Accreditation Report



Eyre and Far North Local Health Network

Accreditation Report Details

Date of Assessment Visit:	6 May 2024
Accreditation Surveyors:	Dr Andrew Vanlint (Lead Surveyor)
	Ms Sheryl Keegan (Medical Education Officer)
	Dr Adam Overweel (Prevocational Doctor)
	Ms Janelle Brytan (SA MET Unit Representative)
	Ms Colleen Cryans (SA MET Unit Representative)
Chief Executive Officer:	Ms Julie Marron
Executive Director of Medical Services:	Dr Susan Merrett
Director of Clinical Training:	Dr Alison Lydeamore
Medical Education Officer/s:	Ms Chloe Devonshire-Gill
	Ms Kaylee Brown
Medical Administrative Officer:	Ms Anita Bockelberg
Date endorsed by the SA MET Health Advisory Council:	27 August 2024
Accreditation Expiry Date:	31 August 2028

Accreditation Decision

□ Approved for 4 years with 14 conditions

Executive Summary

Eyre and Far North Local Health Network (EFNLHN) Strategic Plan emphasizes accessible, innovative health services, commitment to prevocational education and training and a culturally supportive workforce. EFNLHN prevocational training program is governed by the Medical Education and Training Committee, supported by a qualified and effective Medical Education Unit that is underpinned by the Medical Education and Training Strategic Plan and alignment with the Australian Medical Council's (AMC) National Framework for Prevocational (PGY1 and PGY2) Medical Training.

EFNLHN demonstrated strong partnerships with Indigenous health organisations, such as South Australian West Coast ACCHO Network, the National Aboriginal Community Controlled Health Organisation (NACCHO) and the Port Lincoln Aboriginal Health Service (PLAHS). These collaborations, in addition to the implementation of the SA Health Aboriginal Cultural Learning Framework is evident of the networks commitment to providing a culturally safe environment to Aboriginal and Torres Strait Islander patients, families and prevocational doctors.

The prevocational training program is robust, providing diverse clinical exposures in a tertiary and community setting, with a unique opportunity to provide primary care in rural and remote location that service Aboriginal and Torres Strait Islander Communities. The terms and program adhere to the requirements as stipulated within the AMCs Requirements for prevocational (PGY1 and PGY2), however the integration of prevocational doctors into certain terms was identified for enhancement, with clearer clinical responsibilities recommended.

Supervision for prevocational doctors is provided by term supervisors and clinical supervisors, who possess the requisite skills and competencies to effectively oversee and ensure prevocational doctors do not work outside of their scope of practice and are supported at all times. Formal training for prevocational supervisors is intended to continue and expand as the AMC National Framework for Prevocational (PGY1 and PGY2) Medical Training is implemented. However, supervisor feedback mechanisms require further development.

EFNLHN demonstrates a strong commitment to prevocational doctor welfare by actively promoting health and wellbeing to their prevocational doctors that involves a comprehensive approach to addresses both physical and mental health through cultural safety, flexible scheduling, behaviour and communication, regular feedback and evaluation, celebration of events, social activities, and professional development and accommodation. Additionally, there are processes in place to support prevocational doctors including the Term Supervisor Guide to Managing Underperformance and the comprehensive Trainee Medical Officer Safety and Wellbeing Guide. While the grievance policy and resolution process is clear, prevocational doctor awareness and accessibility of related policies needs to be strengthened.

Evaluation processes for the training program are in place, but the collection of quantitative and qualitative feedback needs expansion. Regular reviews and modifications of the training program are based on feedback, yet a more structured approach to communicating evaluation outcomes to stakeholders is necessary.

EFNLHN's commitment to providing a supportive, culturally competent prevocational training environment is evident. Addressing the outlined areas will further enhance the quality and effectiveness of its prevocational training program, ensuring that prevocational doctors are supported and well-prepared to meet the healthcare needs of the Eyre and Far North community.