



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 LATROBE REGIONAL HOSPITAL 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 approved for three general practice intern posts (*non-core*) at Breed Street Clinic, Heyfield Medical Centre, Maffra Medical Group. One PGY2 post at Trafalgar Medical Centre was also approved.

<b>NAME of Facility/Training Provider:</b>	<b>LATROBE REGIONAL HOSPITAL (LRH)/ GIPPSLAND RURAL INTERN TRAINING<sup>1</sup> (GRIT)</b>
<b>Parent Health Service:</b>	Monash Health <sup>2</sup> (5 intern posts, 3 PGY2 posts) Royal Children's Hospital <sup>3</sup> (2 PGY2 posts) Central Gippsland Health (1 intern post) West Gippsland Healthcare Group (5 intern posts; 1 PGY2 post from 2020)
<b>Rotation site(s):</b>	Breed Street Medical Clinic (1 intern post) Heyfield Medical Centre (1 intern post) Maffra Medical Group (1 intern post) Trafalgar Medical Centre (1 PGY2 from 2020)
<b>Date of PMCV visit:</b>	<b>16-17 July 2019</b>
<b>Facility accreditation status:</b>	Full accreditation; For review 2021
<b>Key data regarding facility/ ITP provider:</b>	
Number of accredited ITP intern posts: <sup>4</sup>	30 intern posts (4 <i>core</i> medicine, 5 <i>core</i> emergency, 4 <i>core</i> surgical, 4 <i>non-core</i> posts, 13 external rotations <sup>5</sup> )
Number of approved PGY2 posts:	15 posts (across 6 units; 2 external from 2020)
Management staff and supervisors interviewed:	9 medical management and medical education staff, 11 senior medical staff and 9 registrars, 6 nurse managers
Junior doctor feedback:	The intern pre-visit survey had a response rate of 43% and, at the survey visit, the PMCV team met with 9 interns. The PGY2 pre-visit survey had a response rate of 30% and, at the survey visit, the PMCV team met with 6 PGY2s.

<sup>1</sup> 25 GRIT interns (including 10 external rotations to Central Gippsland Health and West Gippsland Healthcare Group  
LRH also gets five interns on rotation from Monash Health

<sup>2</sup> Monash Health due for re-accreditation in 2019

<sup>3</sup> Royal Children's Hospital due for re-accreditation in 2019

<sup>4</sup> Accreditation details on individual intern posts are published on the PMCV website

<sup>5</sup> Including 2 *core* emergency, 4 *core* medicine, 3 *core* surgery and 4 *non-core*

<b>DURATION OF PMCV ACCREDITATION:</b>	<b>Two years until the end of the 2021 prevocational training programs</b> (a survey visit to occur prior to the end of 2021 <sup>6</sup> )
<b>Intern accreditation and PGY2 quality review standards summary:</b>	<b>PGY1:</b> 42 Standards Met (70%); 10 Substantially Met; 8 Not Met <b>PGY2:</b> 34 Standards Met (61%); 10 Substantially Met; 12 Not Met

<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 SUBSTANTIALLY MET</b>
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*Conditions of accreditation*

- The Supervisor of Intern Training (SIT) role must be reviewed. While the current incumbent is capable and committed, this role requires dedicated time to oversee, support and advocate for interns and this resource should be projected to address future growth. Increased awareness of this role by interns and day-to-day involvement of the SIT with the interns needs to occur.
- The Director of Clinical Training (DCT) role should be separated from the Medical Management Registrar (MMR) position. Given the involvement of the MMR in workforce management and the introduction and monitoring of service delivery efficiencies, there is an inherent conflict (both in practice and in terms of junior doctor perception) in regards the DCT role to support and advocate for junior doctors.

*Recommendations for improvement*

- There should be a greater focus on prevocational medical workforce planning to correct current problems and address future changes. It is important that this planning engage junior and senior medical staff as well as the PMCV. More work is also necessary to embed education and training for both interns and PGY2s and ensure that there is a balance with service delivery.

<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 breadth of clinical experiences and opportunities for independent practice. Multiple units where clinical learning and supervision are excellent including paediatrics, O&G, psychiatry. There is a good base on which to build an excellent training program.

*Commendations for aspects of program*

- ◇ The breadth of clinical experiences provided by Latrobe Regional Hospital is excellent at both Intern and PGY2 level.
- ◇ The efforts to improve clinical handover in regards developing ROVERs, which addresses a previous gap, and the shift-to-shift handover project in medicine and surgery.

*Conditions of accreditation*

- The *core* surgical intern terms have issues which must be addressed if accreditation is to be retained. The general surgery interns do not attend theatre consistently. The orthopaedic posts have minimal opportunities for clinical learning due to the workload, there is too much time spent in pre-admission

<sup>6</sup> Survey visit to Latrobe Regional Hospital only (not the four general practices which are accredited for four years)

clinics and not enough time in theatre. Further, the workload and supervision of the surgical interns on the weekend is problematic in terms of patient safety, particularly on Sundays. LRH must ensure that *core surgery* intern training requirements are met. In particular, all interns must be rostered and actively participate in at least one theatre session per week (on average over the term). The orthopaedic surgery intern posts (2) are accredited for 12 months and ongoing accreditation will be reviewed during 2020.

- The *core* emergency intern posts require further improvement in supervision and ongoing management of workload although it is noted that there have been improvements in response to previous PMCV recommendations. LRH is reminded that every patient seen by interns in Emergency must be reviewed in person by a senior doctor prior to discharge.

*Recommendations for improvement*

- The *core* general medicine intern posts require ongoing review and monitoring. While the supervision and support are generally appropriate, workload must be monitored to ensure education and teaching is accessible. The weekend workload and support must also be addressed. LRH must ensure that *core medicine* intern training requirements are met.
- Improve unit orientation processes so that they include clear documentation and explanation of expectations and are consistent across all terms and all units. It is recommended that unit orientation include face-to-face orientation be included to ensure that junior doctors clearly understand procedures and medical expectations as it is not sufficient to rely solely on written information and the junior doctors handing over to each other.

<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 teaching provided is notable. Education session topics are well planned and appropriate. The teaching is also protected, well known to junior doctors and all staff.

*Recommendations for improvement*

- Improve education, teaching, support and coordination of the PGY2 group (including IMGs). Assessment of training needs to support a graduated increase in scope of practice (responsibility) and vocational training objectives. There is no overall education program and limited teaching in some units.

<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 SUBSTANTIALLY MET</b>
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*Recommendations for improvement*

- Actively seek supervisor feedback, expertise and knowledge to enhance the junior doctor training programs and ensure junior doctor wellbeing and patient safety. Evaluation processes should also include development of action plans to facilitate improvement and dissemination of outcomes to all stakeholders.

<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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*Conditions of accreditation*

- Improve the working conditions of the junior doctors in regards both workload and supervision. This is especially evident in orthopaedics, on weekends for both medicine and surgery, and overnight. This can be exacerbated when cover for leave (both planned and unplanned) is insufficient.

*Recommendations for improvement*

- Improve junior doctor participation in governance, particularly in regards the PGY2 group. The terms of reference and membership of the JMO Forum must be reviewed and the Forum driven by junior doctors to allow meaningful input. Increased attendance could be facilitated as has occurred with education by raising awareness and protecting the scheduled times.
- Ensure that junior doctors receive clear advice on what they should do in the event of a conflict with their supervisor or any other person involved in their training. They also need to be confident that the facility will act fairly and transparently, that they will not be disadvantaged by raising legitimate concerns, and that their complaints will be addressed in a timely manner.

<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*

- ◇ Term supervisors and nurse managers provide excellent support to the junior doctors. Term Supervisors are committed to junior doctor training which is demonstrated by the level of formal and informal feedback provided, and are keen to be involved in prevocational medical workforce planning.
- ◇ Multiple units where clinical learning and supervision are excellent including anaesthetics, geriatrics, oncology paediatrics, O&G, psychiatry. There is a good base on which to build excellent vocational training programs. Despite issues with workload and access to supervisor support at times, junior doctors appreciate the team support in general medicine and learning in emergency and surgery.
- ◇ The General Practice rotations for interns (and for PGY2 in 2020) are superb. Supervisors provide excellent support and supervision and the breadth of opportunities for clinical learning (including EVGPT cluster group sessions) are highly regarded by the interns.
- ◇ Improvements in the physical environment including establishment of an HMO lounge within the hospital. The education and simulation facilities are excellent and increased participation of junior doctors in simulation training is encouraged.

*Recommendations for improvement*

- Ensure there are sufficient duress alarms for doctors working in psychiatry.

**Response from facility/training provider**

LATROBE REGIONAL HOSPITAL 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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