

Facility Accreditation Report

Accreditation Report

This report includes the following hospital and its related terms:

Canberra Hospital and Health Services

Accreditation Report Details:

Date of Visit:	14-16 June 2017
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Facility Accreditation Recommendation

Three years with seven provisos

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Introduction

Canberra Hospital and Health Services (CHHS) is a major public health service in the Australian Capital Territory providing specialist and acute care to more than 540,000 people in the ACT and surrounding regions of South Eastern New South Wales (NSW). CHHS has strong links to community based services that provide continuity of care for patients.

The range of hospital services includes all surgical and medical subspecialties (with the exception of solid tissue transplantation and burns), critical care, obstetrics, gynaecology, neonatology and paediatrics, radiation oncology, medical oncology, rehabilitation, imaging and pathology. Psychiatric and Drug and Alcohol rehabilitation services are provided on-campus and covered by hospital appointed Junior Medical Officer (JMO) and Registrar staff. Medical services are provided to the ACT's prison, Alexander Maconochie Centre, under the Justice Health term, with excellent supervision of junior doctors by consultant staff, and senior general practitioners.

Canberra Hospital has a strong national and international reputation in research and teaching, and is affiliated with a number of pre-eminent research institutions, including the internationally acclaimed John Curtin School of Medical Research at the ANU. The Canberra Hospital is the principal teaching hospital of the Australian National University (ANU) Medical School (ANUMS). The ANUMS enhances the hospital's teaching status and capacity in clinical services, teaching and research. The hospital is also part of the University of Canberra's School of Nursing and other Allied Health disciplines.

Canberra Hospital is a health promoting hospital, under the auspices of the World Health Organisation (WHO). It is fully accredited by the Australian Council on Healthcare Standards and committed to seeking to provide patients with quality acute care health services.

Junior Medical Officer term allocation

The Medical Officer Support, Credentialing, Education and Training Unit (MOSCETU), previously known as the Medical Appointments and Training Unit, was established in 2006 with improved recruitment, management and teaching facilities. The MOSCETU undertakes responsibility for allocation of JMOs to other hospitals in the local network – Calvary Public Hospital Bruce, Goulburn Base Hospital and South East Regional Hospital at Bega, in consultation with the education teams at those hospitals.

In 2013, ACT Health implemented the 'Pod System', incorporating a four term year. A pod is a grouping of JMO terms within the framework of the existing hospital clinical department structure. The intention of the pod system was to achieve the following:

- Increase the amount and quality of JMO clinical exposure
- Simplify and improve the accuracy of clinical handover
- Improve continuity of care by moving towards a 24 hour hospital
- Provide an increase in evening and night medical staffing
- Enable a more efficient completion of clinical duties and administrative paperwork.

A key feature of the Pods is that each pod seeks to be internally self-sufficient as far as JMOs are concerned. Resident Medical Officers (RMO) are supervised and managed by Senior Medical Practitioners similarly functioning within their individual pod. All JMO overtime is undertaken within the Pod. The after-hours Pod JMO is responsible for inpatient care of patients admitted within their pods across a 24-hr period, seven days per week. The system replaced the previous after-hours junior doctor ward overtime cover. The Pods are staffed to enable JMO education and training to occur, and to comply with clinical and leave obligations, and to cover for unplanned leave (e.g. sick leave). MOSCETU provides overall coordination of JMO education, training, support and administration. There is now a dedicated Medical Rostering office to better co-ordinate and manage medical staff rostering.

In 2016, Phase One of a review of the Pod system at CHHS was undertaken (PROMPT – Pod Review of Prevocational Training). The PROMPT review included an audit, undertaken by direct observation of the tasks undertaken by JMOs and the time these tasks took. There are plans to continue PROMPT with Phase Two in 2017 to gather more data. It is intended that findings from PROMPT will help further refine the workings of the Pods, including re-evaluation of the number of JMOs and their allocations within each Pod.

Junior Medical Officer assessment and performance evaluation

Canberra Hospital uses a web-based evaluation system (One45) to track JMO performance throughout their clinical terms, and allows the JMO direct access to Supervisors for mid-and end-of-term feedback. This ensures adherence with Australian Medical Council Progress Review Forms and Term Assessment Forms. The DPET provides oversight of the One 45 system, with the Medical Education Support Officer (MESO) providing the day to day administration of the system.

Executive Summary

1. The organisation seems well resourced and there is commitment and enthusiasm from the senior executive in providing high quality education and training for JMOs. There is a demonstrated intention to provide a sustainable and high quality medical workforce within the ACT, through a commitment to training from undergraduate level to postgraduate and specialist training. This is exemplified through the role of the PMEOs, who demonstrate particular concern for the education, development and welfare of JMOs. The role of PMEOs is strongly recognised and valued by JMOs. PMEOs should not additionally be a Term Supervisor as this may create a perceived conflict of interest.
2. The documented role, governance and reporting lines of the Prevocational Education and Training Committee (PETC) are not reflective of practice. The Committee has unclear direction, the terms of reference do not reflect its current function and this results in disempowerment of this body. It is recommended that the educational arm of MOSCETU should provide regular and timely reports directly to this Committee and receive direction from this Committee for all matters pertaining to junior doctor education, training and welfare. The Committee should receive and ratify reports and provide advice and guidance to MOSCETU. The committee should provide regular reports to the Chief Medical Officer and outcomes from meetings should be communicated directly to JMOs, many of whom were unaware of the existence of this Committee. Long term sustainability of the PETC in a functional format is required. The PETC should ensure that the role of the DPET includes the provision of regular feedback to Term Supervisors.
3. The organisation provides a dedicated teaching program on a weekly basis, and JMOs are encouraged to attend. This program is supported by term-specific education initiatives that are generally regarded highly by JMO and commended by the survey team. The current Education and Training Program (ETP) requires some revision to ensure it addresses the Australian Curriculum Framework (ACF) and meets the ongoing needs of JMOs. Timely incorporation of JMO feedback into the ongoing program will improve the relevance of education to current JMOs.
4. The POD System has not reliably achieved the goals as stated within the Organisation's submission. Whilst the theory was to improve continuity of care and work experience for the JMOs, in practice these laudable goals have not been consistently achieved within all Pods. The fact that a review (PROMPT) has begun is appropriate and indicates continued attempts to improve. There remain significant issues beyond minor adjustments to the processes and principles behind the establishment of the Pod System and it is worth noting that the survey in 2013 highlighted these same areas of concern. Perhaps one of the desirable impacts not well achieved is within the use of JMOs for Relief purposes. The allocation processes for planned leave as well as unplanned short and long term leave within the Pod System has not ensured structured term supervision, even with the excellent PMEo resources. JMOs reported relief arrangements which did not support their training experiences and continuity let alone achieving meaningful feedback for the Term. The need for some formal clinical input into allocation processes and short term changes for relief should lead to better achievement of the desired objectives within relief arrangements and JMO satisfaction.
5. Development of night and afternoon handover procedures was evident but the degree of development appeared uneven. Work should continue in this area and the handover should be publicised more widely to encourage JMOs and other clinical staff to attend.
6. The primary orientation program is appropriate and provides JMOs with a good foundation on which to start employment within the organisation. Orientation to specific terms/work areas is inconsistent and in some instances is conducted informally. Ensuring JMOs are oriented to their work areas is an area for ongoing improvement.
7. Many term descriptions provide a detailed overview of the term. Learning objectives for specific terms are usually outlined, and term descriptions have been regularly updated since the previous site visit. Some term descriptions remain generic (particularly surgical term descriptions) and should be developed to more accurately reflect the educational opportunity in these terms. Some terms do not

have specific term descriptions (e.g. orthopaedic geriatrics) and development of term descriptions is required. Review of term descriptions to provide adequate detail is required for other terms (e.g. relief terms).

8. Some concerns are raised that PGY1s may be working outside their scope of practice/skills set in some areas, particularly when working after hours in relief terms. PGY1s are assigned to relieve in terms that have not been accredited for PGY1s, which may leave these JMOs working outside their scope of practice/skills set in areas with high patient acuity. Relief terms have been provisionally accredited pending a review of practice and a report on how the organisation ensures JMOs only work within their scope of practice/skills set.
9. Concerns regarding the recording of overtime were identified. Practice of recording, claiming and receiving payment for overtime appears inconsistent. When work hours are inaccurately recorded, it becomes difficult for the organisation to accurately evaluate work load, adequacy of the work force, patient safety and JMO welfare. It is appropriate for the organisation to review policies and procedures on overtime, ensuring that JMOs are accurately documenting the hours they spend in the work place. Consistent policies regarding payment of overtime should be developed and disseminated to all relevant stakeholders.
10. It was noted that the term "Orthopaedic Geriatrics" is not a formal term, although it provides a sound educational experience for JMOs. The experience in this term deviates sufficiently from the Orthopaedic Surgery term such that it requires a specific term description. The term is not suitable as a core surgical term for PGY1s. It has been accredited for PGY2. Consideration for it to be accredited as a core medical term for PGY1s could be made, on submission of a Change of Circumstance to CRMEC.
11. It was noted that Haematology A and Haematology B are operating as a single term, with the same term description. When combining terms, a Change of Circumstance form should be submitted to CRMEC. This has been accredited as a single term, Haematology.
12. It was noted that the educational experience of Alcohol and Drug Service is not appropriate for a PGY1 and accreditation of this term will expire at the end of 2017. The organisation should inform the CRMEC of which term the additional PGY1 should be assigned as soon as possible to allow the Accreditation Committee to finalise accreditation of the term in sufficient time for 2018 rostering.
13. The commitment of senior executives to JMO welfare was evident and it is acknowledged that the organisation is working toward meeting the new CRMEC Standards related to JMO Welfare (Standard 6.1.9 and Standard 6.1.10). Issues of concern related to unprofessional interactions were identified during the survey visit. The organisation needs to develop or review policies and procedures to address unprofessional interactions, to disseminate these policies, and to develop systems by which action can be monitored to ensure appropriate resolutions are reached. Evaluation of the effectiveness of such policies and procedures is required.
14. The JMOs identified excellence in supervision in some terms; however, this is inconsistent across the organisation. Term supervisors should be supported to engage in professional development associated with their supervisor role.

Accreditation Rating Scale

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

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

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

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

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

Summary of Accreditation Ratings

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

Comment Standard 1: Governance and Program Management

- 1.1.3 It is noted that the delegated manager with executive accountability, Dr Fletcher, is in an acting capacity and has not been in this position for a substantial period.
- 1.1.4 There are some concerns regarding relief outside of scope of practice, for example, PGY1 staff relieving PGY2 positions. Inconsistencies were noted in the function of the “Ortho Geris” term, that has not been accredited as a specific term and does not fulfil the requirements for a PGY1 Core Surgical term. Rostering indicated that PGY1 JMOs have been assigned to this term. Policies regarding JMOs working outside their scope of practice were not clear. **A proviso is raised regarding strategies to ensure PGY1s do not work outside their scope of practice.**
- 1.1.5 Although there is accessible information about the ETP for the JMOs, it would be more effective if the whole hospital staff (i.e. including supervisors and nursing staff) was aware when the ETP was being delivered, for example via a voice announcement.
- 1.1.6 The process of swapping terms between JMOs is random and it appears that substantial swapping of terms is undertaken. The MOSCETU have a system to ensure that individual JMOs meet their core criteria.
- 1.2.3 The PMEO role generally works well.
- 1.3.1 The PETC has no distinct operational powers or apparent influence in many matters considered. In its current form the committee does not operate as effectively as it should. **A proviso is raised regarding the empowerment, resourcing, membership and function of the PETC.**
- 1.3.2 It was unclear how changes are implemented. Minutes of the PETC meeting did not indicate completion of action tasks or reflect evaluation of JMO education.
- 1.3.3 While some key personnel are on the PETC, the committee is predominantly MOSCETU staff plus a DPET.
- 1.3.4 PETC outcomes did not appear to be communicated to JMOs in a timely fashion. When interviewed, most JMOs were unaware of the PETC or its function.
- 1.3.5 While some changes have been reported to the CRMEC, it was noted that changes have been made that have not been reported to CRMEC. Haematology A and B have been merged. “Ortho Geris” is not a formalised term, although essentially it is operating as a new term that has not been communicated to CRMEC

Overall, the CHHS is well-resourced and executive accountability is not a major concern. There is dedicated medical administration staff and an appropriate FTE for DPET and DDPET given the number of JMOs. The PMEO positions work well and provide strong support for both education and training and JMO welfare. Teaching spaces and resources are appropriate. However, there are major concerns regarding the PETC, which in its current format is non-functional, with no significant powers, minimal evaluation of education and training undertaken, and changes of circumstance not fully recognised and reported.

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 <ul style="list-style-type: none"> 2.1.1 Processes are in place to monitor and evaluate the quality of JMO education by collecting feedback from JMOs. 2.1.3 Feedback at the end of the year is used to develop the program for the next year. JMOs have limited-to-no opportunity to provide input into their own education program. 2.1.4 Meetings with term supervisors are conducted. 2.1.5 Innovation in this area is needed. Feedback from JMOs is not incorporate into the current program and innovative teaching strategies are minimal. JMOs report that the program is not published in advance and that many topics are not appropriate to their experience. A recommendation is made regarding this Standard. 2.1.6 The recent introduction of an Education Fellowship Scheme made available through collaboration with the CRMEC and ANU was noted. <p>Overall, the CHHS has strategies to monitor the ETP and collect feedback from JMOs. However, incorporation of this feedback into the ETP does not occur in a timely manner, preventing JMOs from having any significant input into their own education program.</p>				

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

Comment Standard 3: Education, Training and Clinical Experience

- 3.1.1 Protected JMO teaching session is scheduled for Tuesday afternoon. Reports from JMOs indicated that accessibility of Tuesday teaching is limited in some terms. **A recommendation is made regarding this standard.**
- 3.1.3 Mapping of the ETP to the ACF was unclear. JMOs indicated that they had minimal-no notice of the topics covered in Tuesday teaching and their comments reflected an ETP that does not fully address their needs or incorporate their feedback. **A proviso is made regarding this standard.**
- 3.2.2 While it is policy that Tuesday teaching is protected time and pager free, in practice this does not occur uniformly or consistently across all terms.
- 3.1.5 PMEOs and supervisors provide career guidance to JMOs. **A commendation has been made regarding the role of PMEOs.**
- 3.1.7 Additional educational opportunities were demonstrated in specific terms, including but possibly not limited to: Emergency Department, Infectious Diseases, Paediatrics, Neurology. **A commendation has been made regarding additional education delivery.**
- 3.2.3 There are some minor concerns regarding how workload, supervision and experience has been identified and monitored in relief terms.
- 3.2.5 Evening and night handover practices are new and the initiative should be continued. Ongoing monitoring and refinement of these practices, with evaluation of their effectiveness in ensuring patient safety is required. The initiative requires more publicising, as JMOs were not fully aware of these handover practices. **A recommendation is made regarding this standard.**
- 3.2.7 While some term descriptions are excellent, others require more detail as they generic. More specific and detailed term descriptions for relief terms is required. **A proviso is made regarding this standard.**
- 3.2.11 Orientation is inconsistent across terms and does not always occur. Orientation to night shift and relief terms is limited. **A recommendation is made regarding orientation to terms.**

Overall, there are minor concerns regarding demonstration of support for JMO education, training and clinical experience. While JMOs are encouraged to attend Tuesday teaching, in practice there is not always support for protected teaching time or pager arrangements. Orientation to the JMO role is conducted annually by MOSCETU, and it is expected that JMOs receive orientation to their specific work places. In practice, orientation is not always conducted in a formal manner. It is acknowledged that an informal orientation may occur in some work areas, and JMOs may not recognise that introduction as an "orientation". JMOs sometimes initiate an informal handover and orientation from their predecessors in their own time. Terms are structured to promote continuity of care, with registrar training terms changing at a different time to that of JMOs.

While it is acknowledged that there are often barriers to overcome in communicating within a busy organisation, JMOs believe they do not always receive information about events in a timely manner or with sufficient detail. For example, many JMOs were unaware of the CRMEC survey visit and stated they had only been informed 12 to 24 hours in advance. JMOs noted that communication regarding the ETP contained insufficient detail. Some JMOs believed communication was not always conducted in a respectful manner. Development of strategies to promote positive and efficient communication is encouraged.

Standard 4: Supervision		No Concerns	Minor Concerns	Major Concerns	Extensive Concerns
4.1 Clinical Supervision					
4.1.1	JMOs are supervised at all times at a level appropriate to their experience and responsibilities.	X			
4.1.2	Facilities have a supervision guideline that is understood and adhered to by supervisors.	X			
4.1.3	Supervisors have appropriate competencies, skills, knowledge, authority, time and resources to supervise JMOs during all periods of duty.	X			
4.1.4	JMOs learning objectives are discussed with the Term Supervisor at the start of each term and a learning plan developed.		X		
4.1.5	Term Supervisors are known to and accessible by JMOs, understand their roles and responsibilities in assisting JMOs to meet learning objectives, and demonstrate a commitment to JMO training.		X		
4.1.6	Facilities provide appropriate support and professional development opportunities to supervisors for their roles.		X		
4.1.7	Supervisors are responsible for providing JMOs with regular constructive feedback.	X			
Overall Rating :			X		
<p>Comment Standard 4: Supervision</p> <ul style="list-style-type: none"> 4.1.1 PGY1s may be providing coverage after-hours and particularly overnight for clinical units which have not been specifically accredited for PGY1s as an Accredited Term. It is recognised that supervision structures can be different and perhaps even more readily responsive for such work areas overnight; however, the appropriateness for the PGY1s in these circumstance should be reviewed. A proviso is raised regarding this Standard. 4.1.4 Learning objectives are not consistently discussed with the Term Supervisor. There is no consistent orientation or learning plan development. A recommendation is raised regarding this Standard. 4.1.5 Term Supervisors are not consistently accessible to JMOs, and in some cases JMOs were unaware of their formal Term Supervisor. Term Supervisors indicated that they are aware of their roles and responsibilities. A recommendation is raised regarding this Standard. 4.1.6 There is minimal support for Term Supervisors. Some supervisors were aware of educational opportunities provided by CRMEC. Term Supervisors do not consistently receive feedback on their performance on an annual basis. A recommendation is raised regarding this Standard. <p>Overall, JMOs receive adequate supervision from consultants, supervisors and registrars. Term Supervisors are not always accessible or known by JMOs, with particular concern in relief terms. Greater focus on supporting supervisors with professional development opportunity and feedback should be considered.</p>					

Standard 5: Assessment	No Concerns	Minor Concerns	Major Concerns	Extensive Concerns
5.1 Assessment Processes for JMOs.				
5.1.1 JMOs are encouraged to take responsibility for their own performance, and to seek feedback from their supervisors in relation to their performance.	X			
5.1.2 Term supervisors outline unit-specific assessment processes at the start of each term, identifying team members involved in assessing JMOs.		X		
5.1.3 Interns undergo valid and reliable formative mid-term assessments for all terms exceeding five weeks. Ideally, this will also occur for all other JMOs.	X			
5.1.4 JMOs undergo valid and reliable summative end-of-term assessments for all terms. The supervisor should consult with other team members to maximise reliability. These assessments are discussed with JMOs, who have the opportunity to comment on these.	X			
5.1.5 JMO assessments are confidential and are not released by a facility for any human resources purposes, including employment applications. A copy of all assessments should be provided to the JMO.	X			
5.1.6 Facilities have a process to assist with decisions on the remediation of JMOs who do not achieve satisfactory supervisor assessments.	X			
5.1.7 Facilities implement and document assessments of JMO performance consistent with the registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training.	X			
5.1.8 Intern assessment is consistent with the guidelines in the AMC's <i>Intern training – Assessing and certifying completion</i> , and based on interns achieving outcomes stated in the AMC's <i>Intern training – Intern outcome statements</i> .	X			
Overall Rating :	X			
<p>Comment Standard 5: Assessment</p> <ul style="list-style-type: none"> 5.1.2 Unit-specific assessment processes are not routinely outlined at the commencement of each term. Assessment processes in relief terms are sometimes unclear to JMOs. 5.1.6 There are clear processes and executive staff and senior educators exhibit concerns for welfare. PMEOs have an integral role in remediation of JMOs, advocate for JMOs and work with JMOs, Term Supervisors and DPETs to ensure that a plan is in place to help JMOs achieve satisfactory outcomes. <p>The CHHS the web-based form One45 to undertake and document JMO assessment. In general there are adequate processes in place for confidential assessment to be undertaken, and JMOs are made aware of the processes and encourage to take responsibility for seeking out feedback on their performance.</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					
<ul style="list-style-type: none"> 6.1.1 Work duties for JMOs in relief terms are not well defined. There is concern that PGY1s undertaking after hours work in areas with high patient acuity and complexity may be working outside skills set in units that do not have a PGY1 outside of the relief term provision. A proviso is raised regarding this concern. <p>Overtime claims appear to be discouraged at some administrative levels both within MOSCETU and within work areas. JMOs are often treated unprofessionally regarding recording of overtime, and there is a lack of transparency regarding decisions on overtime payments. Consistency is required in ensuring that the hours worked by JMOs are clearly documented and policies regarding overtime are transparently applied. Without clear documentation reflecting the hours worked by JMOs, there is no mechanism through which safety can be monitored and workloads can be reviewed. A proviso is raised regarding this concern.</p>					

Work duties are not always conducted at times to facilitate the rostered hours of JMOs (for example, when a Term Supervisor prefers to conduct ward rounds when the JMO is scheduled to complete their shift).

- 6.1.4. There are clear processes and executive staff and senior educators exhibit concerns for welfare. PMEOs have an integral role in remediation of JMOs, advocate for JMOs and work with JMOs, Term Supervisors and DPETs to ensure that a plan is in place to help JMOs achieve satisfactory outcomes.
- 6.1.6 JMOs reported difficulty accessing their leave entitlements, even in situations where significant notice had been given to administration and their work areas.
- 6.1.9 Not all team members appear to be aware of policies and procedures regarding bullying, harassment and discrimination. The survey team identified consistent reporting of issues in specific clinical and administrative areas but there was no evidence that issues had been addressed transparently or that behaviours of concern had ceased. Although efforts appear to be made to address bullying, harassment and discrimination there is little evidence of the an active approach to identifying issues, taking action monitoring situations or the reviewing the outcomes. The survey team observed evidence of an education plan developed by Executives focused on bullying, harassment and discrimination. **A proviso is raised regarding this concern.**
- 6.1.10 While there are systems in place to support JMOs, improvements could be made in the support provided to International Medical Graduates (IMGs).

Accreditation Status

Term Name	Term Type Core/non-core	PGY1 Term Capacity	PGY2 Term Capacity	Accreditation Status A=accredited AP = provisional accreditation	Notes
Emergency Department	Emergency	15	14	A	
Gastroenterology & Hepatology A & B	Core - Medical	2	2	A	
Infectious Diseases	Core - Medical	2	0	A	
Med Pod 1 / JMO 1 (M)	Non Core-Medical	1	1	A P	Revision of term description Evaluation of PGY1 work within scope of practice/skill set
Med Pod 1 / JMO 2 (M)	Non Core-Medical	1	1	A P	Revision of term description Evaluation of PGY1 work within scope of practice/skill set
Med Pod 1 / JMO 3 (M)	Non Core-Medical	1	1	A P	Revision of term description Evaluation of PGY1 work within scope of practice/skill set
Neurology A & B	Core - Medical	2	1	A	
Renal Medicine	Core-Medical	1	1	A	
Acute Care of the Elderly (acute care unit and subacute unit)	Core - Medical	2	3	A	
Community Geriatrics	Non Core-Medical	0	1	A	
Haematology	Core - Medical	1	1	A	Haematology A and B combined to one term
Med Pod 2 Med Team 2 JMO 1 (M)	Non Core-Medical	1	1	A P	Revision of term description Evaluation of PGY1 work within scope of practice/skill set
Med Pod 2 Med Team 2 JMO 2 (M)	Non Core-Medical	1	1	A P	Revision of term description Evaluation of PGY1 work within scope of practice/skill set
Med Pod 2 Med Team 3 JMO 1 (M)	Non Core-Medical	1	1	A P	Revision of term description Evaluation of PGY1 work within scope of practice/skill set
Med Pod 2 Med Team 3 JMO 2 (M)	Non Core-Medical	1	1	A P	Revision of term description Evaluation of PGY1 work within scope of practice/skill set
Med Pod 2 Med Team 3 JMO 3 (M)	Non Core-Medical	1	1	A P	Revision of term description Evaluation of PGY1 work within scope of practice/skill set
Med Pod 2 Med Team 3 RMO 1 (M)	Non Core-Medical	0	1	A P	Revision of term description Evaluation of PGY1 work within scope of practice/skill set
Medical Oncology	Core-Medical	1	1	A	
Radiation Oncology	Non Core-Medical	0	1	A	
Rehabilitation Medicine	Core-Medical	0	2	A	
Cardiology A	Core-Medical	2	1	A	
Endocrinology	Core-Medical	1	0	A	
Med Pod 3 JMO 1 (M)	Non Core-Medical	1	1	A P	Revision of term description Evaluation of PGY1 work within scope of practice/skill set

Term Name	Term Type Core/non-core	PGY1 Term Capacity	PGY2 Term Capacity	Accreditation Status A=accredited AP = provisional accreditation	Notes
Med Pod 3 JMO 2 (M)	Non Core-Medical	1	1	A P	Revision of term description Evaluation of PGY1 work within scope of practice/skill set
Med Pod 3 JMO 3 (M)	Non Core-Medical	1	1	A P	Revision of term description Evaluation of PGY1 work within scope of practice/skill set
Med Pod 3 JMO 4 (M)	Non Core-Medical	1	1	A P	Revision of term description Evaluation of PGY1 work within scope of practice/skill set
General Medicine	Core-Medical	2	2	A	
Medical Services – Hospital in the Home	Non core-Medical	1	0	A	
Respiratory & Sleep Medicine	Core-Medical	2	1	A	
Rheumatology, Immunology & Dermatology	Non-Core Medical	0	1	A	
General Surgery Team 1 (Trauma/General Surgery)	Core-Surgical	1	1	A	
General Surgery B (Colorectal/Head & Neck)	Core-Surgical	1	1	A	
General Surgery C (Upper GI)	Core-Surgical	2	2	A	
General Surgery Acute Surgical Unit ASU	Core-Surgical	3	3	A	
Surg Pod 1 JMO 1 (M)	Non Core-Surgical	1	1	A P	Revision of term description Evaluation of PGY1 work within scope of practice/skill set
Surg Pod 1 JMO2 (M)	Non Core-Surgical	1	1	A P	Revision of term description Evaluation of PGY1 work within scope of practice/skill set
Surg Pod 1 JMO3 (M)	Non Core-Surgical	1	1	A P	Revision of term description Evaluation of PGY1 work within scope of practice/skill set
Cardiothoracic Surgery	Core-Surgical	1	1	A	
ENT/ Max Fac/Dental	Core-Surgical	2	0	A	
Neurosurgery	Core-Surgical	1	2	A	
Plastic Surgery	Core-Surgical	2	0	A	
Surg Pod 2 JMO 1 (M)	Non Core-Surgical	1	1	A P	Revision of term description Evaluation of PGY1 work within scope of practice/skill set
Surg Pod 2 JMO 2 (M)	Non Core-Surgical	1	1	A P	Revision of term description Evaluation of PGY1 work within scope of practice/skill set
Surg Pod 2 JMO 3 (M)	Non Core-Surgical	1	1	A P	Revision of term description Evaluation of PGY1 work within scope of practice/skill set
Surg Pod 2 JMO 4 (M)	Non Core-Surgical	1	1	A P	Revision of term description Evaluation of PGY1 work within scope of practice/skill set
Urology	Core-Surgical	1	1	A	
Vascular Surgery A	Core-	1	1	A	

Term Name	Term Type Core/non-core	PGY1 Term Capacity	PGY2 Term Capacity	Accreditation Status A=accredited AP = provisional accreditation	Notes
	Surgical				
Vascular Surgery B	Core-Surgical	1	1	A	
Alcohol & Drug Service	Non Core	1	1	A	Accreditation of PGY1 term until end of 2017, after which time the PGY1 term is no longer accredited.
Psychiatric Medicine	Non Core	2	1	A	
Justice Health Team	Non Core	0	1	A	
Women & Babies (Obstetrics & Gynaecology)	Non-Core-Surgical	2	3	A	
Orthopaedic Surgery	Core-Surgical	6	0	A	
Orthopaedic Surgery with Orthopaedic Geriatrics	Non-Core Surgical	0	3	A P	New term Proviso requiring evaluation of the term at 6 and 12 months
Paediatrics	Non- Core	0	4	A	
Paediatric Surgery	Core-Surgical	0	1	A	
Anaesthetic & Pain Management	Non Core	0	1	A	
Ophthalmology	Non Core	0	1	A	
TOTAL		80	81		

Commendations

Commendation 1:

The role undertaken by PMEOs is commendable. This position has clear benefits for JMOs, Term Supervisors and administration and demonstrates a commitment to providing a high quality training environment and experience for JMOs. In particular, PMEOs with roles peripheral to the daily clinical work environment have high level of efficacy in supporting JMOs, resolving identified concerns and demonstrating commitment to JMO welfare. The Organisation (CHHS) should be acknowledged for providing the leadership and resourcing which has created the role of PMEO.

Commendation 2:

Additional educational opportunities provided in specific terms, including, but possibly not limited to Emergency Department, Infectious Diseases, Paediatrics and Neurology are commendable. In these areas there was evidence of high quality additional educational opportunities and the application of innovative teaching strategies to meet the needs of JMOs.

Commendation 3:

The Vascular Surgery term is commended for the address of previous Provisos and resolving the issues identified by the 2014 accreditation process. There was evidence that the Vascular Surgery term is providing an excellent learning environment without evidence of the previously identified concerns.

Provisos **ALL PROVISOs HAVE BEEN MET BY THE FACILITY**

Proviso 1:

Standard 1: Governance and Program Management

1.3 ETP Committee (all standards under 1.3)

The governance structure and role of the PETC 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 PETC as a sustainable, overarching committee for education and training with clear reporting lines both above and below
- b. Ensuring the PETC has sustainable oversight of the entire training program and the educational arm of MOSCETU
- c. Enhancing JMO engagement with the PETC, including demonstrated communication with JMOs regarding the role of the PETC and outcomes of PETC meetings.
- d. Ensuring documentation accurately reflects the issues raised in PETC meetings, and records the progress of issues to full resolution.
- e. Ensure meaningful feedback is provided to Term Supervisors by the DPET and his/her Team on a regular basis.

Report in 6 months by 23rd March 2018 **PROVISO MET**

Proviso 2:

Standard 3: Education, Training and Clinical Experience

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 PETC documentation.

Report in 6 months by 23rd March 2018 **PROVISO MET**

Proviso 3:

Standard 3: Education, Training and Clinical Experience

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.

The following term descriptions need to be updated to accurately reflect the term experience:

- a. Relief term –specific relief term descriptions should provide JMOs with a more accurate reflection of what a relief term entails. The objectives of the term, orientation to both the relief role and to the specific units in each term should be detailed
- b. Surgery terms - many of the surgery term descriptions are generic and do not outline any specific surgical experiences, skills and expertise, or term objectives particular to that specialty term.

Report term descriptions in 4 months by 31st January 2018 **PROVISO MET**

Proviso 4:

Standard 3: Education, Training and Clinical Experience

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.

The orthopaedic geriatrics term is distinctly different from the general orthopaedic surgery term. While the current orthopaedic geriatrics term provides a strong educational experience, it is not appropriate as a core surgical term for a PGY1 but could be accredited as a core medical term for PGY1 in the future (with submission of a Change of Circumstance form and new Term Description). The term is provisionally accredited for PGY2s as *Orthopaedic Surgery with Orthopaedic Geriatrics* and requires a specific term description and should be formally evaluated as a new term.

Report term description in 4 months by 31st January 2018

Report evaluation of the new *Orthopaedic Surgery with Orthopaedic Geriatrics* term in 6 months by 23rd March 2018 and 12 months by 15th December 2018 **PROVISO MET**

Proviso 5:

Standard 6: JMO Welfare

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.*

6.1.6 *Facilities have published fair and practical policies for managing annual leave, sick leave and professional development leave.*

Existing policies and procedures for documenting working hours are inconsistently applied, and current implementation impedes adequate evaluation of workloads and safe working environments. The following action is required:

- a. Review of existing policies and procedures related to documenting work hours to ensure they accurately reflect actual hours worked, monitoring of compliance with safe practice and communication to all relevant parties to attain a consistent standard throughout CHHS.
- b. Review existing policies and procedures related to payment of overtime to ensure they are consistent, with consideration to the work patterns in specific work areas
- c. Review of policies and procedures for requesting leave entitlements
- d. Dissemination of policies to Term Supervisors, JMOs and administrative staff
- e. Evaluate the implementation of policies, including feedback from JMOs

Report in 4 months (policy development and dissemination) by 31st January 2018 **PROVISO MET**

Report in 6 months by 23rd March 2018 (evaluation)

Proviso 6:

Standard 1: Governance and Program Management and Standard 6: JMO Welfare

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.*

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.*

A review should be undertaken and the organisation should demonstrate the ways in which it monitors and ensures that PGY1s are working within their skills set, particularly when undertaking relief terms in after hours shifts, and in relieving for work areas that do not have a PGY1 rotation outside the relief term.

Report in 6 months by 23rd March 2018 **PROVISO MET**

Proviso 7:

Standard 6: JMO Welfare

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

There is an urgent need for acknowledgement of perceptions of bullying, harassment and discrimination within administrative departments and clinical areas. Formal mechanisms for monitoring progress in addressing issues of concern and evaluation of the effectiveness of these mechanisms are essential. This will include:

- a. Gathering evidence regarding the extent and details of bullying, harassment and discrimination within both administrative departments and clinical areas
- b. Demonstrating an active approach towards identifying issues, addressing issues, ongoing monitoring and evaluating the effectiveness of actions taken
- c. Demonstrating mechanisms to close the loop that are transparent to all parties

Report in 4 months by 31st January 2018

PROVISO MET

Recommendations

n.b.: Progress on all recommendations is made in the Annual Report due by 15th September 2018

Recommendation 1:

Standard 3: Education, Training and Clinical Experience

3.1.1 All JMOs are able to access the ETP provided and supplementary training activities offered on all terms.

It is recommended that strategies be implemented to improve JMO access to the ETP. This might include providing information about the program in advance to JMOs (e.g. the topic, learning objectives, mapping to ACF) and developing strategies to ensure that JMOs can practically leave their work areas to attend training with confidence in their team support.

Recommendation 2:

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 current evening and night handover practices are new and the initiative should be continued. It is recommended that ongoing monitoring of the evening and night handover practices be maintained and refinements made to the practices as part of continuous quality improvement. Strategies to increase attendance should be implemented.

Recommendation 3:

Standard 3: Education, Training and Clinical Experience

3.2.11 All JMOs receive an appropriate orientation to each term.

Orientation to terms could be significantly improved. In some cases the term description includes specifics of orientation, but this is not consistent across term descriptions. Strategies to ensure an orientation is undertaken in each work area, for example using an orientation checklist, should be developed by CHHS.

Recommendation 4:

Standard 4: Supervision and Standard 5: Assessment

4.1.4 to 4.1.6 and 5.1.2

Training of supervisors in their roles and responsibilities, including assessment responsibilities, is inconsistent. It is recognised that some Term Supervisors have excellent skills and provide a high quality educational environment. It is recommended that support for training and development of Term Supervisors be continued and expanded to achieve consistent high standards across the organisation.

Recommendation 5:

Standard 6: JMO Welfare

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 important role undertaken by the PMEOs is recognised by the facility and commended by the survey team. The role appears to function most effectively when the PMEo does not have concurrent roles as a Term Supervisor or Director of Training. It is recommended that perceived conflicts of interest that may decrease the function of PMEOs in providing support and mentorship to JMOs be considered when appointing new PMEOs.