

# Facility Accreditation Report

## Accreditation Report

This report includes the following hospital and its related terms:

Calvary Public Hospital Bruce

## Accreditation Report Details:

Date of Visit:	26-27 April 2022
Lead Surveyor:	Dr Vasco De Carvalho
Surveyor:	Dr Duncan MacKinnon
Surveyor:	Dr Ava Carter
Surveyor:	Ms Emma Baldock
Secretariat:	Professor Emily Haesler

Date report approved by Canberra Region Medical Education Council:	08 June 2022
Expected date for next site visit:	April 2026
Accreditation expiry date:	31 August 2026

## Facility Accreditation Recommendation

4 years with 3 provisos

**Document Number:** Form 12  
**Document Name:** CRMEC Proviso Report Summary

## Proviso Report Summary – Calvary Public Hospital Bruce December 2022

### Provisos Arising from Accreditation Report Endorsed by CRMEC 2022

<p><b>Proviso 1: Recruitment</b></p> <p>Ensure that recruitment to the PGY1 training stream that consists of dedicated training terms at CPHB plus Goulburn Base Hospital is advertised transparently, so that PGY1 doctors applying for this stream are aware of the requirements and implications, including the ability or otherwise to swap terms with other junior doctors.</p> <p><b>Timeframe: Complete by 01 November 2022</b></p>	<p>Received: 10 Nov 2022</p> <p><b>Outcome: Met</b></p>
<p><b>Proviso 2: DPET team</b></p> <p>Undertake the following actions to ensure that the DPET team maintains its visibility within the ETP:</p> <ol style="list-style-type: none"> <li>1. Review the current structure of the DPET team to ensure there is adequate allocated support (e.g., hours/week, division of labour, support from the medical administration team) to the roles to enable functioning in accordance with responsibilities.</li> <li>2. Develop strategies to ensure that junior doctors and supervisors are made aware of the support offered by the DPET role.</li> <li>3. Implement structures to remind stakeholders about the DPET role and its function and to regularly reinforce this information. For example, it is strongly suggested that organised meetings with individual PGY1 and PGY2 are implemented to emphasise the importance of the DPET team as invaluable resources to the individual as well as the overall ETP.</li> </ol> <p><b>Timeframe: Complete by 01 November 2022</b></p>	<p>Received: 10 Nov 2022</p> <p><b>Outcome: Met</b></p>
<p><b>Proviso 3: Handover</b></p> <p>Undertake a review of the handover policies, procedures and documentation. In undertaking the review:</p>	<p>Received: 10 Nov 2022</p> <p>Formal strategies are being trialled, excellent processes are reported to ensure all JMOs and locums are aware of the handover expectations.</p>

<ol style="list-style-type: none"> <li>1. Ensure that handovers from both medical and surgical teams, and after-hours and weekend handovers are captured.</li> <li>2. Develop/review the documented procedures for handover to ensure that the expectations are clearly delineated for registrars, junior doctors and locum staff.</li> <li>3. Ensure that expectations for handover are communicated to all doctors and regularly reinforced.</li> </ol> <p><b>Timeframe: Complete by 01 November 2022</b></p>	<p><b>Outcome: Progressing</b></p>
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## Proviso Reporting

The outcome of an accreditation application is determined by an accreditation survey team, a review by the Accreditation Committee, and final endorsement of a decision by the Council. Regardless of the period of time for which accreditation is granted, the accreditation outcome might include provisos.

A facility may receive one or more provisos even when a full four years' accreditation is awarded. A proviso is a conditional stipulation that must be met within a specified time period for accreditation to be maintained. Provisos indicate areas where the CRMEC Standards are not being fully met and outline actions that must be taken to rectify this. Provisos are based on evidence gathered during the review of accreditation application and the accreditation survey visit. Provisos most often outline the concern that needs addressing rather than specific actions that must be undertaken.

More information on provisos is in *CRMEC Policy 18: Proviso Reporting*.

## Proviso Reporting Outcomes

The Accreditation Committee reviews all proviso reports and makes recommendation to Council. The Committee will determine one of the following outcomes:

- MET – The report indicates that the facility has addressed the proviso requirement and demonstrated improvement with respect to the Standard.
- MET AND ONGOING – A component of the Proviso is met, but further actions are required as detailed in the original Proviso.
- PROGRESSING – The report indicates that the facility is progressing toward addressing the proviso requirement. Progress will be monitored in the annual report.
- NOT MET – The report indicates that the facility has not met the proviso requirement and has been referred to Council for further action.
- NOT RECEIVED/RECEIVED LATE – Referred to the CRMEC for review of accreditation status.

## Version Control

<i>Form 12: Accreditation Proviso Reporting</i>			
Review Date	Version	Updated by	Changes made
New form	1.1	CRMEC Director	Created Form

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## Introduction

Calvary Public Hospital Bruce (CPHB) operates as a public/private partnership between ACT Health and Calvary, a not-for-profit Catholic Health-Care organisation. The organisation, now Calvary National, was founded in 1885 as an order of Catholic nuns that established Calvary Hospital Bruce in 1973. Growing from this foundation, CPHB has an explicit focus on a values-based ethical framework for care that provides a strong context to support the junior medical staff as they develop their professional values and ethics. CPHB is generally characterised by a warm and collegial community spirit, carrying with it the potential for both the strengths and challenges arising from a relatively stable tight-knit community.

CPHB is owned and operated by Calvary; however, as a public hospital it is funded by ACT Health under a Calvary Network Agreement. The CPHB General Manager (GM) is accountable for the operational, strategic and business management of CPHB. Calvary has a regionally based structure and the GM reports directly to the Calvary ACT Regional Chief Executive Officer (CEO). Medical Administration at CPHB works closely with the Directors of Prevocational Training (DPET) team that includes two DPETs, a Medical Educational Support Officer (MESO) and Junior Medical Officer (JMO) Manager to provide an educational and training program (ETP) to prevocational junior doctors.

CPHB comprises two campuses, the main hospital at Bruce, ACT and Clare Holland House palliative care hospice located in Barton, ACT. CPHB is currently funded for 300 beds and the service continues to grow and expand in bed capacity and service profile. CPHB provides a diverse range of acute and sub-acute medical and surgical services, maternity, intensive care, emergency department and a large hospital in the home service and home-based palliative care. CPHB is the largest public elective surgery provider in the ACT. CPHB has a range of medical specialist clinics which operate Monday – Friday and include Neurology, General Medicine, Endocrinology, Orthopaedics, Respiratory, Renal, Pain management, General Surgery, Ear, Nose and Throat (ENT), Gynaecology, Cardiology, Infectious Diseases and Breast Care.

In addition to providing inpatient accommodation, suitable patients may receive medical care in their home or other residential setting through Calvary's Hospital in the Home (HITH) and Geriatric Rapid Acute Care Evaluation (GRACE) Service. Other patients may be supported by attending Specialist Outpatients Clinics for the assessment and management of their condition. At Clare Holland House, Barton campus there is a 19-bed specialist palliative care inpatient unit and hospice, specialist outpatient clinic services, community palliative care services that visit and treat patients in their residential setting, and the Calvary Centre for Palliative Care Research.

In all services, high-quality, holistic and person-centred care is provided by multidisciplinary teams who work in collaboration with patients, their family and carers through shared decision making to develop care plans and access to services.

As a teaching hospital, CPHB is affiliated with the Australian Catholic University, the Australian National University and the University of Canberra, as well as providing clinical placements for a number of other tertiary providers.

## Executive Summary

1. The survey team received a well-prepared submission that provided the team with an appropriate understanding of the way in which the ETP is delivered at CPHB. The Executive had a strong understanding of the function and significance of the ETP and appear to have oversight over the GCTC functions and the needs of the program. It was also noteworthy that the Executive appeared to appreciate and support the importance of non-clinical time for Senior Medical staff to provide training, education, and mentorship of PGY1s and PGY2s. The medical administration team were well-prepared for this visit and demonstrated a high level of understanding of the program, its goals and the important role of the junior medical workforce for the ongoing delivery of medical services to the community. The medical administration team displayed understanding of the needs of junior doctors and outlined numerous strategies they are using to regularly evaluate the needs of the junior doctor workforce, in both an ongoing capacity and with respect to the prolonged pandemic response.
2. The survey team were impressed by the volume of comments from stakeholders at all levels that praised CPHB as a quality workplace. The size of the facility and its collegial community spirit were commended by many of the staff interviewed/surveyed as a part of this accreditation visit. As discussed in meetings between the survey team and the Executive, these aspects of the workplace are a unique asset and could be promoted more widely when recruiting staff at all levels.
3. The survey team were impressed by the practical and various opportunities provided within the ETP, including the opportunity for hands-on experience in the operating theatre available within the surgical terms, and the broad experience provided by the structure of the general medical terms. The expansion of the opportunity for psychiatry exposure was noted by the team, as were the frequent comments that the emergency medicine term offered opportunity to practice clinical skills under reliable supervision. These opportunities are all value-adds for the training program at CPHB and could be leveraged when recruiting junior doctors.
4. The survey team noted that at the Executive level strategies for recruitment, including the development of a “Calvary-streamed” training program within the ACT had been instituted in recent times. The opportunity such a strategy provides for ongoing recruitment and retention is encouraging. However, the survey team also became aware that junior doctors were not necessarily aware of the implications of indicating their interest in such a stream when applying for ACT-based training, and transparency could be improved in future recruitment. Given the positive workplace environment and unique opportunities identified above, the survey team believe that CPHB is in a strong position to build and maintain interest from junior doctors in the “Calvary-streamed” training program over the coming years.
5. The General Clinical Training Committee (GCTC), represented by the GCTC Chair, demonstrated an excellent understanding of its role and a high level of function in monitoring and evaluating the ETP. The Committee has representation from the DPETs, Executive, medical division and junior doctors, and would benefit from additional input from the surgical divisions. The strong governance displayed by the GCTC has been beneficial in strengthening and improving the ETP since the last accreditation visit. Although the GCTC is highly functional, some recommendations are made in this report to improve its visibility within the facility and to relevant stakeholders.
6. The survey team identified several opportunities for quality improvement for what was found to be a strong and well-functioning training program. A review of the function of the resources for the DPET role, clarification of the handover procedures, improvements in the orientation and onboarding procedures for some cohorts of new-starters and greater support/resourcing for supervisor training would all provide ongoing benefit to the strong ETP and support the junior doctor training experience.

## 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

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

### Comments on Standard 1

Standard 1.1.6. In 2022 CPHB commenced a training stream for PGY1 doctors that consists of x3 training terms allocated at CPHB plus x1 training term located at Goulburn Base Hospital. It appears PGY1s were given an option to opt-in for this training stream experience; however, a number of interns allocated to this stream were either unaware they had been allocated to the stream prior to commencing and/or were unaware of the implications of opting-in for this stream (e.g., inability to swap terms or training stream. Proviso 1 has been raised to address this concern.

Standard 1.2.3. Despite a policy for JMOs to have a one-one meeting with DPETs, most of the JMOs who provided feedback to the survey team did not recall this meeting, and the majority were unable to identify the DPET role as a source of support. It is unclear if the DPET role requires additional resourcing, or if restructuring the ways in which the role function would address its current low profile. Proviso 2 has been raised to address this concern.

Standard 2: Monitoring, Evaluation and Continuous Improvement	No Concerns	Minor Concerns	Major Concerns
<b>2.1 Evaluation JMO education and training</b>			
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		
<b>Overall Rating :</b>	<b>X</b>		
<p><b>Comments on Standard 2</b></p> <p>The GCTC is very functional in its monitoring and evaluation role. The Committee has reporting lines to the Executive and appears to have leverage. The Committee reviews evaluation of the program; however, it is not accessing the national-level feedback on training environment at CPHB available through the Medical Training Survey results.</p> <p>Standard 2.1.2. The GCTC has active JMO representatives who attend meetings and provide feedback. However, the profile of the GCTC and its role amongst the greater JMO cohort is low.</p> <p>Standard 2.1.4. While some supervisors were aware of the GCTC and its role, the Committee has a low profile. Although there is regular attendance and feedback from medical department, surgical division is not represented in the attendance and it was not clear how feedback from these supervisors is collected.</p> <p>Recommendation 1 has been raised to assist in continuous quality improvement.</p>			

<b>Standard 3: Education, Training and Clinical Experience</b>		<b>No Concerns</b>	<b>Minor Concerns</b>	<b>Major Concerns</b>
<b>3.1 Education and Training</b>				
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		
<b>3.2 Clinical Experience</b>				
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: <ul style="list-style-type: none"> <li>• Complexity and volume of the unit's workload,</li> <li>• The workload for junior doctors.</li> <li>• The experience a junior doctor can expect to gain,</li> <li>• How and by whom the junior doctor will be supervised, taught and assessed.</li> </ul>	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	
<b>Overall Rating :</b>			<b>X</b>	

### Comments on Standard 3

Standard 3.1.2. Although the facility has a policy of designated protected page free teaching time, there were frequent reports from JMOs that they were unable to attend teaching, or that if they attended teaching this added to the work burden for the rest of the day and contributed to un-paid overtime. There were several reports that there is no structured system to ensure JMOs have someone to hold their pagers during dedicated teaching time. Recommendation 2 has been raised to address this issue.

Standard 3.2.5. Findings regarding the handover procedure suggested that some JMOs might be confused about the expectations and/or the format of handover, particularly in the evening. There was some evidence that the weekend and evening handover might be less reliable, particularly when locums are on duty. Proviso 3 proviso has been raised to address this issue.

Standard 3.2.7. The term descriptions are broad and, in some cases, do not adequately identify the learning experiences offered in the term. Most term descriptions were developed in 2018 and require update in 2022. It would be advantageous to identify learning objectives and experiences unique to the different surgical and medical terms when reviewing their content. It would be advantageous to receive contribution from JMOs who have completed the terms on any information they would find useful to include in the term descriptions. Recommendation 3 has been raised to address this issue.

Standard 3.2.8. and 3.2.10. While most JMOs have received orientation to the JMO role, to the systems at CPHB and to their individual terms, there is some situations (e.g., when commencing work outside the regular commencement dates) where JMOs have not had an adequate orientation. Recommendation 4 has been raised to address this issue.

<b>Standard 4: Supervision</b>		<b>No Concerns</b>	<b>Minor Concerns</b>	<b>Major Concerns</b>
<b>4.1 Clinical Supervision</b>				
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		
<b>Overall Rating:</b>			<b>X</b>	
<b>Comments on Standard 4</b>				
<p>Support for the JMO ETP was demonstrated by numerous supervisors from a range of disciplines. The level of knowledge of the operation of the ETP, the role of the supervisor and the role of the GCTC was variable; however, all supervisors demonstrated an understanding of the importance of clinical supervision and overall goals to support the training and welfare of junior doctors.</p> <p>Standard 4.1.2. Numerous supervisors indicated they had not received any training or resources when commencing their role as supervisors. None of the supervisors identified a supervisor guideline available as a resource.</p> <p>Standards 4.1.3., 4.1.6 and 4.1.7. The facility identified that there are gaps in resources to support supervisors to undertake their role. Some concerns were raised regarding a reported reduction in facility support for non-clinical work hours. This time is important for supervisors as it provides opportunity for developing/updating supervisory skills, curriculum/teaching resource development, assessment tasks and opportunity to meet with junior doctors for support and assessment responsibilities. Loss of administrative/non-clinical time can be a risk to JMO welfare and could compromise the delivery of a strong ETP.</p> <p>Recommendation 5 and Recommendation 2 have been raised to address these minor concerns.</p>				

<b>Standard 5: Assessment</b>	No Concerns	Minor Concerns	Major Concerns
<b>5.1 Assessment Processes for JMOs.</b>			
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: <ul style="list-style-type: none"> <li>• The registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training.</li> <li>• The document Intern training: Assessing and certifying completion published by the Australian Medical Council</li> <li>• Interns achieving outcomes as stated in the Intern training: Intern outcome statements published by the Australian Medical Council.</li> </ul>	X		
<b>Overall Rating:</b>	<b>X</b>		
<b>Comments on Standard 5</b>			
Standard 5.1.3 The survey team notes that the mid-term and end of term assessments were completed for 100% of JMOs in 2021. The return rate for assessments for PGY2 doctors was around 80%.			

Standard 6: JMO Welfare		No Concerns	Minor Concerns	Major Concerns
<b>6.1 Welfare support for JMOs</b>				
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		
<b>Overall Rating:</b>		<b>X</b>		
<b>Comments on Standard 6</b>				
<p>Standard 6.1.1. and 6.1.6. The survey team received reports of JMOs denied reasonable leave requests made with more than adequate notice. Organisational challenges during the Covid-19 pandemic are described by the facility in the desk top submission and acknowledged by the survey team. However, the pandemic response also highlights the importance of JMO welfare and ensuring that access to leave entitlements is not compromised.</p> <p>Recommendation 6 is raised with the intention of promoting the focus of JMO welfare, particularly during times of organisational and workforce stress.</p>				



## Accreditation Status

Term Name	Term Type	PGY1 Term Capacity	PGY2 Term Capacity	Total Term Capacity	Accreditation Expires	Accreditation Status
<b>Calvary RMO Med Pod 1</b>						
General Medicine 1	Core-Medical	1	0	1	31-08-2026	A
General Medicine 2	Core-Medical	1	0	1	31-08-2026	A
RMO Med Pod 1	Core-Medical	0	1	1	31-08-2026	A
Cardiology	Core-Medical	0	1	1	31-08-2026	A
<b>Calvary RMO Med Pod 2</b>						
General Medicine 3	Core-Medical	1	0	1	31-08-2026	A
General Medicine 4	Core-Medical	1	0	1	31-08-2026	A
RMO Med Pod 2	Core-Medical	0	1	1	31-08-2026	A
Stroke Services	Core-Medical	0	1	1	31-08-2026	A
<b>Calvary RMO Med Pod 3</b>						
General Medicine 5	Core-Medical	1	0	1	31-08-2026	A
RMO Med Pod 3	Core-Medical	0	1	1	31-08-2026	A
MAPU	Core Medical	1	1	2	31-08-2026	A
Palliative Care	Core-Medical	0	1	1	31-08-2026	A
<b>Calvary - Surgery terms*</b>						
Orthopaedic Surgery	Core-Surgical	1	0	1	31-08-2026	A
Surgery 1	Core-Surgical	1	1	2	31-08-2026	A
Surgery 2	Core-Surgical	1	1	2	31-08-2026	A
Surgery 3	Core-Surgical	1	1	2	31-08-2026	A
Surgery 4 (Urology)	Core-Surgical	1	1	2	31-08-2026	A
<b>Calvary – Other terms</b>						
Emergency Medicine	Emergency	11	8	19	31-08-2026	A
Psychiatry (Older Persons Mental Health Unit) <sup>ψ</sup>	Non Core	1	0	1	31-07-2022	A
Psychiatry (Older Persons Mental Health Unit) <sup>ψ</sup>	Non Core	0	1	1	Starts 01-08-2022 Expires 31-08-2026	A
Acacia (Psychiatry) <sup>ψ</sup>	Non Core	0	2	2	31-08-2026	A <sup>#</sup>
Acacia (Psychiatry) <sup>ψ</sup>	Non Core	1	1	2	Starts 01-08-2022 Expires 31-08-2026	A
Obstetrics & Gynaecology	Non-Core	0	4	4	31-08-2026	A <sup>∞</sup>
Hospital in the Home	Non Core-	0	1	1	31-08-2026	A <sup>€</sup>

¥ An existing proviso for evaluation of surgical terms following increase in training positions is due for submission to the CRMEC in August 2022.

ψ Commencing Term 3, 2022 allocation of PGY1s versus PGY2s in Psychiatry terms (OPHMU and Acacia) will change, but overall JMO staffing numbers remain the same

# The previous proviso requesting an evaluation report in August 2022 is removed and the term is fully accredited.

∞ Must maintain at least three junior doctors in Obstetrics & Gynaecology training term as a condition of accreditation.

€ The previous proviso requesting an evaluation report in August 2022 is removed and the term is fully accredited.

# Commendations

## **Commendation 1: GCTC**

The GCTC is performing its role and function to a significantly higher standard under an experienced and motivated Chair. The Committee maintains reporting to and responsiveness from the Executive, includes junior doctor representation and has strong engagement from medical departments. The excellent function of this Committee has ensured strong governance over the ETP.

## **Commendation 2: After-hours responsiveness**

The surgical rotations have significantly improved out-of-hours support and responsiveness to junior doctors. Junior doctors consistently identified feeling well-supported when working out-of-hours in surgical terms.

## **Commendation 3: Specialty-specific training programs**

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

- Medical Assessment and Planning Unit.
- Hospital in the Home.
- Acacia and Psychiatry.
- Urology.
- Obstetrics and Gynaecology.

## **Commendation 4: Medical administration**

The Medical Administration team are commended for their support of, and responsiveness to junior doctor needs, especially during the prolonged pandemic response. The team regularly evaluate staffing needs and ensure a well-connected support system is in place, including the DPETs and key senior registrar roles.

# 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: Recruitment

Relating standards:

Standard 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.

Ensure that recruitment to the PGY1 training stream that consists of dedicated training terms at CPHB plus Goulburn Base Hospital is advertised transparently, so that PGY1 doctors applying for this stream are aware of the requirements and implications, including the ability or otherwise to swap terms with other junior doctors.

**Timeframe: Complete by 01 November 2022**

## Proviso 2: DPET team

Relating standards:

Standard 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.

Undertake the following actions to ensure that the DPET team maintains its visibility within the ETP:

1. Review the current structure of the DPET team to ensure there is adequate allocated support (e.g., hours/week, division of labour, support from the medical administration team) to the roles to enable functioning in accordance with responsibilities.
2. Develop strategies to ensure that junior doctors and supervisors are made aware of the support offered by the DPET role.
3. Implement structures to remind stakeholders about the DPET role and its function and to regularly reinforce this information. For example, it is strongly suggested that organised meetings with individual PGY1 and PGY2 are implemented to emphasise the importance of the DPET team as invaluable resources to the individual as well as the overall ETP.

**Timeframe: Complete by 01 November 2022**

## Proviso 3: Handover

Relating standards:

Standard 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)..

Undertake a review of the handover policies, procedures and documentation. In undertaking the review:

1. Ensure that handovers from both medical and surgical teams, and after-hours and weekend handovers are captured.
2. Develop/review the documented procedures for handover to ensure that the expectations are clearly delineated for registrars, junior doctors and locum staff.
3. Ensure that expectations for handover are communicated to all doctors and regularly reinforced.

**Timeframe: Complete by 01 November 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 to provide an update on the annual report on their consideration of the recommendations and plans for implementation. More information on recommendations is available in *CRMEC Policy 17: Annual Reporting*.

## Recommendation 1: GCTC improvements

Reinforce the function of the GCTC by:

- Increasing representation from surgical department.
- Increasing promotion of the GCTC and its activities to junior doctors and supervisors, and across the facility to enable the Committee to have more effective engagement at all levels.
- On an annual basis, formally review the results from the national Medical Training Survey and use the findings as a source of information for evaluation of the ETP and to contribute to quality improvement planning.
- Term Supervisors be provided with formal feedback about their Terms from PGY1 and PGY2 term appraisals. Such feedback should be aggregated data and de-identified but regularly provided.

## Recommendation 2: Education and teaching time

With input from the junior doctor cohort, review and improve the current strategies to maintain protected teaching time in order to resolve the unintended consequence of overtime that is currently associated with attending teaching.

With input from the supervisors, ensure that adequate non-clinical time is available to undertake responsibilities associated with the ETP.

## Recommendation 3: Term descriptions

With input from the junior doctor cohort, supervisors and the GCTC to undertake a review of the term descriptions to ensure they reflect the current term and identify the unique learning opportunities available in each term.

## Recommendation 4: Orientation improvements

Review the orientation process to ensure that the orientation and on-boarding process captures individuals commencing out-of-sequence (e.g., late/early starters) and locum staff, and that the process can provide system login in a timely manner to all new starters/locums.

With input from the junior doctor cohort, develop an information package for commencement of night duty to ensure junior doctors are aware of their responsibilities and facility processes.

### **Recommendation 5: Supervisor training**

Re-establish and encourage supervisor training, including promotion of access to existing resources (e.g. CRMEC training, College-based training, supervisor guideline).

Establish a system to track supervisor training records in preparation for the new national Prevocational Training Framework for which supervisor training will be mandated.

### **Recommendation 6: JMO welfare**

Review administrative processes to ensure that JMO leave requests are processed with consideration to entitlements, fairness and consideration of JMO welfare.

Consider including JMO welfare as a standing item on the agenda for relevant committees, including departmental meetings, administration meetings and GCTC meetings. Maintaining welfare as a standing item reinforces the importance of ensuring the wellbeing of the largest medical cohort.