

Local Health Network Accreditation Report

Central Adelaide Local Health Network The Queen Elizabeth Hospital

Accreditation Report Details

Date of Visit:	4 & 5 June 2019
Team Leader:	Dr Paul Lambert
Team Member:	Ms Sandra Crockett Dr Lacey Cassidy
SA MET Ex-Officio:	Ms Tammy Fishlock
Date approved by SA MET Health Advisory Council:	21 August 2019
Expiry Date:	31 August 2022

Accreditation Decision

3 years with 9 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 Medical Education Units (MEUs) at the RAH and The Queen Elizabeth Hospital (TQEH) have contributed to limiting the impact these organisational structural changes have had on TMOs.

The General Clinical Training Committee (GCTC) is a consultant led committee and provides leadership and oversight relating to the governance and quality of the prevocational Education and Training Program (ETP) and TMO welfare and makes recommendations to the Executive Director Medical and Clinical Governance (EDMS). The GCTC has appropriate membership which includes TMO representation and has made improvements to the ETP based on discussions within this committee, however it is unclear on how evaluations from term supervisors are formally documented.

The ETP is well structured and covers a range of topics which are consistent with the Australian Curriculum Framework (ACF) and reflect the requirements for the registration standard for granting general registration as a medical practitioner with the Australian Health Practitioner Regulation Agency (AHPRA). TQEH have clear ETP monitoring processes in place and have implemented supplementary education related to TMO welfare as a result of evaluation processes.

Most TMOs indicated they were able to attend educational activities, although there were circumstances where TMOs were unable to attend due to high clinical workload, rostering or working offsite. All units within TQEH provide additional education and training opportunities during ward rounds, during operating theatre cases, multidisciplinary meetings and registrar training if relevant and of interest to other TMOs.

TQEH TMOs confirmed there was a wide variety of clinical experiences and had sufficient exposure to a broad range of practical experiences in most areas, although the General Surgery (Port Augusta) TMO's ability to attend and assist in the operating theatre was dependent on the visiting consultant.

TQEH MEU recently implemented an orientation checklist which is provided to term supervisors to assist in providing a comprehensive and consistent orientation to TMOs at the beginning of each term. Most TMOs indicated they received an adequate term orientation, although there are still inconsistencies across multiple terms with the term orientation consisting of a handover from the previous TMO. Goyder's Line Medical Clinic, Boston Bay Family Health Practice, Aged Care, Emergency Department and Otolaryngology provided excellent orientation to TMOs at the beginning of the terms.

Most TMOs were reported to be well supervised with most term supervisors accessible and made known to them and had a clear escalation plan for concerns with patients. TMOs also reported their learning objectives were discussed with the term supervisor at the beginning of the term.

All interns receive a mid-term and end-of-term assessment and completed through the OTIS system to maintain confidentiality and consistency with the Australian Medical Council (AMC) assessment guidelines. There were inconsistencies with provision of formal feedback to TMOs during the term and discussion of assessments with TMOs in some terms.

TMO welfare was a high priority for TQEH MEU staff with the TQEH MEU commended for the high level of welfare and support provided to all TMOs. TQEH MEU and Medical Administration are also commended for facilitating job share arrangements and the relevant terms for accommodating these. There were some inconsistencies with terms approving non-rostered overtime.