

## Accreditation Survey Visit Outcomes – MONASH HEALTH

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 MONASH 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>MONASH HEALTH</b> (includes Casey Hospital, Dandenong Hospital, Kingston Centre, Monash Medical Centre Clayton, Moorabbin Hospital)
<b>Rotation site(s):</b>	Bass Coast Health <sup>1</sup> (6 intern posts); Latrobe Regional Hospital <sup>2</sup> (5 intern posts; 3 PGY2 posts); Mildura Base Hospital <sup>3</sup> (4 intern posts); West Gippsland Healthcare Group <sup>4</sup> (4 intern posts)
<b>Date of PMCV visit:</b>	<b>20-21 November, 26 November 2019</b>
<b>Facility accreditation status:</b>	<i>Granted a certificate of Accreditation for National Standards by the Australian Council on Healthcare Standards until October 2020</i>
<b>Key data regarding training provider:</b>	
Number of accredited ITP intern posts: <sup>5</sup>	112 intern posts (23 core medicine, 27 core emergency, 20 core surgical, 23 non-core posts, 19 external rotations)
Number of approved PGY2 posts:	101 posts (across 44 units at five sites)
Management staff and supervisors interviewed:	26 medical management and medical education staff, 39 senior medical staff and 22 registrars, 10 nurse managers
Junior doctor feedback:	The intern pre-visit survey had a response rate of 20% and, at the survey visit, the PMCV team met with 41 interns. The PGY2 pre-visit survey had a response rate of 20% and, at the survey visit, the PMCV team met with 49 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 and 44 Met (85%); 9 Substantially Met <b>PGY2:</b> 1 Standards Met with Merit and 24 Met (45%); 26 Substantially Met and 5 Not Met

<sup>1</sup> Accredited until 2021 (mid cycle review conducted 2019)

<sup>2</sup> Survey visit in July 2019 - accredited until 2021

<sup>3</sup> Accredited until 2022 (conditions review conducted 2019)

<sup>4</sup> Survey visit in May 2019 - accredited until 2023

<sup>5</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 for Interns and SUBSTANTIALLY MET for PGY2s</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*

- ◇ Monash Health executive facilitate a collaborative and collegiate approach to junior doctor training and support. The team noted that, from the outset, there was evidence of a responsive approach regarding areas for improvement and junior doctor training issues.
- ◇ The team acknowledges the significant progress made against most of the recommendations from the previous accreditation review, particularly in regards to improvements in supervision and learning in the psychiatry posts.
- ◇ There was widespread acknowledgement of the support and care provided by Monash Doctors Education (MDE) staff particularly amongst senior and junior medical staff. It is evident that MDE staff are highly committed to continual improvement in junior doctor training.
- ◇ There is a generally positive culture with the majority of junior doctors indicating that they plan to remain at Monash Health. The inclusive and supportive cultures at Casey Hospital and Dandenong Hospital were highlighted by junior doctors.
- ◇ Staff at all levels are highly engaged with generally good attendance at survey visit meetings.

*Recommendations for improvement*

Structure and function of MonashDoctors: While Monash Doctors Education (MDE) is highly functioning, effective and appreciated by the junior doctors, there are some areas for improvement:

- Clarify the structure and inter-relationships between MDE and Monash Doctors Workforce (MDW) and relevant committees.
- The Director of Clinical Training (DCT) role could be better utilised. The junior doctors do not seem to be aware of the DCTs.
- Review the resources of the Wellbeing Officer and Medical Education Officers to ensure they are sufficient to provide meaningful support for all interns and PGY2s.
- There are significant issues to address in the work of MDW particularly for PGY2s. These include limited access and responsiveness, lack of timely communication to stakeholders, limited understanding of junior doctor roles, and issues with EBA compliance.

<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 and it was verified that 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 are a broad range of clinical rotations with good clinical experience and supportive teams.

*Commendations for aspects of program*

- ◇ The intern training program is underpinned by sound medical education principles and analysis of training needs.
- ◇ Intern orientation at the beginning of the year is highly regarded by the interns.

*Conditions of accreditation*

- Review the Vascular Surgery Intern Post at Dandenong to ensure mandatory surgery training requirements (below) are met. This post is accredited for 12 months and will be reviewed during 2020 to determine if the post should be re-accredited as *non-core*.
- Ensure that the Emergency Intern Posts at Clayton meet mandatory emergency training requirements in relation to exposure to assessment/ management of patients with acute undifferentiated illness and opportunities to assess patients at first presentation.
- Review theatre experience for interns across the surgical units. It is a mandatory requirement that interns participate in at least one theatre session per week on average for the term which should be rostered and supported.
- Interns cannot cover units not accredited for intern training at any time.

*Recommendation for improvement*

- Improve orientation of PGY2s both to the health service and to individual units.

<b>Domain 4: The training program</b>	<b>Teaching and learning</b>	<b>This set of standards is MET for Interns and SUBSTANTIALLY MET for PGY2s</b>
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*Commendations for aspects of program*

- ◇ Intern teaching sessions are highly regarded by interns. Content is good and interns are generally supported by other staff to attend.

*Recommendations for improvement*

- Review access of PGY2s to training and provide more support for PGY2s to attend.

<b>Domain 5: Assessment of learning</b>	<b>Assessment approach, Feedback and performance review, Assessors training</b>	<b>This set of standards is MET for Interns and SUBSTANTIALLY MET for PGY2s</b>
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*Commendations for aspects of program*

- ◇ Intern assessment processes are robust and most (but not all) units have a clearly identified term supervisor for interns. Remediation processes are impressive.

*Recommendations for improvement*

- Improve assessment processes for PGY2s to ensure they are effectively supervised and provided with useful feedback at mid- and end-term.

<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*

- ◇ Interns have structured mechanisms for providing confidential feedback.

*Recommendations for improvement*

- Nil

<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 for Interns and SUBSTANTIALLY MET for PGY2s</b>
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*Commendations for aspects of program*

- ◇ Strategies to enable a supportive learning environment for interns are promoted.
- ◇ There is clear institutional awareness of the importance of addressing bullying/harassment issues and of junior doctor wellbeing. It is notable that the majority of junior doctors interviewed during the visit had not experienced inappropriate behaviour.

*Conditions of accreditation*

- Review the responsibilities and clinical supervision of the Special Surgery PGY2 post at Clayton whose role appears to be to look after very sick patients transferred from off-site units (e.g. urology at Moorabbin) with limited on-site supervision.

*Recommendations for improvement*

Delivery of services across multiple sites: There are multiple challenges impacting on the work and wellbeing of junior doctors:

- Some surgical teams work across 3-5 sites and share their supervision (both senior medical staff and registrars) of junior doctors across these sites.
- Limited supervision of patients by home units at other sites where units are not located but sometimes sick patients are transferred
- Consider patient care improvements that could flow from co-location of specialties that often work together.
- An organisation-wide transfer policy would seem to be needed, given the reported variability in acceptance of transfers.

Workload and rosters: The roster review being undertaken must focus on ensuring that junior doctors are rostered sufficient hours to complete the work required and attend to their learning as well as being meaningful roles.

- Rosters must reflect all work expectations e.g. including ‘non-clinical’ duties such as discharge summaries audit preparation and other paperwork (e.g. NDIS).
- Teaching needs to be more highly valued.
- After-hours cover shift levels of staffing and patient loads is an issue at all sites. The number of units and patients being covered, especially given the majority of these patients are not known to the junior doctor, must be constantly monitored and managed.

Junior Doctor awareness and involvement in the governance of their training

- There seems to be limited understanding amongst junior doctors of committee structure and representation.
- Ensure junior doctors are advised of the outcomes of their feedback.
- Monash Health is commended for establishing the Chief Resident positions. The role of chief residents shows potential, and should facilitate connectedness, but a clearer delineation of their responsibilities and dedicated time to undertake these responsibilities is needed to ensure their role is relevant to 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 for Interns and PARTIALLY MET for PGY2s</b>
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#### *Commendations for aspects of program*

- ◇ The breadth and depth of casemix at Monash Health provide exceptional opportunities for training.

#### *Recommendations for improvement*

Clinical Supervision: Supervision of interns is generally satisfactory with supervisors clearly committed to their support. However these points must be reviewed and addressed, particularly for PGY2s:

- Junior doctors working overnight shifts are not sufficiently supervised and supported and these shifts, at times, may pose a risk to junior doctor welfare and patient safety.
- Afterhours, junior doctors are expected to take large scale responsibility for multiple units that aren't necessarily aligned with many patients not known to the junior doctor.
- Supervision of interns and PGY2s must be addressed when registrars are absent on leave and are not covered. There were multiple examples of times where junior doctors were unaware of their designated supervisor.
- Clarify and clearly communicate the pathway of escalation for a junior doctor who feels their supervision is insufficient or where they need more support with a patient.
- Ensure that those supervising junior doctors, especially interns, have the capability to do so. Clinical supervisor performance should be monitored and if issues arise with regard to their supervision and teaching, they need to be addressed.
- Training in supervision of junior doctors must be provided and clinical supervisors supported to attend.

#### PGY2 General Stream

While the recent appointment of a General Stream Coordinator is noted, there is much work to do to ensure that personal and career aspirations of PGY2s appointed to the general stream are supported in relation to supervision, breadth of clinical exposure, teaching, allocation of rotations for career development and performance assessment.

## Response from facility/training provider

MONASH 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 2021.

A mid-cycle review, which includes junior doctor feedback and a progress report on implementation of the recommendations, will be conducted during 2022.

## Mid-cycle review update

*To be inserted following the mid-cycle review in 2022.*

## Contact

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