

## SECTION 1: Executive Summary

### 1.1 Duration of accreditation for prevocational medical training program

At the meeting of the PMCV Accreditation Committee held on 15<sup>th</sup> August 2022 it was resolved that the Intern and PGY2 training programs at East Grampians Health Service, be reaccredited for 6 months, subject to satisfactory reviews on progress as required by PMCV during the period of accreditation.

1. A Conditions Monitoring Program will be instigated to address conditions identified during the accreditation survey visit. The timeframe for completion of an Action Plan to address the conditions will be 12 months from receipt of the final report.
2. A Mid-cycle Review will be conducted in 2024.
3. If new information is presented to PMCV during the accreditation period, PMCV may conduct a further review in collaboration with the health service.

Reaccreditation of the intern and PGY2 training programs is due in four years with an accreditation survey visit to be conducted prior to the end of 2026.

During the accreditation period, East Grampians Health Service is expected to notify the PMCV Accreditation Committee of the following during the accreditation cycle:

- The planned introduction of new intern and PGY2 terms or posts so that they can be assessed against the accreditation standards and approved prior to junior doctors working in the new posts.
- Any changes to prevocational medical training programs or terms including changes in role of the junior doctor, clinical unit structure, changes in supervision arrangements, staffing changes (e.g., DMS, DCT, SIT) or any other changes which may affect the education and training of junior doctors.
- Any changes in the accreditation status with Australian Council on Healthcare Standards (ACHS) for health services or for general practices: Australian General Practice Accreditation Limited (AGPAL) or General Practices in Australia (GPA) accreditation or any other relevant accrediting body.

### 1.2 Summary of Intern accreditation and PGY2 quality review standards

#### PGY1 (intern) posts accredited

East Grampians Health Service provides an intern training program for 8 interns.

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.

| Site        | Rotation                        | No. | Accreditation Type |
|-------------|---------------------------------|-----|--------------------|
| Ararat      | EGHS – Surgery                  | 1   | Core               |
| Maryborough | MDHS – Surgery                  | 1   | Core               |
| Ballarat    | SJOG – Emergency                | 2   | Core               |
| Ballarat    | SJOG – Medicine                 | 2   | Core               |
| Ararat      | Ararat Medical Centre – GP      | 1   | Non-core           |
| Maryborough | Clarendon Medical Centre – GP   | 0.8 | Non-core           |
| Maryborough | Nightingale Medical Centre – GP | 0.2 | Non-core           |

## PGY2 posts approved

The units outlined below were approved as suitable for PGY2 posts until the next reaccreditation visit.

Rotation preferences by individual doctors are considered in accordance with their proposed career path when designing yearly rotation planners. Rotations are managed by streamlining into Medical, Surgical and General streams.

| Site   | Rotation       | No. of posts |
|--------|----------------|--------------|
| Ararat | EGHS – Medical | 1            |

### 1.4 Conditions of accreditation

The conditions outlined must be met, or satisfactorily make progress towards this status, to ensure ongoing accreditation of the intern training program and posts.

Conditions are in breach of the *Accreditation Standards*, and as a result they will need to be reviewed utilising the *PMCV Conditions Monitoring Program*. The Conditions Monitoring Program provides a forum for PMCV to liaise with a health service on a regular basis to ensure swift rectification of accreditation concerns.

The PMCV CEO and/or the Chair of the Accreditation Committee (or their nominated representative) and the Accreditation Manager will meet with the Health Service CMO/DMS and DCT and formulate an Action Plan to address the conditions specified in the survey report, and in particular to address any outstanding conditions from the previous accreditation survey visit.

Evaluation of the conditions will be assessed as follows:

1. Within 30 days of receipt of the final report, the health service must submit a report to PMCV outlining strategies to address the conditions as part of the response to the survey report.
2. A meeting to establish a CMP Action Plan will be set up by PMCV, with ongoing progress monitored over a 3-month to 12-month period, as required.

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| 1 | <b>The core General Medicine rotation (SJOG Ballarat) fails to meet core criteria</b>                             | Standard:<br>3.1.1<br>3.1.2<br>4.1a<br>4.1b<br>4.2<br>4.3<br>4.4<br>8.1.3<br>8.2.1a<br>8.2.2 | <ol style="list-style-type: none"> <li>1. There is a lack of clinical experience on the ward</li> <li>2. Interns are not performing patient admissions, history, examinations, special investigation and management plan</li> <li>3. There are significant variations in practice between ward rounds and learning experience offered to interns dependant on the SMS</li> <li>4. No longer working with cardiologist, as had been outlined in the original application for accreditation of the post</li> <li>5. No unit-based teaching program</li> </ol> |
| 2 | <b>The core General Surgical rotations (EGHS Ararat and MDHS Maryborough) fail to meet core surgical criteria</b> | Standard:<br>3.1.1<br>3.1.2<br>4.1a<br>4.1b<br>4.2<br>4.3<br>4.4<br>8.1.3<br>8.2.1a<br>8.2.2 | <ol style="list-style-type: none"> <li>1. The bulk of the daily workload is theatre, with interns lacking clinical exposure to management of patients on the ward</li> <li>2. The JMOs are not included in the pre/post operative management of patients</li> <li>3. The majority of surgical presentations are day cases, with these cases lacking acuity (mostly endoscopy), and therefore a breadth of experience for the interns</li> </ol>   |

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|   |  |  | <p>4. No exposure to the management of emergency surgical patients</p> <p>5. There is a lack of on-site supervision</p> <p>6. Unclear formal processes around escalation of issues</p> <p>7. "Grand rounds" (AKA surgical ward round) at SJOG are not helpful, due to lack of knowledge of the patients being presented and low acuity cases. This does not meet the ward round requirement</p> <p>8. No unit-based teaching program</p>   |
| 3 | <b>Lack of Supervision creates risks of patient safety (All sites)</b>                   | <p>Standard:<br/>4.1a<br/>4.1b<br/>4.2<br/>4.3<br/>4.4<br/>5.2.1<br/>5.2.2<br/>5.2.3<br/>7.2.2<br/>8.1.1</p> | <p>1. Interns identified patient safety concerns on surgical rotations as they did not have supervision whilst patients are in recovery and GPA not available or has left for the day</p> <p>2. Interns are unclear on escalation processes and/or MET call process if an emergency were to occur</p> <p>3. Supervision of the PGY2 while in the Urgent Care Centre (UCC) at Ararat is lacking. The PGY2 at times may be the only doctor present in the hospital with no one GP to defer to. If the duty /supervising doctor at Ararat Medical Centre is not rostered/not present, it is the PGY2's responsibility to find a senior doctor for management of the patient in the Urgent Care Centre.</p> <p>4. A formal education program for the PGY2s is not in place, nor are they completing term assessments with term supervisors</p> |
| 4 | <b>Inadequate resourcing for the Medical Workforce /Medical Education team</b>           | <p>Standard:<br/>1.2.1<br/>5.2.1<br/>5.2.2<br/>5.2.3<br/>7.5.1<br/>7.5.2<br/>8.1.4</p>                       | <p>1. Lack of structure to appropriately manage the planning and implementation of the JMO program</p> <p>2. There are no clear impartial pathways for timely resolution of professional and/or training-related disputes between junior doctors and supervisors, or junior doctors and the service.</p> <p>3. Rosters are being notified with little to no notice, which is causing concern to JMOs, GP practices and SMS, who are unclear on where they should be working and with whom. Of particular concern are the Surgical specific rosters.</p> <p>4. Notification to rotation sites regarding JMO rotators, rosters and sick leave is ad hoc.</p> <p>5. Wellbeing support across the sites is inconsistent, with JMOs being unclear on who to contact when on rotation away from EGHS Ararat.</p>                                 |
| 5 | <b>Orientation at beginning of the year and each rotation and for ad hoc arrivals is</b> | <p>Standard:<br/>3.1.3a<br/>3.1.3b<br/>3.1.3c</p>  | <p>1. Orientation, both annual and unit based, lacked consistency across the various sites</p>   |

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|   | <b>inadequate<br/>(all sites)</b>  |  | <p>2. The unit based orientation process across all sites is not formalised</p> <p>3. Unit orientation mostly occurring as a handover between JMOs</p>   |
| 6 | <p><b>Missing documentation and/or processes</b></p> <p><b>The following documentation and/or processes are not currently in place and need to be established:</b></p> | <p>Standard:<br/>1.5.1<br/>4.4<br/>5.1.4<br/>7.3.1</p> | <p>1. Formalise Medical Education Committee – TOR, Agenda, Minutes</p> <p>2. Develop PD for Term Supervisor</p> <p>3. Develop PD for Supervisor Intern Training</p> <p>4. Resume regular meetings of Grampians Steering Committee</p> <p>5. Policies and procedures to be made publicly available</p> <p>6. Formal annual orientation report and evaluation to be completed</p> <p>7. Record attendance at SJOG intern education sessions</p> <p>8. Evaluation of each education session and prepare annual report</p> <p>9. Formal Assessment and Review Panel with TOR to be implemented</p> <p>10. Formal documentation of Medical Education Committee meetings with interns at week 5 and week 10 of rotations</p> <p>11. Update consent policies to specify the role and scope of Interns</p> |
| 7 | <b>Inconsistency in the process for claiming for overtime</b>  | <p>Standard:<br/>1.1.4</p>                             | <p>1. JMOs were unclear of the process for claiming, and timelines (including around EOFY deadlines) were not known</p> <p>2. JMOs had difficulty locating surgeon to approve (as they had already left)</p>   |

## 1.5 Recommendations for improvement

Recommendations are for the continuing improvement of junior doctor education and training.

It is expected that they would be implemented as soon as practicable but no later than the mid-cycle review due in 2024.

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| <b>1</b> | <b>GP involvement in supervision of surgical interns</b> | The training program should be expanded to include GP Representatives, especially GPAs, as well as other SMS who are involved in the supervision of JMOs.  |
| <b>2</b> | <b>Establish an Assessment Review panel</b>              | Develop TOR to assess all JMOs performance and to assist with more complex remediation decisions for interns and PGY2s who do not achieve satisfactory assessments.  |
| <b>3</b> | <b>Provide career advice for JMOs</b>                    | Document in the handbook and online as JMOs are unclear where to access career advice.   |
| <b>4</b> | <b>Supervisor training</b>                               | SMS involved in intern/PGY2 training should have access to professional development activities to support improvement in the quality of the junior doctor training program. It is suggested they be offered access to TOTR or other formalised training. |