



Health
Western NSW
Local Health District

29 July 2022

Trim reference D22/7573

A/Prof Michael Woodward
Chair, Accreditation Subcommittee
Adult Internal Medicine Division Basic Training Committee
Royal Australasian College of Physicians
By email accreditation@racp.edu.au

Dear A/Prof Michael Woodward,

Thank you for your letter dated 22 July 2022. Bathurst Health Service is fully committed to addressing the feedback that you have given, and that of the trainees and the Network Supervisors. The provision of Basic Physician Training (BPT) in Bathurst is an important component of growing the future physician workforce for rural and regional New South Wales and both the health service and the Local Health District are determined to ensure that Trainees have a vibrant, high quality and well supervised training experience. We acknowledge that in raising these concerns the College is providing the health service with an opportunity to make substantial improvements, and the service is fully committed to delivering those improvements at pace.

By way of overall context Bathurst Health Service has appointed a new and experienced Director of Medical Services at Bathurst, Dr Marco Metelo, who commenced in early July. Dr Metelo has already implemented a number of beneficial changes and he will maintain very close oversight of the service and the training programme until there is confidence that it is permanently functioning at the level intended.

The Local Health District is also finalising the appointment of a Chief Medical Officer for the district, as a member of its core executive team, in order to strengthen medical leadership, including the oversight training and supervision, across all of the local health services. This appointment will be confirmed before the end of August.

In short, the Local Health District has a programme of enhancing medical leadership at both the local and district level and of strengthening the internal governance of training and supervision. This improvement is in active implementation and will provide greater strength to the overall architecture that sits around the BPT programme.

The Local Health District has also arranged for an independent review of the functioning and internal culture of the General Medical Service at Bathurst, including the relationships and process interactions with other departments such as Emergency and Intensive Care. That review will commence on 24th August and will be undertaken by a Senior Physician from Western Sydney Local Health District, a Director of Nursing from Northern NSW Local Health District and a Director of People & Culture from Northern Sydney Local Health District. The review will assist the Chief Executive, the Local Health District Board, and the local health service leadership in ensuring that all of the issues that have affected the operation of the service are addressed in a holistic and expeditious manner.

With respect to the specific accreditation criterion please see below details of the action plan and measurable outcomes for each accreditation standard noted in your correspondence.

Criterion 1.3 A trainee receives an orientation to each new Setting and rotation.

Ensure all trainees receive a formal orientation.

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The BPTs have protected time on the first day of their rotation to attend the hospital orientation. Attached is the memo prepared for the next rotation and orientation schedule.

The Director of Medical Services, in conjunction with the Director of Physician Education, will monitor that each trainee attends the orientation programme and that it addresses their needs. A survey will be provided to the BPTs to evaluate the orientation provided.

Criterion 1.4 Trainee and educator work arrangements enable the delivery of high-quality care and optimises learning and wellbeing.

Review resourcing and workload monitoring process. To alleviate the workload for trainees, please consider creating formalised role descriptions for the trainees and ensure referrals for admission, inpatient team sizes and response to referrals of inpatients for consultation are the responsibility of the consultants.

The Physicians are 1st on-call from 8 pm to 8 am; seven days a week. Phone advice from other specialities, such as the surgical department or ED goes to the Physician on-call. BPTs are called after 8pm only for patients with suspected stroke. BPTs carry a separate pager for stroke calls. These measures were introduced at the beginning of this current term and significantly reduced the workload of BPTs.

Unfortunately due to sickness among the BPTs and JMOs workforce, workload fluctuated.

This week Bathurst Health Service initiated a Monday to Friday morning handover at 8 am. This handover is attended by a Physician, BPTs and Junior Medical Officers. The handover allows for identification of deteriorating patients overnight and monitoring of the workload of each medical team. Admission numbers are collated on a daily basis by the Admissions Department and discussed at the handover. When a medical team has in excess of 20 to 25 inpatients; patients are reallocated based on acuity and numbers of inpatients to other teams. If the workload cannot be reallocated due to sickness the Physicians will round without the BPTs.

In the evening a handover occurs at 8.00 pm and is attended by the BPT allocated to the day on call (8 am to 8 pm shift), ICU registrar, ED senior and Campus Nurse Manager. The purpose of this handover is to ensure sick patients are identified and have a plan for the night team. The Campus Nurse Manager provides feedback on this meeting in their nightly reports.

The Physician on-call for the weekend attends a handover meeting on Friday at 3pm and on Monday at 8am. Patients are distributed between the Physicians teams within acceptable limits. The Director of Medical Services monitors the attendance of this meeting.

The Physicians make plans for patients who need to be reviewed on weekends during their Friday morning ward rounds so the BPT's are aware of the patients requiring review. This allows their work to be more focused on weekends.

Physicians liaise with other sub-specialties within the hospital for patients requiring consultation. BPTs always have easy access to all the consultants if needed. The close relationship between the junior medical staff and consultants is a known advantage of smaller regional hospitals such as Bathurst Health Service.

The Chief Executive is currently in active discussions with his counterpart at the Nepean Blue Mountains LHD with a view to establishing two future rural rotations which, once implemented, will increase the number of BPTs at Bathurst to six across the two networks. This will make a significant difference to the operation of the local service and the experience of the trainees. The WNSW Local Health District has



agreed to fund these additional positions from the 2023 calendar year, noting that these discussions with the Nepean Network and NBMLHD are still a work in progress at this juncture.

Criterion 1.5 Handover occurs when there is a transition in care & Requirement 1.5.1 Consultant supported handover occurs at least daily.

Ensure consultants attend handover. Consider formalising an admissions matrix to assist in creating an even patient load for consultants which will help to reduce any conflicts over ownership of patients.

The handover process that has been introduced (described above) allows for the identification of the workload within each medical team. These forums provide an opportunity for review of patients admitted under each team and when transfer may be appropriate. This is being closely monitored by the Director of Medical Services.

The Bathurst admission criteria has already been developed and has been aligned with other facilities in the LHD. It is pending ratification at LHD level as per the LHD's standard process for governing policy and procedure. This process will be completed before the end of the month.

Criterion 4.6 Trainee rosters are accurate, fair, flexible, and timely.

Review rosters to alleviate significant imbalances in registrar workload. Reduce the frequency of contacting trainees outside of rostered working hours or for reasons outside their job description.

Rosters are published live via Microsoft teams and include rostered Allocated Day's Off (ADOs). On-call is to be shared equitably among the 4 BPTs and the published roster has counters for the number of weekends and weekdays on call per each BPT. The Director of Physician Education regularly consults with the BPTs regarding rostering matters.

Commencing 13 August 2022 an additional JMO will be allocated on weekends. This JMO will assist with appropriate tasks and is in addition to the current JMO 12 hour shifts covering the Hospital on weekends.

To reduce the workload on weekends the following actions have been put in place; first a JMO is allocated to the medicine department from 8 am to noon. This JMO role is to assist with JMO tasks. This is in addition to the 12 hours shift for the JMO covering the hospital wards at the hospital on weekends. In addition, locums are regularly sourced to cover the transition between clinical terms and as required.

The Physicians are 1st on-call from 8 pm to 8 am; seven days a week. Phone advice from other specialities, such as surgical department or ED to go to the Physician on-call. BPTs are called after 8pm only for patients with suspected stroke. BPTs carry a separate pager for stroke calls. These measures were introduced at the beginning of this current term and significantly reduced the workload of BPTs. The BPTs are requested to advice the Director of Medical Services of any calls over night that are not stroke related to ensure we provide feedback to the caller.

All BPTs have been provided with the mobile numbers of both the Director of Physician Education and the Director of Medical Services and are encouraged to contact them in hours or after hours if requested to attend matters outside rostered hours and non-stroke calls overnight. In addition to the above the Director of Medical Services and the BPTs now meet on a weekly basis to gather feedback from the BPTs on all current issues.

Criterion 2.3 The Setting has a learning environment and culture which values, supports, and delivers equitable physician training & Criterion 2.4 the Setting provides a safe, respectful learning environment and addresses any behaviour that undermines self and/or professional confidence as soon as it is evident.



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Improve overall workplace culture including consultants' team work and support for each other, support for the trainees and the relationship with the emergency department.

Western NSW Local Health District is committed to professional and respectful conduct of its staff regardless of their position.

As noted earlier, the Chief Executive has commissioned an independent review of the medicine department which is due to commence on 24th August.

Bathurst Health Service is currently recruiting a Head of Department for Medicine and is sourcing a locum Physician leader in the interim.

A range of specific concerns related to the functioning of the senior physician team and the collegiality of the department have been raised directly with both individual consultants and the department as a whole. Where appropriate the concerns are currently being addressed through formal processes of performance management.

Criterion 6.1 A trainee is supported to maintain health and wellbeing and seek help if needed.

Ensure trainees health and wellbeing are being supported to reduce the risk of burnout.

Bathurst Health Service has secured additional staff to complement the medical roster. An RMO is due to start on the 1st of August and an SRMO on the 8th of August. In addition, 2 Assistants in Medicine have started their duties in the Medicine department.

Allocated Days Off are rostered to assist BPT wellbeing and provides appropriate rest.

BPTs are also given time off if they are called in for stroke calls after 8pm. This depends on the time spent for the stroke calls.

Criterion 7.7 A trainee has protected time for formal learning & Requirement 7.7.1 The Setting provides a minimum of four hours of formal learning per week with two hours being protected.

Ensure four hours of formal learning is provided with two hours being protected.

The local training programme is as attached. A formal teaching roster is in place and is released every 3 months in advance with the aim to develop an annual teaching roster. BPT's sign the attendance sheet after each session.

Criterion 8.1 The training provider establishes a trainee has accessible, timely and supportive supervision for all aspects of training while recognising the principle of increasing professional responsibility.

Ensure consistent support and quality supervision is provided by all consultants.

All Physicians are committed to providing support to the BPT's. In addition to ward rounds, consultants also do informal discussions such as paper rounds to ensure safety of patients. This approach also gives BPT's an opportunity to discuss their management plan and helps them becoming confident on their decision making ability.

Physicians are involved in academic discussions during the ward round to ensure optimal on the job learning.

In summary, the Bathurst Health Service and Western NSW Local Health District are fully committed to ensuring that all of the concerns that have been raised regarding the BPT programme are addressed expeditiously, and that the immediate actions are supported by the strengthening of the overall governance



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and leadership for the programme at both local and District levels. A significant body of work is underway in that regard and the district is fully committed to ensuring that the improvements that are underway are maintained and that the BPT programme, and the service itself, functions at a significantly higher level going forward.

We would happy to meet with you and other College members to discuss the improvements and ensure a positive work place for the BPTs.

Regards


Mark Spittal
Chief Executive


Cathy Marshall
General Manager


Dr Marco Metelo
Director Medical Services

