

The Northern Adelaide Local Health Network Accreditation Report



Modbury Hospital

Accreditation Report Details

Date of Visit:	12 and 13 August, 2015
Date approved by SA MET Health Advisory Council:	25 November 2015
Expiry Date:	25 November 2019

Accreditation Decision

<input checked="" type="checkbox"/> 4 years with 17 provisos
<input type="checkbox"/> 2 years with provisos
<input type="checkbox"/> 1 year with provisos

Executive Summary

Modbury Hospital ('the hospital') is accredited for 24 intern posts and 28 post-graduate year 2 plus (PGY2+) posts. Three more PGY2+ posts were applied for in this accreditation. Trainee Medical Officers (TMOs) at the hospital are supported within a strong community and receive good opportunities for education and training.

PGY2+s currently rotate across the two major health facilities within Northern Adelaide Local Health Network (NALHN), while interns spend the entire year at one facility. The accreditation team commended the plan to rotate interns across NALHN in 2016. It is not apparent how the education program at the hospital fits in to the strategic plan for education and training across the network. Some parts of the NALHN education program are operating as a network (e.g. TMOs rotating across sites), other parts of the program are still hospital-based (e.g. the governance of the medical education program and intern tutorial program).

The Medical Education Unit (MEU) at Modbury Hospital has monthly meetings with the Post-graduate Medical Education Unit (PMEU) at Lyell McEwin Hospital (LMH), and reports to the same Executive Director Medical Services (EDMS). There are areas of unclear responsibility between the sites, for example: delivering the orientation of PGY2+s to Modbury Hospital and supporting PGY2+s in difficulty. There is scope for aligning the education programs at both NALHN facilities to ensure there are no gaps in the support provided to TMOs.

The MEU has a strong profile within the hospital, well-known and liked amongst clinicians. The team commends the MEU for a good grasp of current issues amongst the intern group. The medical education and training program at Modbury Hospital is supported by the Medical Administration Unit, division-based staff and the MEU. There is scope for clarifying how responsibilities are allocated across these three roles.

The Medical Education and Research Committee (MERC) meets every two months with representation from all areas of the medical education program. The MERC reports to a NALHN Education Committee, however the role and function of this committee was not explained. The governance structures for medical education at Modbury Hospital would benefit from well-defined reporting lines and accountability.

Medical terms provide considerable formal teaching opportunities and surgical terms are excellent learning opportunities. There is a training program for interns conducted in protected time. PGY2+s access training opportunities through their respective units. TMOs would benefit from access to teaching and training opportunities from LMH (through teleconference facilities), simulation training and better access to Advanced Life Support (ALS) training.

Interns receive a good orientation to Modbury hospital, but PGY2+s reported they had not received an orientation to the hospital before working there. Orientation to terms is generally supported by accurate term descriptions. Surgical terms have particularly high quality supervision. One supervision issue is currently being resolved through appropriate channels. Intern mid and end-of-term assessments are consistently completed. PGY2+ assessments are not consistently completed and the responsibility for coordinating this process is not clear.

There is scope for strengthening the accountability for acting on all feedback received on the education program. Interns are routinely given the opportunity to evaluate their terms and have regular interviews with the MEU. PGY2+s are not routinely given the opportunity to provide feedback. The process for reporting on TMO evaluations would benefit from being formalised.

TMOs reported challenging workloads in certain units, particularly on weekends, for example in terms in Orthopaedics and General Medicine. The Cardiology Unit needs to provide TMOs with one full weekend off every month. TMOs perceive that overtime should not be claimed; the hospital will need to revise methods for managing non-rostered overtime. TMOs feel comfortable to approach the MEU with any challenges, but report difficulty accessing the Medical Administration Unit on the days they are not present at the hospital. TMOs are able to access annual leave, but have difficulty accessing other types of leave. The team commends initiatives to ensure sufficient PGY2+ numbers by over-recruiting to meet end of year resignations.

This accreditation report outlines the strengths and development needs for Modbury Hospital, as well as additional comments relating to individual clinical rotations.