

## SECTION 2: Executive Summary

### 2.1 Training posts and Reaccreditation outcomes

<b>Training Provider:</b>	<b>Bass Coast Health</b>
<b>Parent Health Services</b>	Monash Health (6 intern posts) Austin Health
<b>Date of PMCV visit:</b>	14 July 2022 (on-site assessment)
<b>Bass Coast Health accreditation status:</b>	ACHS accredited, due for review in 2023
<b>Number of accredited ITP intern posts:</b>	<u>6 Intern posts:</u> 6 x Monash Health
<b>Number of approved PGY2 posts:</b>	<u>7 PGY2 posts:</u> 3 x Monash Health 2 x Austin Health 2 x Bass Coast Health
<b>Health service personnel interviewed:</b>	Medical management, Medical Workforce Unit, senior medical staff, registrars, and Nursing Management.
<b>Junior doctor feedback:</b>	Interns and PGY2s responded to the pre-visit survey questionnaire and met with the PMCV survey team during the visit. The 2021 National Medical Training Survey report was also reviewed.

#### Reaccreditation Survey Visit Outcome

PMCV has accredited the Intern Training Program and posts and has approved the PGY2 Training Program and posts at Bass Coast Health subject to satisfying PMCV monitoring requirements and addressing accreditation conditions.

#### Duration of PMCV Accreditation:

1. 12 months to address conditions under the PMCV Conditions Monitoring Program  
*then*
2. Four 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***

BCH displays a shared vision of creating and maintaining “an amazing place to work”. This was evident in the feedback received from the JMOs:

“Enjoyed the rotation to the point that made me want to come work somewhere like here even though I am from Melbourne. That really surprised me!”

The behaviour of the leadership team modelled a strong commitment to the vision of the organisation to delivery of great care to their community, with strong alignment between executive and clinician leadership. The decisions that have been made by the leadership team illustrate the quote that they utilised: “The behaviour that you walk past is the behaviour that you accept”

The training and learning environment at BCH is commended. The commitment towards building a culture of teaching and learning is demonstrated through role modelling and by the delivery of an excellent structured education program which is shaped by feedback from the JMOs. There is close contact with senior doctors who commit to regular informal teaching, excellent hands-on experiences and there is a good balance between service provision and learning opportunities.

The health service works in partnership with the JMOs. The voice of the JMO is welcomed with many opportunities to provide feedback on overall hospital systems through committees and participation in clinical risk review. The JMOs feel safe to speak up and listened to. They have witnessed timely changes which have occurred because of their feedback.

The wellbeing of all staff is given a high priority with initiatives of Wellbeing Wednesday and the introduction of an onsite weekly EAP resource, a resource that the JMOs are widely aware of. The JMOs feel well-supported including by their supervisors, the Director of ED and by the Chief Medical Officer.

The Supervisors are provided with excellent professional development opportunities, both in-house and externally, including Teaching on the Run courses and the services of an executive coach.

The Medical Workforce team is approachable and has a positive and supportive relationship with the JMOs, which the JMOs recognise and appreciate. The Medical Workforce team ensures that all JMOs receive hospital orientation regardless of commencement date and is always cognisant of the JMO workload. The JMOs feel comfortable taking leave if they are unwell and equally, are very willing to pick up additional shifts advertised by the Medical Workforce team.

### ***Challenges/Opportunities identified by the PMCV Survey Team***

To strengthen relationships between BCH and parent hospitals with regards to information transfer from the parent hospital for the purpose of supporting struggling or underperforming HMOs who rotate to BCH.

To consider replacement of the night ED Intern position with an HMO due to the increasing acuity within the Department.

To overhaul the current computer systems as it is acknowledged that it is “old and slow” due to being old infrastructure. This is anticipated to resolve with the new build that is currently happening.

Consider development of a centralised online educational resources repository coupled with provision of opportunities for presentations by JMOs at formal meetings i.e., journal clubs.

Continue to develop and offer interdisciplinary training.

Review current accommodation guidelines in relation to the “restricted internet usage” and the limitations on having partners/family for occasional short stay visits.

