



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 BENDIGO HEALTH as a parent health service and has approved the PGY2 Training Program and posts** subject to satisfying PMCV monitoring requirements and addressing accreditation conditions.

<b>NAME of Training Provider:</b>	<b>BENDIGO HEALTH</b>
<b>Rotation site(s):</b>	Echuca Regional Health <sup>1</sup> (2 intern posts; 1 PGY2 post) Swan Hill District Health <sup>2</sup> (1 PGY2 post)
<b>Date of PMCV visit:</b>	<b>25-26 June 2019</b>
<b>Facility accreditation status:</b>	NSQHS: due for review 7 December 2020
<b>Key data regarding training provider:</b>	
Number of accredited ITP intern posts: <sup>3</sup>	38 intern posts (8 core medicine, 9 core emergency, 8 core surgical, 12 non-core posts, 2 external rotations)
Number of approved PGY2 posts:	27 posts (across 15 units)
Management staff and supervisors interviewed:	11 medical management and medical education staff, 10 senior medical staff and six registrars, 18 nurse managers
Junior doctor feedback:	The intern pre-visit survey had a response rate of 46% and, at the survey visit, the PMCV team met with 19 interns. The PGY2 pre-visit survey had a response rate of 25% and, at the survey visit, the PMCV team met with 9 PGY2s.
<b>DURATION OF PMCV ACCREDITATION:</b>	<b>Four years until the end of the 2023 prevocational training programs</b> (a survey visit to occur prior to the end of 2023)
<b>Intern accreditation and PGY2 quality review standards summary:</b>	<b>PGY1:</b> 1 Standard Met with Merit and 42 Met (72%); 14 Substantially Met and 3 Not Met <b>PGY2:</b> 1 Standard Met with Merit and 32 Met (59%); 20 Substantially Met and 3 Not Met

<sup>1</sup> Due for re-accreditation in 2019

<sup>2</sup> Due for re-accreditation in 2020

<sup>3</sup> Accreditation details on individual intern posts are published on the PMCV website

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

- ◇ There is clear evidence of a commitment at the executive level to engagement with junior doctors and the improvement of prevocational medical training. This is demonstrated by the executive participation in the HMO Committee and the recent inclusion of the Supervisor of Intern Training and Director of Clinical Training as members on the Medical Advisory Committee.
- ◇ The Medical Education team are committed and passionate about prevocational medical training and junior doctor welfare. The new medical workforce structure demonstrates the focus on support and retention of medical staff.
- ◇ There is a strong sense of community and junior doctors feel supported and valued. Staff of all professions are friendly and approachable. Junior doctors would generally recommend working at Bendigo Health although a stronger emphasis on formal education would be appreciated.

*Recommendations for improvement*

- While the medical education team works well together, dedicated leadership in medical education with oversight of, and authority for, prevocational medical education is needed, with clear articulation of roles and responsibilities for junior doctors in the health service. The governance structure does not explicitly feature medical education or reporting lines for the Supervisor of Intern Training (SIT), Director of Clinical Training (DCT) and the Medical Education Officers.
- Clarify and document the process and procedures for un-rostered overtime claims, including reasons for claims taking into account the time needed to complete the work and the approval process.
- The role of the Term Supervisor is pivotal in prevocational medical training and the importance of this role must be emphasised and resourced. Individuals must be identified and trained to ensure that orientation, oversight and performance management of junior doctors occurs, and supervisors are engaged in monitoring and program development.

<b>Domain 3: The intern/PGY2 training program</b>	<b>Program structure, Flexible training</b>	<b>This set of standards is SUBSTANTIALLY MET</b>
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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.

For PGY2s, there is an excellent learning environment which includes broad clinical exposure and a diversity of experiences in multiple contexts although the ability of junior doctors to access formal teaching is often impacted by workload.

*Conditions of accreditation*

- Theatre time: Ensure all interns are rostered and supported to actively participate in at least one theatre session per week during *core surgical* terms (on average over the term). This should be facilitated by planned cover of the wards.
- Term descriptions/Unit Guides: Ensure that there are term descriptions/ unit guides for every unit that are regularly updated.

*Recommendations for improvement*

- While junior doctor orientation to the health service at the beginning of the year is satisfactory, orientation of junior doctors who commence at times other than the beginning of the year must improve.
- Improve unit orientation processes so that they include clear documentation and explanation of expectations and are consistent across all terms and all units.

<b>Domain 4: The training program</b>	<b>Teaching and learning</b>	<b>This set of standards is MET</b>
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*Commendations for aspects of program*

- ◇ The intern education program and the new HMO monthly workshops, are commended.

*Recommendations for improvement*

- Feedback indicates that more clinical skills and simulation sessions would improve junior doctor training. Development of the education program should be informed by an analysis of training needs and recording the sessions would be helpful.
- Strengthen arrangements and support for protected teaching time for junior doctors, particularly for PGY2s, and actively support junior doctors to attend facility-based education sessions.

<b>Domain 5: Assessment of learning</b>	<b>Assessment approach, Feedback and performance review, Assessors training</b>	<b>This set of standards is MET</b>
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There were no specific commendations or recommendations identified by the survey team for this domain.

<b>Domain 6: Monitoring and evaluation</b>	<b>Evaluation and regular review of intern and PGY2 training program</b>	<b>This set of standards is MET</b>
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There were no specific commendations or recommendations identified by the survey team for this domain.

<b>Domain 7: Implementing the education and training framework - junior doctors</b>	<b>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</b>	<b>This set of standards is SUBSTANTIALLY MET</b>
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*Commendations for aspects of program*

- ◇ There is an increasing focus on developing training pathways, which is appreciated by the junior doctors. Currently junior doctors can pursue training in Bendigo in emergency, psychiatry and general practice and there is work being undertaken to offer opportunities in surgical and medical training. Further support and guidance at an individual level for junior doctors would be welcome.

*Conditions of accreditation*

- Workload: Junior doctors must be rostered sufficient hours to complete the work required (including clinical paperwork such as discharge summaries), and allow for attendance at education and other clinical learning activities.

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

- ◇ Junior doctors appreciate the supervision and support provided by registrars and consultants.
- ◇ There is an excellent learning environment which includes broad clinical exposure and a diversity of experiences in multiple contexts although the opportunities of junior doctors to access learning is often impacted by workload.
- ◇ The survey team was impressed by the facilities and the design of the new hospital. The design supports the work of junior doctors and the facilities are excellent e.g. teaching facilities including a simulation training room in the Intensive Care Unit.

*Conditions of accreditation*

- Supervision: Ensure junior doctors are supervised appropriate to their level of experience at all times. If registrar vacancies cannot be covered or additional staff cannot be sourced (e.g. as is occurring in psychiatry, subacute, night cover), the health service must ensure alternative supervision arrangements are planned, implemented and communicated to all relevant staff.
- Interns should not be expected to take on registrar level duties and must be supervised at all times according to PMCV guidelines.

**Response from facility/training provider**

BENDIGO HEALTH 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.*

**Contact:**

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