

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.

SECTION 1: EXECUTIVE SUMMARY

PMCV has accredited the Intern Training Program and posts at **CENTRAL GIPPSLAND HEALTH** and has approved **PGY2 Training posts** subject to satisfying PMCV monitoring requirements and addressing accreditation conditions.

Accreditation of one intern post (*non-core*) at CLOCKTOWER MEDICAL CENTRE was also approved.

NAME of Facility:	CENTRAL GIPPSLAND HEALTH
Parent Health Services:	East Gippsland Community Based Internship ¹ (two intern posts) Gippsland Rural Intern Training/ Latrobe Regional Hospital ² (five intern posts)
Rotation site(s):	Clocktower Medical Centre ³ (EGCBI interns)
Date of PMCV visit:	20-21 May 2019
Facility accreditation status:	ACHS accredited until 19 December 2019
Key data regarding facility:	
Number of accredited ITP intern posts: ⁴	7 intern posts (2.4 <i>core</i> medicine, 2.4 <i>core</i> emergency, 1.4 <i>core</i> surgical, 0.8 <i>non-core</i> GP post)
Number of approved PGY2 posts:	5 posts (across four units)
Management staff and supervisors interviewed:	Nine medical management ⁵ and medical education staff, nine senior medical staff and five registrars, nine nurse managers.
Junior doctor feedback:	The intern pre-visit survey had a response rate of 29% and, at the survey visit, the PMCV team met with 6 interns. The PGY2 pre-visit survey had a response rate of 17% and, at the survey visit, the PMCV team met with 4 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: 26 Met (46%); 19 Substantially Met, 12 Not Met PGY2: 26 Met (47%); 17 Substantially Met, 12 Not Met

¹ Joint program with Bairnsdale Regional Health Service; Due for re-accreditation in 2019

² Due for re-accreditation in 2019

³ Visit to Clocktower Medical Centre conducted concurrently; interviewed Principal Supervisor and Practice Manager

⁴ Accreditation details on individual intern posts are published on the PMCV website

⁵ Including EGCBI DCCT and Practice Manager, Clocktower Medical Centre

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 SUBSTANTIALLY MET
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Domain 2: Organisational Purpose	Setting and promoting high standards of medical practice and junior doctor training	This standard is SUBSTANTIALLY MET
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Commendations for aspects of program

- ◇ The opportunities for junior doctors to interact directly with executive staff and the stance against bullying demonstrated at the executive level.
- ◇ The support provided by medical and nursing staff and the overall emphasis on multidisciplinary teamwork is appreciated by the junior doctors.

Recommendations for improvement

- Establish a committee for oversight of medical education and training, whose remit is to emphasise the importance of medical education and training relative to other responsibilities as a critical element of high-quality patient care. This committee should include junior doctor representatives.
- Create a Director of Clinical Training position to support and advocate for interns, PGY2s and IMGs and provide oversight of their training. It is noted that Central Gippsland Health is already considering this.
- Develop a Term Supervisor position description outlining the role and responsibilities in regards junior doctor training particularly in regard performance assessment and feedback. Encourage more active facilitation of the assessment process by term supervisors.

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

Conditions of accreditation

- Term Descriptions for all intern and PGY2 posts must be completed and submitted to PMCV by 30 November 2019.

Recommendations for improvement

- Improve unit-based orientation to ensure junior doctors are aware of the expectations of the unit and the ward processes, as well as encouraging more face-to-face interaction with the term supervisors at the beginning of each term.

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

- Strengthen arrangements and support for protected teaching time for junior doctors, and actively support interns and PGY2s to attend education sessions.
- Develop a systematic understanding of education attendance by both junior doctors and speakers to ensure the education calendar occurs as planned.

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

- Develop formal performance management procedures for assessment and feedback to junior doctors.
- Formalise and expand the utilisation of assessment data to inform improvements to the intern and PGY2 training program(s) with respect to orientation, education/teaching and assessment and feedback processes.
- Review the policy for *identification and support of junior medical officers in distress* to ensure that the policies are known to all junior doctors, are confidential and independent and include appeals processes.

Domain 6: Monitoring and evaluation	Evaluation and regular review of intern and PGY2 training program	This set of standards is NOT MET
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Recommendations for improvement

- Review the rotation evaluation form to ensure all relevant parameters are assessed including adequacy and effectiveness of supervision, unit orientation, handover, learning opportunities, clinical experience, access to education and teaching, rosters and workload.
- Develop strategies to ensure that supervisor feedback, expertise and knowledge is used to enhance the junior doctor training program.
- Ensure regular reporting, development of action plans and documentation and communication of outcomes to supervisors and junior doctors.

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 PARTIALLY MET
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Conditions of accreditation

- Establish robust processes for monitoring and improving junior doctor rotations in regard the following parameters: complexity and volume of unit workload, junior doctor supervision and junior doctor training/education experience.
- Emergency Department Intern Scope of Practice and Supervision. Ensure interns do not work outside scope of practice (in regards procedural skills and acute management of patients) and always have access to appropriate supervisor support and advice. Every patient seen by interns in Emergency must be reviewed, in person, by a senior doctor prior to discharge.
- General Medicine. Review workload and make changes to ensure rostered hours reflect the actual time required to meet clinical expectations, support continuity of care and optimise access to clinical learning opportunities. Facilitate exposure to admissions experience.

- **General Surgery.** Ensure rostered, protected participation in theatre for interns and monitor workload to ensure a balance between service provision and access to clinical learning opportunities. Also ensure that workload and rostered hours facilitate appropriate handover at end of shifts to facilitate safe patient care.

Recommendations for improvement

- Ensure communication of decisions, actions or activities in regard medical education and training and the provision of clear and accessible information on the training program.
- Junior doctors need clear advice on what they should do in the event of a conflict with their supervisor or any other person involved in their training and if there are any other issues with regard to their training.

Domain 8: Implementing the training framework - delivery of educational resources	Supervisors and supervision, Clinical experience, Facilities	This set of standards is MET
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Commendations for aspects of program

- ◇ Term supervisors are engaged and interested in junior doctor training and are generally known by the junior doctors.
- ◇ The commitment to recruitment of senior medical staff, particularly senior medical officers in the Emergency Department.
- ◇ Within the clinical units, a desire and planning to improve the engagement and clinical experiences of junior doctors is evident.
- ◇ There is a breadth of clinical exposure to a wide range of patients for junior doctors, which supports generalist training and provides opportunities to improve clinical decision-making and reasoning.
- ◇ The intern rotations at Clocktower Medical Centre are commended for excellent clinical supervision and learning.
- ◇ The PGY2 rotations are much improved since the previous visit, with positive feedback in regard the rotations in obstetrics and paediatrics.

Response from facility/training provider

CENTRAL GIPPSLAND 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.

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