

Local Health Network Accreditation Report



Women's and Children's Health Network

Accreditation Report Details

Date of Visit:	26 October, 2016
Date approved by SA MET Health Advisory Council:	27 February, 2017
Expiry Date:	February, 2021

Accreditation Decision

<input checked="" type="checkbox"/> 4 years with 10 provisos
<input type="checkbox"/> 2 years with provisos
<input type="checkbox"/> 1 year with provisos
<input type="checkbox"/> Not approved

Executive Summary

The Women's and Children's Health Network (WCHN) is accredited for 11 intern posts and 61 post-graduate year 2 plus (PGY2+) posts. Trainee Medical Officers (TMOs) at WCHN are well supported and receive broad opportunities for education and training.

TMOs are predominantly situated within the Women's and Children's Hospital (WCH), with the intern posts being filled through rotating interns from Central Adelaide Local Health Network (CALHN). It is acknowledged that the WCHN has experienced considerable funding constraints recently, with only three intern posts and 34.5 PGY2+ posts actually filled during 2016. The future direction of the TMO education and training program at WCHN is not clear beyond the 2011-2016 Strategic Plan.

The Executive Director of Medical Services (EDMS) and Director of Clinical Training (CTS) positions have been filled successfully with short term incumbents, with appointments expected at the end of 2016. Education and training remains to be a high priority for WCHN, with appropriate policies that address scope of practice, patient and TMO safety and expresses the core values of WCHN.

The Medical Education Unit (MEU) and Trainee Medical Officer Unit (TMOU) are well staffed, with both units working extremely well together to provide TMOs with high level of administrative, education and training support. The Centre for Education and Training (CET) coordinates a variety of educational opportunities for TMOs that includes simulation labs and innovative technology opportunities. The Medical Education Committee (MEC) monitors, assesses and is active in ensuring TMO education and training is appropriate.

TMO education and training are regularly evaluated with the MEC endorsing annual evaluations of prevocational and vocational training, and the MEU closely monitoring prevocational terms. Wider WCHN reviews, such as the Women's and Babies Division external review that aims to improve clinical services and TMO education and training contribute to this.

TMOs across WCHN reported good clinical exposure and operating theatre opportunities. General Paediatric Medicine was overall considered a good term, however some areas of difficulties were noted to be around the multiples teams within the unit, the 'D2' shift and overtime. Timely clinical handover appears adequate, with the exception of Paediatric Emergency.

TMOs on the Obstetrics & Gynaecology Unit considered it difficult to participate in educational opportunities due to heavy workloads, in contrast to paediatric terms where TMOs predominately indicated regular participation and access to an array of educational opportunities specific to paediatric care. TMOs receive a good WCHN and unit orientation, with only slight improvements to be made within the Obstetrics & Gynaecology unit.

TMOs enjoy a good balance of autonomy and supervision, with only a few instances of TMOs expressing a desire for more support. Some increased feedback from Term Supervisors within General Paediatric Medicine, Obstetrics & Gynaecology and Paediatric Emergency would be considered useful to TMOs.

The MEU ensures assessments are completed for interns, with the assessment completion rate slightly lower for PGY2+, however this is complemented by the acknowledgement and ongoing innovative efforts to support PGY2+ assessments.

WCHN would benefit from a guideline for implementation around critical incidents. Heavy workload and increased occurrences of overtime were a concern within General Paediatric Surgery/Urology and Obstetrics & Gynaecology. A common theme from clinical staff across WCHN was the benefits an increased relieving pool available to units would provide, in respect to unexpected leave and resignations. However, TMOs displayed a passion for women's and children's patient care and exhibited a strong culture of support for their colleagues.