

## SECTION 2: Executive Summary

### 2.1 Training posts and Reaccreditation outcomes

<b>Training Provider:</b>	<b>Northern Health</b>
<b>Intern rotation sites:</b>	- Northern Hospital Epping - Broadmeadows Hospital - Bundoora Centre
<b>PGY2 rotation sites:</b>	- Northern Hospital Epping - Broadmeadows Hospital - Bundoora Centre
<b>Date of PMCV visit:</b>	7-8 June 2022 (on-site assessment)
<b>Northern Health accreditation status:</b>	Fully accredited
<b>Number of accredited ITP intern posts:</b>	50 intern posts <ul style="list-style-type: none"> <li>• 44 interns at Northern Hospital Epping</li> <li>• 2 interns at Broadmeadows Hospital</li> <li>• 4 interns at Bundoora Centre</li> </ul>
<b>Number of approved PGY2 posts:</b>	73 PGY2 posts <ul style="list-style-type: none"> <li>• 56 at Northern Hospital Epping</li> <li>• 8 at Broadmeadows Hospital</li> <li>• 9 at Bundoora Centre</li> </ul>
<b>Health service personnel interviewed:</b>	Medical management and medical education staff, senior medical staff, registrars, and nurse managers.
<b>Junior doctor feedback:</b>	Interns and PGY2s responded to the pre-visit survey questionnaire and met with the PMCV survey team throughout the visit. The 2021 National Medical Training Survey report for Northern Health was also reviewed.
<b>Reaccreditation Survey Visit Outcome</b>	<p>PMCV has accredited the Intern Training Program and posts and has approved the PGY2 Training Program and posts at Northern Health subject to satisfying PMCV monitoring requirements and addressing accreditation conditions.</p> <p><b>Duration of PMCV Accreditation:</b></p> <ol style="list-style-type: none"> <li>1. 12 months to address conditions under the PMCV Conditions Monitoring Program <i>then</i></li> <li>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)</li> </ol>

## Part 2.2: Strengths and Challenges:

### *Strengths endorsed by the PMCV Survey Team*

- Excellent workplace culture & commitment to junior doctor training and welfare. Evidence of fulfilling their stated culture of striving and improving – “Safe, Kind and Together”
- Clear governance structures in place to support prevocational education and training
- Communication strategy with Junior Doctors
- Providing an environment where JMOs feel safe and supported to speak up and escalate any concerns
- Effective working relationships between the Medical Education team, Medical Workforce and Medical Administration
- Robust Registrar /Senior Medical Staff supervision, support, and engagement - there is evidence the health service values JMS education
- Strong commitment to education and training demonstrated by the excellent attendance at the survey meetings from all staff but especially interns and PGY2s
- High levels of engagement from the Junior Medical Staff Advisory Forum (JMSA)

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

- Workload issues in the general medical Observation and Assessment Unit (OAU) and the need for clarity on roles, duties and how the service model is structured.
- Vascular Surgery - workload
- Surgical units - rostered hours do not always match expected duties – e.g., early starting times.
- Colorectal surgery - out of hours cover by interns - covering 4 units resulting in very high workload
- Lacking timely notification of JMO staffing, with last minute changes on rosters and daily allocations leaving staff unclear where they and their coworkers would be working from day to day

