

# Facility Accreditation Report

## Accreditation Report

This report includes the following hospital and its related terms:

Goulburn Base Hospital

## Accreditation Report Details:

Date of Visit:	30 March 2020
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Date report approved by Canberra Region Medical Education Council:	20 May 2020
Expected date for next site visit:	March 2024
Accreditation expiry date:	31 May 2024

## Facility Accreditation Recommendation

4 years with 3 provisos

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## Introduction

Goulburn Base Hospital is a regional hospital that serves the Southern Tablelands areas. The hospital is a member of the Southern NSW Local Health District which includes hospitals and community health centres on the coastline from Batemans Bay in the north to the Victorian border in the south, and as far as Queanbeyan and Goulburn.

The hospital is an 80 bed facility. On site hospital facilities include:

- 8 x bed 24 hour Emergency department
- 6 x bed high dependency unit including 2 potential ICU ventilated beds
- 14 x sub-acute rehab unit
- 10 x bed maternity unit
- 8 x bed paediatric ward
- 17 x bed medical ward
- 16 x bed surgical ward
- 10 x day only beds
- 2 operating theatres
- 8 x chairs, 2 x shifts renal dialysis unit
- 3 x general surgeons
- 4 x orthopaedic surgeons
- 6 x general physicians
- 6 x specialist anaesthetists
- 2 x Paediatricians
- 1 x general practitioner anaesthetist
- 1 x visiting O&G specialist and 1 x GP obstetrician
- General surgical, medical, anaesthetic, paediatric and orthopaedic registrars
- Surgical, medical, paediatric, orthopaedic and obstetrics interns/residents
- Allied Health Service
- Outpatient Services
- Community Health Services

Goulburn Base Hospital is a regional hospital with a large catchment area extending to the bottom of the Southern Highlands to midway to the ACT. The hospital's main tertiary referral centre is The Canberra Hospital with also some use of Sydney tertiary hospitals.

The NSW Government allocated \$150m for a major new hospital redevelopment on the existing Goulburn Hospital site. This redevelopment is expected to be fully completed by late 2021.

The education program at Goulburn Base Hospital was developed based on local needs and previous JMOs' feedback. The education program is divided into two main sections:

- (a) The first six lectures concentrating on emergency skills/rapid response skills.
- (b) The following six lectures are based on local expertise.

The education program at Goulburn Base Hospital is supported by a Director of Prevocational Education and Training (DPET) and a newly created and filled Medical Administration Support Officer.

## Executive Summary

- 1 Goulburn Base Hospital have undertaken a wide range of quality improvement activities in response to the last CRMEC survey of the facility in 2019 under the direction of the Director of Medical Services (DMS) and with assistance from the Director of Prevocational Training (DPET) and General Clinical Training Committee (GCTC).
- 2 The organisations structure outlines that the DPET directly reports to the General Manager, who has provided a commitment to deliver necessary resourcing to the program. The program has support from a new Medical Education and Administration Support Officer. This position had been filled only days prior to the current accreditation survey and the effectiveness in supporting JMOs and the DPET has not yet been tested. However, the role has potential to provide JMOs an additional point of support while undertaking some of the administrative tasks currently performed by the DPET and DMS.
- 3 There is minimal space for the DPET to meet in privacy with JMOs. An expansion of the facility is underway, providing the GCTC with an opportunity to canvas for appropriate teaching facilities and confidential meeting space for the DPET.
- 4 A new strategic plan for JMO education and training underpins the revised ETP. The plan outlines a mission to provide high quality specialised training with a goal of producing more locally trained practitioners and to improve recruitment of medical officers in the region.
- 5 Junior doctors in training terms at Goulburn Base Hospital now receive a formal education program that focuses on emergency skills education in the first half of the rotation, followed by local specialist skills. This program has been based on feedback from previous JMOs. There is evidence that the GCTC has oversight over the ETP and continues to collect JMO feedback and adapt the education plan as necessary. The GCTC is meeting regularly and provides opportunity for JMOs to contribute to meetings; however, outcomes are not routinely distributed to all JMOs.
- 6 There appears to be support from supervisors for the revised ETP, and supervisors are meeting regularly to review training issues. The junior doctors receive appropriate supervision, and this has been specifically facilitated by the introduction of a new ICU senior resident medical officer role that takes responsibility for afterhours rapid response and supervision. A new supervision guide is available and has been reviewed by all the term supervisors.
- 7 The facility has undertaken additional education and logistics to provide junior doctors with information about Covid-19 and reduce the risk of transmission to and between both JMOs and different clinical teams. Contingency plans for covering sick leave associated with Covid-19 are being made and could inform strategies to recruit locum medical staff for leave coverage in the longer term. The facility has provided relevant updates to the CRMEC and the parent facility regarding short-term changes to training terms associated with Covid-19.

## 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.

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

# Summary of Accreditation Ratings

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

## Comment Standard 1: Governance and Program Management

- 1.1.1 Goulburn Base Hospital have developed a new strategic plan for JMO education and training. The plan outlines goals of promoting bedside teaching; delivering both emergency/rapid response and local expertise education; promoting research/audit and promoting the welfare of JMOs. The inclusion of emergency skills education in the first half of the rotation is based on feedback from previous JMOs.
- 1.1.2 The Goulburn Base Hospital strategic plan has been endorsed by the General Manager and Operations Manager, suggesting appropriate resourcing will be provided.
- 1.1.3 An organisational structure identifies the General Manager as having oversight over the Director of Prevocational and Education and Training (DPET) and delivery of the strategic plan education plan.
- 1.1.6 Allocations are completed by the parent facility, Canberra Health Services, using a transparent process.
- 1.2.1 The JMO education room is reported to have accessible computers (not observed by team). The facility has Computers on Wheels (COWs), to which JMO access is reported to be only limited at some times. However, JMOs have access to computers on each ward and are reported to have access to computers in the JMO education space (not observed by the team during this survey).
- 1.2.2 The DPET does not have dedicated on-site office space to conduct private and confidential meetings with JMOs. There is a dedicated JMO teaching room that could be used for confidential meetings if no other JMOs are using the space. The facility is currently undergoing major renovations and it is understood by the survey team that teaching and medical education unit (MEU) spaces are included in plans for the expanded facility.
- 1.2.3 The MEU has recently expanded with a newly created Medical Education and Administration Support Officer, for which a job description was provided in response to 2019 provisos. At the time of this accreditation survey (March 2020), the administrative position was newly filled (within days) and the role of this new MEU position was not clear to the interviewees and had not been in place sufficiently long to evaluate.
- 1.2.4 The General Clinical Training Committee (GCTC) has delegated responsibility to identify and lobby for appropriate resources (including training resources).
- 1.3.1 The facility has an ETP Committee — the GCTC — that is responsible to Executive Management and has oversight over education and training.
- 1.3.4 Some JMOs are aware of and attend GCTC meetings. Those not attending not receive information about meeting outcomes in a timely manner.

Overall, the facility has made substantial progress on governance and management of the education and training program since the CRMEC visit in July 2019 under the direction of the Director of Medical Services. The strategic plan has been reviewed and updated, and resourcing has been secured for a new administrative support position. The GCTC appears to have been revitalised and committee minutes indicate there is support from supervisors and JMOs are engaged.

<b>Standard 2: Monitoring, Evaluation and Continuous Improvement</b>	No Concerns	Minor Concerns	Major Concerns	Extensive Concerns
<b>2.1 Evaluation JMO education and training</b>				
2.1.1 Facilities have processes to monitor and evaluate the quality of JMO education and training	X			
2.1.2 JMOs have the opportunity and are encouraged to provide feedback on all aspects of their education and training. Feedback is addressed sensitively and anonymised as appropriate.	X			
2.1.3 Facilities use JMO evaluations of orientation, education sessions, supervision, terms and assessments to develop the ETP for JMOs	X			
2.1.4 Mechanisms are in place to access feedback from supervisors to inform program monitoring and continuous improvement.	X			
2.1.5 Facilities act on feedback and modify the ETP as necessary to improve the JMO experience, using innovative approaches where possible.	X			
2.1.6 Facilities support the delivery of JMO education and training by forming constructive working relationships with other agencies and facilities.	X			
<b>Overall Rating :</b>	<b>X</b>			
<b>Comments Standard 2: Monitoring, Evaluation and Continuous Improvement</b>				
<p>2.1.1 The GCTC has responsibility for monitoring and evaluating the ETP.</p> <p>2.1.2 Feedback is collected from JMOs on the ETP and the orientation process.</p> <p>2.1.5 GCTC minutes note that the new ETP, which focuses on both rapid response/medical emergency management and local expertise has been developed in response to feedback from previous JMOs.</p> <p>2.1.6 There appears to be an interdisciplinary ETP and the GCTC minutes note constructive relationships between JMOs and other disciplines.</p> <p>Overall, the facility has responded to feedback from both the last CRMEC survey team and JMOs to expand the JMO teaching program. The new program reflects the specific needs of JMOs rotating to Goulburn Base Hospital and includes contribution from numerous specialties and educators. The GCTC minutes indicate that teaching in the facility is monitored and evaluated.</p>				



<b>Standard 3: Education, Training and Clinical Experience</b>		No Concerns	Minor Concerns	Major Concerns	Extensive Concerns
<b>3.1 Education and Training</b>					
3.1.1	All JMOs are able to access the ETP provided and supplementary training activities offered on all terms.	X			
3.1.2	Formal ETP sessions are designated protected time and pager free.	X			
3.1.3	The ETP offered is mapped to the ACF and covers topics relevant to JMO training.	X			
3.1.4	The ETP is structured to reflect the requirements of the registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training.	X			
3.1.5	Facilities provide career guidance to JMOs to help inform career choices and how to access these careers.	X			
3.1.6	JMOs complete a Basic Life Support course as part of the facility orientation program, and every two years thereafter.	X			
3.1.7	JMOs are encouraged to participate in hospital wide educational opportunities, for example Grand Rounds.	X			
<b>3.2 Clinical Experience</b>					
3.2.1	Facilities provide JMOs with a program of terms that enables the attainment of ACF competencies, including relevant skills and procedures. Intern terms should reflect the requirements of the registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training.	X			
3.2.2	Facilities ensure JMOs are able to partake in learning opportunities appropriate to each term, including practical experience in each specialty undertaken with the opportunity to improve their practical skills. This includes exposure to theatre time during surgical terms. Intern terms should take into account the Australian Medical Council Guidelines for intern terms.		X		
3.2.3	In identifying terms for training, facilities consider the following: <ul style="list-style-type: none"> <li>• complexity and volume of the unit's workload,</li> <li>• the JMOs workload,</li> <li>• the experience JMOs can expect to gain,</li> <li>• How the JMO will be supervised, and who will supervise them.</li> </ul>		X		
3.2.4	All clinical settings for JMOs are able to demonstrate the education and learning opportunities available.	X			
3.2.5	JMOs have access to the tools and opportunities for an appropriate handover at the start and end of each shift, during shifts if required, and at the start of each term.		X		
3.2.6	Facilities provide information to JMOs regarding the experiences available on all terms, including those at secondary sites.	X			
3.2.7	All terms have an approved term description that has been developed by the term supervisor with input from JMOs who have undertaken the term. Term descriptions are monitored and updated regularly to ensure they reflect the current practice and experience available on each term.	X			
3.2.8	Facilities provide a comprehensive orientation to JMOs at the beginning of their employment with that facility.		X		
3.2.9	JMOs receive an orientation to all secondary training sites that they rotate through.	n/a – no secondary sites			
3.2.10	JMOs complete a Basic Life Support course as part of the facility orientation program, and every two years thereafter.	X			
3.2.11	All JMOs receive an appropriate orientation to each term.		X		
<b>Overall Rating :</b>			<b>X</b>		

### **Comment Standard 3: Education, Training and Clinical Experience**

- 3.1 The formal ETP is mapped to the Australian Curriculum Framework (ACF) and accessible to JMOs. The formal teaching plan is relevant to the JMO experience at Goulburn Base Hospital. Supplementary teaching includes case teaching by the DPET.
- 3.2.2 Junior doctors may not consistently receive informal teaching at the bedside and during ward rounds in all term rotations.
- 3.2.3 In the medical term, junior doctors rotate between three different clinical teams. The rationale for this structure is not clear and may reduce the longitudinal education experience.
- 3.2.5 Handover is reported to be variable. There are ongoing efforts to audit and evaluate different handover processes at Goulburn Base Hospital while the teams find successful options for handover. There are processes in place for JMOs to verbally handover at the completion of a shift and these are documented in the orientation manual.
- 3.2.8 Not all JMOs are able to attend the entire orientation program over two days. Ward work can prevent some JMOs from achieving full attendance.
- 3.2.11 Although JMOs receive information in each term regarding who to contact for after-hours support, the on call rosters in some areas are complex. Junior doctors would benefit from having on-call contact arrangements/rosters documented and available in writing.

Overall, the education program and the orientation have undergone extensive review in the past 9 months. The current formal education program has been developed in response to JMO feedback and incorporates relevant topics to JMOs at Goulburn Base Hospital. The program is mapped to the ACF, evaluated and reviewed by the GCTC. The formal program is supplemented by other opportunities, including case-based teaching conducted by the DPET. In most terms, bedside teaching and teaching on the run is delivered; however, this is not consistent across all training terms. The rotation of JMOs through three clinical teams in the medical term might reduce the learning experiences that can be gained by a longitudinal placement, and this could be reviewed by the GCTC in future to ensure optimal experiences are delivered in every term. The handover process has been/continues to be reviewed to identify strategies that will both maximise patient safety and prioritise JMO learning opportunities.

<b>Standard 4: Supervision</b>		No Concerns	Minor Concerns	Major Concerns	Extensive Concerns
<b>4.1 Clinical Supervision</b>					
4.1.1	JMOs are supervised at all times at a level appropriate to their experience and responsibilities.	X			
4.1.2	Facilities have a supervision guideline that is understood and adhered to by supervisors.	X			
4.1.3	Supervisors have appropriate competencies, skills, knowledge, authority, time and resources to supervise JMOs during all periods of duty.	X			
4.1.4	JMOs learning objectives are discussed with the Term Supervisor at the start of each term and a learning plan developed.		X		
4.1.5	Term Supervisors are known to and accessible by JMOs, understand their roles and responsibilities in assisting JMOs to meet learning objectives, and demonstrate a commitment to JMO training.	X			
4.1.6	Facilities provide appropriate support and professional development opportunities to supervisors for their roles.	X			
4.1.7	Supervisors are responsible for providing JMOs with regular constructive feedback.	X			
<b>Overall Rating :</b>		<b>X</b>			

**Comment Standard 4: Supervision**

Overall, the supervision appears to achieve a safe training environment. The junior doctors have reasonable contact with supervisors and receive feedback on their performance. A new supervisor guideline has been developed, supervisors appear to be engaged in the GCTC, and some supervisors have completed the Teaching for Clinicians course offered by CRMEC.

As a consequence of the July 2019 visit the hospital appointed additional SRMO/CMO staffing in ICU/CCU. Whilst the major concern prior to this addition was on-site after hours supervision of JMOs, the benefits identified by the JMOs demonstrates improvement in their work experiences during working hours as well as after hours.

<b>Standard 5: Assessment</b>	No Concerns	Minor Concerns	Major Concerns	Extensive Concerns
<b>5.1 Assessment Processes for JMOs.</b>				
5.1.1 JMOs are encouraged to take responsibility for their own performance, and to seek feedback from their supervisors in relation to their performance.	X			
5.1.2 Term supervisors outline unit-specific assessment processes at the start of each term, identifying team members involved in assessing JMOs.		X		
5.1.3 Interns undergo valid and reliable formative mid-term assessments for all terms exceeding five weeks. Ideally, this will also occur for all other JMOs.		X		
5.1.4 JMOs undergo valid and reliable summative end-of-term assessments for all terms. The supervisor should consult with other team members to maximise reliability. These assessments are discussed with JMOs, who have the opportunity to comment on these.		X		
5.1.5 JMO assessments are confidential and are not released by a facility for any human resources purposes, including employment applications. A copy of all assessments should be provided to the JMO.	X			
5.1.6 Facilities have a process to assist with decisions on the remediation of JMOs who do not achieve satisfactory supervisor assessments.	X			
5.1.7 Facilities implement and document assessments of JMO performance consistent with the registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training.	X			
5.1.8 Intern assessment is consistent with the guidelines in the AMC's <i>Intern training – Assessing and certifying completion</i> , and based on interns achieving outcomes stated in the AMC's <i>Intern training – Intern outcome statements</i> .	X			
<b>Overall Rating:</b>	<b>X</b>			

**Comment Standard 5: Assessment**

Overall, the facility demonstrates that systems are in place to ensure interns receive formative and summative assessments. Assessment completion rates are 100% for both mid-term and final assessments for interns, although the return rates are lower for PGY2s. Assessments may not be discussed with JMOs by all supervisors. However, engagement of supervisors is demonstrated to have been improved since the CRMEC survey in 2019, with a regular supervisors meeting and a new supervisor's guideline.

Standard 6: JMO Welfare		No Concerns	Minor Concerns	Major Concerns	Extensive Concerns
<b>6.1 Welfare support for JMOs</b>					
6.1.1	The duties, working hours and supervision of JMOs are consistent with the delivery of high-quality, safe patient care and JMO welfare.	X			
6.1.2	Facilities provide access to and information regarding welfare support for JMOs, including information regarding external, independent organisations. This is articulated within facility orientation processes.	X			
6.1.3	Facilities have written policies and processes in place, with appropriate reference to local and national jurisdictional guidelines, to manage welfare, workload, safety and substandard performance of JMOs.	X			
6.1.4	Facilities identify underperforming JMOs in a timely fashion and have appropriate processes to support and manage these JMOs. JMOs are informed of concerns regarding their practice to enable this to be remedied before the end of the training year wherever possible.	X			
6.1.5	Handover of JMO performance across terms is managed by the MEU. Confidential written records are kept of any notifications and discussions of substandard performance with term supervisors.		X		
6.1.6	Facilities have published fair and practical policies for managing annual leave, sick leave and professional development leave.	X			
6.1.7	Facilities have clear impartial pathways for the timely resolution of training-related disputes between JMOs and supervisors, or JMOs and the facility.		X		
6.1.8	Facilities guide and support supervisors and JMOs in the implementation and review of flexible training arrangements. Available arrangements for interns are consistent with the registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training.	X			
6.1.9	Facilities have policies and procedures aimed at identifying, addressing and preventing bullying, harassment and discrimination. JMOs, their supervisors, and other team members are made aware of these policies and procedures	X			
6.1.10	Facilities have processes to identify and support JMOs who are experiencing personal and professional difficulties that may affect their training, as well as processes to provide career advice and confidential personal counselling. JMOs, their supervisors, and other team members are made aware of these policies and procedures.	X			
<b>Overall Rating :</b>		<b>X</b>			

**Comment Standard 6: JMO Welfare**

6.1.5 The MEU has only very recently recruited staff to address the administrative needs of the ETP. There is some discussion at Network meetings regarding JMOs needs.

6.1.7 The facility has an identified process to resolve training issues. NSW Health policies are used within the facility, and there are plans to simplify these resources for JMOs rotating through training terms.

Overall, JMOs have expressed satisfaction with the training experience at Goulburn Base Hospital, including leave arrangements. Satisfaction with workplace culture was expressed by JMOs, including good support from other health disciplines. In addition, the facility has taken appropriate action to provide JMOs with education, support, accommodation changes and working routines relevant to Covid-19. JMOs have expressed feeling prepared to manage Covid-19 professionally and in their living arrangements in Goulburn.

## Accreditation Status

Term Name	Term Type Core/non-core	PGY1 Term Capacity	PGY2 Term Capacity	Accreditation Status	Accreditation expiry
General Medicine 1	Core-Medical	3	0	Accredited	31 May 2024
General Surgery 1	Core-Surgical	1	1	Accredited	31 May 2024
Paediatrics	Non-Core	0	1	Accredited	31 May 2024
Orthopaedic Surgery	Non-Core	0	1	Accredited	31 May 2024
Obstetrics & Gynaecology	Non-Core	0	1	Accredited	31 May 2024

## Commendations

### **Commendation 1:**

The Director of Medical Services should be commended for the strong progress Goulburn Base Hospital has made since the CRMEC visit in July 2019. Under the DMS, the ETP appears to have been revitalised, with adequate resources (including staffing) secured and a commitment for appropriate teaching and administrative spaces in the facility expansion.

### **Commendation 2:**

The Director of Prevocational Education and Training should be commended for the strong progress made on JMO orientation, development of a new education program and achieving engagement of more specialty staff in education and training activities.

# Provisos

## **Proviso 1: Support for the ETP**

### **Relating standards:**

- 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.

The survey team understands that the Medical Administration Officer undertakes a range of different administrative roles. Provide an updated job description for the newly created Medical Education and Administration Support Officer, including the indicative weekly hours undertaking JMO management and ETP support.

**Complete by 30 June 2020.**

**This proviso was closed (MET) by the CRMEC Accreditation Committee in September 2020.**

## **Proviso 2: GCTC processes**

### **Relating standards:**

- 1.3.4 ETP Committee outcomes are communicated to JMOs in a timely fashion.

Develop a process that ensures JMOs are informed of GCTC meeting outcomes in a timely fashion. Strategies might include addressing communication to JMOs in the GCTC Terms of Reference, or delegating responsibility to the Medical Administration Officer for communicating outcomes to JMOs.

**Complete by 31 July 2020.**

**This proviso was closed (PROGRESSING - REPORT UPDATE IN ANNUAL REPORT) by the CRMEC Accreditation Committee in September 2020.**

## **Proviso 3: Orientation**

### **Relating standards:**

- 3.2.8 Facilities provide a comprehensive orientation to JMOs at the beginning of their employment with that facility.
- 3.2.11 All JMOs receive an appropriate orientation to each term

- (1) The orientation program at Goulburn Base Hospital has been expanded and developed over the past nine months. However, the full orientation program is not always accessible to all new doctors in training. Develop processes to ensure that both PGY1 and PGY2 doctors can attend the full orientation 2-day program before commencing ward work.
- (2) Develop and implement a system to clearly document in writing the after hours on-call contact/roster. This should be provided to all JMOs on commencement of their term and any updates be available in a timely manner in wards or via other formal communication channels.

**Complete by 31 July 2020.**

**This proviso was closed (MET) by the CRMEC Accreditation Committee in September 2020.**

# Recommendations

**n.b.: Progress on all recommendations is reported in the Annual Report (template to be provided).**

## ***Recommendation 1:***

Review the ETP organisational structure, including the role of the Medical Administration Officer, to evaluate the effectiveness of oversight of the education and training program. This could be undertaken as a minuted discussion at a GCTC meeting in 2021.

## ***Recommendation 2:***

The survey team noted that in the core medical term, JMOs rotate through three teams (two acute medical teams and a rehabilitation team) over the 12 week term. The rationale for regular rotations was unclear and this term structure may reduce the longitudinal experience for JMOs. Review the current structure of the medicine terms to evaluate whether rotation through three teams is an effective learning process for JMOs and whether benefits are achieved from this structure. This could be achieved by collecting JMO feedback and minuting an evaluation in a GCTC meeting in 2020 and/or 2021.

## ***Recommendation 3:***

Appropriate physical facilities should be provided to ensure privacy and confidentiality when the DPET interviews individual JMOs. The GCTC should also continue to monitor progress on the facility expansion and ensure that adequate resources are planned for the ETP, including secure and functional teaching space and a space for the DPET to conduct confidential meetings with JMOs.

## ***Recommendation 4:***

Continue to undertake auditing and trialling of various handover strategies to promote effective communication of patient care and to promote teaching opportunities.

## ***Recommendation 5:***

Informal bedside teaching may not occur on a regular basis in all terms. Develop strategies to encourage more consistent informal teaching at the bedside and during ward rounds in all training terms to maximise the learning experience for JMOs.