



Facility Accreditation Report

Accreditation Report

This report includes the following hospital and its related terms:

South East Regional Hospital

Accreditation Report Details:

Date of Visit:	05 December 2022
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Date report endorsed by Canberra Region Medical Education Council:	18 January 2023
Expected date for next site visit:	March 2027
Accreditation expiry date:	30 June 2027

Facility Accreditation Recommendation

4 years with 4 provisos

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

Proviso Report Summary – South East Regional Hospital

Provisos Arising from Accreditation Report:		
<p>Proviso 01 Provide the endorsed strategic plan, including key performance indicators that the GCTC will use to evaluate implementation. Report by 31 May 2023.</p>	<p>Updated strategic plan submitted in May 2023 GCTC Minutes submitted indicating that the strategic plan has now been endorsed in July 2023.</p>	<p>Met</p>
<p>Proviso 02 Document clear plans for ongoing resourcing and staffing of the role of JMO Support Officer (or indicate the role that will take on the responsibilities currently performed by the JMO Support Officer). Provide the job description and staffing plans for this position. Report by 31 May 2023.</p>	<p>MAST Support Officer job description provided. Proviso report indicated that a formal review of administrative staffing is being conducted in September 2023.</p>	<p>Progressing (annual reporting)</p>
<p>Proviso 03 To ensure the GCTC continues its responsibilities, demonstrate the GCTC's ongoing oversight and evaluation of the ETP; consideration of junior doctor welfare; engagement of junior doctors and supervisors; and address of issues that arise by reporting meeting minutes and action statements to the CRMEC. Report 15 August 2023.</p>	<p>A report on the progress of the GCTC was provided that included significant consideration by the GCTC to JMO teaching and welfare. The GCTC report is a standing item on the SERH Medical Staff Council meeting with reporting of issues of concern and achievements.</p>	<p>Progressing (annual reporting)</p>

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

South East Regional Hospital (SERH) is part of the NSW Coastal Network. SERH is nestled in the rich dairy fields on Yuin country in the Bega Valley. SERH provides the following services – general medicine, general surgery and orthopaedics, obstetrics and gynaecology, paediatrics, high dependency/intensive care, rehabilitation, mental health and emergency.

South East Regional Hospital is a NSW C1 regional hospital which provides limited specialist services to the surrounding areas. The hospital currently has capacity for 134 inpatient beds; however, many remain closed until they are required to service the growing population. The hospital consists of the following:

- Two general medical wards: 60 beds (but only 1 currently open, with 24 out of 30 beds open)
- A dedicated 10-bed rehabilitation ward with more beds to open when needed
- A surgical ward providing care for general surgical, orthopaedic and some urology patients.
- A dedicated paediatric ward
- An intensive care unit – 10 bed capable, but six currently open, with capability for two ventilated patients. Also provides care for coronary care patients
- An acute mental health unit, with seclusion rooms, high and low acuity beds (20 beds total)
- Level 3 maternity and delivery suites (seven maternity beds), with special care nursery (two cots) capable of caring for babies from 36-week gestation
- Three operating theatres and a procedure room, with one further operating theatre currently uncommissioned
- Day oncology (10 chairs) and renal units (eight chairs)
- A dialysis service operating as an out-patient service only (does not provide acute dialysis for inpatients).
- An emergency department

The above medical and surgical services at SERH are staffed by a dedicated team of on-site consultants including general medicine physicians, breast and general surgeons, orthopaedic surgeons, an obstetrician-gynaecologist with GP obstetrician support, paediatricians, anaesthetists, psychiatrists, and emergency medicine physicians. These on-site specialists are supported by visiting specialists, which include urology, ophthalmology, respiratory medicine, medical oncology, renal medicine, and intensive care and emergency medicine. The hospital is serviced by a pharmacy and an allied health department. Community health facilities are also located within the hospital, including outpatient physiotherapy, occupational therapy, dietetics, social work, diabetic education, rehabilitation and dentistry.

SERH has a Hospital in the Home service supported by local physicians and a part-time virtual Infectious Diseases specialist. There is a very busy community health service which provides wound care, respiratory rehabilitation, heart failure care, palliative care, dentistry, drug and alcohol services, and mental health services.

SERH has a close relationship with the ANU Medical School Rural Clinical School (RCS). Some medical students are on-site for the entirety of their 3rd year, and there are often social activities that include the medical students and the junior medical officers (JMOs) from the hospital. The JMO and medical student group at SERH have reached a critical mass, in which there is great opportunity for enhanced friendship and support, noting that many are away from home for extended periods.

The RCS clinical training facility is co-located on the hospital grounds and is often used for educational activities for hospital staff, including JMOs. SERH is in the process of constructing a high-fidelity simulation laboratory to complement the RCS teaching space. This will be completed during the second half of 2022.

With respect to the prevocational education and training program (ETP) at South East Regional Hospital, the facility currently offers a combined emergency medicine/general practice training term of 6 months duration, as well as a general medicine term, two surgical terms, a paediatric term. ACT-region interns (PGY1s) allocated to SERH can complete their full internship within the facility, providing an intensive rural experience.

The extremely difficult circumstances over the past three years for the local community, SERH and its staff must be acknowledged. The impact of COVID-19 cannot be overstated. The consequent instability to the workforce in a regional setting poses significant issues to the maintenance of appropriate staffing expertise and levels. The resilience of staff and the determination to maintain clinical services for the community are commendable.

Executive Summary

1. The survey team received a well-prepared submission that provided a comprehensive overview of the prevocational Education and Training Program (ETP) delivered at SERH. The submission and recent proviso reports provided to the survey team detailed the significant work made to improve the ETP since the last survey visit in June 2022.
2. A recently developed strategic plan is still in draft form and for upcoming review by the facility's General Clinical Training Committee (GCTC). The plan lays out a vision to inspire excellence in prevocational doctors through providing an innovative, collaborative, evidence-based educational experience. Plans to educate, nurture and mentor are clearly presented, alongside appropriate reporting lines and detail of key inter-organisation relationships that support and facilitate SERH's mission.
3. The GCTC is newly re-established. Draft terms of reference indicate the GCTC has an appropriate scope and reporting lines to achieve oversight of the ETP and its quality improvement. The GCTC is led by an enthusiastic new Chair, and the work that the Committee has already undertaken suggests that there is renewed collaboration, energy and a passion to deliver an ETP that supports junior doctors and attracts medical workforce to the region. The GCTC has the engagement of supervisors, junior doctors and the Executive, and provides a strong foundation to continuously improve the ETP, including pivoting to requirements for the new national prevocational framework to be introduced in 2023.
4. The ETP is supported by an appropriate level of staff for the size of the program, including a Director of Prevocational Education and Training (DPET), a part-time JMO Support Officer, an Education Officer and a Medical Administration Registrar who form the Medical Administration Support Team (MAST). The team has established their independent roles and responsibilities and have worked hard to raise their profiles amongst the junior doctors since the last survey visit. The JMO Support Officer is identified by junior doctors as providing valued welfare support, as well as undertaking administrative duties including rostering. However, the pivotal position of JMO Support Officer has not been cemented as a permanent role, and should the position be lost in the future, there is a significant risk to the management of the ETP and the human resources available to meet the prevocational junior doctor cohort's needs. Clarifying the plan for job positions within the MAST is an imperative.
5. The DPET has a strong and positive profile with JMOs. Exceptional support has been provided by the DPET, who was awarded the ACT Clinical Educator of the Year in 2022. It is evident that the DPET is passionate and competent and has contributed significantly to the positive changes to the ETP observed since the last survey visit. A collaborative education program that responds to feedback from junior doctors has been developed by the DPET. Additionally, the DPET has led the establishment of a simulation centre at SERH that will expand the educational opportunities within the region for junior doctors, as well as other clinical staff.
6. Overall engagement of Senior Medical Staff has been revitalised since the previous survey visit. There have been some new staff appointments that will contribute to expansion of the teaching program in some training terms (e.g. Medicine). In the Emergency Department that relies heavily on Visiting Medical Officers, efforts have been made to reduce variability in staff and to clearly nominate clinical supervisors on a daily basis. This has provided stronger supervision and the experience for junior doctors is clearly improved. Senior Medical Staff are aware of the upcoming requirements embedded in the new national prevocational framework related to mandatory supervisor training and should be encouraged to seek out opportunities provided through the Canberra Region Medical Education Council (CRMEC) and the Health Education and Training Institute (HETI).
7. Prevocational junior doctors at SERH rotate from the ACT Training Network, either completing a one-year rural internship or in individual training terms. The survey team noted opportunities to improve the junior doctor experience by strengthening the communication between the ACT Network and SERH. Ensuring junior doctors are aware of their entitlements when re-locating from Canberra to Bega and ensuring that appropriate support and resources are available for junior doctors is important in providing a strong rural

experience. Strengthening connections through the ACT Network Committee would also provide the DPET with greater opportunity to undertake remediation in a timely manner and to assist junior doctors in difficulty.

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

The education and training program (ETP) appears to have appropriate resourcing, although the distribution of HETI funding was unclear. The governance of the ETP has been addressed with the development of a strategic plan and reinstatement of the General Clinical Training Committee (GCTC). The new GCTC is in its infancy and has had several successful meetings and introduced systems to collect feedback and evaluate the program.

Standard 1.1.1 A strategic plan for JMO education and training has been developed but not formally reviewed and endorsed by the GCTC. The strategic plan includes achievable goals and timelines, and addresses the changes associated with the new National Prevocational Training Framework, anticipated to be introduced in 2024. Proviso 1 has been raised to monitor ongoing implementation.

Standard 1.1.2 and 1.2.4 Resourcing of the program appears appropriate and a commitment to the ETP was evident from Executive level down. However, the use of HETI funding (and other funding sources) for the ETP is not clear and transparent.

Standard 1.1.5 The prevocational trainee cohort does not always receive clear communication about the leave entitlements and arrangements when seconded to SERH. If there are limitations on the duration of leave that will be approved in a specific term rotation, this should be communicated clearly to secondees before they have commenced the training term in order that appropriate arrangements can be put in place when required.

Standards 1.2.3 The current staffing for the prevocational program appears to be appropriate. Roles and responsibilities have been established for the positions within the MAST and staffing has been consistent since the previous survey visit. This stability has benefited the ETP and junior doctor workforce and has been a significant driver for the substantial improvement in governance that the survey team observed. However, future stability remains uncertain because some pivotal positions in the MAST are filled by short-term contract staff. Proviso 2 has been raised to clarify the facility's ongoing plans to address rostering, JMO support and logistics associated with employment of the junior medical workforce.

Standard 1.3.2 A GCTC has been re-established with an enthusiastic and capable Chair and engagement by the senior and junior medical workforce. The new terms of reference are in draft form. Minutes indicate the GCTC is functioning soundly. Proviso 3 has been raised to monitor ongoing performance and activity.

Standard 1.3.5 Timeliness in reporting has improved since the previous visit.

Provisos 1, 2 and 3 have been raised to monitor governance of the ETP as the recent changes become cemented and improvements continue.

Recommendation 1 has been raised as a suggestion to facilitate succession planning.

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		
<p>Comments on Standard 2</p> <p>Following the previous site visit, the MAST has worked on establishing systems for monitoring and evaluating the ETP, and there are mechanisms to respond to feedback. The survey team heard evidence that multiple strategies are used to collect feedback, including surveys, WhatsApp chat feedback and formal representation of the junior doctors and supervisors at GTC meetings. These mechanisms are reviewed by the MAST and changes are made accordingly.</p> <p>Rover forms have been developed collaboratively to provide orientation and handover at the change of term based on feedback from junior doctors, and junior doctors are aware of and using the forms.</p> <p>Orientation programs have been developed for each of the training terms based on feedback from junior doctors.</p> <p>Recommendation 2 has been raised as a suggestion to ensure that resources remain relevant and accurate.</p>			

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: <ul style="list-style-type: none"> • 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

The facility has made significant progress in improving the education, training and clinical experience for junior doctors. Issues associated with supervision in the Emergency Department observed at the previous survey visit have resolved. Provision of dedicated teaching time for the ED term supervisor and delegation on a daily basis of a clinical supervisor has ensured the junior doctors are appropriately supervised and receive an ED-specific teaching program.

The weekly ETP has advanced and there are strategies in place to access the Canberra Hospital online teaching sessions should an educator be unable to attend. Some activities are being re-established post-the COVID-19 response, and plans continue to reinstate other opportunities (e.g., Grand Rounds and Morbidity/Mortality case discussion). Strong clinical teaching is delivered in the general practice, paediatrics and orthopaedics terms, and the teaching in the medicine terms is being rejuvenated following appointment of a new medical supervisor since the previous survey visit.

Standard 3.1.1 and 3.2.3. Variability in education was noted in the medicine term due to consultant instability.

Standard 3.2.3 Variability in supervision and workload was noted in the medicine term due to consultant instability. Paediatrics term was noted to be busy at times, and this had been addressed in the previous term by increasing the junior doctor staffing. A business case for a second training position in paediatrics could be developed to expand this popular and busy term. **A second PGY2 position in paediatrics has been accredited to facilitate this expansion.**

Standard 3.2.7 Term descriptions have not been updated since the previous survey visit and may not reflect current education opportunities. Throughout 2023/2024, the CRMEC will be working with DPETs to update the term descriptions to reflect the training environment and learning outcomes defined in the new national prevocational framework, and this will present an opportunity to fully review the opportunities in each term.

Standard 3.2.10 Orthopaedics, Paediatrics and General Practice terms have a reputation of providing a comprehensive orientation. The orientation to the Emergency Department term has been significantly improved. There is still work required to ensure orientation in Medicine and Surgery terms is appropriate.

Proviso 4 requires an evaluation of the expansion of the paediatric training term.

Recommendations 3 and 4 have been raised to address minor concerns associated with Standard 3.

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				
<p>The survey team established that supervisors appear more engaged and aware of their role than during the previous survey visit. Supervisors have been engaged in the re-established GCTC. Although there is still strong reliance on locum supervisors in some terms (e.g. Emergency Department) strategies are in place to ensure a clinical supervisor is always assigned, and that person is aware of their responsibilities. Supervisors indicated they are aware of their responsibilities to provide education and training within training terms. Supervisors had variable knowledge of resources available to them, but many were aware of resources available through CRMEC and HETI.</p> <p>Standard 4.1.2 Supervisors did not appear to be aware of a supervision guideline.</p> <p>Standard 4.1.7 Upcoming changes to the national prevocational training framework will require mandatory supervisor training, and the CRMEC will be working with the facility in 2023/2024 to assist in meeting these obligations.</p> <p>Standard 4.1.8 Many junior doctors reported receiving regular constructive feedback, although this is not universal across all training terms. This is an area for ongoing improvement and can be addressed in supervisor training associated with the new national prevocational framework (see above).</p> <p>Recommendation 5 has been raised to address minor concerns related to supervision.</p>				

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: <ul style="list-style-type: none"> • 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			
Standard 5.1.1 Junior doctors are not universally aware of their own responsibilities to seek out feedback. This could be reinforced during orientation and regularly in education sessions and/or DPET advice.			
Standard 5.1.6 Remediation is undertaken as required, and there are processes for managing junior doctors in difficulty. The process should be documented in the Supervisor Guideline.			

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				
<p>The JMO Support Officer provides valuable welfare assistance and is identified as a point of contact and support by the junior doctor cohort. The DPET is strongly engaged in supporting the junior doctor cohort and assisting with concerns.</p> <p>Standards 6.1.4 and 6.1.5 Processes are in place to identify and manage underperforming junior doctors. Increased engagement with the ACT Network, including identifying supports required for junior doctors prior to their arrival, would be beneficial for both junior doctors and for the MAST. Ensuring DPET has access to assessments in the 1-4-5 system would facilitate the MAST to provide earlier support for underperforming junior doctors.</p> <p>Standard 6.1.6 There are agreements in place within the ACT Network related to leave entitlements and limitations. These should be conveyed in writing to junior doctors prior to their commencement at SERH. Improved communication within the ACT Network would assist junior doctors to plan and secure leave in a timely manner.</p> <p>Recommendation 6 is raised to address these minor concerns.</p>				

Accreditation Status

Term Name	Term Type	PGY1 Term Capacity	PGY2 Term Capacity	Accreditation Expires	Accreditation Status
Emergency Medicine/General Practice	Emergency	2	0	30-08-2023	A
Paediatrics	Non-core	0	2	30-08-2023	A
General Medicine	Core-Medical	1	2	30-08-2023	A
General Surgery 2 (Orthopaedics)	Core-Surgical	0	1	30-08-2023	A
General Surgery 1	Core-Surgical	1	0	30-08-2023	A

Commendations

Commendation 1: Director of Prevocational Services

The DPET provides exceptional support to prevocational doctors and works constructively with the MAST (Medical Administration Support Team) to deliver a highly valued education program and to ensure the safety and welfare of junior doctors. The survey team note the current DPET was recently awarded the CRMEC Clinical Educator of the Year award in 2022, nominated by a junior doctor in recognition of his service to prevocational education.

Commendation 2: JMO Support Officer

The JMO Support Officer performs the responsibilities of a JMO Manager with respect to supporting the prevocational education program, performing rostering and leave management, providing welfare support and ensuring appropriate lifestyle arrangements. The current incumbent in this role has a high profile amongst the JMOs and is highly valued by both the prevocational doctor cohort and the MAST.

Commendation 3: South East Regional Hospital

The facility as a whole has a clearly renewed commitment to education and training. There has been an ongoing effort to strengthen the MAST, renew the GCTC with a committed Chair, improve staffing at the senior consultant level and to consolidate supervisor commitment. At all levels, those involved in the ETP are passionate about the vision and mission outlined in the strategic plan.

Commendation 4: Training terms

Delivery of a high quality education and training experience was evident in most individual training terms. Particular highlights include the training terms in General Practice, Paediatrics and Orthopaedics. The significant improvements that have been in the Emergency Medicine term since the previous survey visit are commendable.

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 the full ETP. More information on provisos is available in *CRMEC Policy 18: Proviso Reporting*.

Proviso 1: Strategic Plan

Relating standards:

Standard 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.

A draft strategic plan has been developed but has yet to be finalised and endorsed by the GCTC. This plan requires formal review and endorsement. Provide the endorsed strategic plan, including key performance indicators that the GCTC will use to evaluate implementation.

Report by 31 May 2023.

Proviso 2: Medical Administration Support Team (MAST)

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.

Following the previous survey, significant work has been done to define roles and responsibilities in the MAST. The current staffing for the prevocational program appears to be appropriate and has been consistent since the previous survey visit. Maintaining stability in the MAST is essential to the ongoing viability of the prevocational training program.

Document clear plans for ongoing resourcing and staffing of the role of JMO Support Officer (or indicate the role that will take on the responsibilities currently performed by the JMO Support Officer). Provide the job description and staffing plans for this position.

Report by 31 May 2023.

Proviso 3: GCTC/ETP Committee

Relating standards:

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.

Following the previous survey, significant work has been done to re-establish the GCTC. An appropriate structure, membership and terms of reference have been developed. Minutes indicate that the GCTC is functioning soundly and is preparing for changes to the national prevocational framework anticipated in 2024. To ensure the GCTC continues its responsibilities, demonstrate the GCTC's ongoing oversight and evaluation of the ETP; consideration of junior doctor welfare; engagement of junior doctors and supervisors; and address of issues that arise by reporting meeting minutes and action statements to the CRMEC.

Report 15 August 2023.

Proviso 4: Evaluation of paediatric training term

1. Inform the CRMEC when the Paediatric term expansion occurs and a second PGY2 formally commences in the term. If the second place in Paediatrics term is not used within 12 months, the accreditation of this position will lapse, and a new submission will be required should the additional place be required in future.

2. A formal evaluation of the expanded Paediatric term be undertaken to evaluate workload and training experience, and to identify any improvement required in the term. The formal evaluation should include feedback from junior doctors who undertake the term since its expansion to two training terms, including feedback on the workload, supervision and education delivered within the Paediatrics department.

The formal evaluation should also include feedback from other junior doctors placed at South East Regional Hospital to evaluate any impact of the expansion of Paediatrics on other departments in the hospital in which junior doctors are working/junior doctor workload.

For any issues identified during the evaluation, a plan for improvement and ongoing evaluation should be clearly delineated.

Report: Part 1, as soon as the second Paediatrics training position is rostered and in place.
CRMEC will advise on the due date for evaluation after Part 1 advice is received.

Recommendations

A recommendation is suggested action considered by the CRMEC to be important to improving the facility's ETP, but not required to achieve and maintain accreditation. Facilities will be asked to provide an update on the annual report on the way in which recommendations have been considered and plans for implementation. More information on recommendations is available in *CRMEC Policy 17: Annual Reporting*.

Recommendation 1:

Consider developing an information package outlining roles/responsibilities, processes and reporting requirements (e.g. CRMEC annual reporting and HETI funding reports) related to the ETP that could assist in succession planning and orienting incoming MAST/ETP staff.

Recommendation 2:

Ensure that the MAST review the rover forms and term-specific orientation programs on an annual basis using feedback from the junior doctors, supervisors and oversight of the GCTC. An annual review will ensure the content remains current.

Recommendation 3:

Continue plans to resurrect facility-wide/department-wide education opportunities including Grand Rounds, Morbidity/Mortality discussions and Journal Club. Consider incorporating education delivered by other specialties and disciplines (e.g. Psychiatry, Pharmacy, Infectious Diseases) and partnering with other facilities in the region to expand the education program. Consider incorporating a career session into the education program.

Recommendation 4:

Work with the CRMEC in 2023/2024 to review the term descriptions to address changes associated with the new national prevocational framework.

Recommendation 5:

Encourage supervisors to seek out and access training opportunities available through the HETI website and through CRMEC in 2023/2024.

Consider adapting the CRMEC Supervisor Guideline to ensure current and new supervisors are aware of responsibilities, and the facility's processes (e.g. remediation).

Establish a system to training undertaken by supervisors in preparation for the new national prevocational training framework for which supervisor training will be mandated.

Recommendation 6:

Maintain and strengthen ties to the Canberra ETP team to assist in ensuring:

- Allocations of junior doctors to SERH are appropriate
- Junior doctors allocated to SERH are aware of leave entitlements and any limitations
- A handover is provided to enable the MAST to understand and provided resources that might be required to support junior doctors
- DPET access to 1-4-5 assessments is facilitated.