



The Postgraduate Medical Council of Victoria Inc. (PMCV) is accredited by the Medical Board of Australia as an intern training accreditation authority and is authorised by the Department of Health and Human Services to review postgraduate year two posts (PGY2). The accreditation process involves a survey visit every four years and progress reports during the accreditation period to ensure junior doctor education, training and support meet the PMCV accreditation standards and promote safe patient care.

PMCV has accredited the Intern Training Program and posts at **BAIRNSDALE REGIONAL HEALTH SERVICE** as a parent health service and as a rotation site for other health services and has approved the **PGY2 Training Program and posts** subject to satisfying PMCV monitoring requirements and addressing accreditation conditions. Accreditation of two intern posts (*non-core*) at MacLeod Street Medical Centre and Cunninghame Arm Medical Centre were approved. A PGY2 post at Cunninghame Arm Medical Centre was also approved.

NAME of Training Provider:	BAIRNSDALE REGIONAL HEALTH SERVICE
Parent Health Services:	East Gippsland Community Based Internship ¹ (3 intern posts) Eastern Health ² (five intern posts)
Rotation site(s):	MacLeod Street Medical Centre ³ (intern terms) Cunninghame Arm Medical Centre ⁴ (intern & PGY2 terms)
Date of PMCV visit:	29-30 August 2019
Facility accreditation status:	ACHS accreditation 21.09.2018-20.09.2022
Key data regarding training provider:	
Number of accredited ITP intern posts: ⁵	10 intern posts (1 <i>core</i> medicine, 3 <i>core</i> emergency, 2 <i>core</i> surgical, 4 <i>non-core</i> posts)
Number of approved PGY2 posts:	6 posts (across 4 units; 1 external post (two terms) at CAMC)
Management staff and supervisors interviewed:	Eight medical management and medical education staff, 11 senior medical staff and two registrars, three nurse managers
Junior doctor feedback:	The intern pre-visit survey had a response rate of 50% and, at the survey visit, the PMCV team met with nine interns. The PGY2 pre-visit survey had a response rate of 15% and, at the survey visit, the PMCV team met with five PGY2s.
DURATION OF PMCV ACCREDITATION:	Four years until the end of the 2023 prevocational training programs (a survey visit to occur prior to the end of 2023)
Intern accreditation and PGY2 quality review standards summary:	PGY1: 4 Standards Met with Merit and 44 Met (80%); 8 Substantially Met, 1 Partially Met, 3 Not Met PGY2: 2 Standards Met with Merit and 41 Met (77%); 8 Substantially Met, 1 Partially Met, 4 Not Met, 4 n/a

¹ Joint program with Central Gippsland Health; Due for re-accreditation in 2019

² Due for re-accreditation in 2021

³ Visit to MSMC was conducted concurrently with visit to BRHS; interviewed three staff

⁴ Visit to CAMC was conducted concurrently with visit to BRHS; interviewed four staff

⁵ Accreditation details on individual intern posts are published on the PMCV website

Domain 1: The context in which training is delivered	Governance, Program management, Educational expertise, Relationships to support medical education, Reconsideration, review and appeals processes	This set of standards is MET
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Domain 2: Organisational Purpose	Setting and promoting high standards of medical practice and junior doctor training	This standard is MET
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Commendations for aspects of program

- ◇ The health service is focused on prevocational medical training at all levels and recognises the importance of high quality medical training to prevocational doctor development and wellbeing, patient safety and future recruitment and retention.
- ◇ Robust relationships with other organisations such as East Gippsland Community Based Internship (EGCBI) and Alfred Health facilitate intern learning outcomes.
- ◇ Medical management staff are dedicated and empowered and the working environment is connected and collegiate. All staff are supportive of prevocational doctors and junior doctors feel like valued members of the team at Bairnsdale Regional Health Service (BRHS).

Recommendations for improvement

- A designated Supervisor of Intern Training/Director of Clinical Training position role would be beneficial. While overall coordination of the training program is good, the survey team considers that such a role would address any perceptions of conflict of interest with management roles, and provide independent mentoring and advocacy for prevocational doctors.
- Develop reconsideration, review and appeals processes and ensure they are understood and available to junior doctors.

Domain 3: The intern/PGY2 training program	Program structure, Flexible training	This set of standards is MET
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The intern allocations were reviewed; all interns are completing the required *core* terms, the *core* terms meet the mandatory intern training requirements, and all interns will be able to complete the minimum 47 weeks required for internship.

Commendations for aspects of program

- ◇ Orientation of all prevocational doctors is excellent. In particular, the orientation of BRHS and EGCBI interns is aligned and interns on rotation from Eastern Health are covered for two days to attend a comprehensive orientation program at the beginning of each term.

Conditions of accreditation

- Ensure all interns are rostered and actively participate in at least one theatre session per week during *core* surgical terms (on average over the term).⁶

Recommendations for improvement

- Term descriptions are required for all intern and PGY2 posts and must comply with the requirements in the *PMCV Clinical Learning for Junior Doctors Guidelines*.

⁶ BRHS COMMENT POST-VISIT: In response to the Site survey team visit, the surgical roster has been changed to facilitate more theatre time for the interns.

Domain 4: The training program	Teaching and learning	This set of standards is MET
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Recommendations for improvement

- Continue efforts to improve PGY2 education and teaching to support increasing scope of practice (responsibility) and vocational training objectives. While PGY2s enjoy the independence of their work and experiential learning, attending the intern teaching is not relevant to them and regardless they are often too busy to attend educational opportunities.
- Strengthen arrangements and support for protected teaching time for prevocational doctors. Actively support interns and PGY2s to attend health service education sessions.

Domain 5: Assessment of learning	Assessment approach, Feedback and performance review, Assessors training	This set of standards is MET
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Recommendations for improvement

- Develop a formal process for PGY2s to ensure their performance is assessed at mid-term and end-term with feedback provided by term supervisors.
- Establish an intern assessment review panel. A senior clinician with experience in educating and training interns should chair the group and there should be clear and transparent procedures for deciding on any course of action and for resolving disputes and appeals.

Domain 6: Monitoring and evaluation	Evaluation and regular review of intern and PGY2 training program	This set of standards is MET
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There are no commendations or recommendations specific to this domain.

Domain 7: Implementing the education and training framework - junior doctors	Appointment to program and allocation to rotation, Welfare and support, Junior doctor participation in governance of their training, Communication with junior doctors, Resolution of training problems and disputes	This set of standards is MET (one standard Met with Merit)
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Commendations for aspects of program

- ◇ There is a recognition that improvements in supervision, support and learning for prevocational doctors has a positive impact on patient safety. The survey team was impressed by the balance of service provision and learning. Prevocational doctors feel safe working at BRHS.

Recommendations for improvement

- While there is intern/PGY2 representation included in a number of meetings, attendance is not consistent enough. The survey team noted the JMO Forum that meets 4-5 times per year and considers it would be beneficial for this group to meet more regularly, encourage more junior doctors to attend and more broadly disseminate the discussions and outcomes of this meeting.

Domain 8: Implementing the training framework - delivery of educational resources	Supervisors and supervision, Clinical experience, Facilities	This set of standards is MET <i>(one standard Met with Merit)</i>
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Commendations for aspects of program

- ◇ Senior medical staff are supportive, engaged and approachable. Prevocational doctors have the opportunity to work directly with consultants in all units.
- ◇ For interns, there is a good balance of learning and service provision supported by intelligent roster arrangements. The general practice terms are highly regarded and emergency terms offer excellent exposure, support and teaching.
- ◇ PGY2s appreciate the opportunity for independence and autonomy in their clinical work that is balanced by senior support and easily accessible advice and assistance. The growth in clinical training opportunities is valued.

Conditions of accreditation

- In regards Goals of Care, the survey team commends the focus on each patient however BRHS must ensure that:
 - Interns are trained and supported to undertake such discussions.
 - Interns know they should not take responsibility for leading these discussions before they have had adequate training and feel ready to undertake this challenging component of clinical care.

Recommendations for improvement

- Develop a structured process of General Practitioner documentation and handover to interns for the GP inpatients. This would ensure patient management plans are appropriately communicated to interns in a timely manner.

Response from facility/training provider

BAIRNSDALE REGIONAL HEALTH SERVICE provided a report following the survey visit, which demonstrates that the conditions are being addressed satisfactorily and the recommendations have been accepted and will be addressed during the accreditation cycle.

Progress reports during the accreditation cycle

Implementation of the conditions will be reviewed during 2020.

A mid-cycle review, which includes junior doctor feedback and a progress report on implementation of the recommendations, will be conducted during 2021.

Mid-cycle review update

To be inserted following the mid-cycle review in 2021.

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