

SECTION 2: Executive Summary

Part 2.1 Training Posts

Training Provider:	Austin Health
Intern rotation sites:	<ul style="list-style-type: none"> Echuca Regional Health Mildura Base Hospital
PGY2 rotation sites:	<ul style="list-style-type: none"> Echuca Regional Health Mildura Base Hospital Northern Health Victorian Institute of Forensic Medicine Bass Coast Health
Date of PMCV visit:	4-5 October 2022 (virtual assessment) 21 October 2022 (onsite assessment)
Austin Health accreditation status:	ACHS accredited, June 2022
Number of accredited ITP intern posts:	61 intern posts <ul style="list-style-type: none"> 55 interns at Austin Campus 6 interns at Heidelberg Repatriation Hospital
Number of approved PGY2 posts:	62 PGY2 posts <ul style="list-style-type: none"> 57 PGY2s at Austin Campus 3 PGY2s at Heidelberg Repatriation Hospital 2 PGY2s at Royal Talbot Rehabilitation Centre
Management staff and supervisors interviewed:	15 Medical management and medical education/workforce staff, 17 senior medical staff and 5 registrars, and 4 nurse managers.
Junior doctor feedback¹:	9 Interns responded to the pre-visit survey (a response rate of 14%) and at the survey visit, the PMCV team met with 22 interns. 11 PGY2s responded to the pre-visit survey (a response rate of 17%) and at the survey visit, the PMCV team met with 10 PGY2s.
Reaccreditation Survey Visit Outcome	<p>PMCV has accredited the Intern Training Program and posts at Austin Health as a parent health service/rotation site and has approved the PGY2 Training Program and posts subject to satisfying PMCV monitoring requirements and addressing accreditation conditions.</p> <p>Duration of PMCV Accreditation:</p> <ol style="list-style-type: none"> 12 months to address conditions under the PMCV Monitoring Action Plan (MAP) to November 2023 then 3 years until the end of 2026 (a mid-cycle review will occur in 2024 and the next accreditation survey visit will occur in 2026.)

Part 2.2: Strengths and Challenges:

Strengths endorsed by the PMCV Survey Team

- Strong culture that is welcoming and inclusive of staff where organisation's values are embraced by staff.
- Patient care is prioritised.
- Passionate and engaged Supervisor of Intern Training and HMO 2/3 Supervisor.
- Strong medical and surgical streams for progression to vocational training.
- Committed and supportive Registrar group.
- Heidelberg Repatriation Hospital is a dedicated and well-structured site for rehabilitation and geriatrics training, and elective surgery.
- Strong uptake from Austin Clinical School for internship.
- Good retention of prevocational trainees into vocational trainees.
- Supportive NUMs who assist with teaching procedural requirements.
- Renal and General Medicine NUMs organise multi-disciplinary orientation.
- Commendation for the Haematology and Stroke Units and the Emergency department for the provision of a strong prevocational education and training in a supportive environment.
- The library offers an excellent resource for all staff.

Challenges identified by the PMCV Survey Team

- The focus on vocational training has created a prevocational medical trainees' (PMTs) 'blind spot' in the continuum of training. Medical education for PMTs is not given due priority at the health service.
- Service provision is so demanding that it has overwhelmed the ability to deliver formalised and structured medical education and training, to the detriment of the PMTs' wellbeing and career aspirations in medicine.
- Unclear governance structures in place to support prevocational education and training which has resulted in ineffective working relationships between the Medical Education team, Medical Workforce and Medical Administration.
- The role of the term supervisor is ill-defined with lack of clear structures and resources to support the senior medical staff with this responsibility.
- Term descriptions for individual unit rotations are not available and the role of the PMTs in the Unit Handbooks is brief and inadequate.
- Unit based orientation is rare and agreed learning objectives have not been developed for each rotation.
- JMO participation in and awareness of governance structures is absent with little involvement in the Junior Medical Advisory Committee.
- After-hours escalation protocol is unclear, and expectations of clinical case load are unrealistic and potentially harmful to patients.
- Intern General Medicine roster patterns require urgent review to address stress and fatigue.
- Inappropriate cover due to medical workforce shortages with no defined senior clinical input to determine the safety of cover arrangements; communication from medical workforce is not timely to plan.
- Interns have been known to be asked to cover PGY2 positions which are not accredited nor appropriate