

# Facility Accreditation Report

## Accreditation Report

This report includes the following hospital and its related terms:

South East Region Hospital (SERH)

## Accreditation Report Details:

Date of Visit:	4 July 2018
Lead Surveyor:	Dr Vasco de Carvalho
Surveyor:	Dr Bosco Wu
Surveyor:	Dr Marie Mansfield
Surveyor:	Associate Professor Emily Haesler

Date report approved by Canberra Region Medical Education Council:	19 September 2018
Expected date for next site visit:	July 2021
Accreditation expiry date:	30 September 2021

## Facility Accreditation Recommendation

Three years with five (5) provisos

# Table of Contents

INTRODUCTION .....3

EXECUTIVE SUMMARY .....4

ACCREDITATION RATING SCALE.....5

ACCREDITATION RATINGS.....6

ACCREDITATION STATUS.....14

COMMENDATIONS.....15

PROVISOS.....15

RECOMMENDATIONS.....17

## Introduction

The South East Region Hospital (SERH) is a rural base hospital that serves the lower Sapphire Coast of New South Wales. 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 and the Greater Murray Region.

Bega is a rural and distant location, the nearest tertiary facility is in Canberra, located three hours away by road with difficult driving conditions inherent as the connecting highway passes over the Great Dividing Range at Brown Mountain. Bega relies on aero-medical retrieval for serious cases travelling to Canberra or Sydney.

The SERH facility is newly built and opened in March 2016. The hospital offers emergency department, medical and surgical inpatient beds, a maternity unit, a critical care unit, operating theatres including day surgery, renal dialysis chairs, oncology area, sub-acute rehabilitation and a separate mental health unit. The new hospital has a staff room with dedicated junior medical officer (JMO) lounge, computer facilities and numerous functioning education rooms. In addition, there are educational facilities which have not yet been commissioned and are awaiting additional funding, including provision for a conference room/lecture theatre combined space and a simulation laboratory.

The hospital relies on a large locum workforce. The organisation has a strategic plan to reduce reliance on locum staff and maintain a stable local staff, which is anticipated to reduce administration and bring improved JMO education and welfare. The nature of the medical workforce at SERH is shifting with the move from a district to regional hospital, with increasing appointments of staff specialists, emergency department led by a Fellow of the Australasian College for Emergency Medicine (FACEM) and potential for increasing rotation of junior doctors as the hospital continues to expand.

The SERH currently delivers education and training program to JMOs employed through ACT Health. The hospital has four accredited terms offering medical and surgical rotations to post-graduate year 1 (PGY1) and PGY2 doctors. Commencing in February 2018, SERH also offers one provisionally-accredited term in emergency medicine, which is combined with an elective rotation in general practice and functions as a 6-month hybrid term. The general practice component of this term is delivered at the nearby busy teaching practice, Bega Valley Family Practice. The Canberra Hospital and Health Services (CHHS), Medical Officer Support, Credentialing, Education and Training Unit (MOSCETU) provide human resource and education support for the JMOs and is responsible for JMO allocations to SERH.

In addition to JMO training positions, the SERH caters for medical students from the Australian National University (ANU). The ANU Rural Clinical School has a campus within the hospital grounds and continues to make a contributions to the development of education programs for JMOs at SERH, as well as providing extended rural clinical placements to students from Canberra.

## Executive Summary

1. There is a very strong commitment from the Director of Prevocational Training (DPET) and supervisors in providing high quality education training and leadership for junior doctors.
2. There is no governance structure or strategic plan for JMO education at SERH, and executive commitment is lacking. Adequacy of resources for the education program is difficult to judge in the context of recent staffing changes and current structure. However, the DPET's time resources are stretched and administrative support is lacking.
3. The CHHS (MOSCETU) is responsible for JMO allocations to SERH, there are currently five terms staffed by JMOs. There needs to be a more formalised approach between MOSECTU and SERH medical administration unit to ensure respective responsibilities are clear, allocation of terms and communications between the units are collaborative and transparent.
4. At the SERH, JMOs are exposed to a broad cross-section of patient contact and benefit from the support and leadership from the supervisors, with on the job training and development which they are not as likely to experience in a larger hospital environment.
5. The 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 clinical skills. This includes exposure to theatre time during surgical terms and exposure to some pediatrics in the general practice/emergency hybrid term.
6. There is allocated time for JMO teaching which includes weekly teaching sessions, Grand Rounds and DVD resources that are provided by CHHS. The JMOs report additional education experiences, notably education provided by the palliative care nurse practitioners.
7. There is an urgent need to clarify the process associated with admission, allocations and handover between shifts, particularly for after-hours admissions and handover from night to morning. The lack of clear policies and procedures can place both patients and JMOs in an unsafe situation. This issue was raised during the site visit with the Director of Medical Services (DMS) and the General Manager.
8. There is currently no committee structure through which the DPET and education and training program (ETP) are monitored and evaluated. A lack of formal monitoring means there is no transparent and effective mechanism through which safe working hours, term descriptions and the ETP are reviewed. There is a need for a committee structure with terms of reference that take responsibility and accountability for the ETP. This structure should provide opportunity to develop and regularly evaluate the education program and supervision.
9. Feedback is currently provided to JMOs by the supervisors and the DPET informally via verbal communication and through the formal feedback reporting system for mid-term and end of term via the CHHS IT system (One45).
10. Support from the medical administration unit for JMOs rotating through SERH appears to occur, although this is not well-coordinated and there is poor definition of roles and responsibilities within the medical administration unit. A very recent (within the past week) new role had been created that may undertake support for the ETP, but as this role is funded by a short-term rural grant there is no demonstration of long term sustainability. Inadequacies in administrative support appear to have continued since the previous survey in 2015.
11. There needs to be a formalised process for communication with JMOs in the workplace (e.g. pagers or hospital phones) instead of personal mobile phones. This matter was noted in the previous survey conducted in 2015. The personal mobile phone numbers of JMOs are used as the primary means of contact, placing the onus of appropriate coverage and operational mobile phone contract on JMOs. This is an unacceptable method of communication with a JMO on duty. JMO mobile phone contact details should be accessible from the switch only and not be used as a source of communication during working hours.

## 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
<b>Executive Accountability</b>					
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			
<b>1.2 Resources</b>					
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			
<b>1.3 ETP Committee</b>					
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			
<b>Overall Rating :</b>				<b>X</b>	

## **Comment Standard 1: Governance and Program Management**

- 1.1.1. The facility has no strategic plan for JMO education. While the current program appears to run smoothly, there is limited commitment at the executive level to provide adequate resources to support the ETP. Funding for support positions is ad-hoc and relies on grants and funding provided by external organisations. For example, the ANU Medical School funds a clinical educator to assist with education delivery in the general practice, and a rural hub grant provides funding for a new short-term administration position that is envisioned as providing administrative support for the DPET.
- 1.1.3. There is no governance structure in place to support JMO education and training. Medical leadership is fluctuant and appears reactive, with frequent temporary DMS appointments since the previous survey in November 2015. Without clear medical leadership, the oversight and executive accountability for JMO education and training is lacking. There is a significant blurring of the role of the DPET especially in the absence of a substantive DMS.
- 1.1.5. There is no information on the ETP available to JMOs.
- 1.2.3. The time allocation for the DPET may be adequate if this time was used to only support the usual role of the DPET. The current time spent in administrative tasks and operational matters compromises the time the DPET has in more formal and regular one to one discussions with JMOs. The DPET has minimal support to undertake the role. Roles and responsibilities within the medical administrative unit are poorly defined, without a single point of contact for JMOs and the DPET. Lack of administrative support creates undue burden for the DPET role and is not sustainable in the long term. Although a new role has been formed to provide the DPET with the administrative support needed to develop, coordinate and deliver the ETP, there is a lack of clarity as to the responsibilities and accountability of this role and others within the medical administration unit. There is no sustainability for the recently introduced administrative support role, with the current externally-funded role expected to cease at the end of 2018.
- 1.3.1. There is currently no ETP committee to oversee and evaluate the education and training program or advocate for JMOs. The lack of a specific ETP committee or another committee that can take on this role prevents ongoing, independent review of the program and precludes involvement of JMOs in the process. The DPET has commenced action to recruit a suitable ETP committee chair-person, and the plan presented to the survey team for Dr Nathan Oakes to undertake this and develop either a specific ETP or undertake the role of the ETP within another committee structure was viewed favourably.

Overall, the facility and ETP lack executive leadership and governance. Although there is a clear commitment to education and training from the DPET and supervisors, the lack of consistent and proactive leadership and accountability at the medical executive level, and lack of adequate administrative support for the ETP, are a major concern. While some plans are in place to address these inadequacies, sustainability of these solutions is uncertain, let alone allow SERH to address the inevitable issues associated with the growth to clinical services and subsequent medical workforce changes.

<b>Standard 2: Monitoring, Evaluation and Continuous Improvement</b>		No Concerns	Minor Concerns	Major Concerns	Extensive Concerns
<b>2.1 Evaluation JMO education and training</b>					
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			
<b>Overall Rating :</b>				<b>X</b>	
<b>Comments Standard 2: Monitoring, Evaluation and Continuous Improvement</b>					
<p>2.1.1. There is currently no process through which the education and training program is evaluated and monitored. Lack of evaluation and monitoring is in part due to the lack of an ETP committee.</p> <p>2.1.3. JMO evaluations of orientation and education sessions are not conducted on a formal basis. Supervision, terms and assessments are evaluated through the One45 forms collected by MOSCETU. Although these are accessed by the DPET, there is no structure through which these evaluations are used to develop and review the ETP.</p> <p>2.1.4. There is no mechanism in place to use supervisor feedback to develop the education and training program.</p> <p>2.1.5. Because there is no feedback collected from JMOs on the ETP, the facility cannot demonstrate that innovative approaches are used to act on feedback and modify the education and teaching program.</p> <p>Overall, SERH have no systems in place to monitor and evaluate the ETP. There is no ETP committee and no other committees have responsibility for monitoring JMO education and training in their terms of reference. While informally the DPET discusses the ETP with JMOs, there is no formal or confidential way in which JMOs can provide feedback on orientation, individual teaching sessions or the education program as a whole. The One45 form is completed and the DPET accesses this form from CHHS, but the information is not currently used in program evaluation and development. Supervisors receive no formal feedback on their contribution to, and performance of, supervision and teaching.</p>					



Standard 3: Education, Training and Clinical Experience		No Concerns	Minor Concerns	Major Concerns	Extensive Concerns
<b>3.1 Education and Training</b>					
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			
<b>3.2 Clinical Experience</b>					
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		
<b>Overall Rating :</b>			<b>X</b>		

### Comment Standard 3: Education, Training and Clinical Experience

- 3.1.2. The JMOs reported that they are generally able to access the ETP, although there is not always protected teaching time. Use of personal mobile phones as the primary means to contact JMOs may exacerbate this concern.
- 3.2.3. The lack of clearly identified roles within the medical administrative unit, and the lack of an ETP committee leave no clearly accountable position or committee responsible for monitoring safe working hours, complexity and volume of work and level of supervision. This role falls to the DPET, who currently performs evaluation in an ad-hoc and informal manner. Despite this, the JMOs report that the workload is appropriate and the supervision is generally excellent.
- 3.2.5. The survey visit identified a major concern regarding the ways in which admissions, allocations and handover occurs, particularly from the night to morning shift. There appears to be no formal, documented method for allocating patients, which at times has left patients and JMOs at risk. **A reliable process for admissions, allocations and handover from night to morning staff is required urgently, and this was escalated to the General Manager and DMS during the site visit.**
- 3.2.11 The overall orientation to the facility is reported by JMOs to be very good. Orientation to specific terms requires development.

Overall, the clinical experience provided to JMOs is excellent. The DPET provides strong mentoring and career guidance and is considered by the JMOs to be an exceptional resource. The ETP, which is mapped to the Australian Curriculum Framework, meets the needs of the JMOs. The JMOs are able to identify other educational resources, including a new clinical educator employed by ANU Medical School, the palliative care nurse practitioners and DVD resources supplied by CHHS. Grand Rounds appears to be well attended by JMOs and senior medical staff. Term descriptions are accurate and regularly reviewed by the DPET and supervisors. The facility provides a comprehensive orientation to new JMOs arriving in Bega, and the general practice has a commendable orientation program. Lack of a clear and formal process for documenting and communicating admissions and allocating patients (especially those admitted overnight) and lack of comprehensive handover process in the morning are major concerns.

Standard 4: Supervision		No Concerns	Minor Concerns	Major Concerns	Extensive Concerns
<b>4.1 Clinical Supervision</b>					
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			
<b>Overall Rating :</b>		<b>X</b>			

#### Comment Standard 4: Supervision

4.1.4. Supervisors do not routinely develop a formal learning plan with JMOs at the commencement of the term.

Supervision, especially that provided by the senior medical officers (VMOs and staff specialists), is reported to be excellent. All JMOs reported receiving mid-term feedback and having access to the supervisor for education and assessment. There has been strong support from supervisors who have taken opportunity to access a training program and qualifications delivered by the Canberra Region Medical Education Council and recognised by the ANU Medical School and Higher Education Academy (UK). The general practice staff also provide strong supervision and mentoring for those JMOs rotating in the hybrid term. The contribution of supervisors to the education experience for JMOs is commendable.

Standard 5: Assessment	No Concerns	Minor Concerns	Major Concerns	Extensive Concerns
<b>5.1 Assessment Processes for JMOs.</b>				
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			
<b>Overall Rating :</b>	<b>X</b>			

#### Comment Standard 5: Assessment

5.1.2. Supervisors do not routinely discuss unit-specific assessment processes at the commencement of a term.

The process for assessment is clear and all JMOs receive both mid-term and end-of-term evaluations. Assessment is conducted via the One45 forms through the assessment system at CHHS. Information is readily available to JMOs and the DPET.

Standard 6: JMO Welfare		No Concerns	Minor Concerns	Major Concerns	Extensive Concerns
<b>6.1 Welfare support for JMOs</b>					
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			
<b>Overall Rating :</b>		<b>X</b>			

#### Comment Standard 6: JMO Welfare

6.1.5. The supervisors identified occasions in the past when the JMO in difficulty had not been identified by CHHS to an appropriate person at SERH to enable adequate supports to be in place for the JMO's rotation to Bega. Despite this, supervisors identified appropriate ways in which such (infrequent) issues have been managed.

6.1.6. The JMOs report that the policies for annual leave, sick leave and professional development leave are not communicated sufficiently in advance. The JMOs reported that they became aware that annual leave cannot be taken during a rotation to SERH through informal communication with other JMOs rather than a published policy provided sufficiently in advance of commencing the term rotation. However, this policy is well communicated on arrival at SERH.

Overall, the JMOs overwhelmingly report that the environment at SERH is positive and supportive. The JMOs report being welcomed, oriented and supported in their work and career development. The DPET makes a significant contribution to the positive workplace culture for JMOs.

## Accreditation Status

Term Name	Term Type Core/non-core	PGY1 Term Capacity	PGY2 Term Capacity	Accreditation Status	Notes
General Medicine 1	Core-Medical	1	1	Accredited to 30-09-2021	
General Surgery 1	Core-Surgical	1	0	Accredited to 30-09-2021	
General Surgery 2	Core-Surgical	0	1	Accredited to 30-09-2021	
Emergency Medicine/General Practice	Core Emergency	2	0	Accredited to 30-09-2021	

## Commendations

### **Commendation 1:**

The dedication of the DPET, Dr Konrad Reardon, to his role in prevocational education and support is commendable. Dr Reardon takes leadership and responsibility for the ETP and the welfare of JMOs above and beyond that required in the role. Dr Reardon takes numerous leadership roles at SERH and in the general practice, and is a strong, well-respected contributor to positive staff culture, JMO welfare and prevocational education.

### **Commendation 2:**

The senior medical consultants are commended for their role in providing a strong educational experience at SERH. Commitment of the supervisor consultants to supervision, assessment and their own professional development is notable.

### **Commendation 3:**

The general practice, under the lead of practice owner Dr Duncan McKinnon, is commended for its innovation and commitment to providing JMOs and a strong education experience. Bega Valley Medical Practice offers JMOs a wide range of general practice medicine that is being delivered through a hybrid model. The dedication of the general practitioners, other health professionals and the general practice administrative staff to the education of JMOs was notable.

### **Commendation 4:**

The SERH community as a whole is commended for providing the JMOs with what is clearly an enjoyable work environment. There was universal agreement amongst current JMOs and others who have worked at SERH over the past three years that the workplace is friendly, extremely supportive and is an excellent learning environment.

### **Commendation 5:**

The palliative care team, led by nurse practitioners, were noted to provide valued education to JMOs. It is recommended that the palliative care team be accessed for more formal contribution to prevocational education as the program develops.

# Provisos

## Proviso 1:

### Standard 1: Governance and Program Management

#### 1.1 Executive Accountability and 1.3 ETP Committee

- 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.*
- 1.1.3 *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.*
- 1.3.1 *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.*

Executive accountability for the ETP program be acknowledged, and a committee structure for monitoring and evaluating the entire ETP, including complexity and volume of JMO work, JMO working hours, supervision arrangements and term descriptions be implemented. This may be an independent committee, or another appropriate medical committee could undertake this function.

- a. Develop an organisational structure that recognises executive accountability of the ETP and reporting lines for the DPET and an ETP Committee.
- b. Develop Terms of Reference for a sustainable committee to take accountability for the ETP.
- c. Ensure that the committee has an independent chairperson who is well briefed and supported.
- d. Encourage engagement of JMOs in the committee through communication about the committee structure and soliciting regular feedback on the ETP from JMOs. Where possible, include a JMO representative on the committee.
- e. Maintain documentation that accurately reflects issues raised to the committee and the progress made to their resolution, as well as innovations and initiatives of the committee.

**Report organisational structure, a committee structure and terms of reference (3 months, report due 21 December 2018)**

**Report progress of committee (6 months, report due 7 June 2019) PART 1 MET**

**Report updates of achievements with each annual report.**

## Proviso 2:

### Standard 1: Governance and Program Management:

#### 1.2 Resources

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.*

Roles and responsibilities for administration staff in supporting the ETP should be clearly documented and published to JMOs. The DPET requires adequate administrative support to undertake the role of monitoring supervision and assessment, develop and evaluate the ETP and provide support to JMOs. JMOs require a single contact person who can support their transfer to SERH.

- a. Define the administrative roles associated with the ETP, including position responsible for various tasks.
- b. Demonstrate the facility's ongoing commitment to providing adequate administrative support for the DPET.

**NOT MET AT APRIL 2019**

**Report in 3 months (due 21 December 2018)**



### **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*

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

- a. Urgently develop and implement procedures for admissions and allocations of patients during after hours. **The General Manager and DMS were briefed by the survey team on the significance and urgency of this proviso during the survey visit.**
- b. A formalised handover structure and procedure from night to morning to shifts should be developed. The structure should include the JMOs, and should include a face to face meeting to provide the opportunity to seek clarification.

**Report procedures for after-hours admissions and allocations (1 month, due 24 October 2018)**

**Report procedures for handover (2 months, due 23 November 2018)**

**Provide an evaluation of the above procedures, including feedback from JMOs (5 months, due 10 February 2019)**

**PART A AND B MET**

### **Proviso 4:**

#### **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*

The facility is responsible for ensuring that there is a reliable method for contacting JMOs during working hours. Implement a pager or hospital phone system through which JMOs can be contacted during shifts.

**Report procedures for contacting JMOs during shifts (3 months, due 21 December 2018)**

**Provide an evaluation of the procedure with each annual report.**

**PROVISO MET**

### **Proviso 5:**

#### **Standard 2: Monitoring, Evaluation and Continuous Improvement**

##### **2.1 Evaluation JMO education and training**

- 2.1.1 *Facilities have processes to monitor and evaluate the quality of JMO education and training*
- 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.*

Develop and implement formal evaluation of the ETP. This should include mechanisms to receive feedback from JMOs, supervisors and others involved in the program and procedures to implement improvements to the ETP based on feedback and monitoring.

**Report procedures for monitoring and evaluating the ETP (5 months, due 10 February 2019)**

**Provide an evaluation of the procedures with each annual report.**

**PROVISO MET**



# Recommendations

**n.b.: Progress on all recommendations is made in the Annual Report due by 30 September 2019**

## ***Recommendation 1:***

It is recommended that policies and procedures related to taking leave (annual leave, sick leave personal leave etc.) be provided to JMOs in a timely manner prior to their rotation to SERH.

## ***Recommendation 2:***

It is recommended that term specific orientation programs be developed and more consistently delivered to all JMOs.

## ***Recommendation 3:***

It is recommended that the DEPT access other education resources to expand the ETP. For example, including registrars, supervisors, nurse practitioners and other medical officers in the delivery of the ETP will reduce the burden on the DPET and provide JMOs with a more diverse educational experience.