



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 MELBOURNE 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. Accreditation of two intern posts (*non-core*) at The Royal Women's Hospital were also approved. [The PMCV Accreditation Committee conducted a review of the conditions in July 2019, including a survey of interns. The outcomes are recorded in the body of this report.](#)

NAME of Training Provider:	MELBOURNE HEALTH (includes Royal Melbourne Hospital and Royal Park campus)
Rotation site(s):	The Royal Women's Hospital ¹ (2 intern posts), Ballarat Health Services (1 intern post) ² , Northeast Health Wangaratta (3 intern posts), Wimmera Health Care Group (13 intern posts)
Date of PMCV visit:	18 – 19 October 2018
Facility accreditation status:	ACHS approved 26 – 30 October 2015 Date for review 24 January 2020
Key data regarding training provider:	
Number of accredited ITP intern posts: ³	80 intern posts (12 <i>core</i> medicine, 12 <i>core</i> emergency, 15 <i>core</i> surgical, 24 <i>non-core</i> posts, 17 external rotations)
Number of approved PGY2 posts:	103 posts (across 29 units at two sites)
Management staff and supervisors interviewed:	17 medical management and medical education staff, 23 senior medical staff, one registrar, four nurse managers
Junior doctor feedback:	The intern survey had a response rate of 69% and, at the survey visit, the PMCV team met with 26 interns. The PGY2 survey had a response rate of 13% and, at the survey visit, the PMCV team met with 17 PGY2s.
DURATION OF ACCREDITATION:	Four years until end of 2022 prevocational training programs (a survey visit to occur prior to the end of 2022)
Intern accreditation and PGY2 quality review standards summary:	PGY1: 8 Standards Met with Merit and 41 Met (82%); 11 Substantially Met PGY2: 3 Standards Met with Merit and 41 Met (73%) and 12 Substantially Met

¹ Visit to The Royal Women's Hospital conducted concurrently with visit to Melbourne Health; interviewed five staff

² Ballarat Health Service underwent a re-accreditation survey visit in 2018

³ Accreditation details on individual intern posts are published on the PMCV website

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

- ◇ The commitment of senior executive to prevocational medical training and, in particular the direct engagement of the Chief Executive with the HMO Committee.
- ◇ The comprehensive and highly valued program management, training and pastoral support provided by the Supervisor of Intern Training with support of the Director of Clinical Training.
- ◇ Multiple cultural improvement programs and programs to support staff wellbeing, and prevocational doctors' awareness of them. General consensus that the culture has improved significantly in recent years.

Recommendations for improvement

- Review the EFT of the Director of Clinical Training and Supervisor of Intern Training given the ongoing growth in prevocational doctor numbers and also given diverse recruitment sources.
- Medical workforce processes to be improved including un-rostered overtime practices, communication of roster changes to junior doctors, and transparent processes for approval and cover of planned and unplanned leave for both staff replacement and ensuring appropriate support and supervision arrangements.

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

For PGY2s, there is access to a broad range of clinical rotations which are streamed and arranged as a four term, 13 weeks per term, year.

Commendation for aspects of program

- ◇ The orientation program at the beginning of the year is highly regarded by the interns. Sessions are relevant and based on analysis of training needs.

Conditions of accreditation

- Interns may not be responsible for patients in units not accredited for intern training either for leave or during any rostered shift. [This condition was reviewed by the PMCV Accreditation Committee in July 2019 and is progressing satisfactorily. Interns no longer cover Trauma patients at RMH and at RWH it has been made clear that the breast intern should only cover patients in the combined RMH/RWH Breast unit.](#)
- Ensure interns are supervised appropriately at all times and in accordance with the *PMCV Supervision of Junior Doctors Guidelines*. [This condition was reviewed by the PMCV Accreditation Committee in July 2019 and is progressing satisfactorily. All patients seen by interns rotating in emergency are reviewed by a supervisor prior to discharge.](#)
- Monitor and manage the mix of admissions and complex patients in AMU and general medicine to ensure *core* medical intern training requirements are met. All interns must gain experience in assessing and admitting patients with a range of common medical conditions (acute and chronic),

and managing critically ill medical patients, both at presentation and as a result of deterioration during admission. [This condition was reviewed by the PMCV Accreditation Committee in July 2019 and is progressing satisfactorily. Very positive feedback from interns regarding AMU rotations however high workload in general medicine is impacting on learning.](#)

Recommendations for improvement

- Ensure all junior doctors new to Melbourne Health are oriented to the facility regardless of start date.
- Ensure unit based orientation is provided to all junior doctors at the commencement of all terms, including the distribution of a current term description (unit handbook).

Domain 4: The training program	Teaching and learning	This set of standards is MET
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Commendation for aspects of program

- ◇ The education program is highly regarded by the interns. Education sessions are relevant and based on analysis of training needs.

Recommendation for improvement

- Review structures, unit-based processes and team engagement in place to protect intern teaching to ensure active support and encouragement to attend facility-based education sessions. Review of the opportunities for work-based teaching and training is also required.

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

- Review the performance management framework to ensure applicability for junior doctors with regards to their assessment and feedback, and management of doctors in difficulty.

Domain 6: Monitoring and evaluation	Evaluation and regular review of intern and PGY2 training program	This set of standards is MET
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Commendation for aspects of program

- ◇ Interns have regular structured mechanisms for providing confidential feedback and there is evidence of change as a consequence of this feedback.

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 MET (one standard met with merit)
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Commendations for aspects of program

- ◇ The range of professional and personal support programs promote a supportive learning environment. Notably, the procedures and support in place to address inappropriate behaviours are exemplary and there is excellent support for junior doctors provided.
- ◇ The arrangements for management and support of interns experiencing personal or professional difficulties, including coordination with other rotation sites.
- ◇ A highly functioning HMO Committee demonstrated by relevant and transparent discussions and involvement in, and oversight of, significant improvements.

Condition of accreditation

- Address the unsafe working hours of the ENT PGY2. Staffing levels and rostered hours should provide sufficient time for the junior doctor(s) to complete the work and provide safe continuing

care. This condition was reviewed by the PMCV Accreditation Committee in July 2019 and is progressing satisfactorily. The addition of an extra HMO post from May 2019 is commended.

- Improve handover, communication and escalation processes regarding patients between Peter MacCallum Cancer Centre and Royal Melbourne Hospital. This condition was reviewed by the PMCV Accreditation Committee in July 2019 and it is evident that change has occurred including structural changes to bed management and development of formal processes.

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

- ◇ A senior medical staff group who are approachable and keen to teach, who recognise junior doctor training as vital for service delivery and who are responsive to feedback.
- ◇ A broad range of clinical training opportunities for prevocational doctors. Flexible training options including indigenous and job-share internships and unique learning opportunities in improvement team and medical education for PGY2s.

Condition of accreditation

- Interns should not be responsible for obtaining informed consent for procedures and ensure this policy is known to all staff. This condition was reviewed by the PMCV Accreditation Committee in July 2019 and is progressing satisfactorily. The relevant documents clearly state the role of interns in consent and feedback indicated that interns are not being asked to consent for surgical procedures.

Recommendations for improvement

- Emphasise the role of Term Supervisors in regards to introductions at the beginning of the term; weekly interaction with, and informal feedback to, junior doctors; and formal face-to-face feedback.
- Facilitate the universal roll-out and evaluation of the ‘Supervision, Feedback, Professional Development and Care of Junior Doctors’ presentation developed by the Director of Clinical Training.
- Monitor workload to ensure staffing and rostered hours are sufficient for service provision, clinical learning, safe patient care, and JMO wellbeing.

Response from facility/training provider

MELBOURNE 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 was reviewed during 2019. Melbourne Health provided a detailed report in regards each condition and two of the recommendations which was accepted by the PMCV Accreditation Committee. A survey of interns was also conducted.

A mid-cycle review, which includes junior doctor feedback and a progress report on implementation of the recommendations, will be conducted during 2020.

Mid-cycle review update

To be inserted following mid-cycle review in 2020.

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