



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 **NORTHEAST HEALTH WANGARATTA** 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. [The PMCV Accreditation Committee conducted a review of the conditions in September 2019, including a survey of interns. The outcomes are recorded in the body of this report.](#)

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| NAME of Training Provider: | NORTHEAST HEALTH WANGARATTA |
| Parent Health Services: | Murray to the Mountains ITP ¹ (six intern posts) Melbourne Health ² (three intern posts, two PGY2 posts) |
| Date of PMCV visit: | 20 September 2018 |
| Facility accreditation status: | ACHS December 2021 |
| Key data regarding training provider: | |
| Number of accredited ITP intern posts: ³ | 18 intern posts (6 core medicine, 6 core emergency, 5 core surgical, 1 non-core posts) |
| Number of approved PGY2 posts: | 13 posts (across six units) |
| Management staff and supervisors interviewed: | 10 medical management and medical education staff, 9 senior medical staff and 5 registrars, 5 NUMs |
| Junior doctor feedback: | The intern survey had a response rate of 43% and, at the survey visit, the PMCV team met with 11 interns. The PGY2 survey had a response rate of 31% and, at the survey visit, the PMCV team met with 5 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: 3 Standards Met with Merit and 40 Met (72%); 14 Substantially Met and 3 Not Met PGY2: 3 Standards Met with Merit and 37 Met (71%) and 13 Substantially Met and 3 Not Met |

¹ Re-accreditation in 2018

² Due for re-accreditation in 2018

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

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| 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 <i>(one standard met with merit)</i> |
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| Domain 2: Organisational Purpose | Setting and promoting high standards of medical practice and junior doctor training | This standard is MET |
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Commendations for aspects of program

- ◇ Medical workforce unit staff are flexible and approachable, providing good support with regards rosters and leave.
- ◇ Excellent relationships are being maintained with relevant organisations to support and enhance junior doctor training opportunities and pathways in the region.
- ◇ The friendly, caring and supportive culture which junior doctors appreciate and which contributes to high retention rates. All staff are engaged with and committed to junior doctor training.

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| Domain 3: The intern/PGY2 training program | Program structure, Flexible training | This set of standard 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 range of clinical rotations with good clinical experience, supportive teams and teaching.

Condition of accreditation

- Ensure all interns are rostered and actively participate in at least one theatre session per week during *core* surgical terms (on average over the term). Rostered hours must reflect time to complete work and learning. [This condition was reviewed by the PMCV Accreditation Committee in September 2019. Further work is required. While the health service documents requirement to attend theatre in the ROVER and surgeons clearly express their desire that interns attend theatre, there was overwhelming feedback that it is difficult to manage the competing priorities of a busy unit with high turnover, completing discharge summaries, ensuring safe patient care and meeting learning requirements.](#)
- For *core* general medicine terms: a) Interns should not cover dialysis and oncology patients; b) Exposure to admissions experience must be fostered; c) Review and improve distribution of patients across the General Medicine teams to ensure optimal learning; and d) Rostered hours must reflect time to complete work and learning. [This condition was reviewed by the PMCV Accreditation Committee in September 2019 and is progressing satisfactorily. Items a\), b\), c\) seem to have been addressed, however item d\) requires further work. The roster was recently changed \(shift start at 7.30am\) to reflect interns commencing early for pre-ward round preparation. However, there was overwhelming feedback that the finish time of 3.30pm \(formerly 4pm\) does not allow sufficient time for work to be completed, particularly when ‘on-take’ as only one intern rostered.](#)

Recommendations for improvement

- Improve unit orientation processes so that they are timely, 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 to ensure that junior doctors clearly understand procedures and expectations.

- Review and improve the clinical learning for interns and PGY2s during rehabilitation terms. The survey team was concerned regarding the feedback received at the visit, but acknowledges that Northeast Health Wangaratta have already taken steps to address this recommendation.
- Improve handover processes, particularly with regards review and update of ROVERs, and ensure time for handover between shifts is rostered.

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

- ◇ The protected teaching time provided which is pager free and attendance is strongly encouraged by all staff.

Recommendations for improvement

- Review the JMO Education Program to focus on medical and clinically relevant sessions involving registrars and senior medical staff and aligned to the Australian Curriculum Framework for Junior Doctors (ACF).
- Analysis of training needs and assessment of work-based teaching and learning should be incorporated into the development of the education program with a focus on increasing scope of practice to encourage PGY2s to attend.

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

- Review the procedures for performance assessment to provide more detail in regards structure and terms of reference of an intern assessment review panel, guidelines for documentation of meetings and reporting of doctors not performing to expected level to parent health service or AHPRA.
- End-term assessments must be completed by term supervisors (not registrars) and encourage completion of mid-term assessment for PGY2s.
- Formalise and expand the utilisation of assessment data to inform improvements to the junior doctor training program.

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| Domain 6: Monitoring and evaluation | Evaluation and regular review of intern and PGY2 training program | This set of standards is SUBSTANTIALLY MET |
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Recommendation for improvement

- Enhance program evaluation processes and reporting to ensure junior doctor feedback on education sessions and terms is collected, involvement of supervisors in reviewing and addressing feedback and feedback on outcomes to junior doctors.

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| 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 <i>(two standards met with merit)</i> |
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Commendations for aspects of program

- ◇ Excellent career and personal support provided to junior doctors by medical education staff and supervisors.
- ◇ Excellent multidisciplinary input to the support of junior doctors. Special mention to the nurses on the surgical ward, to allied health staff who participate in the education program and to the pharmacy staff whose advice and support is highly valued by junior doctors.

Conditions of accreditation

- Review capacity (including staffing levels) and skill mix of junior doctors rostered overnight especially given the limited senior support and the added responsibility for the psychiatry ward. Orientation and training to psychiatry patient responsibilities is required. **This condition was reviewed by the PMCV Accreditation Committee in September 2019 and is progressing satisfactorily. Orientation and training to psychiatry patient responsibilities is now undertaken and two key actions are being pursued following the NHW Emergency Department Review:**
 - Considering using telehealth for after-hours mental health risk assessment and admission instead of ED junior doctors who have limited mental health experience.
 - Increase ED junior medical officer roles to three FTE overnight with one medical officer of PGY4 or above with airways skills, and some emergency medicine experience. The additional FTE will result in two JMOs being rostered each evening to ED with the third (separate) JMO rostered to cover wards.

Recommendations for improvement

- Identify and establish opportunities for interns/PGY2s to be directly involved in the governance of their training.
- Implement processes to ensure communication of committee outcomes to junior doctors.

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

- ◇ Engaged consultants and registrars who provide effective supervision which is appreciated by the junior doctors.
- ◇ A broad range of rotations with valuable clinical learning experiences including anaesthetics, emergency, paediatrics and O&G.

Condition of accreditation

- Interns should not be responsible for obtaining informed consent for procedures. **This condition was reviewed by the PMCV Accreditation Committee in September 2019 and is progressing satisfactorily. All ROVERS have been updated to reflect this change and clearly outline that Interns are not permitted to obtain consent.**

Recommendation for improvement

- Review and improve supervision and learning in the psychiatry terms including orientation and teaching.

Response from facility/training provider

NORTHEAST HEALTH WANGARATTA 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. **NHW provided a detailed report in regards each condition 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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