

# Facility Accreditation Report

## Accreditation Report

This report includes the following hospital and its adult surgical training terms:

The Canberra Hospital

## Accreditation Report Details:

Date of Visit:	19 May 2023
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Date report endorsed by Canberra Region Medical Education Council:	28 June 2023
Expected date for next site visit:	July 2025
Accreditation expiry date:	30 September 2025

## Recommendation

Accreditation revoked for the Plastic Surgery term.  
Ongoing accreditation of other surgical terms with 5 provisos.

**Document Number:**

Form 12

**Document Name:**

**CRMEC Proviso Report Summary**

## **Proviso Report Summary – Canberra Health Services: Feb 2024**

Provisos Arising from Accreditation Report:		
<p><b>Proviso 1: Orthopaedics term</b> Review the term design and team structure, develop and implement a plan to ensure that the Orthopaedics training term achieves the following outcomes:</p> <ol style="list-style-type: none"> <li>1. A manageable and clinically sound workload and work volume for PGY1/PGY2 doctors.</li> <li>2. Improved continuity of care.</li> <li>3. Improved continuity of PGY1/PGY2 service in a team.</li> <li>4. Continuous ward supervision by a medical officer with appropriate seniority.</li> <li>5. Assurance that PGY1/2 doctors can attend mandatory education sessions without increasing work volume or duration.</li> <li>6. Improvement in term-specific education and training delivery.</li> </ol>	<ol style="list-style-type: none"> <li>1. <b>Submit the review of the Orthopaedic team design and the plan for improvement to CRMEC by 07 August 2023</b></li> <li>2. <b>Provide evidence to the CRMEC that the plan has been implemented by 04 September 2023</b></li> <li>3. <b>Conduct and provide evaluation from PGY1/PGY2 doctors at mid-term and final term until completion of term 2, 2024.</b></li> </ol>	<p><u>December 2023 update</u></p> <p><b>PART 1 and 2: CLOSED</b></p> <p>PART 3: An evaluation of the changes implemented in the term is due on 20 August 2024. Changes to be evaluated include:</p> <ul style="list-style-type: none"> <li>• Increase in PGY1/2 numbers plus 3 new PGY3 positions and one new CMO commencing Jan 2024</li> <li>• Review of consultancy roster and impact on workload</li> <li>• Increase in supervisors</li> <li>• Ongoing monitoring of workload via rostering and huddle</li> </ul>
<p><b>Proviso 2: Registrar training</b> Registrars are expected to be developing their clinical leadership and teaching skills in accordance with the Royal Australasian College of Surgeons (RACS) curriculum, with patient-centred care being the outcome (see Appendix One). They must be supported to understand that this includes the supervision and training of junior colleagues and that these competencies will be assessed.</p> <ol style="list-style-type: none"> <li>1. Part 1: Submit a plan that will ensure current and future surgical registrars are developing relevant leadership skills (e.g., targeted leadership courses, incorporating relevant teaching in their training program, and observation of and feedback of supervision skills).</li> <li>2. Part 2: Demonstrate that all current and future surgical registrars are competent in managing/escalating the deteriorating patient and have been provided with recent, targeted training, including information on facility-specific processes to ensure patient safety is</li> </ol>	<ol style="list-style-type: none"> <li>1. <b>Submit plan to CRMEC by 04 September 2023.</b></li> <li>2. <b>Submit evidence that training has been attended by all surgical registrars by 15 December 2023.</b></li> </ol>	<p><u>February 2024 update</u></p> <p><b>PART 1 CLOSED</b></p> <p>An update on progress towards achieving the training plan is due on 31 May 2024</p>

<p>maintained and patient care is appropriately managed across disciplines.</p>		
<p><b>Proviso 3: Orientation</b> All supervisors are responsible for providing orientation to the training term within the first week of a term commencing. This responsibility is outlined in the new national prevocational framework and should be clearly conveyed to term supervisors.</p> <ol style="list-style-type: none"> <li>1. At the conclusion of the first week of each training term, request PGY1/PGY2 doctors in all surgical training terms complete a short survey evaluating the supervisor's orientation.</li> <li>2. Generate a report that details the date every surgical supervisor conducted the term orientation, the PGY1/PGY2 doctors present and the mean rating of the orientation evaluation.</li> </ol>	<p><b>Provide to CRMEC by week 4 of each teaching term until completion of term 2, 2024.</b></p>	<p><b>ONGOING</b></p> <p>Evaluation of the orientation process to be submitted at the conclusion of term 2, 2024.</p> <p><u>February 2024 update</u></p> <p>A process for recording orientation and attendance has been developed. Records indicate that &gt;80% of term-specific orientations were conducted in Term 1, 2024.</p>
<p><b>Proviso 4: Supervisor training</b> All supervisors will be responsible for completing targeted mandatory training on the supervision of PGY1/PGY2 junior doctors in the new national prevocational framework. This responsibility should be clearly conveyed to all term supervisors.</p> <ol style="list-style-type: none"> <li>1. Collect baseline data on the professional development each term supervisor has already undertaken that directly relates to supervision.</li> <li>2. Collect ongoing data on the professional development undertaken by <b>all</b> term supervisors that directly relates to supervision of doctors-in-training, including mandatory professional development related to prevocational (PGY1/2 doctors) supervision specifically.</li> </ol>	<ol style="list-style-type: none"> <li>1. <b>Supervisor professional development records should be reported to the CRMEC in December 2023</b></li> <li>2. <b>Update of supervisor professional development records should be reported to the CRMEC in June 2024</b></li> <li>3. <b>Update of supervisor professional development records should be reported to the CRMEC in December 2024.</b></li> </ol>	<p><b>ONGOING</b></p> <p><u>December 2023 update</u></p> <ol style="list-style-type: none"> <li>1. Records submitted in December 2023 indicated more than half of term supervisors have already completed mandatory supervisor training</li> <li>2. Next report is due in June 2024</li> </ol>
<p><b>Proviso 5: Supervisor involvement in education and training</b> All supervisors are responsible for ensuring there are term-specific education opportunities delivered in the term, and accessible within the PGY1/PGY2 doctor's working hours, without increasing work volume or duration.</p> <ol style="list-style-type: none"> <li>1. Generate a report at the end of every term detailing the planned training sessions that were delivered within</li> </ol>	<p><b>Provide the term-based education report and audit from every surgical training term to CRMEC by week 4 of each teaching term until completion of term 2, 2024.</b></p> <ol style="list-style-type: none"> <li>1. <b>Term 3, 2023</b></li> <li>2. <b>Term 4, 2023</b></li> <li>3. <b>Term 1, 2024</b></li> <li>4. <b>Term 2, 2024</b></li> </ol>	<p><b>ONGOING</b></p> <p><u>December 2023 update</u></p> <p>A new method of recording term-specific education was developed (journaling) and this will be evaluated, with a report to be submitted in August 2024.</p>

<p>every surgical training term and the PGY1/2 doctors that attended.</p> <p>2. Conduct an audit against the training term description and update the term descriptions accordingly to ensure that the description of term-specific education opportunities in accredited surgical training terms is accurate. Submit any updated term descriptions to the CRMEC for evaluation as to whether the training experience meets the training standards.</p>		<p>Term descriptions have not all been submitted to CRMEC as at 28 February 2024.</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

# Table of Contents

INTRODUCTION.....	3
EXECUTIVE SUMMARY.....	4
ACCREDITATION RATING SCALE.....	6
ACCREDITATION RATINGS.....	7
ACCREDITATION STATUS.....	17
COMMENDATIONS.....	18
PROVISOS.....	19
RECOMMENDATIONS.....	20
APPENDIX ONE.....	21

## Introduction

Canberra Health Services (CHS) 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, supporting a regional population of almost 600 000 (2021 data). 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. 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.

The Medical Officer Support, Credentialing, Employment and Training Unit (MOSCETU) at CHS coordinates recruitment, credentialing, management, and education of the junior doctor workforce. 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/PGY2 doctors).

This visit by a survey team on behalf of the Canberra Region Medical Education Council (CRMEC) was focused on prevocational training in adult surgical terms. Canberra Health Services offers a wide range surgical specialities and sub-specialties. There are opportunities for PGY1/PGY2 doctors to experience the following adult surgical training terms:

- Acute Surgical Unit
- Cardiothoracic Surgery
- General Surgery (Trauma)
- General Surgery (Colorectal/head and neck)
- General Surgery (Upper gastrointestinal)
- Neurosurgery
- Orthopaedic Surgery
- Ophthalmology
- Orthopaedic Geriatrics
- Otolaryngology, Head and Neck, Maxillofacial and Dental Surgery
- Plastic Surgery
- Surgical relief terms
- Urology
- Vascular Surgery

## Executive Summary

1. The survey visit was precipitated by concerns raised by the CRMEC related to the prevocational training experience in adult surgical training terms at CHS. The Executive and DPET team detailed work being undertaken at the Executive level to address some of the CRMEC's concerns, as well as previous work undertaken that led to positive change, including recruitment processes aimed at promoting constructive workplace culture.
2. The survey visit provided opportunity for CRMEC representatives to discuss the new national prevocational training framework, and the impact of some of the upcoming changes, including new assessment processes and requirements for supervisors to undertake mandatory training.
3. The Executive noted that there is strong presence and a large body of work undertaken by MOSCETU and the DPET, Dr Luke Streitberg, and his team. This has included providing support to junior doctors at all levels (PGY1 through to junior registrars) and ensuring there is adequate staffing at PGY3+ levels in some training terms in which PGY1/PGY2 doctors are struggling with the level of work and team support.
4. The above-mentioned delegation to the DPET of staffing in some surgical units raises concerns regarding the facility's operational management, and a potential lack of full oversight and accountability of the Executive.
5. The Executive demonstrated insight into issues relevant to the PGY1/PGY2 doctor cohort at CHS, and specifically issues surrounding surgical training terms. The Executive discussed the inadequate results for CHS of the Medical Training Survey, issues around employment/contracts for PGY1/PGY2 doctors, challenges in incorporating responsibilities for teaching and supervision into senior medical staff contracts, and what is perceived by the Executive team as a disconnect between term supervisors and PGY1/PGY2 doctors. The Executive noted some perceived structural issues, including:
  - Lack of facility-wide coordination of supervisors,
  - Challenges arising from the variation in team structures across the facility, and
  - Difficulty attracting and retaining staff in the Canberra region.
6. The Executive detailed work from CHS's Office of Research and Education, including a recently confirmed plan to provide further support for education and training across the facility, including duplicating/doubling the DPET team to enable more support for doctors at different training levels and engaging a senior medical officer to undertake a part-time Director of Clinical Training role. While these initiatives are worthy, the survey team noted that they fail to address some core underlying issues, such as team structures across the entire facility, and the lack of engagement from senior staff in providing supervision, training and role modeling of core medical values to the junior workforce.
7. The survey team identified what appears to be a pocket of serious concern with respect to bullying and harassment in one training term (Plastic Surgery). While the Executive acknowledged awareness of these issues and indicated that work was being undertaken to both address the concerns and protect junior staff, the response is inadequate to ensuring the safety and welfare of both patients and PGY1/PGY2 doctors. These issues, in combination with significant concerns with the high workload and inadequate term orientation, educational opportunities, and access to supervision, have led to the survey team recommending revoking accreditation of the term.
8. The survey team identified some surgical terms in which the work volume, team structures and delegations are not conducive to a positive training experience for PGY1/PGY2 doctors. This was notable in the Orthopaedic Surgery training term, which was identified in the previous 2021 accreditation visit as having significant shortcomings with respect to PGY1/PGY2 work hours, work volume, team structures, access to clinical support and education and training. Since 2021, CHS has failed to demonstrate any meaningful change to address these issues. As a result, the survey team have raised provisos to support active improvement.

9. The survey team identified some serious issues related to accountability within the registrar cohort in some surgical terms. This included inadequate documentation processes, including the delegation of documentation to PGY1/PGY2 junior doctors when they had not been present during the clinical task, and insufficient documentation to guide clinical care post-operatively; requesting PGY1/PGY2 doctors to perform tasks outside their scope of practice; and a lack of support for the medical management of deteriorating patients, including critical issues. The survey team has raised a proviso to ensure that surgical registrars are equipped with the leadership skills, clinical skills and accountability to recognise their roles in supervision and in safe holistic patient care.
10. The survey team identified a lack of visibility and accessibility of term surgical term supervisors. The survey team noted that few surgical term supervisors made themselves available to participate in this survey visit, reinforcing the data indicating there is a lack of engagement. In multiple surgical terms this included failure to provide orientation to the term, lack of bedside or formal teaching, and lack of meaningful involvement in the assessment process. The survey team has raised provisos to ensure that the quality of supervision is improved across the surgical division, and to support incoming changes associated with the new national prevocational training framework.
11. The survey team noted that despite the above findings, the general mood and collegiality of the PGY1/PGY2 doctor cohort has observably improved since the survey visit in 2021. Several highly commendable instances of support for and within the junior medical team were observed by the survey team.
12. The survey team identified some surgical terms providing a commendable training experience. The Neurosurgery training term provides an exemplar for PGY1/PGY2 doctors' experience and should be closely observed as a model for the strategies being used to deliver orientation, clinical teaching, accessible supervision, meaningful assessment, career guidance and a positive workplace culture. Other positive training terms included the Acute Surgical Unit, General Surgery (Trauma) and Vascular Surgery.



## 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
<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.	These standards were not tested in this site visit		
1.1.2 Facilities are funded as teaching and training organisations, and therefore give high priority to medical education and training.			
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.			
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.			
1.1.5 Facilities provide clear and easily accessible information about the ETP to JMOs.			
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.			
<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.	These standards were not tested in this site visit		
1.2.2 Facilities provide dedicated office space for a Medical Education Unit (MEU) or equivalent.			
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.			
1.2.4 Facilities have a dedicated budget to support and develop JMO education and training.			
1.2.5 JMOs are provided with a safe, secure and comfortable area away from clinical workspaces.			
<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	These standards were not tested in this site visit		
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.			
1.3.3 The ETP Committee has Terms of Reference that outline its functions, reporting lines, powers, and membership, which includes JMOs.			
1.3.4 ETP Committee outcomes/decisions are communicated to JMOs in a timely fashion.			
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.			
<b>Overall Rating :</b>			

### **Comments on Standard 1**

Standards related to Governance and Program Management were not the focus of this site visit that was a targeted review of the training experience of PGY1/PGY2 doctors in surgical terms at Canberra Health Services.

Standard 1.1.4 The survey team identified patient safety concerns associated with the structure and function of surgical training terms. This included PGY1/PGY2 doctors being requested to perform tasks outside their scope of practice.

The survey team notes that most PGY1/PGY2 doctors appeared to be aware of their scope of practice and the processes to follow should they be asked to work outside the defined scope. However, there is limited action taken when PGY1/PGY2 doctors report their concerns.

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.	These standards were not tested in this site visit		
2.1.2 Junior doctors have the opportunity and are encouraged to provide feedback in confidence on all aspects of their education and training.			
2.1.3 Facilities use junior doctor evaluations of orientation, education sessions, supervision, terms and assessments to continuously improve the ETP.			
2.1.4 Mechanisms are in place to access feedback from supervisors to inform program monitoring and continuous improvement.			
2.1.5 Facilities act on feedback and modify the ETP as necessary to improve the junior doctor experience, using innovative approaches where possible.			
2.1.6 Facilities support the delivery of junior doctor education and training by forming constructive working relationships with other agencies and facilities.			
<b>Overall Rating :</b>			
<p><b>Comments on Standard 2</b></p> <p>Standards related to Monitoring, Evaluation and Continuous Improvement were not the focus of this site visit that was a targeted review of the training experience of PGY1/PGY2 doctors in surgical terms at Canberra Health Services.</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.	These standards were not tested in this site visit		
3.1.5	Facilities provide career guidance to junior doctors to help inform career choices and how to access these careers.			
3.1.6	Junior doctors complete a Basic Life Support course as part of the facility orientation program, and every two years thereafter.			
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.	This standard was not tested in this site visit		
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.	This standard was not tested in this site visit		
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

Standards 3.1.1 and 3.1.7 The facility offers a mandatory, pager-free formal teaching program on a weekly basis for PGY1 doctors, and a separate weekly teaching program for PGY2 doctors. Hospital wide education experiences such as Grand Rounds are available. Data collected by the survey team indicated that these programs are not universally accessible for PGY1/PGY2 doctors when they are in their surgical training term.

Supplementary activities appeared to not be universally offered in surgical training terms. Although many surgical term descriptions list additional educational opportunities, the data indicated that in many terms the listed activities do not occur, or where they do, they are not accessible to PGY1/PGY2 junior doctors due to the workload and/or work routine.

Standard 3.1.3 For most surgical terms, the mapping of the opportunities available in the term to the ACF appears to be perfunctory and do not represent the experiences that are provided in the term.

The survey team acknowledges that the ACF will not form a part of the new prevocational framework to be introduced in 2024. From 2024 onwards, education and training opportunities must be designed to enable PGY1/PGY2 doctors to achieve the outcomes detailed in the new prevocational outcome statements.

Standard 3.2.2 The survey team reviewed data suggesting that PGY1/PGY2 doctors in surgical terms are not universally provided with appropriate learning or opportunities to improve their skills. Bedside teaching is often intermittent, person-centric or does not occur. In some surgical terms PGY1/PGY2 doctors have no opportunity for theatre time, while in others the opportunity may exist but is discouraged through heavy workloads, or an exclusionary team culture. Team-based meetings, mandatory teaching programs, and hospital wide education are offered, but these appear to often conflict with the workload and/or work routine of PGY1/PGY2 junior doctors.

Standard 3.2.3 The survey team received feedback suggesting that surgical terms have a high workload. In some training terms, there appears to be disproportionate distribution of work across teams, leading to inconsistent workloads and PGY1/PGY2 doctors relying on their peers assigned to different teams to assist in managing the work. The experience of a disproportionate workload was notable in the orthopaedic surgery training term in which PGY1/PGY2 doctors are assigned across several teams with non-comparable workload. Assignment to a new team potentially on a daily basis contributes to fragmented patient care and inconsistent workloads.

Standard 3.2.4 Education and learning opportunities were not universally demonstrable across the surgical training terms. The Plastics and Orthopaedics terms, in particular were identified as having a less than optimal education opportunities, in part due to heavy workload. The CRMEC reviewed data indicating that some PGY1/PGY2 doctors have had exposure to clinical practice that is inconsistent with the facility's policies and procedures.

Standard 3.2.7 All surgical training term descriptions are documented, although the team noted that the descriptions are often not reflective of the practical experience provided. The survey team received feedback indicating that some supervisors are not aware of and/or have not provided input into the term description. The survey team did not test the function of the Prevocational Education and Training Committee (PETC) in monitoring term descriptions in this survey visit.

Standard 3.2.10 It appeared that there is no formal orientation in many of the surgical terms. Orientation often relies on an informal handover from one PGY1/PGY2 doctor to their incoming peer, conducted in the week prior to the new term's commencement. The survey team received feedback indicating that surgical term supervisors are inconsistently involved in orientating the PGY1/PGY2 doctors to the term, its objectives, the supervisor's expectations or to the team and workplace.

<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.	This standard was not tested in this site visit		
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>The survey team reviewed data that indicated that clinical supervision in surgical terms is generally not meeting the above standards, excepting a small number of surgical training terms. The team received feedback indicating that there is an awareness at the Executive level that surgical supervisors are frequently not meeting the standards expected of them.</p> <p>Standard 4.1.1 PGY1/PGY2 doctors appear to frequently have poor access to their designated term supervisor, and at times are unable to contact other clinical supervisors. In some surgical terms, there appears to be a reluctance of those supervising PGY1/PGY2 doctors to assist with patient concerns outside of the specialty area of the term, leading to delays in patient care and significantly impacting the welfare of junior doctors.</p> <p>Noting that supervision is largely the responsibility of the registrars, in some teams the survey team reviewed information that described poor communication/documentation from surgical registrars regarding the management plans for patients both arising from ward rounds and operating theatre procedures.</p> <p>Standard 4.1.2 The survey team reviewed data that suggested few surgical supervisors understand and/or adhere to the principles of supervision outlined in the Supervision Guideline.</p> <p>Standard 4.1.3 and 4.1.6 The survey team were not confident that all clinical supervisors in surgical terms have the appropriate competencies, skills, knowledge, authority, time and resources to be supervising PGY1/PGY2 doctors. The survey team reviewed data that suggested many surgical term supervisors are not accessible, provide minimal or no education and training, and have poor oversight of the workplace culture in their teams.</p> <p>Standard 4.1.4 The survey team received information indicating that few surgical term supervisors meet with the PGY1/PGY2 doctor at the start of the training term to discuss learning objectives and a learning plan. Many surgical term descriptions describe non-specific learning objectives.</p> <p>Standard 4.1.5 and 4.1.8 The survey team received information indicating that term supervisors are not accessible to PGY1/PGY2 doctors at most times in multiple surgical terms and constructive feedback is rarely provided. In multiple terms, the PGY1/PGY2 doctors have not met their supervisor by the middle of the term. Notable exceptions were Neurosurgery, General Surgery, Vascular Surgery and the Acute Surgical Unit terms.</p> <p>Standard 4.1.7 The survey team was unable to fully test this standard. As a part of this survey visit, the survey team and</p>				

CRMEC Director outlined to the Executive, DPET team and supervisors the requirements for all term supervisors to undertake mandatory supervisor training under the new national prevocational training framework. Information was conveyed regarding the CRMEC's training plan to provide supervisors in the ACT training region with face-face and online training in the last quarter of 2023.



<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>	This standard was not tested in this site visit		
<b>Overall Rating:</b>			<b>X</b>
<b>Comments on Standard 5</b>			
Standard 5.1.1 The survey team were confident that PGY1/PGY2 doctors are encouraged to take responsibility for their performance and to seek out feedback. However, the survey team reviewed data that indicated that many PGY1/PGY2 doctors experience barriers when they seek assistance or feedback.			
Standard 5.1.2 The survey team reviewed data that suggested surgical term supervisors do not routinely meet PGY1/PGY2 doctors at the start of the term, nor do they identify processes for assessment within the term. There was evidence that PGY1/PGY2 doctors do not universally understand the role others in the work team might play in the assessment process.			
Standard 5.1.3 The survey team reviewed data that suggested for the most part mid-term assessments are not completed in a timely manner, and the mid-term assessment process rarely includes a face-face meeting.			
Standard 5.1.4. The survey team reviewed evidence that discussions are not occurring routinely with PGY1/PGY2 doctors regarding the end-of-term assessment. The survey team received information indicating that assessments can be perfunctory and provide no rationale for the ratings provided.			
Standard 5.1.5 The survey team received data indicating that the facility has a process through which PGY1/PGY2 doctor remediation occurs when required. There are processes through which the DPET team can formally engage with senior management of MOSCETU and the Director of Medical Services to discuss specific cases and make appropriate individualised plans.			

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.	These standards were not tested in this site visit		
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.			
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.	These standards were not tested in this site visit		
6.1.6	Facilities have published fair and practical policies for managing annual leave, sick leave and professional development leave.			
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.			
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.			
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			
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 The survey team received feedback suggesting that surgical terms have a high workload. In some training terms, there appears to be disproportionate distribution of work across teams, leading to inconsistent workloads (notably in the orthopaedic surgery training term).</p> <p>The survey team reviewed data of specific concern to patient safety including the following examples::</p> <ul style="list-style-type: none"> <li>Extended Day Surgery Unit (EDSU) is a difficult environment in which to work and provides minimal support for PGY1/PGY2 doctors. There is no dedicated PGY1/PGY2 doctor assigned to this unit, but there are levels of engagement with the EDSU by PGY1/PGY2 doctors in the surgical training terms.</li> <li>Pain management plans are not consistently known/documented/accessible to PGY1/PGY2 doctors in a timely fashion. The survey team reviewed data that suggested that some surgical teams refer PGY1/PGY2 doctors to pain management services in lieu of documenting a post-surgical pain management plan or reviewing the patient.</li> <li>Post-surgical patient plans are not consistently documented/accessible to PGY1/PGY2 doctors in a timely fashion.</li> <li>The survey team reviewed data that suggested that in some surgical terms, registrars (and potentially senior</li> </ul>				

clinicians) provide inadequate response to assist PGY1/PGY2 doctors to manage clinical issues outside of their narrow specialty. This appears to lead to delays in patient management and tensions across departments. In some cases, there is significant risk to patient safety and poor role modelling of medicine's core values.

Standard 6.1.10 The survey team reviewed information that identified there are pockets of serious workplace culture issues with bullying, harassment and discrimination occurring from the top down.

## Accreditation Status of Adult Surgical Terms

Term Name	Term Type	PGY1 Term Capacity	PGY2 Term Capacity	PGY 1 or 2 Position	Total Term Capacity	Accreditation Expires	Accreditation Status
<b>Surg Pod 1</b>							
General Surgery 1 (Trauma/Gen Surgery)	Core-Surgical	1	1		2	30-09-2025	AP
General Surgery 2 (Colorectal/Head & Neck)	Core-Surgical	1	1		2	30-09-2025	AP
General Surgery 3 (Upper GI)	Core-Surgical	2	2		4	30-09-2025	AP
General Surgery Acute Surgical Unit (ASU)	Core-Surgical	3	3		6	30-09-2025	AP
General Surgery Acute Surgical Unit (ASU)	Core-Surgical	1	0		1	30-07-2023	Temporary
Cardiothoracic Surgery	Core-Surgical	1	1		2	30-09-2025	AP
Urology	Core-Surgical	1	1		2	30-09-2025	AP
Surg Pod 1 Relief	Non-core-Surgical	xx	xx	3	3	30-09-2025	AP
<b>Surg Pod 2</b>							
OHNS/MaxFac/Dental	Core-Surgical	2	0		2	30-09-2025	AP
Neurosurgery	Core-Surgical	1	2		3	30-09-2025	AP
Plastic Surgery	Core-Surgical	2	0		2	30-06-2023	Not accredited
Ophthalmology	Non-core Surgical	0	1		1	30-09-2025	AP
Vascular Surgery	Core-Surgical	2	2		4	30-09-2025	AP
Vascular Surgery	Core-Surgical	1	0		1	30-07-2023	Temporary
Surg Pod 2 Relief	Non-core-Surgical	xx	xx	4	4	30-09-2025	AP
<b>Orthopaedic surgery</b>							
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

# Commendations

## **Commendation 1: Director of Prevocational Services**

The DPET, Dr Luke Streitberg, is notably fully engaged in the PGY1/PGY2 doctor cohort. He displays enthusiasm, passion and compassion for teaching, mentorship and addressing issues concerning the PGY1/PGY2 doctor cohort.

## **Commendation 2:**

The following surgical training terms were identified by the survey team as consistently offering a positive experience for PGY1/PGY2 doctors that includes a strong clinical experience and education component, core elements of good supervision and a positive workplace culture:

- Neurosurgery
- Acute Surgical Unit
- General Surgery (trauma)
- Vascular Surgery

# 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: Orthopaedics term

Review the term design and team structure, develop and implement a plan to ensure that the Orthopaedics training term achieves the following outcomes:

1. A manageable and clinically sound workload and work volume for PGY1/PGY2 doctors.
2. Improved continuity of care.
3. Improved continuity of PGY1/PGY2 service in a team.
4. Continuous ward supervision by a medical officer with appropriate seniority.
5. Assurance that PGY1/2 doctors can attend mandatory education sessions without increasing work volume or duration.
6. Improvement in term-specific education and training delivery.

**Submit the review of the Orthopaedic team design and the plan for improvement to CRMEC by 07 August 2023**

**Provide evidence to the CRMEC that the plan has been implemented by 04 September 2023**

**Conduct and provide evaluation from PGY1/PGY2 doctors at mid-term and final term until completion of term 2, 2024.**

## Proviso 2: Registrar training

Registrars are expected to be developing their clinical leadership and teaching skills in accordance with the Royal Australasian College of Surgeons (RACS) curriculum, with patient-centred care being the outcome (see Appendix One). They must be supported to understand that this includes the supervision and training of junior colleagues and that these competencies will be assessed.

1. Submit a plan that will ensure current and future surgical registrars are developing relevant leadership skills, for example targeted leadership courses, incorporating relevant teaching in their training program, and observation and feedback of supervision skills.
2. Demonstrate that all current and future surgical registrars are competent in managing the deteriorating patient and have been provided with recent, targeted training in managing a deteriorating patient, including information on facility-specific processes to ensure patient safety is maintained and patient care is appropriately managed across disciplines.

**Submit plan to CRMEC by 04 September 2023.**

**Submit evidence that training has been attended by all surgical registrars by 15 December 2023.**

## Proviso 3: Orientation

All supervisors are responsible for providing orientation to the training term within the first week of a term commencing. This responsibility is outlined in the new national prevocational framework and should be clearly conveyed to term supervisors.

1. At the conclusion of the first week of each training term, request PGY1/PGY2 doctors in all surgical training terms complete a short survey evaluating the supervisor's orientation.
2. Generate a report that details the date every surgical supervisor conducted the term orientation, the PGY1/PGY2 doctors present and the mean rating of the orientation evaluation.

**Provide to CRMEC by week 4 of each teaching term until completion of term 2, 2024.**

#### Proviso 4: Supervisor training

All supervisors will be responsible for completing targeted mandatory training on the supervision of PGY1/PGY2 junior doctors in the new national prevocational framework. This responsibility should be clearly conveyed to all term supervisors.

1. Collect baseline data on the professional development each term supervisor has already undertaken that directly relates to supervision.
2. Collect ongoing data on the professional development undertaken by **all** term supervisors that directly relates to supervision of doctors-in-training, including mandatory professional development related to prevocational (PGY1/2 doctors) supervision specifically.

**Supervisor professional development records should be reported to the CRMEC in December 2023, June 2024 and December 2024.**

#### Proviso 5: Supervisor involvement in education and training

All supervisors are responsible for ensuring there are term-specific education opportunities delivered in the term, and accessible within the PGY1/PGY2 doctor's working hours, without increasing work volume or duration.

1. Generate a report at the end of every term detailing the planned training sessions that were delivered within every surgical training term and the PGY1/2 doctors that attended.
2. Conduct an audit against the training term description and update the term descriptions accordingly to ensure that the description of term-specific education opportunities in accredited surgical training terms is accurate. Submit any updated term descriptions to the CRMEC for evaluation as to whether the training experience meets the training standards.

**Provide the term-based education report and audit from every surgical training term to CRMEC by week 4 of each teaching term until completion of term 2, 2024.**

## 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:

All PGY1/PGY2 doctors must be able to contact a supervisor when on duty. It is recommended that there is a nominated surgical registrar available within every surgical team to respond **in-person at all times**.

#### Recommendation 2:

Develop a code of conduct that details keys requirements/tasks for a prevocational term supervisor. Request supervisors sign the code of conduct as a commitment to performing supervisory responsibilities.

Ensure that there is a documented performance review for all term supervisors on an annual basis that directly discusses performance with respect to commitment to prevocational supervision.

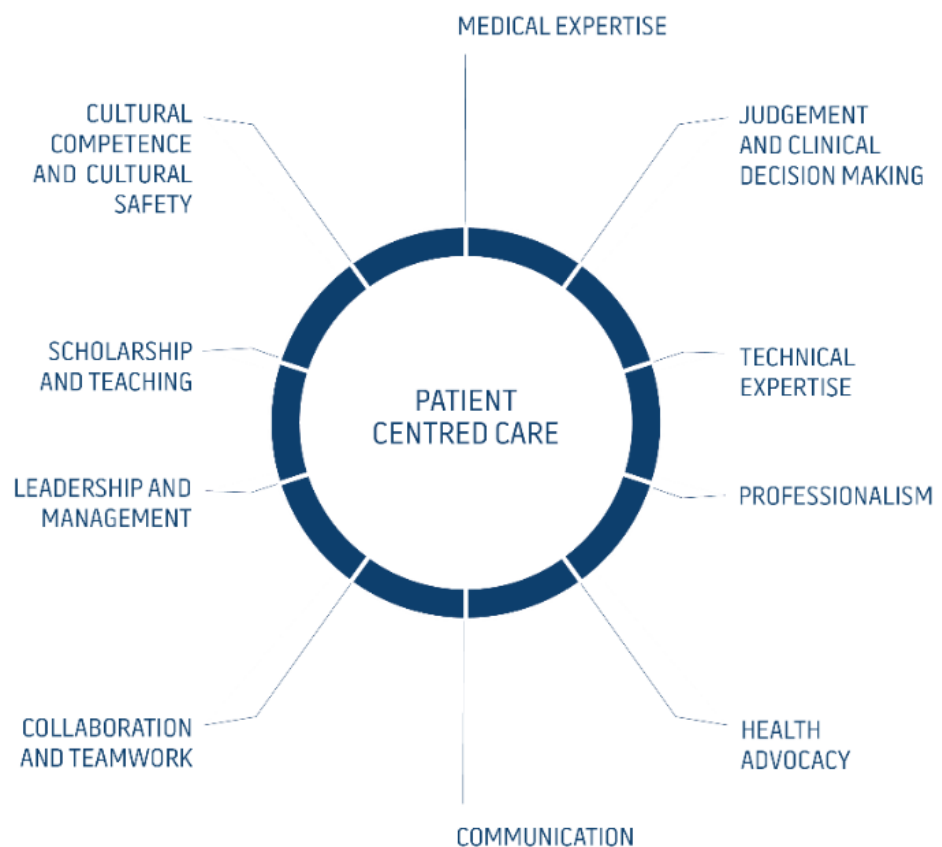
#### Recommendation 3:

Develop an overarching orientation program for the entire Division of Surgery.

# Appendix One: RACS Surgical and Education Training (SET) competencies

## Competencies and Training Standards

The SET program is underpinned by 10 RACS competencies.



Royal Australasian College of Surgeons, *Guide to SET – 2023 A Comparative Guide of Surgical Specialties and an Overview of Surgical Education and Training*. 2022 (page 9).

Available: [https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/becoming-a-surgeon-trainees/guide-to-](https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/becoming-a-surgeon-trainees/guide-to-set.pdf?rev=54a000106b704b95ad8cfbf864529820&hash=4A50DF358ACC4D389BFADE5727A48A0B)

[set.pdf?rev=54a000106b704b95ad8cfbf864529820&hash=4A50DF358ACC4D389BFADE5727A48A0B](https://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/becoming-a-surgeon-trainees/guide-to-set.pdf?rev=54a000106b704b95ad8cfbf864529820&hash=4A50DF358ACC4D389BFADE5727A48A0B)