

Facility Accreditation Report

Accreditation Report

This report includes the following hospital and its related terms:

Goulburn Base Hospital (GBH)

Accreditation Report Details:

Date of Visit:	1 July 2019
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Accreditation expiry date:	31 March 2020

Facility Accreditation Recommendation

The CRMEC advise that Goulburn Base Hospital has been accredited for

7 months with 11 provisos

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Introduction

Goulburn Base Hospital (GBH) is a regional hospital that serves the Southern Tablelands areas. The hospital is a member of the Southern NSW Local Health District which includes hospitals and community health centres on the coastline from Batemans Bay in the north to the Victorian border in the south, and as far as Queanbeyan and Goulburn.

The current GBH is an 80-bed facility that includes a 24-hour emergency department and a high dependency unit including two ventilated beds. The hospital has three operating theatres. The hospital includes medical, surgical, paediatric and maternity wards, 10 day-only beds and an 8-chair renal dialysis unit. The main tertiary referral centre is The Canberra Hospital, ACT, with some referral to Sydney tertiary hospitals.

The current main hospital building was opened in 1889, with a major upgrade completed in the 1960s and further upgrades in 2013. In 2015 the NSW Government allocated funds for a major new hospital redevelopment on the existing GBH site that is now underway. This redevelopment is expected to be fully completed by 2021.

The Canberra Hospital and Health Services (CHHS), Medical Officer Support, Credentialing, Education and Training Unit (MOSCETU) provide human resources for the Junior Medical Officers (JMOs) and is responsible for JMO allocations to GBH.

Executive Summary

1. In relation to the JMO program and associated services, GBH has had multiple changes at the executive level since the previous survey visit. 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 are currently several challenges in meeting various Accreditation Standards, and some of this reflects the what appears to be a lack of real understanding of the requirements for a JMO training program, a lack of engagement at the executive level and below with the self-evaluation process of accreditation and a lack of understanding and commitment to the needs of JMOs.
2. The facility's accreditation submission indicated a lack of engagement by staff in the accreditation, self-evaluation and quality improvement process. The self-evaluation and the documentation relating to strategic planning, job responsibilities, committee functions and the overall ETP that was provided in the accreditation submission were not reflective of policies, procedures and practicalities at GBH.
3. There appears to be a commitment from the Directors of Prevocational Training (DPET) in providing education and leadership for junior doctors. However, the current DPET role captures all aspects of JMO management, rostering, education and support. As the almost sole point of contact for JMOs, the current structure is vulnerable to conflicts of interest.
4. Resourcing for an ETP appears limited. There is minimal to no administrative support for the program and no medical education unit staffing. The teaching facilities are minimal, without reliable access to IT services and reported to not be easily accessible to JMOs. It is unclear if teaching space and a JMO lounge is planned for the new facility. Positions critical to the supervision and workload of JMOs have remained unfilled and/or have not been covered during leave.
5. There is no formal, documented ETP. Key personnel indicated that attendance at education and completion of NSW pre-employment training are not enforced as mandatory. As a result, the teaching program appears to be ad hoc, there appears to be no commitment to pager free teaching, there is no mapping to the Australian Curriculum Framework (ACF) and no program evaluation. However, the JMOs report that the face-face education that is provided is of a high quality, and there is indication that education delivery has improved in recent years.
6. The GCTC does not operate within the documented terms of reference and appears to have limited oversight of the ETP and DPET role. The GCTC undertakes no evaluation of the ETP and is reported to be poorly attended by supervisors. It was reported that the GCTC has been unable to resolve serious safety issues and other concerns from JMOs over extended periods. JMO engagement in the GCTC appears to be minimal.
7. Engagement of supervisors is an important consideration and a potential challenge in many teaching facilities. Supervision is inadequate to ensure patient safety and JMO welfare, specifically in the after hours period. This has required escalation by JMOs through the risk reporting system multiple times without timely resolution. Supervision at other times appears to be variable. Some supervisors are only on site one/week and are reported to be not readily accessible at other times. There is frequently confusion regarding who is responsible for patient care, reportedly leading to difficulties in seeking assistance when a patient's clinical condition changes.
8. Arrangements for clinical handover are complicated and the multiple handovers create a risk for patient safety. It is unclear that JMOs are always able to receive or give a clinical handover.

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 effective and 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 generally effective and 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 and/or is ineffective. 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 or the current systems are ineffective. 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.	N/A			
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 a strategic plan, noted as being from the South East Regional Hospital and adapted for GBH. However, relevant staff at GBH were not familiar with this document and no plans to adopt this strategic plan were discussed by the DMS, DPET or GCTC Chair. There appears to be no functional, implemented strategic plan for JMO education and training.
- 1.1.2 The facility has poor teaching spaces and no documented teaching plan.
- 1.1.3 There is no delegated structure to support the DPET and JMO education. The facility currently has no JMO manager or Medical Education Support Officer, and the administration of JMO accommodation is performed by the Director of Medical Service (DMS) personal assistant and/or the DPET.
- 1.1.4 The facility appears to provide limited to no information to JMOs regarding patient safety, scope of practice or regulations.
- 1.1.5 The facility could provide no documented ETP. An education plan from South East Regional Hospital was presented as being for adoption by GBH. However, relevant staff at GBH appeared unfamiliar with this document and no plans to adopt the education plan were discussed by the DMS, DPET or GCTC Chair. Education delivery appears to be ad-hoc, although the JMOs report it is of high standard. It was reported that JMOs often use their education time to undertake mandatory NSW Health pre-employment training, although this mandatory training is also reported to not occur at times. It was also noted by key staff that PGY1 attendance at training is not considered to be mandatory.
- 1.1.6 Allocation is performed by the parent facility, Canberra Health Services.
- 1.2.1 Adequate IT services are available on the wards. The dedicated JMO teaching space contained computers that were not set up and it was reported that the room is locked and access is variable. There were reports that IT equipment has been stolen from the JMO teaching space.
- 1.2.2 There was no evidence that an MEU is in place.
- 1.2.3 It was reported that the DPET nominally works for five hours/week in the DPET role. There is currently no MESO, no administrative support for the ETP, no JMO Manager, and no person delegated to roster JMOs. All duties associated with JMOs are reported to be performed by the DPET, creating potential conflicts of interest. It is noted that a position taking some of these responsibilities was recently vacated and a restructure is underway, although the implications of this were unclear.
- 1.2.4 The DPET appeared to be unaware of a budget to fund the ETP.
- 1.3.1 The GCTC reportedly does not review the teaching program or term descriptions, and no evaluations of the program are conducted. It was reported that the GCTC was unable to advocate for JMO education, training or welfare and had been unable to address serious issues of concern raised by JMOs.
- 1.3.2 The GCTC does not appear to have oversight over the ETP. The facility was unable to locate minutes of any meetings of the committee over the previous 12 months. Items raised in minutes of July 2018 were ongoing concerns for JMOs in July 2019. The Chair was unaware that the GCTC has a role in overseeing and evaluating the term descriptions, the supervisors, the DPET or the education program.
- 1.3.3 The GCTC terms of reference provided in the desk top audit do not reflect the Committee function as described by the Chair. The DPET job description and organisational structure indicate the DPET does not have a reporting line to the GCTC. Additionally, the facility provided PETC terms of reference in the desktop audit, but this committee was reported to not exist.
- 1.3.4 The GCTC reportedly meets in the last week of the JMO rotation so there is no opportunity to provide feedback to the current JMOs. There was no evidence that Committee outcomes are communicated to incoming JMOs.

1.3.5 In the time since the last survey visit the CRMEC has been made aware of changes to terms that were not reported to the CRMEC and subsequently required CRMEC intervention. There is some evidence that JMOs may have continued to work in roles that were not accredited by the CRMEC despite the facility being informed of the lack of accreditation for such arrangements.

Overall, there are significant concerns regarding the governance and program management. The DPET appears to be diligent in covering multiple roles, but the current system provides the JMOs with limited support options and conflicts could easily arise. Lack of a JMO manager, MESO, rostering manager or any functional MEU means the DPET has limited support in the role. The strategic plan, education plan, and documentation provided for the desktop audit failed to reflect processes within GBH.

At all levels staff referred to an ongoing restructure that might rectify the lack of staffing, but neither the general manager, DMS, DPET, nor other staff were aware of any specific details of the impending restructure, or when changes are likely to be implemented.

Lack of accountability, strategic direction and funding, minimal understanding of the requirements for an ETP, lack of adequate and accessible physical space and minimal to no oversight of the ETP by the GCTC leaves the survey team with extensive concerns over the governance and management of JMO education and training in the facility.

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 There was no evidence that a process is in place to monitor and evaluate the quality of JMO education and training.</p> <p>2.1.2 It appears that JMOs have some opportunity to provide feedback on an informal level directly to the DPET regarding education. JMOs can provide face-face feedback to the GCTC at the conclusion of the training term. The DPET and GCTC Chair reported that there is no formal evaluation of the program, and there appears to be no opportunity for JMOs to provide anonymous feedback that will be reviewed and considered.</p> <p>2.1.3 There was no evidence that the facility conducts formal evaluation of the ETP. No formal JMO evaluation of the education, supervision or terms are used by the facility. Since the last survey visit, the CRMEC has liaised with locum DMSs numerous times to provide information about the one45 reporting system in use by the parent facility and encouraged GBH to access anonymised JMO feedback. The DPET reports receiving this information in late 2018 but was unaware how to use the information, or where responsibility for reviewing feedback lies within GBH.</p> <p>2.1.4 The GCTC invites supervisors to attend meetings, but it was reported that attendance is poor. Feedback from supervisors does not appear to be incorporated into the ETP, although because there are no meeting minutes and no documented ETP, this is difficult for the survey team to evaluate.</p> <p>2.1.5 The facility demonstrated that changes had been made to the ETP with the appointment of a new DPET such that the new program includes increased face-face education. There was no evidence of strategies to further improve the program.</p> <p>2.1.6 There was no evidence of working with other agencies, facilities or disciplines in formal education delivery.</p> <p>Overall, there is no formal evaluation of the ETP. However, the GCTC Chair noted some improvements in the way in which education was delivered, and the JMOs report that education that is provided by the DPET is of high quality. Despite the facility being aware of mechanisms through which JMO feedback is captured, there is no system to use this information for improvement. Engagement of supervisors in evaluating and improving the formal teaching program is minimal.</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.	N/A			
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

- 3.1.1 It was reported that it is not possible for all JMOs (particularly in surgery) to attend teaching sessions due to workload. This is particular difficult when there is limited staffing (e.g. when registrars/ JMOs on leave are not replaced or when positions remain unfilled). Key personnel demonstrated lack of awareness that attendance at the formal education program is mandatory for PGY1s. It was noted that training is sometimes cancelled and rescheduled for different times.
- 3.1.2 Teaching is reported to be designated protected time and pager free, but this appears to be ineffective in practice. This is exacerbated when registrar positions are unfilled or sick leave is left uncovered.
- 3.1.3 The facility was unable to provide a documented ETP that reflects the GBH teaching program. The GCTC and DPET did not demonstrate knowledge of a requirement to map the ETP to the ACF.
- 3.1.4 There appears to be no formal ETP or record of attendance, so this could not be evaluated by the survey team.
- 3.1.7 It was reported that JMOs frequently do not have time to complete mandatory NSW Health pre-employment training. Grand rounds was reported to occur regularly and be a good education experience.
- 3.2.3 While the training terms are appropriate, the work load in some terms was reported to be excessive. The time spent completing discharge summaries appears to outweigh opportunities to engage in clinical work. The medical term reportedly has a very high workload due to a long-term absence at the registrar level that has not been appropriately covered. Some medical terms are supervised by locums who reportedly are only in Goulburn for one day per week. It was reported that surgical supervisors are frequently inaccessible to JMOs due to their locum or VMO status.
- 3.2.5 Morning handover occurs at a range of times and it was not clear that the JMO is able to be present. Evening handover is reportedly given by the JMO to a CMO in the emergency department who is frequently engaged in other duties and does not appear to have primary responsibility for the hospital wards. This handover appears to be inadequate and as a result the JMOs are reported to often work unrostered overtime to ensure critical patients in the wards have access to timely medical care.
- 3.2.8 Orientation is reported to have improved in 2019. The orientation does not appear to cover JMO welfare, JMO reporting and support mechanisms or mandatory training requirements.
- 3.2.11 In the medical term, JMOs rotate through three different teams without an orientation to each team.
- Overall, there are concerns regarding the education, training and clinical experience. Handover processes, especially in the evening, appear to be a risk to patient safety. In both morning and evening, handover appears to be conducted multiple times between different staff, increasing risks of miscommunication. Mandatory intern training and NSW pre-employment training are reported to be optional and as a result there is minimal support for JMOs to meet their training requirements. Because the ETP being delivered is not documented, the survey team were unable to review the content and mapping to ACF and training requirements.

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
Comment Standard 4: Supervision					
<p>4.1.1 JMOs are reported to be supervised by a CMO in the emergency department after-hours. The CMO is reported to be unresponsive to requests for support from JMOs that has led to JMOs leading rapid responses without additional medical staff to assist. In these situations, which reportedly have occurred regularly throughout 2017 – 2019 and have been reported through the facility's risk management system, the JMOs report needing to seek off-site support due to lack of responsiveness from the emergency department medical staff.</p> <p>There appears to be variable supervision in the terms. Some supervisors are reported to only be on site one/week and not contactable on other days. Locum VMO supervisors are reported to not be readily accessible or responsive. There is reported to be frequent confusion regarding who is responsible for patient care, leading to difficulties in following up patient care or seeking assistance when a patient's clinical condition changes.</p> <p>4.1.2 The facility provided the generic CRMEC supervisor handbook in the desktop audit; however, supervisors were unaware of this resource.</p> <p>4.1.3 Supervisors noted that they had received no training in supervision and were not provided with resources to assist in the role.</p> <p>4.1.4 There was no evidence that supervisors routinely discuss learning objectives with JMOs. Some reported to be unaware of the term description or learning objectives.</p> <p>4.1.5 Many supervisors were reported to be inaccessible to JMOs and reportedly do not respond to after hours contact from JMOs. Some supervisors are only onsite one/week and are reported to be inaccessible on other days.</p> <p>4.1.6 Supervisors reported they had no access to professional development.</p> <p>4.1.7 In the medical term, the JMO rotates through three units with three different supervisors. It was reported that there is limited to no communication between these supervisors regarding JMO progress or assessment.</p>					

Overall, supervision in some areas is of significant concern and appears to place patient and JMOs at risk, most particularly the apparent failure to provide reliable and responsive supervision for JMOs working after hours. This significant safety and welfare issue has already been raised by the CRMEC and HETI at the Network level as a serious issue requiring immediate address. In areas supervised by VMO staff, JMOs reportedly often have poor access to their supervisor. In other areas, supervision rotates and the supervisors report that they do not communicate with each other regarding JMO needs or assessments. The facility does not appear to provide supervisors with resources or training opportunities to advance supervision skills.

No supervisors for the provisionally accredited orthopaedic surgery training term for which full accreditation was being sought were available to meet with the survey team.

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>5.1.1 JMOs are notably responsible for their performance and appropriately used the risk management reporting system to repeatedly report unsafe working conditions.</p> <p>5.1.2 Supervisors do not appear to routinely outline unit-specific assessment and were unaware of the content of term descriptions.</p> <p>5.1.3 In some terms, notably surgery, mid term assessments are completed. Some assessments are reportedly completed without a meeting between the supervisor and JMO.</p> <p>5.1.4 Supervisors report that they do not routinely consult other supervisors or meet with JMOs before completing assessments. This is of particular concern in the medical term in which the supervision changes three times during the term.</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					
<p>6.1.1 The after hours responsibilities of JMOs are inconsistent with their level of seniority and experience. The reported lack of reliable support during rapid responses is a significant risk to JMO welfare and patient safety.</p> <p>6.1.2 There appears to be minimal welfare support for JMOs. No information about external sources of welfare support were included in orientation information. The DPET is noted to be the person responsible for welfare support, but as the person also responsible for supervision, education and rostering, a conflict could exist.</p> <p>6.1.3 Although policies are in place they appear to not be routinely enacted.</p> <p>6.1.5 There is no MEU to coordinate information between supervisors and the parent facility regarding JMO performance.</p> <p>6.1.6 It was reported that JMOs are unable to take leave while at GBH, and that no cover has been provided in instances where staff members required extended sick leave. This appears to have placed additional stress and workload on JMOs.</p>					

6.1.7 Evidence indicates that issues are not resolved in a timely manner. There are reports of JMOs not receiving the correct pay entitlements extending over numerous years. The general manager noted that incorrect payments had not been resolved within three months, despite the facility being aware of errors. There is evidence that this has required escalation to the parent facility.

Inadequate supervision arrangements have been reported to the hospital by JMOs but remain unresolved.

6.1.9 The GBH has NSW Health policies in place and notes zero tolerance of bullying. There was no evidence these are provided to JMOs during orientation.

6.1.10 There was no evidence that JMOs receive information about support avenues. Documentation from the facility indicates that GBH has limited to no capacity to assist JMOs with personal or professional difficulties, or to cover any leave that might be required due to difficulties. It was noted by executive staff that they would prefer the parent facility not assign a JMO with potential for difficulties to a training position at GBH. In instances where a JMO with difficulties has been identified, the JMO has been removed from the GBH training environment.

Accreditation Status

Term Name	Term Type Core/non-core	PGY1 Term Capacity	PGY2 Term Capacity	Accreditation Status	Accreditation expiry
General Medicine 1	Core-Medical	3	0	Provisional accreditation	31 March 2020
General Surgery 1	Core-Surgical	1	1	Provisional accreditation	31 March 2020
Paediatrics	Non Core	0	1	Provisional accreditation	31 March 2020
Orthopaedic Surgery	Surgical	0	1	Provisional accreditation	27 October 2019
Obstetrics & Gynaecology	Non Core	0	1	Provisional accreditation	31 March 2020

Commendations

Commendation 1:

The survey team commends the DPET, who wears numerous hats and provides an improved face-face education program that is appreciated by JMOs.

Provisos

Proviso 1: After hours JMO welfare and patient safety

(Items 1.a and 1.b communicated to the Executive Director of Medical Services of the Southern NSW LHD by phone on 3 July 2019 and in writing 5 July 2019)

Relating standards:

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

The supervision of JMOs after-hours is not at a level appropriate to their experience and responsibilities, and is a significant risk to patient safety and JMO welfare. The Executive Director of Medical Services of the Southern NSW LHD was informed of the safety concerns by phone and in writing following the survey visit for immediate action.

1. Appoint an after-hours senior medical officer who is on-site and has a primary responsibility for monitoring the hospital wards and JMO supervision. This person must be immediately responsive to requests for support from JMOs. Failing the appointment of an after-hours senior medical officer, the JMOs should not work after-hours.
 2. Formally monitor the responsiveness of the after-hours senior medical officer to JMO requests for support by reviewing attendance at rapid responses and collecting feedback from JMOs, other medical staff and nursing staff.
-
- 1.a **Address point one immediately by 5 July 2019 (previously informed in writing ahead of receiving this report). ITEM CLOSED JULY 2019**
 - 1.b **Immediately by 5 July 2019 commence monitoring of responsiveness to JMO request for after-hours assistance and ensure all staff, including JMOs and nursing staff, are aware of the processes for reporting. Report monitoring findings and resulting outcomes to the CRMEC fortnightly (previously informed in writing ahead of receiving this report) until the next site visit, or until informed by the CRMEC that monitoring is no longer required.**
 - 1.c **By 30 August 2019: Provide the job description of the after-hours senior medical officer that outlines responsibilities for reviewing the wards, responding to rapid response and supervision of JMOs. ITEM CLOSED SEPT 2019**
 - 1.d **By 30 August 2019: Provide evidence of communication to JMOs requesting that all instances where after hours support has not been accessible in a timely manner be reported through the preferred incidence monitoring system. ITEM CLOSED SEPT 2019**

Proviso 2: Strategic Planning for the ETP

Relating standards:

- 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.
- 1.1.2 Facilities are funded as teaching and training organisations, and therefore give high priority to medical education and training.
- 1.2.4 Facilities have a dedicated budget to support and develop JMO education and training.

The facility demonstrated minimal to no strategic planning for the ETP.

1. Develop an overarching strategic plan for the ETP that is endorsed by the facility and identifies appropriate resourcing
2. Ensure that the GCTC is aware of the strategic plan and has opportunity to contribute to and review the plan
3. Ensure that the strategic plan includes mechanisms to regularly evaluate and update the plan.

By 15 November 2019: Provide evidence that the above actions have been completed.

ITEM CLOSED 12 DEC 2019

Proviso 3: Medical Education Unit

Relating standards:

- 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.
 - 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.
1. Develop an MEU structure, including an organizational structure and job descriptions, through which specific positions are delegated responsibility for:
 - Education support and administration
 - JMO management, employment and accommodation services
 - JMO welfare
 - JMO rostering
 2. Ensure that there is no conflicts of interest across roles delegated to the same individual
 3. Provide written communication to current and future JMOs regarding the point of support for various issues of concern for JMOs
 4. If required, ensure any position vacancies within the MEU structure are filled.

By 15 December 2019: Provide evidence that the above actions have been completed. ITEM CLOSED 13 JAN 2020 – Noted that a new MEU position has been created and recruitment is underway.

Proviso 4: GCTC

Relating standards:

- 1.3.1 Facilities have an ETP Committee which is adequately resourced, empowered and supported to advocate for JMO education and training
- 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.
- 1.3.3 The ETP Committee has Terms of Reference that outline its functions, reporting lines, powers, and membership, which includes JMOs.
- 1.3.4 ETP Committee outcomes are communicated to JMOs in a timely fashion.
- 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.
- 2.1.1 Facilities have processes to monitor and evaluate the quality of JMO education and training
- 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.
- 2.1.3 Facilities use JMO evaluations of orientation, education sessions, supervision, terms and assessments to develop the ETP for JMOs
- 2.1.4 Mechanisms are in place to access feedback from supervisors to inform program monitoring and continuous improvement.
- 2.1.5 Facilities act on feedback and modify the ETP as necessary to improve the JMO experience, using innovative approaches where possible.
- 3.2.3 In identifying terms for training, facilities consider the following:
 - complexity and volume of the unit's workload,
 - the JMOs workload,
 - the experience JMOs can expect to gain,
 - How the JMO will be supervised, and who will supervise them.

The governance structure and role of the GCTC needs to be reviewed as a matter of urgency with consideration to sustainability of the Committee and its function. This will include:

- a. Reviewing the Terms of Reference to cement the GCTC as a sustainable, overarching committee for education and training with clear reporting lines both above and below
- b. Ensuring the GCTC has sustainable oversight of the entire training program
- c. Ensuring the GCTC has a substantial role in regularly reviewing term descriptions, the structure within training terms, JMO workload, and tasks being performed by JMOs
- d. Enhancing JMO engagement with the GCTC, including demonstrated communication with JMOs regarding the role of the GCTC and outcomes of GCTC meetings.
- e. Ensuring documentation accurately reflects the issues raised in GCTC meetings, and records the progress of issues to full resolution
- f. Ensuring meaningful feedback is provided to the DPET on a regular basis
- g. Ensuring meaningful feedback is provided to term supervisors by the DPET and their team on a regular basis
- h. Developing an annual schedule of GCTC meetings that provides JMOs with a meaningful opportunity to contribute. This is not achieved by the current structure of holding one meeting toward the end of each training term.
- i. Ensuring the GCTC have a role in evaluating the ETP, including receiving and reviewing annual anonymised feedback received by MOSCETU (parent facility)

By 30 September 2019: Report terms of reference, reporting lines, meeting schedule and JMO orientation information about the GCTC **ITEM CLOSED SEPT 2019**

By 31 January 2020: Provide an evaluation of the ETP conducted by the GCTC

Proviso 5: ETP Development

Relating standards:

- 2.1.6 Facilities support the delivery of JMO education and training by forming constructive working relationships with other agencies and facilities.
- 3.1.3 The ETP offered is mapped to the ACF and covers topics relevant to JMO training.

The ETP should be reviewed to ensure it addresses the educational needs of JMOs. This will include:

- a. Demonstrating mapping of the ETP to the Australian Curriculum Framework (ACF)
- b. Demonstrating incorporation of JMO feedback into the ongoing program in a timely manner. Ongoing evaluation and changes made to the ETP as a result should be evident in GCTC documentation
- c. Identifying educational activities beyond the formal ETP that JMOs may find valuable and including this information in the orientation program
- d. Increase the participation of senior staff specialists/supervisors and multidisciplinary opportunities in the teaching program to provide a varied and interesting program for JMOs

By 31 January 2020: Provide evidence that the above action points have been completed.
ITEM CLOSED 31 JAN 2020

Proviso 6: ETP delivery

Relating standards:

- 1.1.5 Facilities provide clear and easily accessible information about the ETP to JMOs.
- 3.1.1 All JMOs are able to access the ETP provided and supplementary training activities offered on all terms.
- 3.1.2 Formal ETP sessions are designated protected time and pager free.
- 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.
- 3.1.7 JMOs are encouraged to participate in hospital wide educational opportunities, for example Grand Rounds.

The ETP administration and delivery require development to ensure mandatory requirements of intern training and NSW Health are met, and that JMOs receive a program addressing the ACF that provides a valuable learning experience.

1. Ensure that all staff within the hospital are aware that JMO teaching time is mandatory and pager free
2. Develop a program of training activities that is published in advance and accessible to JMOs
3. Ensure that attendance at mandatory JMO teaching is recorded and reported to the parent facility to ensure JMOs meet requirements of the registration standard
4. Include educational activities that JMOs may find interesting on the formal JMO teaching schedule
5. Ensure that mandatory NSW Health training is completed by JMOs within a timely fashion and that this training does not replace the formal ETP

By 30 September 2019: Provide evidence that the above action points have been completed. ITEM CLOSED OCT 2019

Proviso 7: Supervision

Relating standards:

- 4.1.2 Facilities have a supervision guideline that is understood and adhered to by supervisors.
- 4.1.3 Supervisors have appropriate competencies, skills, knowledge, authority, time and resources to supervise JMOs during all periods of duty.
- 4.1.4 JMOs learning objectives are discussed with the Term Supervisor at the start of each term and a learning plan developed.
- 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.
- 5.1.2. Term supervisors outline unit-specific assessment processes at the start of each term, identifying team members involved in assessing JMOs.
- 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.
- 5.2.4 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.

Engagement of supervisors in the ETP and commitment of supervisors to JMO training were not demonstrated within the facility. To increase engagement and ensure JMOs receive appropriate supervision at all times:

1. Ensure that term supervisors are appointed based on their interest in and commitment to the JMO ETP
2. Ensure that term supervisors are readily available for JMOs to receive face-face education, training, feedback and assessment
3. Ensure there is sufficient staffing within units to adequately supervise junior medical staff, including ensuring that extended leave is covered

4. Ensure that teaching responsibilities are outlined in the supervisors job description

By 15 December 2019: Provide evidence that the above actions have been completed. ITEM CLOSED 13 JAN 2019

Proviso 8: Orientation

Relating standards:

- 3.2.8 Facilities provide a comprehensive orientation to JMOs at the beginning of their employment with that facility.
- 3.2.11 All JMOs receive an appropriate orientation to each term.
- 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
- 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.

The current JMO orientation requires expansion to ensure JMOs receive appropriate information on commencement within the facility. Include the following in orientation:

1. Rostering, pay and leave arrangements, including procedures for requesting leave entitlements and procedures for documenting and claiming overtime
2. Information about the mandatory, pager-free ETP, including arrangements for holding pagers
3. Expectations regarding supervisor responsiveness to requests for support and the procedures a JMO should follow to attain support, particularly after-hours
4. JMO welfare resources within the facility and within NSW Health
5. Information about the GCTC and the ways in which JMOs can be involved
6. Ensure JMOs have knowledge of and opportunity to complete any mandatory NSW Health training as a part of orientation

By 30 December 2019: Provide evidence that the above action points have been completed. ITEM CLOSED 13 JAN 2019 JMO orientation manual has been provided.

Proviso 9: Handover

Relating standards:

- 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.

The facility requires a clear policy and procedure for management of handover between shifts.

1. Conduct a robust review of the handover structure and procedure to ensure that the procedure minimises unnecessary handovers throughout the day.
2. The handover structure should include JMOs, and should include a face to face meeting to provide the opportunity to seek clarification.
3. Ensure that handover is conducted within JMO working hours so that JMOs have appropriate opportunity to handover patients before completing their shift.

By 15 September 2019: Provide evidence that the above action points have been completed. This proviso has been addressed by the required date and accepted by the Accreditation Committee.

Proviso 10: JMO Welfare

Relating standards:

- 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.
- 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.
- 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
- 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.

The welfare of JMOs is a significant concern for all ETPs. To promote JMO welfare and ensure that JMOs rotating to a site outside their normal training facility:

1. Provide information on JMO welfare and help seeking during orientation
2. Ensure that JMO welfare is a standing item on the GCTC agenda
3. Provide multiple points of support for JMOs
4. Ensure that issues of remuneration are resolved in a timely manner
5. Prior to their arrival at the facility, include discussion of any specific support required for JMOs in Network meetings

By 30 December 2019: Report part 1 as a part of response to Proviso 82 ITEM CLOSED 13 JAN 2019

By 31 January 2020: Report part 2 as a part of response to Proviso 4 ITEM CLOSED 31 JAN 2020

By 15 November 2019: Report part 3 as a part of response to Proviso 2 ITEM CLOSED 12 DEC 2019

By 15 September 2019: Report action to address on part 4 and 5 ITEM CLOSED 12 DEC 2019

Proviso 11: Orthopedic Surgery PGY2 Term

The orthopedic surgery term at GBH was provisionally accredited at the time of this site visit, pending a full evaluation during this site visit.

Provisional accreditation will be extended for one training term. To attain accreditation of the orthopedic surgery term, beyond this date please submit:

- Revised term description with ACF mapping and signed by the supervisor
- An outline of staffing and supervision in the orthopedic unit

To attain accreditation for term 4 2019, address this proviso by 15 September 2019.

This proviso has been addressed by the required date and accepted by the Accreditation Committee on 3 October 2019. The orthopedic surgery term has been provisionally accredited to 31 March 2020.

Recommendations

Progress on all recommendations is reported in the Annual Report (template to be provided).

N.b.: As there will be no annual report prior to the next visit, progress will be requested on the accreditation submission for the next site visit.

Recommendation 1:

Development of a PGY2-specific education program should be considered by the facility. Engagement of registrars, case-based learning sessions and PGY2-driven models should 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 for adaption by facilities is available from the CRMEC.

Recommendation 3:

Improved teaching spaces are recommended. Teaching spaces should be easily accessible to JMOs in working hours and after hours, should be secure and comfortable, and have operational IT access. This should be considered in plans for the new hospital.

Recommendation 4:

Supervisors should be supported to attend formal teaching skills training. Training options are available through ANU Medical School, relevant Colleges, conferences and a supervisors course is delivered annually by the CRMEC.

Recommendation 5:

Closer collaboration with the parent facility regarding placements and the potential support required for JMOs is recommended.

Recommendation 6:

Closer collaboration with the parent facility is recommended for isolated DPETs who require support to understand the requirements of the ETP and to administer and deliver a program within these requirements.

Recommendation 7:

Completion of paperwork associated with accreditation (e.g. desktop audit self-evaluation, provisos, and changes of circumstance) by key personnel engaged in the ETP is recommended to ensure documentation accurately reflects policies, procedures and practicalities of the program within the facility, and to promote ownership, self-evaluation and quality improvement of the program.