

## Index to documents in support of RACP Application for Review – WNSWLHD

Document number	Date of document	Summary of document
1	3 May 2022	Letter from RACP to WNSWLHD advising of accreditation for Adult Internal Medicine Basic Training Program
2	3 May 2022	Letter from RACP to WNSWLHD advising of accreditation for Paediatrics & Child Health Basic Training Program
3	3 May 2022	Letter from RACP to WNSWLHD advising of accreditation of Hospital as a training provider
4	22 July 2022	Letter from RACP to WNSWLHD notification of potential breach of training standards
5	29 July 2022	Letter from WNSWLHD to RACP reply to potential breach of training standards
6	29 July 2022	WNSWLHD Welcome Day Plan 8 and 15 August 2022
7	29 July 2022	WNSWLHD Teaching Timetable August 2022
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9	16 August 2022	WNSWLHD Action Plan dated 16 August 2022 returned on 2 September 2022
10	8 November 2022	Letter from RACP to WNSWLHD notification of potential breach of training standards
11	8 November 2022	WNSWLHD Action Plan dated 8 November 2022 returned on 30 November 2022
12	23 December 2022	Letter from RACP to WNSWLHD advising of accreditation of Basic Training Adult Internal Medicine
13	11 January 2022	Letter from WNSWLHD to RACP advising actions taken in response to concerns
14	23 January 2023	Letter from RACP to WNSWLHD advising of accreditation of Basic Training Adult Internal Medicine
15	25 January 2023	Letter from WNSWLHD to RACP reply and recap
16	6 February 2023	Letter from WNSWLHD to RACP (incorrect date on doc) response to RACP decision to withdraw accreditation
17	7 February 2023	Letter from RACP to WNSWLHD reply and recap





### APPLICATION FOR REVIEW OF A DECISION

Before completing this application you should familiarise yourself with the **Reconsideration, Review and Appeals Process By-law**, available on the Governance page of the RACP website.

#### Section 1 - Applicant details

Title	Mr	Surname	Spittal	Given name(s)	Mark
Home address					
Postal address <i>if different from home</i>			c/Chief Executive Western New South Wales Local Health District PO Box 4061 Dubbo NSW 2830		
Email address			<a href="mailto:Mark.spittal@health.nsw.gov.au">Mark.spittal@health.nsw.gov.au</a>		
Telephone contacts			Mobile [REDACTED]		
			Work (02) 6809 8700		
			Home		

#### Section 2 - Contact details of others acting on your behalf (if required)

N/A

#### Section 3 - Details of the Decision you wish to have reviewed.

**Note:** Any person dissatisfied with the Decision of a College Body may elect to move directly to the Review Process.

Decision that you are asking the College to review	The decision to not allow new trainees to be placed at Bathurst Hospital, WNSWLHD
Date of the correspondence advising you of the Decision	7 February 2023
College Body that made the Decision	Accreditation Subcommittee, Adult Internal Medicine Division Basic Training Committee

State the reason/s why review of the Decision is sought. Include relevant correspondence from the College.

WNSWLHD wishes to continue to work collaboratively with the RACP to facilitate the return of the Basic Physician Trainees to Bathurst Hospital at the earliest opportunity. WNSWLHD met with RACP representatives on 28 February 2023 and is grateful for the collaborative approach taken by the RACP and willingness to work with WNSWLHD to enact an accelerated path to ensuring trainees can be returned to Bathurst Hospital. WNSWLHD submits that the withdrawal of trainees has had profound resource and service delivery implications for Bathurst Hospital which impacts on the Bathurst community. WNSWLHD remains concerned about the 7 February 2023 decision and the RACP process which informed that decision. WNSWLHD does not wish to preclude its rights to submit a review

within the timeframe required in the relevant By-Law. However, WNSWLHD's strong preference remains to work collegiately with the RACP to expeditiously achieve a mutually beneficial result.

**1. WNSWLHD has addressed the RACP concerns and provided evidence of actions taken**

WNSWLHD has worked diligently to respond to the concerns raised by the RACP, undertaking extensive and still ongoing reforms of which the RACP was aware and apparently approving. WNSWLHD has responded in a timely and comprehensive manner to all correspondence from the RACP.

In summary, WNSWLHD has:

- recruited a new Director Medical Services for Bathurst Hospital, as well as a new Chief Medical Officer for the District Executive;
- commissioned an independent review of the functioning and internal culture of the General Medical Service at Bathurst Hospital. The report of this review was provided to the Chief Executive WNSWLHD in late December 2022, all recommendations have been accepted and are being implemented;
- embedded a new orientation package for trainees which includes protected training time;
- undertaken multiple surveys of the trainees and implemented the actions identified;
- finalised an Emergency Department Admissions Policy for the District;
- reduced the on-call workload for the trainees with an escalation to the Director Medical Services for inappropriate calls after hours;
- recruited additional medical staff to better manage the workload for the trainees; and
- embedded daily handovers with the Consultant Medical Officer. The Director of Medical Services is also present to manage any concerns during the meeting.

Attachment A to this application is a document that summarises the history of RACP's concerns as raised with WNSWLHD and WNSWLHD's responses and rectification work in relation to each concern. For each Training Standard Criterion, a detailed summary is provided as to how the criterion has been recognised as satisfied by RACP, or why the Reviewing Body should consider it met.

WNSWLHD considers it has provided ample evidence to RACP of the measures it has taken against the relevant Training Standard Criteria. WNSWLHD submits:

- Of the 9 criteria listed in the RACP's correspondence dated 22 July 2022, WNSWLHD has met the RACP requirements in relation to the following Criterion 1.3, 1.4, 1.5, 4.6, 6.1, and 7.7. In relation to Criterion 2.3 and 2.4 WNSWLHD has provided significant evidence of actions undertaken to address the culture of medicine in Bathurst. These actions require time to effect significant culture change. There is evidence of culture change that was not been considered by RACP as set out in Attachment A under WNSWLHD's response to Criterion 2.3 and 2.4.
- In RACP correspondence dated 7 February 2023, Criterion 1.4 was deemed to be not met due to trainee feedback that patients aren't being capped to 25. No basis was provided for this statement by RACP and it is contrary to the evidence. Annexure B to this application is a list of patient allocation per trainee in 2022 and indicates only a few occasions where trainees were allocated more than 25 patients.
- The RACP letter dated 7 February 2023 further identifies issues of concern in relation to Criterion 1.4 which had not been previously raised or described by RACP. WNSWLHD was not provided with any specific information about the nature or extent of RACP's concerns, nor an opportunity to review and address them. The issues are:
  - Decision making regarding patient allocation.
  - Requests to medical administration unanswered.
  - Rosters and feedback from trainees indicate stressful rostering across the Christmas break.

This was not raised as a concern by RACP in correspondence to WNSWLHD dated 11<sup>th</sup> or 23<sup>rd</sup> January 2023, nor was it raised in the meeting with the RACP on 25<sup>th</sup> January 2023. WNSWLHD accepts there were rostering difficulties over the Christmas period mainly due to unplanned leave and two four-day weekends, noting that one trainee had been removed from the roster and returned to RPA in the days prior to Christmas which compounded the rostering difficulties.

- Trainees still required to be on call for stroke after hours.

WNSWLHD have made it clear in all correspondence to the RACP that the trainees are on the stroke on-call roster. WNSWLHD submits that this stroke on-call is a common requirement for BPTs and not an onerous obligation at Bathurst Hospital, with only 1-2 stroke calls a week. Further, there are two levels of support and supervision for the trainees for these calls, through the telestroke service at Prince of Wales Hospital as well as the rostered on-call consultant at Bathurst Hospital.

WNSWLHD considers that trainee involvement in the management of acute strokes to be an important aspect of the management of acute medical problems. The RACP basic training curriculum for adult internal medicine has a requirement that trainees gain knowledge and skills in the management of acute medical problems, see learning objective 2.1.2 and 2.3.8, management of acute stroke is an important emergency medical intervention and provides trainees with an opportunity to meet these learning criteria. With the need to restrict other interactions with the emergency department WNSWLHD considers this an important aspect of their training in a regional facility, with significant educational value (Criterion 2.5).

- In RACP correspondence dated 7 February 2023, Criterion 2.3 & 2.4 were deemed to be not met due to two issues. The first, RACP identified ED workload issues, a concern which was first referenced by RACP in their communication dated 23 December 2022 with no other information provided as to nature of the concern. Bathurst Hospital indicated in its letter dated 25 January 2023 that the trainee's interaction with ED has been minimised with patients being referred directly to consultants. It is unclear why this concern is ongoing and what evidence RACP requires to demonstrate it is rectified. The second concern was that the site was not ideal due to *"lack of support and opportunity to prepare for examinations."* This is a new concern and requirement not referenced in any previous correspondence from RACP.

WNSWLHD has not been afforded an opportunity to address these two issues, however WNSWLHD has clearly demonstrated that there is protected teaching time of 2 hours per week, as required by RACP, with evidence submitted of BPT attendance at teaching. In the WNSWLHD letter dated 11 January 2023, there is evidence of specific exam preparation sessions held with individual trainees. The RACP accreditation standards 2.3 and 2.4 do not impose any requirements for exam preparation and WNSWLHD submits that it has provided a safe and effective learning environment as required under these criteria.

- In RACP correspondence dated 7 February 2023, criterion 8.1 was deemed to be not met due to *"no evidence being provided that culture has changed."* WNSWLHD submits that the decision to determine this criterion is not met is flawed as the criterion relates to clinical supervision and not the culture of training and learning. WNSWLHD has provided a significant amount of evidence of actions taken to address the culture of the organisation throughout the correspondence with RACP and summarised by the WNSWLHD CE in his letter dated 25 January 2023.
- In the letter dated 7 February 2023, RACP imposed additional conditions that have not previously been identified by RACP or, in the case of the external culture review, had been responded to previously. It is not clear which accreditation criterion each item is in reference to with the consequence that WNSWLHD has no guidance as to how to meet those conditions.

The new conditions include:

- that trainees will not be required to be on-call for stroke after hours (addressed above);
- sustainable plans to support Basic Physician Trainees to prepare for examinations and in particular to allow them appropriate time off in advance of examinations.
- Demonstration of the ability to implement pathways for trainees to raise concerns safely and evidence of the use of such pathways.
- Appointment of a suitable academic.
- Evidence of implementation of cultural change



- Evidence of impact of above changes from staff and other trainees.

*Response - exam preparation*

Bathurst Hospital provides the required protected teaching time and welcomes input and feedback into the education being provided. RACP has not provided any feedback to suggest that the education is not of value for examination preparation.

The concerns around time off for examination preparation are new and RACP has not afforded WNSWLHD an opportunity to rectify this concern. WNSWLHD submits that Bathurst Hospital fully supports trainees requirement to attend exam courses and have study leave to attend courses and examinations. However, it must be noted that Bathurst is deemed a rotational hospital and not a Principal Training site. It does not have control over the allocation of trainees or the allocation of trainee leave for the purpose of exam preparation. This is the role of the Principal Training sites. Should the Principal Training hospital request additional leave for trainees while at Bathurst, subject to sufficient notice, the facility will make all attempts to ensure this is provided. Further, trainees are not rotated to Bathurst Hospital in the term they are sitting the written or clinical exams. Bathurst Hospital ensures all ADOs are rostered to maximise time off while at the facility to provide sufficient time off and exam preparation.

*Response - Pathways for trainees to raise concerns*

WNSWLHD has submitted evidence that the DMS is in attendance at handover and the Workplace Culture and Hospital Educator attends teaching sessions. Both are available for BPTs to raise concerns. BPTs have been asked to escalate to the DMS if they are called out of hours inappropriately.

BPTs have on occasion escalated concerns regarding specific supervisors and those concerns have been managed as they are reported. The letter dated 25 January 2023 summarises actions undertaken in relation to those complaints.

The new Orientation Pack for trainees will be updated to include escalation pathways for any issues.

Further, in line with a statewide roll out, WNSWLHD has recently implemented both a staff and managers' portal *Addressing Grievances and Concerns* to support effective management of such issues and resolve conflicts at work. Further, the JMO Support Line is a support and advice service provided by NSW Health for junior medical staff. It has been developed to provide specialised, free and confidential support service to all junior medical staff in NSW Health.

*Response – appointment of a suitable academic*

While it is not a requirement of RACP Training Provider standards for facilities to have a clinical academic, Bathurst Hospital has committed to working with the University of Western Sydney to establish a clinical academic position at Bathurst Hospital, including provision of the initial funding. WNSWLHD considers this an important step in consolidating a culture of education and research.

*Response – evidence of cultural change*

WNSWLHD has provided extensive information to RACP on all actions undertaken to address the culture at Bathurst Hospital. Subject to agreement on how the information will be used, WNSWLHD is agreeable to providing the recommendations from the recent external review to RACP as well information on the progress towards implementation of the recommendations.

*Response – evidence of impact of above changes from staff and other trainees.*

WNSWLHD has provided trainee feedback on exit surveys to RACP in its response dated 29 November 2022 and more recently in February 2023 for the term 4 trainees. If there is additional evidence RACP requires to meet this requirement, this should be clarified. There are existing sources of information, for example the Medical Training Survey results for 2022 were released by the Medical Board of Australia in January 2023. The results for Bathurst Hospital show that 80% of those that answered the survey reported that:

- most senior medical staff were supportive

- the workplace supports staff wellbeing
- there was a positive culture in the workplace

#### **Procedural fairness issues**

WNSWLHD considers that the Decision was affected by a lack of procedural fairness, which hampered its ability to understand the matters put against it and to respond effectively.

In particular, RACP referred in its 22 July 2022 and 23 December 2022 letters, as well as in a conference on 25 January 2023, to complaints and feedback about Bathurst Hospital, the details of which were not disclosed to WNSWLHD. If the reviewing body proposes to take these complaints and feedback into account in making the reviewing decision, WNSWLHD requests in accordance with cl 3.10 of the *Reconsideration Review and Appeal By-Law* to be provided with the substance of each of them, so that it can understand and respond to the matters they raise.

The RACP made cascading requests for information and changes which overtook requirements it previously imposed on Bathurst Hospital, before those requirements could be fulfilled. For example, on 23 December 2022 the RACP requested one set of information going back 8 weeks and another going back 3 months. The latter period predated the RACP's approval of Bathurst Hospital's action plan on 5 October 2022. In any event, information throughout those periods was irrelevant in circumstances where the hospital had, with the knowledge of the RACP, been actively engaged in rectifying the matters the subject of the information requests. WNSWLHD submits that the Reviewing Body should consider that context to the information produced by the hospital in response to these requests.

While the RACP letters of 8 November 2022 and 23 December 2022 put WNSWLHD and Bathurst Hospital on notice of the possibility of the RACP revoking accreditation, these warnings need to be understood in the context of requirements being specified in an Action Plan without any deadlines being fixed. WNSWLHD and Bathurst Hospital were and are, in good faith, undertaking the ongoing reforms requested by the RACP which take time to implement. They were not on notice that the Decision, effectively revoking accreditation, could be made at any time while work agreed in the Action Plan was undertaken. Nor should the Decision or a revocation of accreditation occur in those circumstances, being that WNSWLHD and Bathurst Hospital continue to comply with the Action Plan and devote serious effort and resources to meeting the RACP's requirements. Implementing these changes requires reasonable time.

Finally, WNSWLHD considers that the Decision is not a power provided for in RACP policies including the *Training Provider Standards* and the *Monitoring a Training Provider Policy*. The status of WNSWLHD's accreditation as a Training Site has not been clarified, nor whether there are any conditions on its accreditation. The decision to withdraw trainees has the same effect as formally withdrawing accreditation however formal notification of that decision has not been provided. That leaves WNSWLHD without certainty as to the process by which trainees may be reinstated.

#### **What decision do you want the College to make and why?**

WNSWLHD submits that the Reviewing Body should remake the decision rather than refer it back to the Accreditation Subcommittee for reconsideration. Bathurst Hospital and WNSWLHD have engaged with the Accreditation Subcommittee for several months and wish now to have the decision made by the subcommittee re-evaluated by the Reviewing Body.

WNSWLHD submits that the decision made on 7 February 2023 should be remade to allow trainees to be placed at Bathurst Hospital, with conditions attached to the Hospital's accreditation as a training provider if required.

**Section 4 - Signature of the Applicant**

 5/3/2023
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Applicants will be notified that a payment is pending and can be managed via their MyRACP account following receipt of the application for review of a decision. The review process cannot commence until the fee is paid

This application must be received by the College within the timeframe specified in the **Reconsideration, Review and Appeals Process By-law**.

The application may be submitted by post or in person to:

Chief Executive Officer  
The Royal Australasian College of Physicians  
145 Macquarie Street  
SYDNEY NSW 2000  
AUSTRALIA

OR

scanned and sent by email to the College email address, being:

[RACP@racp.edu.au](mailto:RACP@racp.edu.au)



**Attachment A - State the reason/s why review of the Decision is sought. Include relevant correspondence from the College.**

Training Provider Standard	Concerns raised by RACP	Response provided by WNSWLHD
<p><b>Criterion 1.3</b></p> <p><b>A trainee receives an orientation to each new setting and rotation</b></p>	<p><i>Ensure all trainees receive a formal orientation</i></p>	<p><b>WNSWLHD response 29 July 2022 and in Action Plan dated 16 August 2022:</b></p> <ul style="list-style-type: none"> <li>• BPTs have protected time on the first day of rotation to attend hospital orientation – attached memo for next rotation and orientation schedule. Attendance to be monitored and BPTs to be surveyed to evaluate orientation.</li> <li>• Sign off sheets for orientation provided</li> </ul>
	<p><b>RACP Action Plan 8 November 2022</b></p> <p><i>Provide further update on the formal orientation that takes place when a trainee starts working at the Setting which clearly sets out the trainee's duties, role and responsibilities, reporting arrangements and access to support. Attach BPT survey results, provide further orientation sign off sheets.</i></p>	<p><b>WNSWLHD Action Plan 29 November 2022</b></p> <ul style="list-style-type: none"> <li>• BPT orientation package developed and provided.</li> <li>• Orientation schedule improved and sign on sheet attended by BPTs – provided</li> <li>• Stroke information included in orientation – provided</li> <li>• Survey results collated, action plan developed for areas of improvement.</li> </ul>
<b>Summary</b>	<b>WNSWLHD considers this standard has been met, with the provision of the evidence requested by RACP.</b>	
<p><b>Criterion 1.4</b></p> <p><b>Trainee and educator work arrangements enable the delivery of high-quality care and optimises learning and well being</b></p>	<p><b>RACP 22 July 2022</b></p> <p><i>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</i></p> <p><b>RACP Action Plan template sent 19<sup>th</sup> August 2022</b></p> <ul style="list-style-type: none"> <li>• <i>Provide further update on resourcing and workload monitoring process.</i></li> <li>• <i>Please consider creating formalised role descriptions for the trainees.</i></li> <li>• <i>Further describe how referrals for admission, inpatient team sizes and response to referrals of inpatients for consultation are the responsibility of the consultants.</i></li> </ul>	<p><b>WNSWLHD response 29 July 2022:</b></p> <ul style="list-style-type: none"> <li>• BPTs are called after 8pm only for patients with suspected stroke, otherwise other physicians on call for ED.</li> <li>• Where clinician has in excess of 20-25 patients, patients are reallocated.</li> <li>• Negotiating to increase the number of trainees at Bathurst Hospital to 6.</li> </ul> <p><b>WNSWLHD emailed the committee 17 August 2022</b> seeking feedback on the submission sent to RACP on 29 July 2022. RACP responded by requesting the information in an action plan template, due 2 September 2022. Template submitted on 2 September 2022.</p> <p><b>WNSWLHD Action Plan 2 September 2022:</b></p> <ul style="list-style-type: none"> <li>• Admissions department collates number of inpatients admitted under each AMO and results are presented as per BPT team, monitoring daily 8am handover to ensure BPTs do not have more than 25 inpatients.</li> <li>• Position description being developed in conjunction with DPE (noted it would be finalised on 3 October 2022)</li> </ul>

	<ul style="list-style-type: none"> <li>• Provide update on two (2) additional positions.</li> </ul>	<ul style="list-style-type: none"> <li>• Locums engaged for RMO cover, medical registrar weekend cover, medical registrar evening cover.</li> <li>• Mid-year direct recruitment of RMO on general rotations – allocated to medicine.</li> <li>• Evidence provided of all the above.</li> </ul>
	<p><b>RACP Action Plan 8 November 2022</b></p> <p><i>Provide further update on resourcing and workload monitoring processes in place that manage the balance of service delivery, training and workplace learning opportunities. Evidence should include an outline of trainee and educators:</i></p> <ol style="list-style-type: none"> <li>1. Duties</li> <li>2. Hours of work</li> <li>3. Numbers of new and ongoing patients</li> <li>4. On-call, overtime and secondary employment work patterns.</li> </ol> <p><i>Further describe and specify in a policy to be enforced how referrals for admission, inpatient team sizes and response to referrals of inpatients for consultation are the responsibility of the consultants.</i></p> <p><i>Provide any information or update on any arrangements in place for locums at the Setting to assist with the workload.</i></p> <p><i>Provide updated formalised role position descriptions for the trainees as mentioned in previous action plan to be finalised on 3 October 2022</i></p> <p><i>Proof of handover attendance sheets</i></p> <p><i>Proof of admissions excel attendanoo sheets which describes how referrals for admission, inpatient team sizes</i></p>	<p><b>WNSWLHD Action Plan 29 November 2022</b></p> <ul style="list-style-type: none"> <li>• Orientation package which outlines the consultants are responsible for inpatient consults and the management of patient numbers at handover to cap each team at 25 patients</li> <li>• Roster provided for consultants and for BPTs showing their hours of work. BPT workload equitable at 1 in 4 roster.</li> <li>• District Emergency Department Admissions Policy to be utilised for all admissions via ED</li> <li>• Email from Consultant provided on how the Monday handover is being managed to ensure inpatient team sizes don't exceed 25 patients. Also noted in Orientation Pack.</li> <li>• Locums have been employed to reduce workload of the BPTs, refer to the Reducing BPT workload document and locum recruitment evidence</li> <li>• Position Description and Bathurst specific roles and expectations are outlined in the Orientation Package. This includes a daily schedule, handover, protected teaching sessions and that BPTs on call are only called for Stroke patients. The roster expectations are clearly defined as 1 in 4 on call weekdays and 1 in 4 on weekends. The information also clearly references ADO use to manage fatigue, with rostering around weekends</li> <li>• Handover attendance sheets – provided.</li> <li>• Spreadsheet provided demonstrating equitable patient numbers, all less than 25 patients per team from 1 September 2022 – 4 November 2022.</li> </ul>
	<p><b>23 December 2022</b></p> <p><i>Workload for trainees continues to be problematic, specifically in the emergency department, with reports of fatigue and burnout</i></p>	<p><b>11 January 2023</b></p> <p>6 medical registrars at Bathurst Hospital for new clinical year which will reduce weekend on call. Evening registrar locum is sourced to cover the after hours shift including after hours stroke phone.</p> <p>Provision of further information on inpatient workload, showing patients are capped at 25 per team. Plan for a further reduction of capped patients from 25 to 20 to be implemented.</p>



		<b>WNSWLHD letter 25 January 2023</b> BPT's interaction with ED has been minimised with patients being referred directly to consultants.
<b>Summary</b>	<b>WNSWLHD considers that the information provided answers RACP's concerns, noting that there are still ongoing plans for improvement in workload with new positions commenced in 2023, one Cardiology Advanced Trainee and one unaccredited registrar, and a further reduction in the inpatient cap to 20 patients.</b>	
<b>7 February RACP letter</b>	<p>New issues raised as a basis for the decision made in relation to criterion 1.4.</p> <ul style="list-style-type: none"> <li>○ <i>Decision making regarding patient allocation.</i> No further information as to what issues there are in relation to the decision making and why it is impacting on trainees. Without specific details in relation to the concern it is difficult for WNSWLHD to address this concern.</li> <li>○ <i>Requests to medical administration unanswered.</i> No evidence or other information provided. Without specific details in relation to the concern it is difficult for WNSWLHD to address this concern.</li> <li>○ <i>Rosters and feedback from trainees indicate stressful rostering across the Christmas break.</i> WNSWLHD acknowledges there was an issue over Christmas, at times unplanned challenges can happen in relation to workforce availability.</li> <li>○ <i>Trainees still required to be on call for stroke after hours.</i></li> </ul>	
<b>Criterion 1.5 Handover occurs when there is a transition in care and Requirement 1.5.1 Consultant supported handover occurs at least daily</b>	<p><i>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.</i></p>	<p><b>WNSWLHD response 29 July 2022:</b></p> <ul style="list-style-type: none"> <li>• Handover M-F at 8am initiated, attended by physician, BPTs and JMOs. Evening and weekend handover. Being closely monitored by Director of Medical Services.</li> <li>• Bathurst Hospital admission criteria developed and pending ratification at LHD level.</li> </ul> <p><b>WNSWLHD Action Plan 16 August 2022:</b></p> <ul style="list-style-type: none"> <li>• Handover attendance sheets</li> <li>• Draft admission policy provided.</li> </ul>
	<p><b>RACP Action Plan 8 November 2022</b></p> <p><i>Provide update and requirement on consultants attending handover and attendance sheets.</i></p> <p><i>Provide written update on admission criteria which describes how referrals for admission, inpatient team sizes and response to referrals of inpatients for consultation are the responsibility of the consultants which was mentioned in the previous action plan. Provide information on feedback which was due on 15 September 2022.</i></p>	<p><b>WNSWLHD Action Plan 29 November 2022</b></p> <p>Email circulated with Consultants informing them of the morning handover process and requesting their attendance at the handover meetings.</p> <p>Final ED admission policy provided.</p>
<b>Summary</b>	<b>WNSWLHD considers this standard has been met, with the provision of the evidence requested by RACP.</b>	
<b>Criterion 2.3 The Setting has a learning environment and culture which values, supports, and delivers equitable physician training</b>	<p><b>RACP 22 July 2022</b></p> <p><i>Improve overall workplace culture including consultants' team work and support for each other, support for the trainees and the relationship with the emergency Department</i></p>	<ul style="list-style-type: none"> <li>• CE commissioned review of general medicine department.</li> <li>• Currently recruiting a Head of Department for Medicine (locum in the meantime)</li> <li>• Formal process of performance management underway</li> </ul> <p><b>WNSWLHD Action Plan 16 August 2022</b></p> <ul style="list-style-type: none"> <li>• Chief Medical Officer appointed for WNSWLHD.</li> </ul>
<b>Criterion 2.4 The Setting provides a</b>		

<p><b>safe, respectful learning environment and addresses any behaviour that undermines self and or professional confidence as soon as it is evident</b></p>	<p><b>RACP Action Plan 8 November 2022</b></p> <p><i>Describe further improvements in workplace culture including consultants' teamwork and support for each other, support for the trainees and the relationship with the emergency department and the changes made in building a learning environment and culture</i></p> <p><i>Provide update on recruitment of Head of Department for Medicine and locum Physician leader.</i></p>	<ul style="list-style-type: none"> <li>• Independent review of Bathurst with emphasis on workplace culture, communication and collegiality.</li> <li>• Head of Department advertised.</li> </ul> <p><b>WNSWLHD Action Plan 29 November 2022</b></p> <p>The Workplace Culture and Staff Education Coordinator (WPC &amp; SEC) presents at BPT orientation and promotes the importance of wellbeing (Orientation slides provided as evidence). The WPC&amp;SEC also now facilitates the protected teaching times for the BPTs as per the orientation package.</p> <p>Head of Dept has been advertised.</p> <p>Independent review was conducted on 8 and 9 November. The results from this review are expected in the middle of Dec 2022.</p> <p>Rounding was conducted with the current BPTs to gain an understanding of the level of support offered by the Consultants with all positive results. BPT rounding provided as evidence.</p>
	<p><b>23 December 2022</b></p> <p><i>Poor culture among consultants</i></p>	<p><b>11 January 2023</b></p> <p>Independent cultural review conducted on 8 and 9 November, final report received 22 December 2022 and is with the CE with a view to developing an action plan based on the recommendations. Plan to include a joint university appointment. Emergency admission policy has been formally implemented across LHD.</p> <p>Meetings have been organised between ED, General Physicians and DMS to improve communication and relationships</p> <p>2023 will see a collaboration with the Employees Assistance Program (EAP) to facilitate and deliver face to face workshops on resilience, with the aim to improve the culture and wellbeing of ALL staff within Bathurst Health Service.</p> <p>Following feedback from previous BPT surveys, questions were reviewed and updated to illicit more detailed response. Developed a Pre-employment and an Exit survey.</p> <p>Strengthened wellness information in orientation material.</p> <ul style="list-style-type: none"> <li>○ A session during the face to face orientation will include discussions around wellness and self-care.</li> <li>○ At this time, staff will be encouraged to undertake a 'wellbeing self-assessment'. The purpose of this is to increase understanding of self-care, review current self-care strategies, promote emotional and physical health, manage stress, reduce conflict, prevent burnout and remind staff that 'their own health</li> </ul>



		<p>is also important, not just their patients' health'.</p> <p>The escalation process for BPT's to raise concerns has been strengthened to include direct phone numbers. This information will also be included in the face to face orientation.</p> <p>Professor Mark Arnold (NEP and member of the Adult Medicine DCE Committee), who commenced as the Chief Medical Officer for WNSWLHD, has agreed to undertake regular 'check-ins' with the BPTs at Bathurst Hospital.</p>
	<p><b>RACP 23 January 2023</b></p> <p><i>Data was requested in relation to workplace culture including consultants' teamwork and support for each other, support for the trainees and the relationship with the emergency department and the changes made in building a learning environment and culture. Please provide explicit examples of how the workplace culture has been improved or a plan of how it will be addressed. We would like to discuss in the meeting on Wednesday how you can present this information.</i></p> <p><i>Please provide the independent review final report which was conducted on 8 &amp; 9 November 2022.</i></p> <p><i>Feedback from trainees who interact with senior leadership team was not explicitly provided. We would like to discuss how you can attain this information at the meeting on Wednesday.</i></p>	<p><b>WNSWLHD 25 January 2023</b></p> <p>The LHD commissioned an independent review of issues at Bathurst Hospital and WNSWLHD indicated the review's report would be tabled at the LHD Board meeting in February 2023. CE endorsed all 12 recommendations from the review.</p> <p>New General Manager at Bathurst Hospital commencing late February.</p> <p>Discussions with the Western Sydney University, which is the primary academic institution related to Bathurst, about a collaboration between the University and the LHD to establish a significant academic post in Bathurst will commence in early March</p> <p>Difficulties with supervisors being addressed through long term leave (not expected to return) of one supervisor and formal counselling of another.</p>
<b>Summary</b>	<p><b>The letter from the RACP dated 23 January 2023 suggested that RACP would guide Bathurst on how to provide the information required. WNSWLHD was never provided with that guidance.</b></p> <p><b>WNSWLHD submits that it has invested heavily in actions to change the workplace culture of Bathurst Hospital, while acknowledging more work needs to be undertaken and those actions are ongoing. Workplace culture takes time to change and WNSWLHD has demonstrated a significant commitment to make changes to ensure that occurs.</b></p>	
<b>7 February RACP letter</b>	<p><i>There is no evidence that consultants are helping trainees with ED admissions and referrals and no mention of whether ED workload has been reduced. The Bathurst Hospital letter of 25 January 2023 states that this has improved, with consultants to accept patients from ED without registrars being consulted; however, there is no evidence of this and trainee feedback is that this issue persists.</i></p> <p><b>WNSWLHD response</b> – No specific complaints or issues provided by RACP to support this concern, and it is the first time ED workload has been raised.</p> <p><i>Time for training/protected teaching time – trainee feedback received is that Bathurst Hospital is not a good environment for pre-examination trainees because of lack of support and opportunity to prepare for examinations. Hours of supervision have been requested but not provided by the setting executive.</i></p>	



	<b>WNSWLHD response</b> – It has has supplied evidence of protected teaching time, schedules and attendance at teaching by the BPTs. The requirement to provide "opportunity to prepare for examinations" is new, nonspecific and not a part of the RACP accreditation standards Criterion 2.3 or 2.4.	
<b>Criterion 4.6</b>  <b>Trainee Rosters are accurate, fair, flexible and timely</b>	<b>22 July 2022</b>  <i>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.</i>	<b>WNSWLHD response 29 July 2022</b> <ul style="list-style-type: none"> <li>• Additional JMO allocated on weekends.</li> <li>• Trainees only on call for strokes.</li> <li>• DMS and BPTs meet on a weekly basis to gather feedback from BPTs on all issues.</li> </ul> <b>WNSWLHD Action Plan 16 August 2022</b> <ul style="list-style-type: none"> <li>• Locum evening registrar</li> <li>• Physicians are first on call from 8pm to 8am</li> <li>• Advertising registrar position.</li> <li>• ADOs rostered before or after weekend on call.</li> </ul>
	<b>RACP Action Plan 8 November 2022</b>  <i>Justify and show in documentation how rosters have alleviated significant imbalances in registrar workload.</i>  <i>Provide further update on how the frequency of contacting trainees outside of rostered working hours or for reasons outside their job description has reduced for the period since the date of last Action Plan from 16 August 2022 to date.</i>  <i>Provide update on locum positions as mentioned in previous action plan</i>	<b>WNSWLHD action plan 29 November 2022</b>  'Reducing BPT workload' document provided.  Hiring additional locum support  Working Party for BPT Phone Calls with the aim to reduce after hours calls.  Rounding with current BPTs identifies that after hours calls have reduced significantly.
<b>Summary</b>	<b>WNSWLHD considers this standard has been met, with the provision of the evidence requested by RACP.</b>	
<b>Criterion 6.1</b>  <b>A trainee is supported to maintain health and wellbeing and seek help if needed.</b>	<b>22 July 2022</b>  <i>Ensure trainees health and wellbeing are being supported to reduce the risk of burnout</i>	<b>WNSWLHD response 29 July 2022</b> <ul style="list-style-type: none"> <li>• Additional staff secured – RMO and SRMO, 2 Assistants in Medicine</li> <li>• ADOs rostered for BPTs</li> <li>• Time off if called in for strokes.</li> </ul> <b>WNSWLHD Action Plan 16 August 2022</b> <ul style="list-style-type: none"> <li>• ADOs rostered before or after weekend on call – per choice of BPT.</li> <li>• Physicians first on call 8pm to 8am.</li> <li>• Monitoring of stroke calls after hours.</li> <li>• Annual medical recruitment in addition to 4 BPTs – 1 FTE cardiology registrar with general medicine, SRMO critical care rotation, Advanced trainee.</li> </ul>
	<b>8 November 2022</b>  <i>Provide further update and specific actions how trainees' health and wellbeing are being supported to reduce the risk of burnout</i>  <i>Provide further update on and actions additional staff recruited.</i>	<b>29 November 2002</b>  Roster improvements with regard to locum coverage. ADOs are taken either before or after weekend on-call. Last weekend of the term is covered by a Locum.  No BPTs will be allocated more than 25 patients as per spreadsheet this is being closely monitored.

	<i>Provide evidence of rosters and changes for the period since the date of last Action Plan from 16 August 2022</i>	
	<b>23 December 2022</b>  <i>Poor health and wellbeing among trainees</i>	<b>11 January 2023</b>  WNSWLHD provided an outline of the complaint raised by PVT regarding the behaviour and professionalism of a BPT. Ultimately, BPT was redeployed to RPA Hospital to work for welfare reasons. Locum was secured to fulfil duties of BPT. Outcomes included that DMS will attend morning handovers.
<b>Summary</b>	<b>WNSWLHD considers this standard has been met, with the provision of the evidence requested by RACP</b>	
<b>Criterion 7.7</b>  <b>A trainee has protected time for formal learning and Requirement 7.7.1 The Setting provides a minimum of four hours for formal learning per week with two hours being protected</b>	<b>RACP 22 July 2022</b>  <i>Ensure four hours of formal learning is provided with two hours being protected.</i>	<b>WNSWLHD response 29 July 2022:</b> <ul style="list-style-type: none"> <li>Local training program provided.</li> <li>Formal teaching roster in place and released 3 months in advance.</li> </ul> <b>WNSWLHD Action Plan 16 August 2022:</b>  Education attendance sheets provided, BPT survey includes education feedback.
	<i>Further evidence on protected time for formal learning for trainees. Ensure 4 hours of formal learning is provided per week with two hours being protected for the period since the date of last Action Plan from 16 August 2022 to date. Provide BPT survey results with education feedback for the period since the date of last Action Plan from 16 August 2022 to date.</i>	<b>WNSWLHD 29 November 2022 Action Plan</b>  Orientation package outlines the expectations and process regarding protected teaching times  Memo sent to staff regarding protected teaching times.  Teaching attendance sheets provided, and teaching schedule planned for 2022-2023.
	<b>23 December 2022</b>  <i>Limited education and support provided by supervisors</i>	<b>11 January 2023</b>  An education schedule has been developed and distributed to the BPTs. To ensure teaching time is protected, the Hospital Educator attends.  Exam preparation one on one sessions have been organised.
<b>Summary</b>	<b>WNSWLHD considers this standard has been met, with the provision of the evidence requested by RACP</b>	
<b>Criterion 8.1</b>  <b>The Training Provider establishes a trainee has accessible, timely and supportive supervision for all aspects of training whilst recognising the principle of increasing professional responsibility</b>	<i>Ensure consistent support and quality supervision is provided by all consultants.</i>	<b>WNSWLHD response 29 July 2022:</b> <ul style="list-style-type: none"> <li>Physicians and consultants do ward rounds, paper rounds and informal discussions with BPTs, management plans discussed.</li> </ul> <b>WNSWLHD Action Plan 16 August 2022:</b> <ul style="list-style-type: none"> <li>Monitoring consistency and quality of education sessions via mid-term and end of term surveys.</li> </ul> <b>WNSWLHD 29 November 2022 Action Plan</b>  Survey results provided.
	<b>RACP Action Plan 8 November 2022</b>  <i>Provide further update and specific actions on measures taken to ensure consistent support and quality</i>	



	<p><i>supervision is provided by all consultants for trainees.</i></p> <p><i>Provide survey report results mentioned in previous action plan for the period since the date of last Action Plan from 16 August 2022 to date.</i></p>	<p>New survey will be sent to current BPTs to ensure their experience and our processes continue to improve.</p>
	<p><b>RACP Letter 7 February 2023</b></p> <p><i>Culture for trainees: no evidence has been provided that culture has changed. The Bathurst Hospital letter of 25 January 2023 outlines some changes to staffing, but feedback from trainees is that culture issues remain. Furthermore, the College has not received access to the independent report sanctioned by the LHD. Specific feedback in relation to trainees' interactions with the senior leadership team was not provided as requested.</i></p>	
<b>Summary</b>	<p>The issues of culture have been addressed under Criterion 2.3 and 2.4. Criterion 8.1 refers to clinical supervision and not culture.</p>	