAL TO:

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