



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 WEST GIPPSLAND HEALTH CARE GROUP 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.

<b>NAME of Health Service:</b>	<b>WEST GIPPSLAND HEALTHCARE GROUP</b>
<b>Parent Health Service:</b>	Latrobe Regional Hospital <sup>1</sup> (5 intern posts) Monash Health <sup>2</sup> (4 intern posts) Peninsula Health <sup>3</sup> (3 intern posts)
<b>Date of PMCV visit:</b>	<b>7 May 2019</b>
<b>Facility accreditation status:</b>	ACHS Accredited for Acute Services, Community Health Services and Sub-Acute Services until 6 December 2019
<b>Key data regarding facility:</b>	
Number of accredited ITP intern posts: <sup>4</sup>	12 intern posts (4 core medicine, 4 core emergency, 4 core surgical)
Number of approved PGY2 posts:	5 HMO posts (across 3 units – Emergency, Paediatrics and O&G)
Management staff and supervisors interviewed:	10 management/administration, 3 medical education and HR staff, 7 senior medical staff and 3 nurse managers
Junior doctor feedback:	The intern survey had a response rate of 66% with 8 rotating interns responding to the survey pre-visit (for T1) of 12 posts; at the survey visit, the PMCV team met with 10 interns.  The PGY2 survey had a response rate of 100% with 6 respondents to survey and 6 posts (PGY2s); at the survey visit, the PMCV team met with 4 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> 4 Standards Met with Merit, 56 Met (100%) <b>PGY2:</b> 53 Standards Met (95%); 2 Substantially Met, 1 Not Met

<sup>1</sup> Due for re-accreditation in 2019

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

<sup>3</sup> Due for re-accreditation in 2022

<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 the program*

- ◇ There is a positive and engaging culture at all levels of the organisation. Junior Medical Staff feel they are working in a supported environment and are valued members of the team at WGHG. Positive comments were noted from junior doctors that they are 'built up and not put down' and what makes a job 'is the people you work with and the support of the staff'.
- ◇ Accessibility to the Human Resources personnel and the Medical Education Officer by the junior doctors is good and they reported feeling comfortable in discussing any issues they may raise.
- ◇ There was evidence of good communication and interactions between WGHG and parent sites with strong collaboration with Latrobe Regional Hospital, staff from Peninsula Health visiting WGHG each rotation and regular contact with Monash Health.

*Recommendations for improvement*

- WGHG has created a Junior Medical Staff Forum which had met once prior to the survey visit. At the time of the visit, the Forum was not well known to the junior doctors and a Chair had not yet been finalised. The survey team encourages WGHG to develop this relatively new initiative, to define the role and purpose of this Forum, and to provide communication of feedback on issues identified by the Junior Medical Staff Forum to relevant health service committee's (e.g. Medical Education Council).
- WGHG is encouraged to continue its work in separating the Discipline and Grievance procedures into separate policy documents.

<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 at West Gippsland Healthcare Group were reviewed and all the intern *core* terms meet the mandatory intern training requirements.

The Emergency Medicine Intern posts (4) have been re-accredited as **CORE emergency intern posts**.

2019 is the first year of a PGY2 program and most PGY2s are undertaking two terms of six months each. For PGY2s, there is access to Emergency, Paediatrics and Obstetrics & Gynaecology, which are typically popular rotations. There is good clinical experience, supportive teams, teaching opportunities, and formal (for the interns) and informal feedback is provided.

*Conditions of accreditation*

- General surgery: WGHG must ensure that all surgical interns are rostered and actively participate in at least one theatre session per week during their *core* surgical term.

*Recommendations for improvement*

- General medicine: There seemed to be some confusion from interns regarding whether medical interns could undertake admissions. It is recommended that clarification be provided to interns regarding their role in the admissions process, and that the role they do have is appropriately supervised and supported.

<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 Education program at WGHG links in with education programs available at parent health services: Latrobe Regional Hospital, Monash Health and Peninsula Health. These linkages have been achieved by the WGHG Medical Education Officer working with her counterparts at the parent sites.
- ◇ A strong teaching culture was demonstrated. The Education program delivers topics of relevance and is repeated each rotation for the new interns. Prevocational doctors can access the Education Calendar via the Medical Education section of the WGHG website.
- ◇ The Tuesday intern education program is protected and the majority of interns rostered to work are able to attend.

*Recommendations for improvement*

Nil

<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*

- ◇ Mid-term assessments are completed for interns and are reviewed by the Medical Education Officer and Director of Clinical Training.
- ◇ Clinical Leads are engaged and committed to providing regular informal and formal (for the interns) feedback.

*Recommendations for improvement*

- At the time of the survey visit, the PGY2 assessment process was not yet well developed nor well understood by the PGY2s. Whilst the PGY2s reported regular informal feedback they were not aware of the process for formal mid or end of term performance feedback. The survey team noted that WGHG is developing a new PGY2 assessment form, largely based on the National Intern Assessment form, and encourages WGHG to pilot and evaluate the form with expedition.

<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*

- ◇ There is a formal intern feedback session for all interns two weeks into their rotation.

<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*

- ◇ WGHG has developed an Intern Support Flowchart and this is highly commended. The Flowchart aids WGHG in early communication to parent health services if any concerns/issues are identified.
- ◇ There is effort to develop training pathways with medical students returning as interns, and some interns returning as PGY2s. The Gippsland Regional Training Hub (of which WGHG is a member) has strategies in place to raise awareness of training pathways in the region (e.g. Sale, Latrobe, Warragul, Bairnsdale); this is commended and encouraged.

*Recommendations for improvement*

- **General medicine:** The workload in the medical unit is typically high. Ongoing monitoring is recommended to ensure interns are able to complete their work within rostered hours.
- **General surgery:** When the surgical interns are rostered on weekends, they do not have the support of a Surgical Registrar on site. Whilst the interns have good access to remote support from a Surgeon, the survey team noted that ‘interns don’t always know what they don’t know’. Clinical escalation processes and staff understanding of these processes must be clear.
- The Orthopaedic Registrar is provided by Latrobe Regional Hospital and the survey team were advised of a recent significant gap in the provision of that registrar to WGHG. Feedback regarding this gap in the rotation was of perceived difficulties in accessing timely advice from a registrar or Consultant at Latrobe Regional Hospital and it was not clear to the interns what they needed to do in these situations. WGHG should work with Latrobe Regional Hospital to have a clear escalation process for interns in the event of a similar staffing gap in the future.

<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*

- ◇ The Clinical Leads structure appears to be working well and supervisors are aware of their responsibilities in relation to intern teaching, assessment and feedback.
- ◇ There is a breadth and depth of clinical exposure to a wide range of clinical presentations and educational opportunities, both formal and informal.

*Recommendations for improvement*

- Whilst supervisors have completed supervisor training with their respective specialist Colleges, it is suggested that supervisors be supported in their professional development for supervision at the prevocational level (e.g. Teaching on the Run training).
- Accommodation for the interns is very basic with reported instances of power outages and inadequate heating. It was noted that WGHG endeavours to address any concerns as they are raised by the interns. The survey team appreciates the difficulties with older accommodation stock and noted new accommodation is now available to registrars. With improved accommodation there may be better integration of interns with the local community as some interns reported their preference to return home after their shifts.

**Response from facility/training provider**

WEST GIPPSLAND HEALTHCARE GROUP 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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