CRMEC
CANBERRA REGION MEDICAL EDUCATION COUNCIL

Canberra Region Medical
Education Council

Facility Accreditation Report

Accreditation Report

This report includes the following hospital and its related terms:

Canberra Health Services

Accreditation Report Details:

Date of Visit:	13-15 July 2021
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Facility Accreditation Recommendation
4 years with 7 provisos

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Introduction

Canberra Health Services (CHS) has been established since the last accreditation survey visit undertaken by the Canberra Region Medical Education Council (CRMEC). In October 2018 the previous ACT Health/Canberra Health and Hospital Services (CHHS) was separated into two distinct directorates – Canberra Health Services and ACT Health Directorate Canberra Health Services is responsible for the provision of health services while the ACT Health Directorate is responsible for health system stewardship, including Territory-wide policy and planning. Canberra Health Services provides acute, sub-acute, primary, and community-based health services to people in the Australian Capital Territory (ACT) and surrounding Southern New South Wales (NSW) region.

Canberra Hospital is an acute care teaching and tertiary referral hospital of approximately 620 beds (overnight occupancy rate of 91%), supporting a regional population of almost 600 000. It provides a general paediatric service and adult specialty services to the ACT and South East NSW. Canberra Hospital's emergency department is the major tertiary referral and trauma centre for the ACT and surrounding NSW and sees well over 85 000 patients each year.

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. Medical services are provided to the ACT's prison, Alexander Maconochie Centre, under the Justice Health term.

Since the last CRMEC accreditation visit, University of Canberra Hospital (UCH) has been opened under the auspices of CHS to provide specialist rehabilitation for sub-acute patients. The services at UCH are progressively expanding as more patient beds are opened.

The Medical Officer Support, Credentialing, Employment and Training Unit (MOSCETU) at CHS was established in August 2006 to coordinate recruitment, credentialing, management, and education of the junior doctor workforce. The junior doctor workforce, which includes prevocational trainees, unaccredited trainees and registrars is the single largest cohort of medical workers at CHS. The MOSCETU works closely with a team of educators (the DPET team) that includes a Director of Prevocational Training (DPET), a Deputy-DPET and three Prevocational Medical Education Officers (PMEOs) to provide an education and training program (ETP) to prevocational junior doctors (i.e., PGY1 and PGY2 doctors).

Executive Summary

1. The survey team received a well-prepared accreditation application and desk top audit that indicated the individuals involved in its preparation are dedicated to the education and training program (ETP) and have significant insight into its functioning. The responses were transparent and reflective, and left the survey team very well prepared for this large and complex survey visit. The exceptional facilitation for the survey visit performed by the MOSCETU team, including the last-minute technical requirements for web conferencing, is acknowledged by the Canberra Region Medical Education Council (CRMEC) and survey team.

2. The Director of Prevocational Training (DPET) operates with a supportive Deputy DPET and three Prevocational Medical Education Officers (PMEOs). As a group, the DPET team is highly recognised by junior doctors and operates effectively to support those who have been identified as having difficulties. The teamwork displayed by the DPET team, together with support received from MOSCETU, was evident throughout the survey visit and acknowledged by interviewees at all levels.

3. The current junior doctor workforce and/or its distribution is inadequate to meet the workload in many clinical divisions. The survey term heard universal reports of junior doctors undertaking overtime consistently, working double shifts, being called to work on rostered days off, and having inadequate access to leave entitlements. Junior doctors conveyed their anxiety over taking any leave as they were aware that this places additional pressure on their junior doctor colleagues. Junior doctor workforce issues are monitored at the Executive level and communicated to Clinical Directors daily; however, there did not appear to be any short- or long-term planning to reduce the unsustainable workload of junior doctors.

4. The current program is significantly under-resourced in terms of physical space both to deliver education and to undertake the medical education unit (MEU) administrative and support responsibilities. There appears to be no reliably accessible space to deliver face-face education to the full cohort of junior doctors. The simulation teaching space is also severely lacking. The MEU is currently being used as an open office workspace concurrently with delivering a live online learning program. There is no designated space for the DPET team to meet privately with junior doctors to provide welfare support. While this has been exacerbated by public health requirements associated with COVID-19 in the past 12 months, it appears that the lack of teaching space is a longer-term issue and ongoing concern. This concern was raised by the CRMEC and a recommendation made in the 2020 accreditation annual review. In summary, the available space both now, throughout upcoming hospital building works and projected after completion of the building works is inadequate for a prevocational medical workforce teaching facility.

5. In the context of COVID-19, the ETP pivoted to an online delivery format. Education is delivered live during mandatory teaching time and is accessible via an online platform after the live presentations. The speed at which this change was achieved, and the excellence and innovation displayed by the DPET team (particularly the Deputy DPET) in pivoting the education program are commendable.

6. Online learning continues to be the predominant education delivery method, and this is no longer fully meeting the needs of junior doctors. Live online education is difficult to access from ward spaces that have limited computers, often physically located in patient care areas. Few wards have adequate private space for junior doctors to access online learning, pagers appear to rarely be held by other team members during mandatory teaching, and the survey team heard many accounts of junior doctors logging on to the learning, but not actively engaging. Career advice initiatives are not currently being delivered. Opportunity to identify junior doctors in difficulty prior to reaching a “crisis point” is reduced due to the limited one-one contact with the DPET team. Suggestions are included in this report to improve the already well-functioning DPET team support.

7. The documented role and governance of the Prevocational Education and Training Committee (PETC) are not reflective of practice. The PETC has unclear direction, the terms of reference do not reflect its current function, and it has no upward reporting line. This results in disempowerment of the body. It is

recommended that the educational arm of MOSCETU should provide regular and timely reports directly to the PETC and receive direction from the Committee for all matters pertaining to junior doctor education, training and welfare. The PETC should provide regular reports at the Executive level and outcomes from all meetings should be communicated directly to junior doctors and supervisors, many of whom were unaware of the existence of the PETC. Long term sustainability of the PETC in a functional format is required.

8. There appears to be a lack of significant engagement by supervisors and senior clinicians in the prevocational ETP. Few supervisors made themselves available to the survey team, and many who did were unclear regarding their designated role within the ETP. Supervisors appear to have limited contact with junior doctors and term-specific education is lacking, particularly within the Surgical Divisions. Accounts of junior doctors working outside their scope of practice were presented to the survey team. Notable exceptions to this are acknowledged by the survey team with commendations.

9. Concerns regarding the recording of overtime identified in previous accreditation visits appear to have been addressed for the most part, although there is a mixed understanding among junior doctors about when/how to claim overtime. Issues regarding the transparency of payments continue to cause confusion. Consistent and clear directions to junior doctors and their supervisors about how and when overtime should be claimed is required. An update to the current payroll reporting system, or provision of resources that assist junior doctors to identify the overtime that has been included each pay period would also be helpful.

10. The survey team noted the less-than-ideal ratings received by the facility regarding workplace culture on the 2019 and 2020 national Medical Training Survey and the 2021 pre-accreditation survey conducted by the CRMEC. It is acknowledged that response bias may contribute to the survey results. However, issues such as the current junior doctor workload, inadequate teaching spaces and low engagement from many supervisors are likely to contribute to the survey results. The provisos raised in this report seek to address these concerns. In addition, during the survey process the survey team provided constructive suggestions to the Executive regarding promotion of Canberra as an attractive training location generally, and beyond the specific scope of prevocational training.

11. Above, the survey team has summarised significant concerns relating to:
    - The major imbalance of workload and workforce.
    - The lack of consideration of the physical spatial requirements for the education, training and administration facets of the program.
    - The overall disappointing standard of engagement of some senior medical staff in understanding the needs of their prevocational doctor colleagues.

    These concerns appear to reflect the inadequate understanding of and commitment to prevocational medical training at the Executive level. The improvements and solutions to these concerning inadequacies are well beyond the responsibilities, influence, and authority of those currently involved with operationally supporting the prevocational junior doctors.

Accreditation Rating Scale

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

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

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

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

Accreditation Ratings

Standard 1: Governance and Program Management	No Concerns	Minor Concerns	Major 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 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 workspaces.	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 junior doctor 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/decisions 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 the CRMEC using the procedures outlined by the CRMEC. Any major proposed changes to accredited training terms are requested by the facility for approval by CRMEC prior to their implementation.		X	
Overall Rating :			**X**

Comments on Standard 1

Standard 1.1.1. The facility has a strategic plan for prevocational education and training. The strategic plan does not extend to resourcing, including plans to address staffing shortfall, and does not indicate any plans for providing appropriate training spaces.

Standard 1.1.2. Funding for the ETP delivery and establishing innovations to address training during COVID-19 was not transparent. What appears to be a lack of commitment at the Executive level and inequitable distribution of training space has left the ETP with inadequate and inappropriate teaching spaces. There is no reliably accessible space for delivering a face-face education program to the full cohort and the simulation space that is not fit for purpose. No plans to address these issues were presented to the survey team. Proviso 1 has been raised to address this concern.

Standard 1.1.4. The survey team received testimonials from both junior doctors and supervisors that indicated junior doctors are routinely obtaining informed consent from patients undergoing surgical procedures and discussing end-of-life care with patients and their families. While it is important that junior doctors receive education, modelling and experience in undertaking these conversations with patients and their families, undertaking these activities independently is outside the scope of practice for a junior doctor. Canberra Health Services policies on informed consent (document CHS20/251) specifies that for surgical procedures, a Consultant or Registrar is responsible for obtaining informed consent. Canberra Health Service policies on goals of care (document CHS19/080) specifies that a senior medical staff be involved in family discussions regarding end-of-life care decisions. Proviso 2 has been raised to address this concern.

Standard 1.1.5. Information provided to the junior doctors regarding the ETP is both comprehensive and concise.

Standard 1.2.1. The physical space, ICT and educational resources were inadequate for a teaching hospital. The survey team understood that the facility lacks any dedicated teaching space for this large cohort of learners, and accessibility to appropriate teaching spaces is severely limited. The simulation learning centre was not fit-for-purpose. While the ETP has successfully pivoted to online delivery, ICT accessibility and physical space for junior doctors is inadequate on the wards and in the JMO lounge. This leaves many junior doctors without the ability to attend mandatory teaching. Computer space is often located in areas accessible to patients, meeting room space is limited, or non-existent and junior doctors are expected to use their personal devices due to insufficient ICT. Proviso 1 has been raised to address this concern.

Standard 1.2.2. The MEU has dedicated space, but this is inadequate for the needs of the department. Understandably, a large proportion of the space is being used to deliver online learning. This leaves other members of the MEU without quiet and private workspace. There is no private space for confidential meetings with junior doctors. Proviso 1 has been raised to address this concern.

Standard 1.2.4. The survey team received accounts suggesting that the resources required to deliver the current online learning program may not have been adequately funded by the facility or included in a dedicated training budget.

Standard 1.3. The ETP Committee (referred to as the Prevocational Education and Training Committee, PETC) is currently not functioning as a committee with oversight over and advocacy on behalf of the prevocational ETP. The PETC does not function within its Terms of Reference, has limited engagement from supervisors, does not discuss issues of significance to the training program, and has no direct reporting line to the Executive. It is unclear how the PETC evaluates individual training terms, including the supervision and education provided within. For example, of the large volume of recently reviewed term descriptions submitted to the CRMEC in 2021, the PETC appear to have had no role in the reviews or endorsement. A recent significant Change of Circumstance related to junior doctors undertaking patient reviews in National Capital Private Hospital appears not to have been reviewed, discussed or monitored by the PETC. Proviso 3 has been raised to address this concern.

Standard 2: Monitoring, Evaluation and Continuous Improvement	No Concerns	Minor Concerns	Major Concerns
2.1 Evaluation JMO education and training			
2.1.1 Facilities have processes to monitor and evaluate the quality of education and training.		X	
2.1.2 Junior doctors have the opportunity and are encouraged to provide feedback in confidence on all aspects of their education and training.		X	
2.1.3 Facilities use junior doctor evaluations of orientation, education sessions, supervision, terms and assessments to continuously improve the ETP.	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 junior doctor experience, using innovative approaches where possible.	X		
2.1.6 Facilities support the delivery of junior doctor education and training by forming constructive working relationships with other agencies and facilities.	X		
Overall Rating :	**X**		

Comments on Standard 2

Standard 2.1.1. While processes are in place to monitor and evaluate the quality of the formal ETP and education in individual training terms, there appears to be limited review of evaluations of individual training terms. Supervisors receive limited or no feedback. This relates to comments under 1.3 regarding the lack of function observed for the PETC.

Standard 2.1.2 The facility undertakes evaluation of the formal learning program and junior doctors are required to evaluate every training term they undertake through the online system (One45). The reporting of concerns by junior doctors to others (e.g., the DPET team) should ensure the protection of that individual from any recourse from those who may be involved.

Standard 2.1.4. Opportunities for supervisors to provide feedback that informs the program development are limited. This relates to comments under 1.3 regarding the lack of function observed for the PETC.

Standard 2.1.5. The efforts of the DPET team, most specifically the Deputy DPET, to pivot the ETP to an online platform quickly, effectively, and innovatively in the context of COVID-19 have been exceptional. Commendation 1 is made to recognise this achievement.

Standard 3: Education, Training and Clinical Experience		No Concerns	Minor Concerns	Major Concerns
3.1	**Education and Training**			
3.1.1	All junior doctors can access a formal ETP, and supplementary training activities offered on all training terms.	X		
3.1.2	Formal ETP sessions are designated protected time and pager free. This is a requirement for intern training, and strongly encouraged for other junior doctors.		X	
3.1.3	The ETP offered is mapped to the ACF and covers topics relevant to junior doctors.	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 junior doctors to help inform career choices and how to access these careers.		X	
3.1.6	Junior doctors complete a Basic Life Support course as part of the facility orientation program, and every two years thereafter.	X		
3.1.7	Junior doctors are encouraged to participate in hospital wide educational opportunities(e.g. Grand Rounds).	X		
3.2	**Clinical Experience**			
3.2.1	Facilities provide junior doctors with a program of terms that enables the attainment of ACF competencies, including relevant skills and procedures. For interns, this 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 junior doctors 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 training terms should be consistent with the guidelines produced by the Australian Medical Council.		X	
3.2.3	In identifying terms for training, facilities consider the following: • Complexity and volume of the unit's workload, • The workload for junior doctors. • The experience a junior doctor can expect to gain, • How and by whom the junior doctor will be supervised, taught and assessed.	X		
3.2.4	All clinical settings where a junior doctor is assigned can 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, and when patients transfer between clinical settings (including the community).		X	
3.2.6	Facilities provide information to junior doctors regarding the experiences available on all terms, including those at secondary sites.	X		
3.2.7	All training terms have a term description that has been developed by the term supervisor with input from junior doctors who have undertaken the term. Term descriptions are monitored and updated regularly (at least once per accreditation cycle) by the supervisor and ETP Committee to ensure they reflect the current practice and experience available on each term and are submitted to the CRMEC for approval.		X	
3.2.8	Facilities provide a comprehensive orientation to junior doctors at the beginning of their employment with that facility.	X		
3.2.9	Junior doctors receive an orientation to all secondary training sites that they rotate through.	X		
3.2.10	All junior doctors receive an appropriate orientation at the commencement of each training term.		X	
Overall Rating :			**X**	

Comments on Standard 3

Standard 3.1.2. Although all stakeholders were clear regarding the operations of mandatory teaching sessions and these are designated to be pager free, in practice the teaching time is neither pager free nor patient free due to the current online format of education. Some clinical areas do not implement protected teaching time, and some clinical areas provide no private space in which junior doctors can access the online ETP, so learners are often interrupted by supervisors, the multidisciplinary team or patients. The survey team heard accounts indicating that in some clinical areas there is an expectation that junior doctors work unpaid overtime to make up the time taken to attend mandatory education.

Standard 3.1.5. There is currently limited career guidance provided to junior doctors. Some junior doctors reported receiving excellent mentoring from their supervisors; however, formal initiatives (e.g., Careers Night) in this space have ceased. Recommendation 1 addresses this concern.

Standard 3.2.2. Opportunities for attending operating theatre appear limited within some Surgical Divisions. While the survey team acknowledge this is not a requirement under the national framework for intern training, opportunities could be expanded.

Standards 3.2.2. and 3.2.4. Some training terms require enhancement of the specialty-specific training program. A proviso has been raised regarding terms of particular concern.

Standard 3.2.5. The survey team noted considerable improvements in relation to this standard since the last survey visit. Different handover strategies have been implemented since the previous survey visit and the survey term heard accounts that for the most part supported the current initiatives. A 'morning huddle' attended by Executives and Clinical Directors is held daily to flag issues (including junior doctor staffing shortfalls). The facility is encouraged to continue working on quality improvement in this area.

Standard 3.2.7. While a great deal of work has recently been carried out to update term descriptions, including ensuring the documents reflect general and specific learning opportunities and provide a clear explanation of the clinical work, review by the PETC does not appear to occur in any meaningful way.

Standard 3.2.10. As noted in the facility's submission, orientation to specific training terms is highly inconsistent. In particular, orientation to Pod relief terms is generally below the expected standard. Recommendation 5 addresses this concern.

Standard 4: Supervision	No Concerns	Minor Concerns	Major Concerns
4.1 Clinical Supervision			
4.1.1 Junior doctors 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 junior doctors during all periods of duty.		X	
4.1.4 The term supervisor discusses the junior doctor's learning objectives at the start of each term and a learning plan developed.		X	
4.1.5 Term supervisors are known to and accessible by the junior doctor in a timely manner.		X	
4.1.6 Term supervisors understand their roles and responsibilities in assisting junior doctors to meet learning objectives and demonstrate a commitment to education and training.			X
4.1.7 Facilities provide appropriate support and professional development opportunities for supervisors to undertake their role within the ETP.		X	
4.1.8 Supervisors are responsible for providing junior doctors with regular constructive feedback.		X	
Overall Rating:			**X**

Comments on Standard 4

Standard 4.1.1. The supervision in busy surgical terms appears to be variable. Proviso 4 has been raised to address this concern in one surgical training term. The survey team also received accounts indicating the junior doctors are sometimes encouraged to work at a level inappropriate to their experience and in contravention of Canberra Health Services policies. Further comments are made under Standard 1.1.4. and Proviso 2 has been raised to address this concern.

Standard 4.1.2. Term supervisors referred to having recently received a copy of the supervisor guideline. However, supervisor understanding of the guidelines was variable.

Standards 4.1.3. and 4.1.6. Only a small number of supervisors made themselves available to meet with the survey team. Supervisors generally demonstrated a low commitment to the ETP and in some cases indicated that the junior medical workforce was not a significant consideration in the training activities of some Clinical Divisions. Understanding of the role of the supervisor, requirements for assessment and commitment to providing education to the junior medical workforce was variable and concerning (particularly across Surgical Divisions). Proviso 5 has been raised to address this concern.

Standard 4.1.5. Supervisors were not always known to the junior doctor, and the survey team received accounts indicating that junior doctors have variable access to their supervisors.

Standard 4.1.7. There appears to be little support for supervisors to undertake teaching-specific professional development and limited support for or recognition of the role of supervisors within the ETP, and within a teaching facility in general. Contribution to education and training does not appear to be consistently included in recruitment or performance review in the facility. Consultants are not routinely involved in the PETC or evaluation of the ETP.

Standard 4.1.8. Regular constructive feedback from supervisors to prevocational doctors is very variable. The lack of engagement of some Supervisors is a concern.

Standard 5: Assessment	No Concerns	Minor Concerns	Major Concerns
5.1 Assessment Processes for JMOs.			
5.1.1 Junior doctors 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 the assessment.		X	
5.1.3 Interns undergo valid and reliable formative mid-term assessments for all terms exceeding five weeks. Ideally, formative mid-term assessments will also occur for all other junior doctors.		X	
5.1.4 All junior doctors receive a valid and reliable summative end-of-term assessments for all terms. The supervisor should consult with other team members when undertaking the end of term assessment. The assessment should be discussed with the junior doctor, who should have the opportunity to comment on the assessment.		X	
5.1.5 All assessments are confidential and are not released by a facility for human resources purposes, including employment applications. A copy of all assessments should be provided to the junior doctor.	X		
5.1.6 Facilities have a process to assist with decisions on the remediation of junior doctors who do not achieve satisfactory assessments.	X		
5.1.7 Facilities implement and document assessments of 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. • The document Intern training: Assessing and certifying completion published by the Australian Medical Council • Interns achieving outcomes as stated in the Intern training: Intern outcome statements published by the Australian Medical Council.	X		
Overall Rating:	**X**		

Comments on Standard 5

The facility has a reliable IT system through which junior doctors receive their assessments. For the most part, junior doctors receive a mid-term assessment and final assessment that is confidential and consistent with requirements for general registration.

Standard 5.1.2. Performance of supervisors across different departments is variable. In some instances, the supervisor does not discuss performance with the junior doctor before submitting an assessment.

Standards 5.1.3.and 5.1.4. The actual completion of assessment forms may be undertaken, but the assessment process and feedback are very variable, often lacking meaning and utility.

Standard 5.1.6. The survey team received numerous accounts indicating that the facility has a highly successful remediation process. Numerous junior doctors have been assisted to improve their performance through support of the DPET team. A commendation has been raised to recognise this achievement.

Standard 6: JMO Welfare		No Concerns	Minor Concerns	Major Concerns
6.1	**Welfare support for JMOs**			
6.1.1	The duties, working hours and supervision of junior doctors are consistent with the delivery of high-quality, safe patient care and are consistent with the safety and welfare of junior doctors.			X
6.1.2	Facilities provide access to and information regarding welfare support for junior doctors, 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 performance of junior doctors.	X		
6.1.4	Facilities identify underperforming junior doctors in a timely fashion and have appropriate processes to for support and manage. Junior doctors 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 junior doctor 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 junior doctors and supervisors, or junior doctors and the facility.		X	
6.1.8	Facilities guide and support supervisors and junior doctors 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. Junior doctors, their supervisors, and other team members are made aware of these policies and procedures			X
6.1.10	Facilities actively work to promote and maintain a positive work culture, free from bullying, harassment and discrimination.			X
6.1.11	Facilities have processes to identify and support junior doctors who are experiencing personal and professional difficulties that may affect their training. There are processes in place to provide career advice and confidential personal counselling. Junior doctors, their supervisors, and other team members are made aware of these policies and procedures.		X	
Overall Rating :			**X**	

Comments on Standard 6

Standard 6.1.1. The survey team received an overwhelming number of accounts that indicated that junior doctors perceive that they are expected to undertake a large amount of overtime and have an unsustainably high workload. Although this is monitored at the Executive level and communicated daily in the Morning Huddle, there appears to be limited implementation of practical solutions to address workforce shortages and reduce the workload of junior doctors. The ongoing impact of the workforce issues have led to a cohort of doctors that is consistently allocated a burdensome volume of work and that feels under-valued and invisible within the system. There was a strong recognition from the junior doctor cohort that taking entitlements (e.g., annual, sick or study leave) places additional burden on their already stretched cohort. Proviso 6 has been raised to address this concern.

The medical administration team had devised and implemented an on-call roster system within the junior doctor workforce to improve communications with on-call junior doctors. This system had addressed previous confusions that had led to the switchboard contacting the incorrect on-call doctor.

Standard 6.1.2. Although junior doctors receive a comprehensive orientation and information about the welfare and support

options available, some accounts indicated that junior doctors may not have a full understanding of the breadth and depth of the role of the PMEOs.

Standard 6.1.3. The facility has written policies and procedures to manage welfare, workload and safety performance of junior doctors. The survey team received accounts that indicated significant improvements in the claiming and payment of overtime since the last accreditation survey visit. However, there appears to be confusion amongst some junior doctors regarding whether or not overtime claims had been paid, and how this is identified in payslips. A recommendation has been made to assist junior doctors in interpreting their pay slips.

Standard 6.1.4. The survey team heard numerous examples of ways in which the DPET team had successfully identified and addressed underperforming junior doctors in a timely manner.

Standard 6.1.6. It is acknowledged that facilities have policies for fair access to entitlements. However, appropriate leave is not always accessible to junior doctors (see comment 6.1.1.). The DPET team referred to a plan to implement a mandatory leave process. This is strongly encouraged by the survey team and could form a part of the action plan for Proviso 6.

Standard 6.1.7. The survey team heard examples of dispute resolution between junior doctors and supervisors and/or the facility; however, confidentiality in this process may have been breached at times. The facility is encouraged to maintain ongoing clear and confidential pathways for resolution that do not place the junior doctor's welfare at risk.

Standard 6.1.8. Although there are provisions for part-time training, opportunities may not be as flexible as is optimal. Some junior doctors reported finding it difficult to access practical support to take up part-time training. It is recommended that the options for part-time training, and the streams in which these opportunities are accessible, be conveyed to junior doctors during the recruitment process.

Standard 6.1.9. The facility has policies in place to identify, address and prevent bullying, harassment and discrimination. However, the survey team had significant doubts that these polices, and procedures are conveyed to staff at all levels within the facility in a manner that is both congruent with their significance and leads to their implementation. Issues are further stated in the comment 6.1.10.

Standard 6.1.10. The results from the 2019 and 2020 Medical Training Survey indicated that junior doctors perceive there to be a level of bullying, harassment, and discrimination within Canberra Health Services. The survey undertaken by CRMEC as a part of this accreditation visit found 30% of current and recent junior doctors disagreed that staff within Canberra Health Services are generally respectful of each other. The survey team received accounts suggesting that there are concerns with workplace culture in some clinical teams, including high workload, inappropriate expectations of ongoing overtime, low approachability of supervisors, and lack of respect for junior doctors from the multidisciplinary team. Although the DPET team has demonstrated desire to support junior doctors in addressing workplace culture concerns, the survey team received accounts from all levels within the facility suggesting a perception that these issues are beyond the ability of the DPET team to address. This has led to reluctance on behalf of junior doctors to seek the DPET team's assistance. A number of the provisos that have been raised will address these concerns.

Standard 6.1.11. The facility has strong processes to support junior doctors experiencing personal and professional difficulties when these doctors become known to the DPET team. However, the survey team has concerns that there is a reluctance amongst the junior doctor cohort to disclose difficulties, some evidence that junior doctors are not fully aware of the function of the DPET team, and limited structure to ensure that every junior doctor in difficulty will be identified and assisted. Proviso 7 has been raised as an enhancement to the DPET team's role.

Accreditation Status

Term Name	Term Type	PGY1 Term Capacity	PGY2 Term Capacity	PGY 1 or 2 Position	Total Term Capacity	Accreditation Expires	Accreditation Status
Med Pod 1							
Infectious Diseases	Core-Medical	2	0		2	30-09-2025	A
Neurology A & B	Core-Medical	2	1		3	30-09-2025	A
General Medicine	Core-Medical	2	2		4	30-09-2025	A
Renal Medicine	Core-Medical	1	1		2	30-09-2025	A
Med Pod 1 Relief	Non-core-Medical	xx	xx	3	3	30-09-2025	A
Med Pod 2							
Acute Care of the Elderly Unit (ACEU)	Core-Medical	2	2		4	30-09-2025	A
Community Geriatric Medicine and Outlier Unit	Non-core-Medical	0	2		2	30-09-2025	A
Haematology	Core-Medical	1	1		2	30-09-2025	A
Medical Oncology	Core-Medical	1	1		2	30-09-2025	A
Radiation Oncology	Non-core-Medical	0	1		1	30-09-2025	A
Cancer & Ambulatory Services - Day Therapy Unit	Non-core-Medical	0	1		1	30-09-2025	AP¥
Med Pod 2 Relief	Non-core-Medical	xx	xx	6	6	30-09-2025	A
Med Pod 3							
Cardiology	Core-Medical	2	1		3	30-09-2025	A
Endocrinology	Core-Medical	1	0		1	30-09-2025	A
Gastroenterology & Hepatology	Core - Medical	2	2		4	30-09-2025	A
Hospital in the Home	Non-core-Medical	1	0		1	30-09-2025	AP¥
Respiratory & Sleep Medicine	Core-Medical	2	1		3	30-09-2025	A
Rheumatology, Immunology & Dermatology	Non-core Medical	0	1		1	30-09-2025	A
Med Pod 3 Relief	Non-core-Medical	xx	xx	4	4	30-09-2025	A
Surg Pod 1							
General Surgery 1 (Trauma/General Surgery)	Core-Surgical	1	1		2	30-09-2025	A
General Surgery 2 (Colorectal/Head & Neck)	Core-Surgical	1	1		2	30-09-2025	A
General Surgery 3 (Upper GI)	Core-Surgical	2	2		4	30-09-2025	A
General Surgery Acute Surgical Unit (ASU)	Core-Surgical	3	3		6	30-09-2025	A

Cardiothoracic Surgery	Core-Surgical	1	1		2	30-09-2025	A
Urology	Core-Surgical	1	1		2	30-09-2025	A
Surg Pod 1 Relief	Non-core-Surgical	xx	xx	3	3	30-09-2025	A
Surg Pod 2							
OHNS/MaxFac/Dental	Core-Surgical	2	0		2	30-09-2025	A
Neurosurgery	Core-Surgical	1	2		3	30-09-2025	A
Plastic Surgery	Core-Surgical	2	0		2	30-09-2025	A
Ophthalmology	Non-core Surgical	0	1		1	30-09-2025	A
Paediatric Surgery	Non-core Surgical	0	1		1	30-09-2025	A
Paediatric Sub-Specialty Surgery	Core-Surgical	0	1		1	30-09-2025	A
Vascular Surgery	Core-Surgical	2	2		4	30-09-2025	A
Surg Pod 2 Relief	Non-core-Surgical	xx	xx	4	4	30-09-2025	A
Additional terms							
Emergency Medicine/Mental Health Short Stay Unit	Emergency	15	14		29	30-09-2025	AP¥
Alcohol & Drug Service	Non-core	0	1		1	30-09-2025	A
Psychiatric Medicine: MHSSU/MHCL	Non-core	1	1		2	30-09-2025	AP¥
Psychiatric Medicine: AMHU	Non-core	2	2		4	30-09-2025	AP¥
Psychiatric Medicine: 12B Low Dependency Adult Mental Health Unit	Non-core	0	1		1	30-09-2025	AP¥
Justice Health Team	Non-core	0	1		1	30-09-2025	A
Women & Babies (Obstetrics & Gynaecology)	Non-core-Surgical	2	3		5	30-09-2025	A
Orthopaedic Surgery	Core-Surgical	6	0		6	30-09-2025	AP
Orthopaedic Surgery with Orthopaedic Geriatrics	Non-core-Surgical	0	3		3	30-09-2025	AP
Paediatrics	Non-core	0	5		5	30-09-2025	A
Anaesthetic & Pain Management	Non-core	0	1		1	30-09-2025	Unaccredited#
University of Canberra Hospital terms							
Subacute care of the Elderly (Geriatric Medicine)	Core-Medical	0	2		2	30-09-2025	A
Rehabilitation Medicine	Core-Medical	0	3		3	30-09-2025	A
Adult Mental Health Rehabilitation Unit (AMHRU)	Non-core	0	1		1	30-09-2025	AP¥

¥ term had a pre-existing proviso prior to the survey visit (generally related to evaluation requirements due to recent changes to the term).
terms that have not been used regularly are unaccredited. Should this term be required in future a New Unit Accreditation application should be submitted to the CRMEC, together with a new term description.

Commendations

Commendation 1: DPET team

The role undertaken by the DPET, Deputy DPET and PMEOs (as a group, referred to as the 'DPET team') is commendable. The DPET team has clear benefits for junior doctors and for MOSCETU. The survey team consistently received accounts from junior doctors indicating the DPET team is highly supportive, provides an excellent orientation to the facility and delivers high quality education. The DPET team displayed efficiency, innovation and passion in promptly pivoting education and training needs during the COVID-19 crisis that is also commendable.

In particular, the PMEOs, with roles peripheral to the daily clinical work environment, have high level of efficacy in supporting junior doctors, resolving identified concerns and demonstrating commitment to junior doctor welfare. The survey team heard numerous accounts of successful intervention by the DPET team to assist junior doctors in difficulty.

The DPET team is commended for their dedication to delivery of education, training and support to junior doctors at Canberra Health Services.

Commendation 2: Digital ETP

The DPET team, and specifically the Deputy DPET Dr Luke Streitberg, are commended on their effort to pivot the ETP promptly, effectively, and innovatively to an online platform to enable junior doctors to continue their learning in the context of COVID-19.

Commendation 3: Specialty-specific training programs

A number of specific training terms were consistently identified as providing a strong orientation, supportive culture and exceptional specialty-specific education experience. The Supervisors and other educators in the following terms are commended:

- Emergency Medicine
- Paediatrics
- Vascular
- Obstetrics and Gynaecology
- Neurology
- Rehabilitation Medicine (at University of Canberra Hospital)

Commendation 4: Accreditation application

The Canberra Health Services is commended for its well-prepared desktop audit/accreditation application. The completed document was exceptionally prepared, transparent and showed significant insight into and reflection on the education and training of junior doctors in the facility.

Provisos

A proviso is a condition/qualification that is attached to accreditation. A proviso details actions that MUST be taken to maintain accreditation; failure to address a proviso adequately within the timeframe indicated may lead to withdrawal of accreditation from a term and/or full ETP. More information on provisos is available in CRMEC *Policy 18: Proviso Reporting*.

Proviso 1: Teaching and administrative space

Relating standards:

Standard 1.1.2 Facilities are funded as teaching and training organisations, and therefore give high priority to medical education and training.

Standard 1.2.1 Facilities provide access to the physical, Information and Computer Technology (ICT) and educational resources necessary for supporting JMO education and training.

Standard 1.2.2. Facilities provide dedicated office space for a Medical Education Unit (MEU) or equivalent.

The physical space accessible to the ETP is not commensurate with the ETP's requirements. The physical space should be reliable to book and access without competing with other departments within the hospital. The ETP requires:

- Physical space to administer a digital education program in times when face-face teaching is not compatible with public health requirements.
- Physical space to provide face-face teaching for the full cohort at times when this is compatible with public health requirements.
- Physical space to deliver simulation learning.
- Physical space to meet privately with junior doctors.
- Office space for the DPET team and the MEU.

1. A plan to provide this space should be submitted to the CRMEC.
2. An evaluation of the adequacy and accessibility of the space should be conducted at the completion of the first teaching term and submitted to the CRMEC alongside a plan to rectify any identified short fallings.

Timeframe: Initial plan: 28 February 2022
Evaluation and any improvement plan: 18 May 2022

Proviso 2: Scope of practice

Relating standards:

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

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

1. Clarify to all existing supervisors and clinical teams the scope of practice for junior doctors, including facility policies regarding consenting patients for surgical procedures and undertaking end-of-life care discussions with patients and their families.
2. Develop and implement a process to inform all new supervisors and clinical team members of scope of practice issues.
3. Develop and implement a system that ensures training term evaluations are regularly reviewed by the PETC, with senior representation from Clinical Divisions, and issues are identified and addressed in a timely manner.
4. Collect, analysis and address feedback on scope of practice issues from junior doctors. For example, this might be in the form of a general survey or could be incorporated into training term evaluations.

Complete Part 1 and 2: 28 February 2022
Complete Part 3 and 4: 24 August 2022

Proviso 3: Oversight committee (Prevocational Education and Training Committee)

Relating standards:

Standard 1.3.1. Facilities have an ETP Committee which is adequately resourced, empowered and supported to advocate for JMO education and training

Standard 1.3.2. The ETP Committee oversees and evaluates all aspects of junior doctor education and training and is responsible for determining and monitoring changes to education and training.

Standard 1.3.3. The ETP Committee has Terms of Reference that outline its functions, reporting lines, powers, and membership, which includes JMOs.

Standard 1.3.4. ETP Committee outcomes/decisions are communicated to JMOs in a timely fashion.

Standard 1.3.5. Facilities report changes to the program, units or terms that may affect the delivery of the program to the CRMEC using the procedures outlined by the CRMEC. Any major proposed changes to accredited training terms are requested by the facility for approval by CRMEC prior to their implementation.

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

1. 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.
2. Ensuring the PETC has sustainable oversight of the entire training program and the educational arm of MOSCETU, including addressing issues that arise within the ETP.
3. Maintaining engagement of junior doctors with the PETC and continuing to provide feedback to the full junior doctor cohort on the role of the PETC and outcomes of PETC meetings.
4. Enhancing supervisor engagement with the PETC (and with the ETP in general).
5. Ensuring documentation accurately reflects issues arising within the ETP meetings and records the progress of issues to full resolution.
6. Ensure meaningful feedback is provided to supervisors on a regular basis.

As an example, demonstration of meeting this proviso could include submitting a review of the PETC structure, a documented plan for improvement, an evaluation of the plan and evidence of a functioning oversight committee that involves all stakeholders (e.g., Minutes, membership and attendance).

Complete: 24 August 2022

Proviso 4: Orthopaedics training term

Relating standards:

Standard 4

The survey team identified significant concerns with the training environment within the Orthopaedics term. Accounts from cohorts over multiple years identified critical understaffing within the department generally and at the junior doctor level. The junior doctor workload appears to be excessive, with limited clinical support available on the ward and a lack of clear guidance on processes for requesting clinical support.

1. Evaluate the current workload and establish the number of junior doctors required within the Orthopaedics Division to achieve reasonable working hours and workload that ensures junior doctor welfare and patient safety.
2. Review and evaluate the current structures that are supporting education and teaching within the training term.
3. Based on the above, develop and implement an overall system that addresses workload and workforce pressures, clarifies supervision and access to clinical support, and enhances the education and training opportunities within the training term.
4. After implementation, undertake an evaluation that seeks feedback from supervisors, the clinical team, junior doctors and the DPET team.

Complete Part 1 - 3: 24 August 2022

Proviso 5: Supervision

Relating standards:

Standard 4.1.3. Supervisors have appropriate competencies, skills, knowledge, authority, time and resources to supervise junior doctors during all periods of duty.

Standard 4.1.6. Term supervisors understand their roles and responsibilities in assisting junior doctors to meet learning objectives and demonstrate a commitment to education and training.

The survey team identified that engagement of supervisors in the ETP is significantly less than optimal.

1. Develop and implement key performance indicators (KPIs) at the Executive level that directly reflect the facility's stated priorities for education and training and responsibilities of Senior Staff Specialists to be actively engaged as teachers.
2. Ensure that the Heads of Clinical Divisions understand, recognise, appreciate and support the clinical units and their Supervisors in delivering the ETP.
3. Provide clear expectations of term Supervisors and provide the appropriate training to ensure that standards are achieved.

Complete: 18 May 2022

Proviso 6: Junior doctor workload

Relating standards:

Standard 6.1.1. The duties, working hours and supervision of junior doctors are consistent with the delivery of high-quality, safe patient care and are consistent with the safety and welfare of junior doctors.

The current junior doctor workforce appears to be inadequate or inappropriately distributed to meet the current workload. While it is acknowledged that this problem has been exacerbated during the COVID-19 pandemic, the fundamental imbalances between workload and workforce have existed for many years and continue to be unresolved in any sustainable manner. Although this is monitored at the Executive level and communicated daily in huddles, there appears to be limited implementation of practical solutions to reduce unsustainable workload of junior doctors.

Various suggestions that could be considered to assist in addressing workload that were made by stakeholders during the survey visited included:

- Auditing the patient numbers within terms to identify those terms that may have workload issues that are created by Specialist rostering patterns rather than overall unit patient load.
- Reviewing models of care.
- Enhancing structure at the mid-level of the medical workforce.
- Trialling different clinical support initiatives (e.g., medical scribes, phlebology/venepuncture service) to reduce the clinical tasks allocated to the junior medical workforce.
- Introduction of IT solutions to assist in task prioritisation, particularly with respect to pager work.

1. Continue to use reliable data to monitor and improve workforce distribution to reduce the pressure placed on the junior doctor medical workforce (e,g., continue regular monitoring at Executive level and communicating concerns).
2. Develop, implement and evaluate initiatives to address the unsustainable workload on junior doctors. This should be facility-specific, based on objective data and achieved with input from all stakeholders.
3. Develop, implement and evaluate strategies to ensure that junior doctors access their leave entitlements to maximise a balanced junior doctor workforce across the year and reduce the risk of doctor burnout and potential loss of junior doctors from the ACT medical community.

Complete by: Initial evaluation and any improvement plan: 24 August 2022

Proviso 7: Enhancement of the DPET team role

Relating standards:

Standard 6.1.11. Facilities have processes to identify and support junior doctors who are experiencing personal and professional difficulties that may affect their training. There are processes in place to provide career advice and confidential personal counselling. Junior doctors, their supervisors, and other team members are made aware of these policies and procedures.

The DPET team function was identified as a strong and supportive feature of the facility's prevocational training program. Opportunities exist to further improve the role this team plays in junior doctor support.

1. Develop a plan to increase the support provided by the PMEO to include a one-one meeting (either face-to-face or via web-conferencing) between a PMEO and every intern in the first half of the training year.
2. Convey the breadth of the PMEO role to junior doctors more regularly to encourage junior doctors to access assistance when required
3. Review the ways in which dispute resolution is undertaken to ensure confidentiality is maintained

Complete: 28 February 2022

Recommendations

A recommendation is suggested action considered by the CRMEC to be important to improving the facility's ETP, but not required in order to achieve and maintain accreditation. Facilities will be asked on report annually on plans to implement recommendations. More information on recommendations is available in *CRMEC Policy 17: Annual Reporting.*

Recommendation 1

Previously delivered strategies to provide career guidance to junior doctors should be reinstated and/or new programs developed that are possible to implement in a COVID-19 safe manner.

Recommendation 2:

Implement a register to ensure there is an accurate and up-to-date record of all supervisors and their relevant training as medical educators.

Recommendation 3:

Transparency related to payment of overtime and other entitlements is not optimal. Ideally, implementing a pay system that provides reliable and timely advice to junior doctors regarding their pay break-down would address concerns. In the absence of access to such a system, providing resources specific to junior doctors on how to read a pay slip (e.g., how to identify the dates and hours for which overtime has been paid in each pay period) would be of significant benefit.

Recommendation 4:

Ensure all junior doctors are aware of the WhatsApp group and ensure that important communication that occurs within this group is also communicated via other lines and saved in an accessible format for those junior doctors who are not actively engaged in the group and/or specific conversations, and to enable participants to easily revisit information.

Recommendation 5:

Survey and/or consult junior doctors regarding the quality of term-specific orientation, and support development of orientation programs that will better suit their orientation needs to work within the terms.