Facility (full) Accreditation Report

Accreditation Report

This report includes the following hospital(s) and their related term/s:

The Queen Elizabeth Hospital

Accreditation Report Details:

Date of Accreditation Visit:	**23-24 April 2012**

Date report approved by SA IMET Council:	21 August 2012
Accreditation expiry date:	27 August 2015

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FACILITY ACCREDITATION DECISION

- ☒ 3 years with provisos
- ☐ 12 months with provisos
- ☐ 6 months with provisos
- ☐ Not approved

Executive Summary

The Queen Elizabeth Hospital (TQEH) is a 311 bed acute care teaching hospital that provides inpatient, outpatient, emergency and mental health services to a population of more than 250,000 people living primarily in Adelaide's western suburbs. TQEH has a long history of medical education and research and has strong links with the University of Adelaide Medical School. With the current SA Health strategic plan, there has been realignment of some services across the metropolitan hospitals which has contributed to some public uncertainty regarding services at TQEH.

Perhaps as a result of this uncertainty, in recent years TQEH has at times struggled to recruit and retain high numbers of Australian medical graduates. However, it is predicted there will be an approximate doubling of the medical graduates entering the postgraduate training field through to 2015. These increases represent an opportunity to staff hospitals such as TQEH with a high proportion of locally trained graduates, but also present challenges in ensuring high standards of education and training. The Minister for Health and Ageing created SA IMET in 2009 with a view to extending its education and training oversight from the intern year alone to the entire spectrum of prevocational and vocational training. SA IMET's new Accreditation Standards have provided a detailed framework for facilities to deliver high quality training, and it is pleasing that TQEH has begun to address these Standards.

The current accreditation has examined intern and non-intern (PGY2+) prevocational training posts; SA IMET accreditation processes have not yet extended to vocational and career medical officers (CMOs). The dedicated Clinical Education Centre (CEC) staff has delivered a high level of support to interns. Intern feedback is particularly positive about the welfare and education supports provided by the CEC. This is reflected in high retention rates at TQEH for interns progressing to the PGY2 year. The oversight of the CEC does not currently extend to PGY2+ years, their interaction with this group being limited principally due to lack of staff resources. Discussions with PGY2+s during the visit revealed that many did not expect, seek or receive regular performance appraisals with feedback, nor did they feel their career aspirations were taken into account in the allocation of rotations on the general training roster. Additionally, many of them could not identify where, or to whom they would turn for assistance and guidance if they had work or personal issues.

Support for education and training of PGY2+s is underdeveloped and variable across South Australian hospitals. The support for this group at TQEH is in particular need of careful scoping and development, and increased CEC resourcing should allow oversight for this group, especially to develop meaningful rotations, career guidance, pastoral care and performance monitoring.

Since the last accreditation visit in 2007 there have been changes in the executive management with the introduction of Local Health Networks (LHNs) and a change in the Director of Medical Services (DMS). The DMS has actively worked to harmonise the challenging nexus between workforce and education and training with some success. A notable improvement has been the significantly increased attendance by PGY2+s at orientation, which is to be commended. There is also increased communication between the CEC and Medical Administration in an effort to share information and a keen interest in the development of policies relating to the recruitment and training of trainee medical officers (TMOs), particularly international medical graduates (IMGs). While current relationships are to be commended, these need to be further developed and formalised with lines of responsibility.

The Education and Training Program (ETP) Committee (known as the General Clinical Training Committee, GCTC) holds regular meetings with CEC staff, the DMS, junior medical staff and, occasionally, consultants. However, this committee, which

considers and debates the training needs of pre-vocational TMOs, lacks representation of senior staff from medicine, surgery and emergency medicine. The current committee is to be commended for its efforts and in particular the development of a strategic plan for medical education and training all of which will require the engagement of senior clinical staff from key specialties to progress. While there is evidence of the development of some guidelines relating to training, education and assessment, the GCTC has a pivotal role in endorsing such policies and ensuring their wider dissemination throughout the facility.

The CEC, in collaboration with term supervisors and TMOs, has generated term descriptors for all prevocational training posts at TQEH. These descriptors provide a detailed template of the structure, orientation, supervision and education content of each training post. Term descriptors can be an effective tool to improve education and training, and implementation at TQEH will need careful governance oversight to ensure translation into practice. For this to occur, CEC support staff numbers will need to be increased. Current CEC staffing levels include a 0.2 FTE Director of Clinical Training (DCT), 0.2 FTE Director of General Practice Training (DGPT), 1.0 FTE Medical Education Officer (MEO) and 1.0 FTE administrative support, who is only funded at 0.7 by TQEH. The SA IMET medical education unit support formula recommends a total requirement of 0.5 FTE DCT, 0.2 FTE DGPT, 1.9 FTE MEO and 1.7 FTE Medical Administrator for the number of TMOs at TQEH at the time of the visit. Support staff additional to this will be required in the short term to implement the extensions to educational support required by the need to increase PGY2+ support.

Development of career pathways for TMOs should be undertaken at all levels through strategies to determine and assist with the development of TMO career aspirations, particularly through placements in terms appropriate to individuals. The ability for the CEC to oversee appropriate career pathway planning has been restricted due to limited input into the development of the PGY2+ roster.

While interns generally expressed a high level of satisfaction with their training, many noted that their primary roles are limited in educational components. Interns indicate that their assessment is based on their ability to complete support tasks rather than on their clinical abilities. They are seldom, often never, observed by more senior staff in undertaking clinical assessment and care, and attention to higher level workplace-based-assessments such as mini-CEX is needed. Further development and supported implementation of term descriptors should assist in raising awareness of these requirements. Attention is also needed to the provision of mandatory training in Basic Life Support (BLS) for all medical staff, including supervisors and TMOs. This same group would also benefit from exposure to training in teaching skills through courses such as Teaching on the Run and the Professional Development Program for Registrars (PDPR).

The above strengths and development needs for TQEH and additional comments relating to individual clinical rotations are summarised in a series of commendations and recommendations. These commendations and recommendations should enable the development of education and training at the health service to ensure TQEH positions itself as a hospital of choice for medical training and in doing so secures a well-trained medical workforce for the future.