

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 ECHUCA REGIONAL HEALTH 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 one intern post (*non-core*) at Echuca Moama Family Medical Practice also approved.

<b>NAME of Facility:</b>	<b>ECHUCA REGIONAL HEALTH</b>
<b>Parent Health Services:</b>	Austin Health <sup>1</sup> (2 intern posts), Bendigo Health <sup>2</sup> (2 intern posts)
<b>Rotation site(s):</b>	Echuca Moama Family Medical Practice <sup>3</sup> (1 intern post)
<b>Date of PMCV visit:</b>	<b>29-30 July 2019</b>
<b>Facility accreditation status:</b>	ACHS accredited to 2020
<b>Key data regarding facility:</b>	
Number of accredited ITP intern posts: <sup>4</sup>	9 intern posts (2 <i>core</i> medicine, 3 <i>core</i> emergency, 1 <i>core</i> surgical, 3 <i>non-core</i> posts)
Number of approved PGY2 posts:	12 posts (across 10 units)
Management staff and supervisors interviewed:	7 medical management and medical education staff, 10 senior medical staff and two registrars, 7 nurse managers
Junior doctor feedback:	The intern pre-visit survey had a response rate of 94% and, at the survey visit, the PMCV team met with 5 interns. The PGY2 pre-visit survey had a response rate of 32% and, at the survey visit, the PMCV team met with 6 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> 7 Standards Met with Merit, 44 Standards Met (85%); 8 Substantially Met; 1 Not Met <b>PGY2:</b> 2 Standards Met with Merit, 48 Standards Met (89%); 8 Substantially Met

<sup>1</sup> Due for re-accreditation in 2021

<sup>2</sup> Due for re-accreditation in 2019

<sup>3</sup> Visit to Echuca Moama Family Medical Practice conducted concurrently with visit to Echuca Regional Health; interviewed GP Supervisor

<sup>4</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 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 a strong culture of support for junior doctors in all clinical units at Echuca Regional Health.
- ◇ There is a highly collaborative relationship with local General Practitioners and much effort made to develop interesting rural generalist training positions. This has yielded some welcome results in medical staff returning in various capacities e.g. maturation of the Rural Community Intern Training (RCIT) program with interns remaining for PGY2 posts and beyond, creation of training opportunities for junior doctors in paediatrics, obstetrics, anaesthetics.

<b>Domain 3: The intern/PGY2 training program</b>	<b>Program structure, Flexible training</b>	<b>This set of standards is 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 a diversity of clinical experiences, undifferentiated clinical exposure, and opportunity for independence and autonomy which is generally well supervised. There are additional opportunities for PGY2s with rotations in obstetrics, paediatrics and anaesthetics.

*Commendations for aspects of program*

- ◇ For interns, orientation is excellent and feedback indicates that the program prepares them very well.

*Conditions of accreditation*

- General Medicine: Two intern posts in general medicine are accredited as *core medicine* subject to confirmation of supervision arrangements (including direct supervision by the general physician) and learning opportunities. Echuca Regional Health to ensure that the terms meet intern training requirements for *core medicine*.

<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*

- ◇ There is a valuable and useful teaching program including formal weekly intern teaching sessions, regular simulation training, unit based teaching, clinical audits and M&M.
- ◇ For interns, teaching is rostered with attendance protected and facilitated by all staff.

*Recommendations for improvement*

- PGY2s would benefit from education and training to support their specific training needs in terms of increasing clinical/supervisory responsibility and transition to vocational training.
- Improve arrangements for attendance at education sessions. While the teaching sessions and simulation workshops are excellent, there are issues with attendance due to workload and concerns about leaving the ward without a doctor.

<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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*Commendations for aspects of program*

- ◇ Performance assessment and feedback processes for junior doctors are robust. Completion rates for mid- and end-term assessments are high for both interns and PGY2s.
- ◇ There is also high quality feedback provided by term supervisors and the Director of Clinical Training to junior doctors to support professional development.

*Recommendations for improvement*

- The survey team considers that the ERH Junior Doctor Performance Management Policy could be improved by inclusion of guidelines in regards:
  - Formal documented procedures for certification of internship;
  - Procedures for documentation of performance in case there is an appeal (including of any meetings with interns regarding professional/performance issues or remediation);
  - Structure and terms of reference of an intern assessment review panel;
  - Reporting of doctors not performing to expected level to parent health service and regulator.
- Establish processes to analyse assessment data to ensure supervisors complete the forms appropriately, that all domains can be assessed, to identify terms where interns commonly perform well or poorly and calibrate the performance ratings to improve reliability and validity of the assessment processes.

<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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*Commendations for aspects of program*

- ◇ The robust evaluation processes and close links between the quality unit and the medical education team which allow for clinical risk issues to inform the intern education program is commended.

There were no 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 MET</b>
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*Commendations for aspects of program*

- ◇ Medical management, education and senior medical staff are committed to facilitating positive and rewarding learning experiences for junior doctors.

*Conditions of accreditation*

- Review rostering of junior doctors overnight from a patient safety and doctor wellbeing perspective. A PGY2 rostered alone in ED from 3am-7am overnight is considered insufficient. A greater level of seniority and supervision is required given increasing activity and acuity of presentations, the new HDU, and a larger medical inpatient service.

*Recommendations for improvement*

- Facilitate more frequent meetings of the JMO Committee, and identify strategies to ensure widespread awareness of the JMO committee amongst junior doctors.

<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>
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*Commendations for aspects of program*

- ◇ Senior medical staff are approachable and available for clinical advice and nursing staff provide excellent support to junior doctors.
- ◇ There is a diversity of clinical experiences, undifferentiated clinical exposure and opportunity for independence and autonomy which are appreciated by the junior doctors.
- ◇ The survey team makes special mention of general surgery. Orientation, supervision, practical clinical experience, exposure to theatre, informal teaching and support are all excellent.
- ◇ The general practice terms for interns also provide an exceptional experience. These are well supervised and supported including the provision of excellent one-on-one teaching.

*Conditions of accreditation*

- Interns should not be responsible for obtaining or reviewing goals of care/ resuscitation status without appropriate supervision.
- Emergency: Ensure that all patients seen by interns (whether for admission or discharge) are reviewed, in person, by a senior supervisor. Ensure that supervision of interns in Emergency meets the *PMCV Supervision of Junior Doctors Guidelines*.
- Rehabilitation, Aged care, Palliative care (RAP): Supervision of the intern must be improved for the beginning of the 2020 intern training year. The supervision of the intern and PGY2 in this unit currently does not meet PMCV supervision guidelines. Interns must be supervised by a doctor of at least PGY3 level of experience at all times and PGY2s should not be expected to undertake registrar level responsibilities.

*Recommendations for improvement*

- Ensure there are clear escalation processes for junior doctors to follow when their immediate supervisor is not available. Supervision of interns and PGY2s is generally of a satisfactory standard, however there are occasions when timely supervisor advice and support is not always available for junior doctors.
- Implement a structured night handover involving evening and night shift medical staff and the senior after-hours nurse/supervisor. While there is a handover policy that is known to medical and nursing staff, the processes do not reliably occur and must be improved.
- Clarify the responsibility for management of ‘private’ patients and improve patient management communication by GP VMOs to interns.

**Response from facility/training provider**

ECHUCA REGIONAL 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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