

# Local Health Network Accreditation Report



## Riverland Mallee Coorong Local Health Network

### Accreditation Report Details

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| <b>Date of Visit:</b>     | <b>12 August 2021</b>                         |
| <b>Team Leaders:</b>      | <b>Dr Eng Lee Ooi</b>                         |
| <b>Team Members:</b>      | <b>Dr Miranda Lam<br/>Dr Lacey Cassidy</b>    |
| <b>SA MET Ex-Officio:</b> | <b>Mr Dzenan Imamovic<br/>Ms Stacey Holst</b> |

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| <b>Date approved by SA MET Health Advisory Council:</b> | <b>23 November 2021</b> |
| <b>Expiry Date:</b>                                     | <b>31 December 2022</b> |

### Accreditation Decision

1 year with 11 provisos

## Executive Summary

In July 2019 the South Australian Government restructured the governance of SA Health and established 10 Local Health Networks (LHN), each with its own Governing Board responsible for the oversight of local health service delivery.

The Riverland Mallee Coorong Local Health Network (RMCLHN) Governing Board has recognised the importance of TMO education and training by creating the Riverland Academy of Clinical Excellence (RACE). The newly formed Academy aims to boost clinical training and employment across the Riverland Mallee Coorong region and create new opportunities for research and innovation. RACE plans to deliver the RMCLHN's commitment to take responsibility for training their own clinical workforce, creating and improving relevant evidence bases for clinical practice and bring the benefits of integrated teaching, research and clinical care to the communities in their region. The Chief Executive Officer (CEO) is accountable to the Governing Board for the performance of the RACE, including the training outcomes.

RMCLHN's Strategic Plan outlines the direction and mission for the network which includes the recruitment of inaugural prevocational trainees in 2022 and the vision to become a highly sought-after training LHN for Trainee Medical Officers (TMO) encouraging them to progress to fellowship training.

The RMCLHN Medical Education Unit (MEU) reports to be well staffed including a Director of Clinical Training (DCT), a Medical Education Officer (MEO) and an Administrative Officer. The MEU will work collaboratively with the Medical Workforce Unit (MWU) to ensure TMOs are well supported professionally and individually.

The RACE Medical Education Committee (MEC), chaired by the DCT is responsible for overseeing TMO education programs, including the ongoing review and development of all medical education and training within the RMCLHN.

The RMCLHN educational program is intentionally designed to create security of place and employment. RMCLHN have listened to TMOs concerns and provided a single employer across all hospital and community sites, enabling continuity of leave and support for families. The proximity of the different Riverland towns allows for diversity of training experiences whilst living in one place for the entire intern year and provides a choice of areas in PGY2.

The RMCLHN have expressed interest to be considered as the pilot site when the new proposed Australian Medical Council (AMC) structure is completed following the AMC National Framework for Prevocational Medical Training Review. In preparation, the RMCLHN will undertake a thorough evaluation of their first-year interns via an innovative approach using a software application currently being developed by GPEx. The application will allow TMOs and supervisors to provide feedback in real time.

The medical education program offered by RACE is called The Academy Pathway. The Academy Pathway will enable medical graduates to undertake all the required postgraduate training to achieve a Rural Generalist Fellowship based in the RMCLHN. The RACE MEU will facilitate a comprehensive LHN-wide education program, including intern tutorial programs, journal clubs, grand rounds, clinical simulation scenario-based workshops and regular teaching rounds. In addition, many of the terms currently provide structured education sessions to medical students and registrars and it is anticipated interns and PGY2+s will be included in this unit-specific training.

It is expected clinical experience and exposure within terms offered by RMCLHN will be appropriate. Areas of improvement identified were regarding the volume of clinical experiences and whether interns would receive enough exposure during the Emergency Medicine and General Practice term for it to be considered a core emergency rotation. All TMOs will receive a full-week of orientation on commencement at the RMCLHN, including unit specific orientation to each site.

The RMCLHN has recruited clinically experienced Term Supervisors, many currently providing supervision to medical students and registrars. Concerns were raised regarding the level of training provided to them as many were unaware of aspects of the education and training program and the proposed implementation of the Programmatic Assessment for Learning (PAL) approach to assessment planned to be introduced and utilised next year.

TMOs will be made aware of welfare support services available to them at hospital orientation and provided with support through Term Supervisors, Practice Managers, Executive, Learning Coaches and the MEU.