

Local Health Network Accreditation Report



Central Adelaide Local Health Network Royal Adelaide Hospital

Accreditation Report Details

Date of Visit:	5 & 6 June 2019
Team Leader:	Dr Vasco de Carvalho Dr Ben Teague
Team Members:	Dr Rob Van den Berg Ms Stacey McPherson Dr Wayne Lee
SA MET Ex-Officio:	Ms Colleen Cryans Ms Stacey Holst
Date approved by SA MET Health Advisory Council:	21 August 2019
Expiry Date:	31 August 2022

Accreditation Decision

3 years with 14 provisos

Executive Summary

The Central Adelaide Local Health Network (CALHN) implemented a Sustainability Plan collaboratively with administrative partners, KordaMentha to implement an Organisational and Financial Recovery Plan to ensure CALHN's financial and clinical sustainability over the next three years. CALHN is focused on strategic approaches for building capability to achieve organisational objectives with executive leaders committed to supporting and promoting a learning and supportive culture for the long term. However, the strategic plan for the education and training of Trainee Medical Officers (TMOs) across CALHN was not clear.

CALHN have undergone significant change with the relocation of the Royal Adelaide Hospital (RAH), health service reforms, implementation of e-health systems and executive leadership changes. These events have ultimately proved challenging with formal organisational structures, executive engagement and reporting lines adversely affected. However, the informal structures and passionate support provided by the Postgraduate Medical Education Unit's (PMEU) at the RAH and The Queen Elizabeth Hospital (TQEH) have contributed to limiting the impact these organisational structural changes have had on TMOs.

The Medical Education Committee (MEC) provides an advocacy and pastoral care role to TMOs with some notable successes. The MEC is represented by a broad range of medical education and training stakeholders, including term supervisors, an MEO and TMOs, however it was unclear how the MEC are responsible for the oversight, monitoring and evaluation of all aspects of the TMO education and training program. Strengthened formal reporting structures, governance accountability, workload monitoring and educational evaluations will support the education and training program provided at the RAH.

The RAH were able to clearly demonstrate how they monitor the quality of medical education and training, however there were some inconsistencies around the monitoring of timesheets and workload, completion of discharge summaries, orientation and handover processes. Whilst positive strategies have been implemented to assist with TMO concerns, there are still overarching problems that can be improved with ongoing data monitoring and evaluation across the organisation and with executive level accountability.

TMOs indicated their clinical exposure across the terms at the RAH provided valuable clinical experience. Interns make every effort to attend the designated weekly educational protected time; however some interns are not able to attend due to high workload or absence of cover available. Specific unit educational sessions are coordinated across most terms with clinical meetings, tutorials, workshops, simulation and journal clubs regularly occurring and well attended by all unit relevant TMOs.

Most TMOs were reported to be well supervised at a level appropriate to their experience and responsibilities. TMOs reported across most terms that their term supervisor was made known to them, was accessible and their learning objectives discussed at the commencement of the term.

All interns undergo mid-term and end-of-term assessment. The TMO assessment process is not a standardised process across both CALHN sites; evidently proving challenging from an administrative aspect.

TMO welfare is a high priority of the PMEU who works tirelessly in providing TMOs with a supportive and guided education and training experience and this was evident in the appreciation and gratitude expressed by TMOs. Some inconsistencies were identified with the implementation of the non-rostered overtime protocol.