Local Health Network Accreditation Report

SOUTH AUSTRALIAN MEDICAL EDUCATION & TRAINING HEALTH ADVISORY COUNCIL

The Queen Elizabeth Hospital

Central Adelaide Local Health Network

Accreditation Report Details

Date of Visit:	**22 & 23 March, 2018**
Team Leaders:	**Dr Paul Lambert**
Team Members:	**Dr Bernard Lee** **Ms Sarah Boyd**
SA MET Ex-Officio:	**Tammy Fishlock**
Date approved by SA MET Health Advisory Council:	
Expiry Date:	

Accreditation Decision

31 August 2019 with **12** provisos

Accreditation revisit in first week of **June 2019**

Executive Summary

The Central Adelaide Local Health Network (CALHN) is accredited for:

- 83 Interns and 87 prevocational (PGY2+s) posts at the Royal Adelaide Hospital (RAH); and
- 52 Interns and 64 prevocational (PGY2+s) posts at the Queen Elizabeth Hospital (TQEH).

Trainee Medical Officers (TMO) currently rotate across the RAH and TQEH, the two major health facilities within CALHN. Significant changes have occurred following the move to the new RAH and some of these have impacted the TMO experience across CALHN.

CALHN is currently developing a network strategy in line with the 2017 SA Health Strategic Plan as major changes have occurred within the network over the last two to three years. The future direction of the TMO education and training program strategy at CALHN is also not apparent as the focus was on training requirements of staff prior to the opening of the new RAH.

CALHN is committed to linking the RAH and the TQEH as part of three overlapping principles these being service delivery, education and research. The strategy will focus on a 'single service, multiple site' model for the hospitals within one network. The operation of CALHN as a network and individual sites is still evolving and clear plans for internship are expected to evolve over time with more collaboration between the medical education units. The Executive Director Medical Services (EDMS) noted that the relationship between the TQEH and the RAH on how to share services is uncertain. This has been evident from units that are struggling to coordinate their leadership, with consultants and heads of units spread across the two sites. This raises concerns around ensuring continuity of supervision for TMOs and for patient care across CALHN at the new RAH, TQEH and the old RAH. The attention of CALHN has understandably been focussed on moving the RAH to its new site, but a strategy for TMO education and training is evidently still to be developed.

CALHN has indicated that its strategy document will include a governance structure advising where clinical units and the TQEH Medical Education Unit (MEU) / the RAH The Postgraduate Medical Education Office (PGEd) will sit within the organisational matrix. For example, currently TQEH and the RAH operate separately and administer their TMO programs with differing processes and methods. This is evidenced by the mid and full year assessment process whereby the TQEH conducts and collates results electronically whilst the process at the RAH is paper-based.

TMOs receive a good CALHN orientation at the start of the year, while the unit based orientations are generally adequate although there is room for improvement on some units. In particular, unit orientation is lacking for TMOs working after-hours, especially TMOs from the TQEH covering RAH shifts. Concerns were raised regarding a lack of orientation within General Medicine and Acute Medical Unit (AMU) at TQEH, with particular concern noted regarding the Night Intern A & B terms as there was not only a lack of orientation leading to uncertainty of which units they were responsible for covering overnight but also their line of reporting.

TMOs are provided the opportunity to provide feedback at the end of any tutorial session with all programs adjusted based on the feedback regarding content, the speakers as well as align with to the Australian Curriculum Framework for Junior Doctors (ACFJD) and the National Safety Quality Health Standards (NSQHS).

TMOs reported a concerning level of workload in certain terms, particularly on overnight and weekend cover shifts within; Upper Gastrointestinal, General Medicine, Colorectal, Relieving and Nights. There were also concerns raised regarding TMO workload overnight within Hampstead Rehabilitation Centre (HRC). This workload affects interns' ability to attend weekly education sessions, as well as TMO welfare. Despite the increased workload, TMOs report feeling well supported from TQEH Medical Education Unit (MEU) staff and from staff within the individual terms.

CALHN identified that there was a CALHN-wide policy on documenting TMO non-rostered hours and that they are aware that non-rostered overtime is not uncommon on a number of units within TQEH. Most units will pay for reasonable overtime claims with most units noting that non-rostered overtime is required mainly for patient follow-up.

Areas of major concern identified during TQEH accreditation process relate to the current deficiencies in the 'single service, multiple site' model. Particular concerns exist regarding the lack of communication of underperforming TMOs between the two CALHN MEUs, lack of a clearly defined overall governance structure, the differences in processes used between MEUs for standard procedures such as TMO assessments.

TMOs also provided positive feedback on the efforts some term supervisors show to advocate for TMO welfare and support, in particular the Term Supervisors within the Psychiatry Rural and Remote term for advocating TMO welfare and the Term Supervisor for the HDU / ICU for the high levels of support and structured clinical education. The Term Supervisor for Emergency Medicine is commended for the high level of support for education opportunities for PGY2+s, the Term Supervisor for General Medicine for the high level of TMO welfare and support relating to overtime and the TQEH MEU for the high level of welfare and exemplary support for all TMOs.

It has been identified through this accreditation process that CALHN's governance structure is lacking and unsettling with no unifying structure to bind the Local Health Network together. There has been substantial change with the lead up to the move to the new hospital, with units restructured and workloads increased with many services unclear of the direction of their unit. In the context of TMO training, this is evident in such problems as the lack of communication between the MEUs about TMO performance and the uneven orientation of TMOs across the Network, the latter particularly where a TMO must temporarily provide cover at a hospital other than their home facility. Given these significant changes, CALHN requires more time to establish organisational control and until that has been rectified a four year accreditation is unable to be granted.

The accreditation report outlines the strengths and areas for development in the TMO programs at CALHN.