

Facility Accreditation Report

Accreditation Report

This report includes the following hospital and its related terms:

Calvary Public Hospital Bruce (CPHB)

Accreditation Report Details:

Date of Visit:	2 and 3 October 2018
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Facility Accreditation Recommendation

Three years with four provisos

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Introduction

Calvary Public Hospital Bruce (CPHB) is an acute and sub-acute hospital comprising of 300 beds across both the Bruce Campus and the Clare Holland House public hospice. Clare Holland House is located 16 kilometres from the main campus.

CPHB operates as a public/private partnership between ACT Health and Calvary, a not-for-profit Catholic Health Care organisation. The CPHB Chief Executive Officer (CEO) is accountable to the National Calvary Executive for all matters relating to CPHB. The organisation that is now Calvary National was founded in 1885 as an order of Catholic Nuns. The then Little Company of Mary established Calvary Hospital Bruce in 1973, and many of the staff have been with the hospital for much of their working lives. CPHB is thus generally characterised by a warm and collegial community spirit, carrying with it the potential for both the strengths and challenges arising from a relatively stable tight-knit community. An explicit focus on grounding health services work within a clear values-based ethical framework focused care for the person continues to permeate the organisational culture, providing a strong context to support the junior medical staff as they develop their own professional values and ethics.

As a member of the ACT Local Hospital Network, CPHB has a vision is to deliver high-quality clinical care, comfort and healing to ACT residents and people from surrounding areas of New South Wales. CPHB is committed to providing contemporary and multidisciplinary team-based care, which is delivered by a dedicated, qualified and professional workforce. At both campuses the natural environment supports personal wellbeing and holistic healing. CPHB has long-established referral networks to ensure patients who present or develop conditions that require treatment not available at CPHB are transitioned or transferred to Canberra Hospital or appropriate interstate institutions.

The hospital provides an extensive range of public and private inpatient and outpatient health care services including: a 24/7 emergency department, intensive and coronary care, medical and surgical inpatient services, maternity services, voluntary psychiatric services, specialist outpatient clinics, Hospital in the Home (HITH) service, day surgery services, aged care and outpatient treatment, lymphoedema service and breast care nursing service. Calvary also operates the ACT Specialist Community Palliative Care Service from Clare Holland House campus in Bruce. This service comprises a 19-bed inpatient specialist palliative care unit, palliative care outpatients' clinics, community-based palliative care services and The Calvary-Australian Catholic University Palliative Care Research Centre.

CPHB is a teaching hospital associated with the Australian Catholic University, the Australian National University and the University of Canberra. In this role, and through the contribution of emerging clinical practitioners, CPHB is at the forefront of contemporary health service and acute care practices.

Executive Summary

1. In relation to the JMO program and associated services, CPHB has had multiple and significant changes at executive levels over several years. This regular leadership change can be difficult for the organisation itself, let alone services and programs associated with one category of employee. Nonetheless, it is essential for JMOs and the future development of clinical services that there is high level management appreciation and understanding to the needs of recent medical graduates. There have been several challenges in meeting various Accreditation Standards in the past, and some of this reflects the lack of real understanding and commitment to the needs of this cohort of employee. Members of the Executive during this particular survey appear well engaged and willing to constructively address numerous issues.
2. There is a very strong commitment from the Directors of Prevocational Training (DPETs) in providing high quality education training and leadership for junior doctors. The DPETs are universally known by supervisors and JMOs, and their roles in JMO education are clear to all stakeholders.
3. The JMO education program meets the needs of interns and access to dedicated teaching time is provided. JMOs report that teaching in the formal program and in unit-specific areas is generally of a high quality. The formal program is mapped to the Australian Curriculum Framework and there has been increased communication with Canberra Hospital and Health Services (CHHS) over the past 12 months to coordinate the teaching programs. The formal orientation program has been significantly revised, and the improvements were noted by JMOs who have attended orientation more than once. Additional orientation and education opportunities are available in all units, with the emergency department, palliative care unit and the obstetrics and gynaecology department providing orientation, support and education that was particularly commendable.
4. The PGY2 education program requires attention. There is limited PGY2-specific education and the culture of attending teaching on a regular basis is minimal in the RMO cohort. Initiatives such as engaging registrars in PGY2 teaching and seeking feedback from RMOs regarding topics of interest may assist in developing teaching at this level.
5. Support from the medical administration unit for JMOs rotating to CPHB appears to be poorly coordinated and there is poor definition of roles and responsibilities, as well as sharing of understanding of complex processes within the medical administration unit. Lack of a responsive and supportive medical administration was commonly identified at many levels within the organisation. Extensive issues with rostering, staffing and relief, and IT logins for locum and new staff were raised by doctors at all levels, and this deficit was noted to have had potential impact on patient safety. This issue has been ongoing at CPHB and was included as a significant proviso in the two accreditation reports preceding this visit. The Director of Clinical Services (DCS) noted that in 2017-2018 an additional senior manager was appointed in medical administration to help rectify issues; however, when this position ceased the gains in departmental function were lost. Lack of serious and ongoing address of these issues is a major concern and indicates a lack of executive support for and/or understanding of the stated organisational goals and aspirations to be at the forefront of contemporary health service and acute care practices. Without dedicated change to the medical administration function, the facility is challenged in safely supporting JMO education, training and welfare. The survey team noted that there are human resource requirements that constrain faster reform in this department moving forward.
6. The facility has developed the role of the GCTC and this committee has strong JMO engagement. The committee could further its role in formally evaluating the education program, and work on strategies to increase engagement of supervisors. The GCTC, in collaboration with the supervisors and JMOs, has further work to ensure term descriptions are accurate and a resource for both term supervisors and JMOs in understanding the expectations of the experience in all terms, as well as the specific learning objectives available within individual terms.
7. Supervision in most areas is within expected standards. However, there is inadequate procedures for ensuring a known chain of command in the event of ad hoc or unexpected supervisor leave. In some areas, roles and

responsibilities for supervision in particular clinical situations are not universally understood. In the emergency department, supervision requirements require clarity and communication in relation to paediatric cases. The policy and expectations of registrars and consultants personally examining these patients requires clarification. Procedures should be in place and communicated to all stakeholders regarding responsibilities for performing routine baby checks.

8. Engagement of supervisors is an important consideration and a potential challenge in many teaching facilities. Senior attendance at morning handover in the CPHB medical units provides an example of excellence in teaching and a culture of promoting communication, collaboration and patient safety. The facility has further work to ensure that an adequate handover procedure is implemented in the surgical units and in the evenings. A similar model of senior support and engagement at the registrar level could assist in developing an effective evening handover.
9. Completion of mid and end-of-term assessments is a concern. Formalising procedures to ensure these assessments are completed in a timely fashion should be a priority. The dependence on the JMOs to take responsibility for pursuing and organising their assessments is understandable but should not totally replace the supervisors' nor organisation's responsibilities to ensure that assessments are appropriately completed.
10. The establishment of a medical assessment and planning unit (MAPU) to provide a more highly responsive medical structure and clinical response for medical admissions through the emergency department is not unique to CPHB. At present, the MAPU manages the acute phase of 80 to 90% of medical admissions in their first 2 to 3 days of admission. The flow on effect to the other five medical teams is that these teams have limited exposure to the early processes of assessment, provisional diagnosis, initial management and acute review of patients during the very acute phase of their illnesses and presentations. The regular and frequent transfer of care of such a large percentage of cases highlights the importance of efficient and effective handover processes that ensure good patient care and clear lines of communication. The current admission guidelines have been in place for a couple of years, and it may be timely to review the overall impact. Whether length of stay, patient outcomes and experience and coordination within medical teams is where CPHB believes is appropriate deserves serious reflection.
11. The facility has recently developed a suite of human resource (HR) policies. The package appears to be user-friendly. This suite of policies is yet to be rolled out, so the impact on JMOs is unknown. There are several issues related to JMO working hours or overtime. There is a commonly held view that the CPHB policy is that overtime is neither paid nor required. The requirement for pre-authorisation before a valid claim for overtime is not always practical nor fair to the JMO. Issues of late ward rounds by consultants that may lead to overtime by JMOs is not within the abilities of the JMO to change or influence. JMOs were aware of structures for support, notably the DPETs and the administrator in the emergency department, and reflected that their experiences at CPHB were generally positive.

Accreditation Rating Scale

The Visit Team uses the rating scale below to assess to what extent the criteria within the “**Accreditation Standards**” have been met by a facility. Facilities use the same rating scale when submitting documentation prior to the visit to assess their own performance against the Accreditation Standards. Each of the four rating points is identified below. A rating of ‘some major concerns’ or ‘extensive concerns’ should be justified within the body of the report, and will usually be accompanied by provisos and/or recommendations for improvement by the facility.

No concerns: There is good evidence to show compliance with the Accreditation Standards. There is evidence that systems and processes to support junior medical officer (JMO) education and training are integrated and observed uniformly across the health services. These systems and processes are monitored and evaluated, with outcomes fed back and acted upon in line with efforts to continuously improve training.

Minor concerns: There is good evidence of systems and processes in place to support JMO education and training but they are either not yet fully integrated or not observed uniformly across the health service. These systems and processes are monitored and evaluated.

Major concerns: There is some evidence of systems and processes in place to support JMO education and training, but this is inconsistent across the facility. There is little or no monitoring or evaluation of outcomes of processes to provide continuous improvement.

Extensive concerns: There is little evidence of systems and processes in place to support JMO education and training. There is little evidence of how the facility plans to resource and implement JMO education and training. There is no clear plan in place to meet the Accreditation Standards and no evidence of how this can be resourced and delivered.

Summary of Accreditation Ratings

Standard 1: Governance and Program Management		No Concerns	Minor Concerns	Major Concerns	Extensive Concerns
Executive Accountability					
1.1.1	Facilities have a strategic plan for JMO education and training, endorsed by the facility CEO or DG. The facility CEO or DG is responsible for providing adequate resources to meet this plan.		X		
1.1.2	Facilities are funded as teaching and training organisations, and therefore give high priority to medical education and training.	X			
1.1.3	An organisational structure is in place to support JMO education and training, including a delegated manager with executive accountability for meeting postgraduate education and training standards, for example a Director of Medical Services or equivalent position.	X			
1.1.4	Facilities have clear policies to address patient safety concerns by ensuring JMOs are working within their scope of practice, including procedures to inform the employer and the relevant regulator/s, where appropriate. JMOs are made aware of these policies.			X	
1.1.5	Facilities provide clear and easily accessible information about the ETP to JMOs.		X		
1.1.6	Facilities allocate JMOs within the program through a transparent, rigorous and fair process which is based on published criteria and the principles of the program.	X			
1.2 Resources					
1.2.1	Facilities provide access to the physical, Information and Computer Technology (ICT) and educational resources necessary for supporting JMO education and training.		X		
1.2.2	Facilities provide dedicated office space for a Medical Education Unit (MEU) or equivalent.	X			
1.2.3	Appropriate full time equivalent levels of qualified staff, including a DPET, MEO and administrative staff, are employed to manage, organise and support education and training.			X	
1.2.4	Facilities have a dedicated budget to support and develop JMO education and training.		X		
1.2.5	JMOs are provided with a safe, secure and comfortable area away from clinical work spaces.	X			
1.3 ETP Committee					
1.3.1	Facilities have an ETP Committee which is adequately resourced, empowered and supported to advocate for JMO education and training	X			
1.3.2	The ETP Committee oversees and evaluates all aspects of JMO education and training and is responsible for determining and monitoring changes to education and training.		X		
1.3.3	The ETP Committee has Terms of Reference that outline its functions, reporting lines, powers, and membership, which includes JMOs.	X			
1.3.4	ETP Committee outcomes are communicated to JMOs in a timely fashion.		X		
1.3.5	Facilities report changes to the program, units or terms that may affect the delivery of the program to CRMEC or its delegate, in line with the Process for Accrediting a Change of Circumstance.	X			
Overall Rating :				X	

Comment Standard 1: Governance and Program Management

- 1.1.1 The facility provided an updated strategic plan, revised from the formal plan submitted to the CRMEC in March 2018 by the executive team. There is no evidence that the new strategic plan has had input, support and endorsement from the GCTC and executive team, and the positions responsible for achieving the goals outlined in the plan have not been clearly articulated. As such, it is difficult to establish the level of commitment and resourcing from management to achieving this revised plan.
- 1.1.2 The facility has good teaching spaces and access to teaching resources.
- 1.1.4 Concerns were raised about scope of practice with respect to performing baby checks after hours. The facility policy should be clear, and medical officers should be aware of their responsibility to be specifically trained before performing this procedure.
- 1.1.5 A teaching program is available on the website, but very few JMOs were aware of how this could be accessed.
- 1.2.1 Consistent reports indicated that new staff members, particularly locums, face extensive delays in receiving logins to all the required IT services. This causes delays in patient care and risks to patient safety.
- 1.2.3 The facility has appointed two new Directors of Prevocational Education and Training (DPETs) in the previous 12 months, both working 0.2 FTE. The DPETs are supported by a medical education support officer (MESO) at 0.5 FTE. It is difficult to establish if current resourcing is adequate, as the lack of support from medical administration, a regularly changing executive team and individuals filling multiple positions has led to individuals providing support that sometimes extends beyond the scope of the position. Clearer delineation of duties could assist.
- The current medical administration arrangements are a major concern. Throughout the workforce, medical administration was identified as lacking, with inadequate resources for rostering, lack of resources for coordinating meetings and teaching, delayed IT access, and limited capacity to develop policy and provide junior medical officer (JMO) support. Supervisors and JMOs universally identified lack of medical administration support as a concern, sometimes leading to patient safety concerns. This issue is long-standing and under-resourcing of medical administration has been identified in the previous two accreditation surveys as a significant concern. An additional senior manager was appointed to medical administration team in 2017-2018, but when this role ceased, gains to departmental function were lost.
- 1.2.4 While there appears to be a cost centre for teaching, the DPET is not aware of the budget. All expenditure is at the discretion of the Director of Clinical Services.
- 1.3.2 The GCTC does not appear to review the formal teaching evaluations and feedback from JMOs. Evaluation of the program is limited to verbal feedback from the JMO representatives on the GCTC.
- 1.3.4 No process is in place to communicate the outcome of GCTC meetings to JMOs.

Overall, there are significant concerns regarding the functioning of the medical administration department. **These issues were discussed with the Acting General Manager and Director of Clinical Services during the site visit.** Although acknowledged by the executive team, these concerns have been longstanding. The facility has increased resourcing to the role of the DPET in the past 12 months; however, without adequate administrative support and a well-functioning medical administration department, the commitment of the facility to the JMO experience is lacking. The deficiencies in the medical administration department are felt throughout the organisation, including issues with rostering, IT access and JMO support. Clear delineation of job roles, adequate staffing and resourcing and timely response to staffing issues are urgently required, although the team note that human resource processes require some time to navigate.

Standard 2: Monitoring, Evaluation and Continuous Improvement		No Concerns	Minor Concerns	Major Concerns	Extensive Concerns
2.1 Evaluation JMO education and training					
2.1.1 Facilities have processes to monitor and evaluate the quality of JMO education and training		X			
2.1.2 JMOs have the opportunity and are encouraged to provide feedback on all aspects of their education and training. Feedback is addressed sensitively and anonymised as appropriate.		X			
2.1.3 Facilities use JMO evaluations of orientation, education sessions, supervision, terms and assessments to develop the ETP for JMOs			X		
2.1.4 Mechanisms are in place to access feedback from supervisors to inform program monitoring and continuous improvement.			X		
2.1.5 Facilities act on feedback and modify the ETP as necessary to improve the JMO experience, using innovative approaches where possible.			X		
2.1.6 Facilities support the delivery of JMO education and training by forming constructive working relationships with other agencies and facilities.		X			
Overall Rating :			X		
Comments Standard 2: Monitoring, Evaluation and Continuous Improvement <p>2.1.1 Improvements in the monitoring and evaluation of attendance in the program and feedback on the program is noted. Further coordination with the CHHS program is encouraged.</p> <p>2.1.3 The way evaluations are used to improve the program was unclear because the GCTC minutes do not indicate the program evaluations had been reviewed.</p> <p>2.1.4 Feedback from supervisors on the program is informal. Plans to formalise this process are encouraged, as is increasing the engagement of supervisors with the GCTC.</p> <p>2.1.5 The teaching for PGY2s requires further development. The current program does not recognise the different needs of PGY2s. Innovation in this area is required to increase the engagement of PGY2s in continuous professional development.</p> <p>Overall, the facility appears to conduct evaluations of the program. In some areas the formalisation of these processes is recommended. Engagement of PGY2s in the teaching program should be encouraged and increased using innovative approaches and in consultation with the PGY2 cohort as to appropriate teaching topics and strategies to promote attendance.</p>					

Standard 3: Education, Training and Clinical Experience		No Concerns	Minor Concerns	Major Concerns	Extensive Concerns
3.1 Education and Training					
3.1.1	All JMOs are able to access the ETP provided and supplementary training activities offered on all terms.	X			
3.1.2	Formal ETP sessions are designated protected time and pager free.		X		
3.1.3	The ETP offered is mapped to the ACF and covers topics relevant to JMO training.	X			
3.1.4	The ETP is structured to reflect the requirements of the registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training.	X			
3.1.5	Facilities provide career guidance to JMOs to help inform career choices and how to access these careers.	X			
3.1.6	JMOs complete a Basic Life Support course as part of the facility orientation program, and every two years thereafter.	X			
3.1.7	JMOs are encouraged to participate in hospital wide educational opportunities, for example Grand Rounds.	X			
3.2 Clinical Experience					
3.2.1	Facilities provide JMOs with a program of terms that enables the attainment of ACF competencies, including relevant skills and procedures. Intern terms should reflect the requirements of the registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training.	X			
3.2.2	Facilities ensure JMOs are able to partake in learning opportunities appropriate to each term, including practical experience in each specialty undertaken with the opportunity to improve their practical skills. This includes exposure to theatre time during surgical terms. Intern terms should take into account the Australian Medical Council Guidelines for intern terms.	X			
3.2.3	In identifying terms for training, facilities consider the following: • complexity and volume of the unit's workload, • the JMO's workload, • the experience JMOs can expect to gain, • How the JMO will be supervised, and who will supervise them.		X		
3.2.4	All clinical settings for JMOs are able to demonstrate the education and learning opportunities available.	X			
3.2.5	JMOs have access to the tools and opportunities for an appropriate handover at the start and end of each shift, during shifts if required, and at the start of each term.			X	
3.2.6	Facilities provide information to JMOs regarding the experiences available on all terms, including those at secondary sites.		X		
3.2.7	All terms have an approved term description that has been developed by the term supervisor with input from JMOs who have undertaken the term. Term descriptions are monitored and updated regularly to ensure they reflect the current practice and experience available on each term.		X		
3.2.8	Facilities provide a comprehensive orientation to JMOs at the beginning of their employment with that facility.	X			
3.2.9	JMOs receive an orientation to all secondary training sites that they rotate through.	X			
3.2.10	JMOs complete a Basic Life Support course as part of the facility orientation program, and every two years thereafter.	X			
3.2.11	All JMOs receive an appropriate orientation to each term.		X		
Overall Rating :			X		

Comment Standard 3: Education, Training and Clinical Experience

- 3.1.2 There is growing awareness in the facility that teaching time should be protected. Most JMOs are provided with pager-free time to attend.
- 3.2.3 Under the current structure, JMOs working in MAPU are required to negotiate with and relate to numerous clinician teams and multiple visiting medical officers (VMOs) who attend at unpredictable times. This leads to multiple rounds each shift and increased handovers. The facility should look to reviewing the current admission guidelines to MAPU. The present systems means that 80 to 90% of acute medical admissions spend the first 2 to 3 days in MAPU and hence the early acute phase of these medical admissions are managed outside of the other medical team structures, even though the same specialist is involved.
- 3.2.5 Morning handover, particularly in the medical units, is excellent. There is strong attendance from the senior staff and this commitment highlights the significance of handover to JMOs. However, there is no similar structured handover (and no designated space in which it could be held) in the surgical units in the morning. There is also lack of structured handovers in the afternoons and evening. Surgical and evening handovers are an imperative for patient safety, and leadership is required by more senior staff, including registrars, to formalise a structured handover procedure in surgical units and in the evening.
- 3.2.6 Term descriptions have improved since the last survey. The current term descriptions require more detail on the expected experience in individual terms. For example, it is unclear why the orthopaedics term includes attending endoscopies and the CCU on a weekly basis in the clinical responsibilities, and has a strong medical focus in the term objectives. More relevant term descriptions provides JMOs with a stronger understanding of the term expectations.
- 3.2.7 Refer to 3.2.6. Very few term supervisors could identify a term description or their contribution to it. JMOs reported that the term descriptions were not a useful resource as they provided limited information.
- 3.2.8 The orientation program is very well-received by JMOs. Those who had attended orientation in previous years specifically noted major improvements in the orientation in 2018.
- 3.2.9 Orientation to Clare Holland House is commendable.
- 3.2.11 Orientation to the main campus could be improved for the JMO in the palliative care term. This position undertakes evening/night duty at the main campus with limited orientation and incomplete IT access.

Standard 4: Supervision		No Concerns	Minor Concerns	Major Concerns	Extensive Concerns
4.1 Clinical Supervision					
4.1.1	JMOs are supervised at all times at a level appropriate to their experience and responsibilities.			X	
4.1.2	Facilities have a supervision guideline that is understood and adhered to by supervisors.		X		
4.1.3	Supervisors have appropriate competencies, skills, knowledge, authority, time and resources to supervise JMOs during all periods of duty.	X			
4.1.4	JMOs learning objectives are discussed with the Term Supervisor at the start of each term and a learning plan developed.		X		
4.1.5	Term Supervisors are known to and accessible by JMOs, understand their roles and responsibilities in assisting JMOs to meet learning objectives, and demonstrate a commitment to JMO training.		X		
4.1.6	Facilities provide appropriate support and professional development opportunities to supervisors for their roles.		X		
4.1.7	Supervisors are responsible for providing JMOs with regular constructive feedback.	X			
Overall Rating :			X		
<p>Comment Standard 4: Supervision</p> <p>4.1.1 There is some concern regarding inconsistent supervisory practices in the emergency department in relation to the review processes of paediatric patients in particular. The JMOs and apparently some senior staff have different understandings regarding the facility's policy on the need for some paediatric patients to be seen by the supervisors as an integral part of the patient assessment and review. Clear policies and their communication to all staff are required. This issue was discussed with the Acting General Manager, Director of Clinical Services and relevant department head during the site visit.</p> <p>In some units, when registrars or the senior RMO or CMO are away on unexpected leave (or sometimes even on planned leave) the back-up arrangements for supervision of the PGY1 or PGY2 can be unclear.</p> <p>4.1.2 Supervisors were unaware of the CRMEC supervision guideline. No facility-specific guideline is available.</p> <p>4.1.4 Learning objectives are discussed at the commencement of some terms, but this is not universal.</p> <p>4.1.5 Surgical supervisors are not always able to identify JMOs for whom they have a responsibility. Increased commitment to training and early contact with JMOs when they commence terms is encouraged. The role registrars have taken to support JMOs in some areas, particularly surgical terms, is important to the JMO experience.</p> <p>4.1.6 A recent supervisor dinner provided an opportunity for supervisors to increase cross-discipline engagement and sharing of teaching experiences. Responsibility for engaging supervisors is required at an executive and departmental head level. The supervisor training provided through CRMEC is noted in the GCTC minutes but it is unclear how this opportunity was communicated to supervisors.</p>					

Standard 5: Assessment	No Concerns	Minor Concerns	Major Concerns	Extensive Concerns
5.1 Assessment Processes for JMOs.				
5.1.1 JMOs are encouraged to take responsibility for their own performance, and to seek feedback from their supervisors in relation to their performance.	X			
5.1.2 Term supervisors outline unit-specific assessment processes at the start of each term, identifying team members involved in assessing JMOs.		X		
5.1.3 Interns undergo valid and reliable formative mid-term assessments for all terms exceeding five weeks. Ideally, this will also occur for all other JMOs.			X	
5.1.4 JMOs undergo valid and reliable summative end-of-term assessments for all terms. The supervisor should consult with other team members to maximise reliability. These assessments are discussed with JMOs, who have the opportunity to comment on these.		X		
5.1.5 JMO assessments are confidential and are not released by a facility for any human resources purposes, including employment applications. A copy of all assessments should be provided to the JMO.	X			
5.1.6 Facilities have a process to assist with decisions on the remediation of JMOs who do not achieve satisfactory supervisor assessments.		X		
5.1.7 Facilities implement and document assessments of JMO performance consistent with the registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training.		X		
5.1.8 Intern assessment is consistent with the guidelines in the AMC's <i>Intern training – Assessing and certifying completion</i> , and based on interns achieving outcomes stated in the AMC's <i>Intern training – Intern outcome statements</i> .	X			
Overall Rating :		X		
Comment Standard 5: Assessment <p>5.1.2 The process for mid and end term assessment was not always clear to JMOs. In some units, JMOs are unclear how the assessment is conducted, particularly when the supervisor has limited contact with the JMO. This could be clarified in term descriptions and orientation.</p> <p>5.1.3 According to documentation provided by the DPETs, 89% of PGY1s and 58% of PGY2s received a mid-term assessment thus far in 2018. This is a lower rate of completion than in 2017 and requires address.</p> <p>5.1.4 According to documentation provided by the DPETs, 59% of PGY1s and 34% of PGY2s had received an end-of term assessment thus far. Assessment is a mutual responsibility of the supervisor and JMO. Development or improvement of follow-up processes for incomplete assessments is required.</p> <p>5.1.6 For the most part there is effective and rigorous remediation involving the most appropriate staff. A formal process should be documented, particularly to assist new supervisors in the facility.</p> <p>5.1.7 While a process for implementing and documenting assessments is in place, there is no process for adequately following up incomplete assessments.</p>				

Standard 6: JMO Welfare		No Concerns	Minor Concerns	Major Concerns	Extensive Concerns
6.1 Welfare support for JMOs					
6.1.1	The duties, working hours and supervision of JMOs are consistent with the delivery of high-quality, safe patient care and JMO welfare.		X		
6.1.2	Facilities provide access to and information regarding welfare support for JMOs, including information regarding external, independent organisations. This is articulated within facility orientation processes.	X			
6.1.3	Facilities have written policies and processes in place, with appropriate reference to local and national jurisdictional guidelines, to manage welfare, workload, safety and substandard performance of JMOs.		X		
6.1.4	Facilities identify underperforming JMOs in a timely fashion and have appropriate processes to support and manage these JMOs. JMOs are informed of concerns regarding their practice to enable this to be remedied before the end of the training year wherever possible.	X			
6.1.5	Handover of JMO performance across terms is managed by the MEU. Confidential written records are kept of any notifications and discussions of substandard performance with term supervisors.	X			
6.1.6	Facilities have published fair and practical policies for managing annual leave, sick leave and professional development leave.		X		
6.1.7	Facilities have clear impartial pathways for the timely resolution of training-related disputes between JMOs and supervisors, or JMOs and the facility.		X		
6.1.8	Facilities guide and support supervisors and JMOs in the implementation and review of flexible training arrangements. Available arrangements for interns are consistent with the registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training.	X			
6.1.9	Facilities have policies and procedures aimed at identifying, addressing and preventing bullying, harassment and discrimination. JMOs, their supervisors, and other team members are made aware of these policies and procedures	X			
6.1.10	Facilities have processes to identify and support JMOs who are experiencing personal and professional difficulties that may affect their training, as well as processes to provide career advice and confidential personal counselling. JMOs, their supervisors, and other team members are made aware of these policies and procedures.	X			
Overall Rating :			X		

Comment Standard 6: JMO Welfare

6.1.1 In some areas, there are concerns of scope of practice (e.g. well baby checks) and safe staffing. Organisation of appropriate cover for planned and unplanned leave is poor and there is concerns regarding ability to deliver of high quality patient care in the presence of short staffing. In general supervision is appropriate, but this needs tighter guidelines in some clinical areas. These concerns have been raised elsewhere in this report. **Areas of deficiency were discussed with the Acting General Manager, Director of Clinical Services and relevant department head during the site visit for immediate address.**

6.1.3 The facility has a full suite of new HR policies that have not yet been rolled out, and the online platform appears to be user-friendly.

6.1.4 The role of the DPET was known and understood by all supervisors and registrars.

6.1.5 Confidentiality for JMOs is maintained.

- 6.1.6 The facility has a full suite of new HR policies that have not yet been rolled out. When overtime is required, JMOs are aware of the procedure; however, the processes surrounding the need for prior authorisation for payment of unrostered overtime can be seen as impractical and unfair to the JMOs.
- 6.1.7 The current DPETs are the impartial pathway for dispute resolution, although this policy is not formalised. The DPETs were identified by supervisors and JMOs as the appropriate person to assist in dispute resolution. There is a need to clarify the policy in relation to the need for escalation to advise and involve the Director of Clinical Services and ensure the appropriate communication of the position.

Accreditation Status

Term Name	Term Type Core/non-core	PGY1 Term Capacity	PGY2 Term Capacity	Accreditation Status	Notes
General Medicine 1	Core-Medical	1	0	Accredited	
General Medicine 2	Core-Medical	1	0	Accredited	
RMO Med Pod 1	Core-Medical	0	1	Accredited	
Cardiology	Core-Medical	0	1	Accredited	
General Medicine 3	Core-Medical	1	0	Accredited	
General Medicine 4	Core-Medical	1	0	Accredited	
RMO Med Pod 2	Core-Medical	0	1	Accredited	
Stroke Services	Core-Medical	1	1	Accredited	
General Medicine 5	Core-Medical	1	0	Accredited	
RMO Med Pod 3	Core-Medical	0	1	Accredited	
MAPU	Core Medical	1	1	Accredited	
Palliative Care	Core-Medical	0	1	Accredited	
Emergency Medicine	Emergency	11	13	Accredited	
General Surgery 1	Core-Surgical	1	0	Accredited	
General Surgery 2&4	Core-Surgical	2	0	Accredited	
General Surgery 3	Core-Surgical	1	0	Accredited	
Surgerical RMO	Core-Surgical	0	1	Accredited	
Orthopaedic Surgery	Core-Surgical	1	0	Accredited	
Psychiatry	Non Core-Medical	1	0	Accredited	
Obstetrics & Gynaecology	Non-Core Surgery	2	2	Accredited	
Total accredited terms		26	23		

Commendations

Commendation 1:

There was universal acknowledgement from JMOs and supervisors of Ms Cheryl Wood as a supportive, organised and approachable administrative support person in the emergency department. Ms Wood is commended for her dedication to ensuring JMOs in the emergency department have a fulfilling experience at CPHB.

Commendation 2:

There was universal acknowledgement from JMOs and supervisors of the role the DPETs play in JMO education and training. Universally, Dr Christie and Dr Ong were identified as supportive, approachable and dedicated to their roles. The DPETs are commended in their ongoing improvements to the ways in which JMOs are supported and educated at CPHB, including the significant improvement to the facility-wide orientation program, and their engagement in prompting supervisor cross-discipline collegiality.

Commendation 3:

The obstetrics and gynaecology department is commended for the significant improvements noted in the delivery of education and supervision of JMOs. The term appears to provide a strong education experience, with versatile clinical opportunities for JMOs.

Commendation 4:

The emergency department and the palliative care departments are commended for their commitment to orientation of JMOs, and their unit-specific education programs.

Provisos

Proviso 1:

Standard 1: Governance and Program Management

1.1.4 Facilities have clear policies to address patient safety concerns by ensuring JMOs are working within their scope of practice, including procedures to inform the employer and the relevant regulator/s, where appropriate. JMOs are made aware of these policies.

Standard 4: Supervision

4.1.1 JMOs are supervised at all times at a level appropriate to their experience and responsibilities.

1. Establish, document and communicate a chain of command or back-up supervision for ad-hoc, unexpected and planned absence of the supervisor, including after hours (see comments 4.1.1).
2. Clarify the facility's policy and procedure regarding the review of paediatric patients seen in the emergency department by JMOs. Ensure that all supervisors and JMOs are aware of the policy (e.g. ensure it is well-covered in orientations), and monitor its application (see comments 4.1.1).
3. Review the facility policy and procedures related to well baby checks to ensure JMOs are not outside scope of practice (see comments 1.1.4 and 6.1.1). **PROVISO MET**

Report the solutions to the above issues and their implementation by 31 January 2019.

Proviso 2:

Standard 1: Governance and Program Management

1.2.3 Appropriate full time equivalent levels of qualified staff, including a DPET, MESO and administrative staff, are employed to manage, organise and support education and training.

The previous two accreditation reports have referred to under-resourcing of the DPET function and medical administration department and the facility's accreditation was threatened in 2017 due to lack of action on the facility's behalf. Constraints of human resource processes to the currently planned departmental re-structure are noted.

1. Conduct a formal review of the staffing requirements in medical administration, as well as the DPET role and medical education support officer (MESO) role. The review should include consultation with relevant stakeholders and delineation of role responsibilities, including organising appropriate and timely IT logins, to job titles. Make clear the distinction of roles between the DPET and the Director of Clinical Services or similar position as they relate to aspects of the service and operational functions of the JMOs.
2. Ensure there is adequate support staff for the JMO program. This includes staffing for the following roles:
 - DPET
 - MESO
 - JMO manager
 - Administrative officers
 - IT support
3. Evaluate the impact of changes made through the usual responsibilities of various positions and structures (e.g. GCTC, DPET, medical administration and Director of Clinical Services).

Provide evidence of the formal review and its outcomes (e.g. job descriptions) by 30 April 2019.

Provide evidence that relevant positions are filled by 30 June 2019.

Report evaluation of the medical administration structure in annual report (template to be provided).

EXTENSION TO END MAY 2019

Proviso 3:

Standard 3: Education, Training and Clinical Experience

3.2.5 JMOs have access to the tools and opportunities for an appropriate handover at the start and end of each shift, during shifts if required, and at the start of each term.

Formalise a procedure for morning handover in the surgical units, and develop procedures for evening handovers in all units. It is suggested that senior leadership is an effective strategy to developing a culture of communication and teaching through a formal handover process.

Provide evidence of action and implementation by 1 March 2019. PROVISIO MET

Proviso 4:

Standard 5: Assessment

5.1.3 Interns undergo valid and reliable formative mid-term assessments for all terms exceeding five weeks. Ideally, this will also occur for all other JMOs

5.1.4 JMOs undergo valid and reliable summative end-of-term assessments for all terms. The supervisor should consult with other team members to maximise reliability. These assessments are discussed with JMOs, who have the opportunity to comment on these.

Formalise procedures to ensure that 100% of JMOs receive an end-of-term assessment and that this is monitored by the GCTC.

Ensure that the responsibilities for completing mid and end-of-term assessments for interns and JMOs are communicated to supervisors and JMOs, and that mutual responsibilities and expectations in this area are made clear.

Provide evidence of action and implementation by 10 February 2019. PROVISIO MET
Report term one assessment completion rates by 30 March 2019.

Recommendations

n.b.: Progress on all recommendations is made in the Annual Report (template to be provided).

Recommendation 1:

Development of an PGY2-specific education program should be considered by the facility. Engagement of registrars, case-based learning sessions and PGY2-driven models could all be considered.

Recommendation 2:

Development of a supervisor guideline is recommended. This would be a particularly useful resource for new supervisors and would assist in communicating responsibilities regarding assessment and remediation supports. A supervisor guideline template is available at the CRMEC website.

Recommendation 3:

The GCTC should receive the education program evaluations and feedback, and conduct a formal evaluation of the program at least annually. Communication of the GCTC activities to the JMOs and supervisors on a regular basis through circulation of minutes would assist in promoting the work of the GCTC to all stakeholders.

Recommendation 4:

Comprehensive review of the term descriptions is required. This could be conducted by the term supervisors and JMOs in the terms to ensure the term descriptions are a useful resource and clearly outline the experience offered in the term, role expectations and methods of assessment.

Recommendation 5:

Formalise the informal rostering solutions that the PGY1s in the obstetrics and gynaecology term have developed that ensure they have experience in all aspects of the term, while covering ward work. This could be included in the term description.

Recommendation 6:

Include PGY1s and PGY2s in the paging for MET calls. Being aware of MET calls in the hospital promotes communication and learning opportunities.