



Dear 

DECISION ON YOUR ACCESS APPLICATION

I refer to your application under section 30 of the *Freedom of Information Act 2016* (FOI Act), received by Canberra Health Services (CHS) on **Wednesday 2 December 2020** and rescoped on **Friday 11 December 2020**.

This application requested access to:

'Any correspondence or briefings between:

- *Chief Executive Officer (CEO)*
- *Deputy Chief Executive Officer (DCEO)*
- *Chief Operating Officer (COO)*
- *Executive Director Medical Services*
- *ACT Network Director of Physician Education (NDPE)*

Regarding the junior doctor exam pass rates, overtime and the 'Physician in training report' Between November 2019 to today.'

I am an Information Officer appointed by the Chief Executive Officer of Canberra Health Services (CHS) under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. CHS was required to provide a decision on your access application by **Wednesday 3 February 2021**.

I have identified 16 documents holding the information within scope of your access application. These are outlined in the schedule of documents included at [Attachment A](#) to this decision letter.

Decisions

I have decided to:

- grant full access to nine documents; and
- grant partial access to seven documents.

My access decisions are detailed further in the following statement of reasons and the documents released to you are provided as [Attachment B](#) to this letter.

In reaching my access decision, I have taken the following into account:

- The FOI Act;
- The contents of the documents that fall within the scope of your request;
- The views of relevant third parties; and
- The *Human Rights Act 2004*.

Full Access

I have decided to grant full access to nine documents at references 1, 4-5, 10-14 and 16.

Partial Access

I have decided to partially grant access to seven documents.

Documents at reference 2 and 3 are partially comprised of information that I determined out of scope. The deletions made to information contrary to the public interest would not provide any beneficial insight into the relevant matters and therefore I have decided not to disclose this information.

Documents at reference 6-9 and 15 of the identified documents contain information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act as the information contained in these folios is partially comprised of personal information such as mobile numbers of government employees and email addresses of non-government employees. This information has not been disclosed as this could reasonably be expected to prejudice the protection of the individual's right to privacy under *Schedule 2.2 (a) (ii) prejudice the protection of an individual's right to privacy or any other right under the Human Rights Act 2004*. The disclosure of this detail would not provide any government information pertinent to your request therefore, I have decided this factor outweighs the public interest factors in the disclosure of this information.

The documents are evidence of proactive measures being taken at CHS in line with and in some cases prior to recommendations from an external review of the program, which was commissioned by CHS and conducted by external independent reviewers in 2019. The documents include evidence of communication to:

- Senior physicians who supervise physician trainees informing them of the organisation's expectations regarding issues affecting trainee wellbeing, as well as information about the RACP curriculum, how they may access support as supervisors of trainees, and other routine matters related to the training program.
- Junior doctors about expectations and processes related to reducing unnecessary overtime.
- The CHS executive about the deferral of the RACP exams due to the COVID-19 pandemic.

One document indicates that Dr Ashwin Swaminathan, Network Director of Physician Education, intended to write a brief to the CEO-CHS about the external review of the physician training program, but this did not eventuate, mainly due to being overtaken by events in the context of the COVID-19 pandemic. Despite this, the CEO was kept informed of the review throughout.

Charges

Processing charges are not applicable to this request.

Disclosure Log

Under section 28 of the FOI Act, CHS maintains an online record of access applications called a disclosure log. The scope of your access application, my decision and documents released to you will be published in the disclosure log not less than three days but not more than 10 days after the date of this decision. Your personal contact details will not be published.

<https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log>.

Ombudsman review

My decision on your access request is a reviewable decision as identified in Schedule 3 of the FOI Act. You have the right to seek Ombudsman review of this outcome under section 73 of the Act within 20 working days from the day that my decision is published in ACT Health's disclosure log, or a longer period allowed by the Ombudsman.

If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman
GPO Box 442
CANBERRA ACT 2601
Via email: ACTFOI@ombudsman.gov.au
Website: ombudsman.act.gov.au

ACT Civil and Administrative Tribunal (ACAT) review

Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision. Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal
Level 4, 1 Moore St
GPO Box 370
Canberra City ACT 2601
Telephone: (02) 6207 1740
<http://www.acat.act.gov.au/>

Further assistance

Should you have any queries in relation to your request, please do not hesitate to contact the FOI Coordinator on (02) 5124 9829 or email HealthFOI@act.gov.au.

Yours sincerely



Dr Nick Coatsworth
Executive Director of Medical Services
Canberra Health Services

2 February 2021

FREEDOM OF INFORMATION SCHEDULE OF DOCUMENTS

Please be aware that under the *Freedom of Information Act 2016*, some of the information provided to you will be released to the public through the ACT Government's Open Access Scheme. The Open Access release status column of the table below indicates what documents are intended for release online through open access.

Personal information or business affairs information will not be made available under this policy. If you think the content of your request would contain such information, please inform the contact officer immediately.

Information about what is published on open access is available online at: <http://www.health.act.gov.au/public-information/consumers/freedom-information>

APPLICANT NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	FILE NUMBER
[REDACTED]	<p><i>Any correspondence or briefings between:</i></p> <ul style="list-style-type: none"> - Chief Executive Officer (CEO) - Deputy Chief Executive Officer (DCEO) - Chief Operating Officer (COO) - Executive Director Medical Services - ACT Network Director of Physician Education (NDPE) <p><i>Regarding the junior doctor exam pass rates, overtime and the 'Physician in training report' Between November 2019 to today.</i></p>	FOI20/64

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1 – 22	Email and attachment – Summary from Physician Training Update session	21 November 2019	Full Release		YES
2.	23 – 28	Medical Services Group Meeting Minutes and Actions	12 February 2020	Partial Release	Out of scope	YES
3.	29 – 46	Minutes and Presentation – 2020 Corporate Plan Review	25 February 2020	Partial Release	Out of scope	YES

4.	47 – 55	Email and attachments – Guidance regarding JMO Unrostered Overtime	6 March 2020	Full Release		YES
5.	56 – 58	Email – Re: Changes to the 2020 Divisional Clinical Examination	14 March 2020	Full Release		YES
6.	59 – 61	Email – 2020 Clinical Exam Preparation Update	17 March 2020	Partial Release	Schedule 2.2 (a) (ii) Personal	YES
7.	62 – 64	Email – RE: For information: Letter from Mr Peter McIntyre – Postponement of clinical exams and some written exams	17 March 2020	Partial Release	Schedule 2.2 (a) (ii) Personal	YES
8.	65 – 66	Email – FW: Canberra Hospital BPT Training Program Review-FinalFeb10Feb (Attachment available publicly)	20 October 2020	Partial Release	Schedule 2.2 (a) (ii) Personal	YES
9.	67 – 70	Email – FW: Freedom of Information request – ACT Physician Training Program review	27 October 2020	Partial Release	Schedule 2.2 (a) (ii) Personal	YES
10.	71 – 77	Presentation – Charting our Path to Success	11 November 2020	Full Release		YES
11.	78 – 83	Email and attachment – RE: Due 19 November 2020 – QTB – December Sitting Period	18 November 2020	Full Release		YES
12.	84 – 90	Email and attachments – FW: For Input Due 12noon Tuesday 1 December 2020 – GBCHS20/313 – Assembly 2 December 2020 – Notice of Motion – Preventing Fatigue and Physician Training Program	30 November 2020	Full Release		YES
13.	91 – 95	Email and attachment – 13. Physician Training Program December Sitting	1 December 2020	Full Release		YES
14.	96 – 97	Email – RE: For Input Due 12noon Tuesday 1 December 2020 – GBCHS20/313 – Assembly 2 December 2020 – Notice of Motion – Preventing Fatigue and Physician Training Program	1 December 2020	Full Release		YES

15.	98 – 99	Email – RE: For info: Physicians training – media request	2 December 2020	Partial Release	Schedule 2.2 (a) (ii) Personal	YES
16.	100 – 104	Email and attachment – FW: VERY URGENT Due 12.30pm QTB Physician Training	2 December 2020	Full Release		YES
Total Number of Documents						
16						

From: [Swaminathan, Ashwin \(Health\)](#)
To: [Tan, Ren \(Health\)](#); [Coatsworth, Nicholas \(Health\)](#); [Greenaway, Tim \(Health\)](#); [Paramadhathil, Anil \(Health\)](#); [Yip, Desmond \(Health\)](#); [D'Rozario, James](#); [Perera, Chandima \(Health\)](#); [Schembri, Stuart \(Health\)](#); [Lueck, Christian \(Health\)](#); [Dugdale, Paul \(Health\)](#); [Chapman, Michael \(Health\)](#); [Aggarwal, Vipul \(Health\)](#); [Ken Khoo \(Calvary\)](#); [Tony Kwan \(Calvary\)](#); [Cook, Matthew \(Health\)](#); [Talaulikar, Girish \(Health\)](#)
Cc: [Monkivitch, Natalie \(Health\)](#); [Al Maqbali, Khoula \(Health\)](#); [Tina Ahluwalia \(Calvary\)](#)
Subject: Summary from Physician Training Update sessions
Date: Thursday, 21 November 2019 9:38:30 AM
Attachments: [Physician Training Update for Unit Directors.pptx](#)

Hi all,

Thanks for coming to the physician training updates this past week. I hope you found them useful and I am certainly grateful for the discussion and feedback.

I'd appreciate it if you could pass on the following information to your Departmental colleagues

1. **Protected teaching time for BPTs** - as per new RACP accreditation guidelines, we are required to have 4 hours BPT teaching per week, 2 of which need to be protected. We are proposing 2 hours protected time on **Fridays between 12 - 2 pm. which will be broadcast across the Network (Calvary, Bega and Goulburn)**. This will be a mixture of didactic teaching, clinical examination and procedural up skilling and journal club-type activities. The Senior Med Reg or MESO will hold pagers during this time to take messages and/or calls will be diverted to the AT. We will reach out to each unit to develop the teaching roster which will complement the RACP BPT curriculum and lecture series. We will trialling this for a few months and ask for feedback regarding any consequent disruptions to clinical service delivery.
2. **Incivility to Trainees / Juniors** - there are several local data sets and abundant anecdotal evidence indicating that our trainees are experiencing unacceptable rates of "incivility" in the workplace. A recent Macquarie University JMO study identified Senior Medical Officers as the source of incivility in 1/3 of these incidents. 61% of trainees described witnessing harassment/bullying in our workplace over a 12 month period (2018 Physician Training Survey). We are seeking more granular data about this and trends over time, but these episodes seem to be concentrated in the after-hours periods / ED interface related to new admissions or finding an accepting team.

We should aim for all physician-trainee encounters to be respectful and collegiate and consider every interaction as a potential teaching opportunity. An ARM registrar suggested to me recently that they would appreciate it if consultants would "Help push - rather than push back"(!). I am certainly no Saint in this regard, and will also strive to do better.

3. **Leave approval and Rostering Issues** - This is an ongoing source of tension for trainees and Units. We aim to have a streamlined leave approval system which

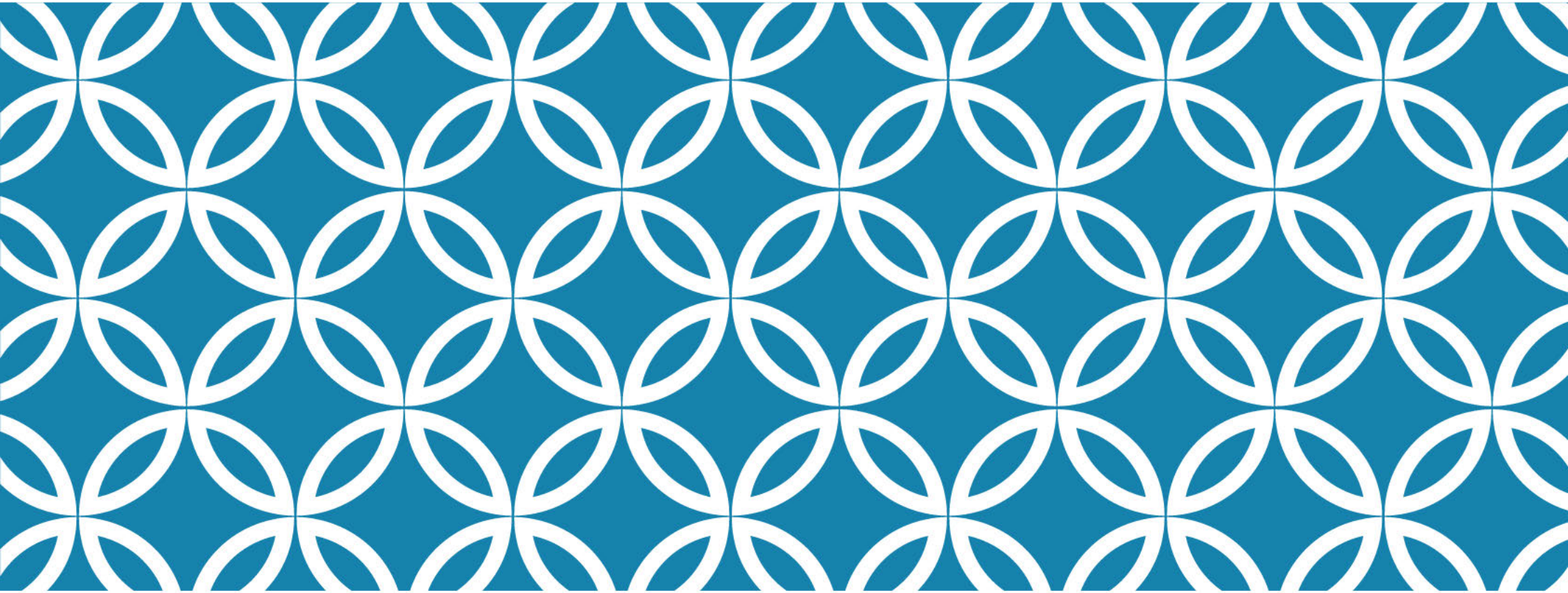
manages leave requests against clinical service delivery commitments. Ideally, all registrars (BPTs and ATs) indicate their preferred leave dates before the start of the year. Additional leave dates through the year need to be approved by the appropriate unit director, DMS or DPE with knowledge of whether a reliever is available. The attachment has further details on the process. ADOs MUST be taken as they are accrued - we cannot relieve ADOs with a BPT registrar, as we don't have enough bodies.

I will endeavour to have 6 monthly face to face updates on Physician Training issues but will send out email circulars more frequently. As always, please let me know of any concerns about individual trainees or other training related issues.

If you haven't signed up to the Physician Training website: www.prepact.net then do so, as you will then be sent fortnightly newsletters of physician training activities and news items.

Thanks

Ashwin



PHYSICIAN TRAINING UPDATE FOR UNIT DIRECTORS

14th / 18th November 2019

THIS EVENING'S AGENDA

1. Registrar rostering and leave issues
2. Trainee Feedback
 - Including 2018 Physician Training Survey
3. Supervisor support
4. Review of the Clinical Examination Preparation Program
5. Proposed changes to the BPT Curriculum & Selection / Progression of Trainees
6. Questions

1. REGISTRAR ROSTERING

- Our Network has 53 BPTs and 42 ATs – we are a large network
- The following after hours shifts need to be covered:
 - M1 – Ward medical registrar (24/7)
 - M2 – Admitting Registrar for Medicine (1630 – 0830 M-F; 0930 – 0830 Weekends)
- The pool of registrars able to undertake evening and weekend shifts has reduced due to internal unit rostering duties (e.g. frequent first on-call or weekend shifts)
- After-hours rostering is a significant cause of stress and tension among trainees
 - Challenge to provide safe working hours vs giving trainees valuable clinical experience

AFTER-HOURS ROSTERING – UNIT VARIATION

UNIT	Unit On-Call	AT on M1/M2 shifts?	BPT on M1/M2 shifts?	Unit Weekend Rounds
Aged Care	N	Y	Y	1:4-6
Cardiology	1:3 AT	N	N (CCU 24 hr roster)	Y
Endocrinology	N	Y	Y	N
Gastroenterology	Y (AT 1:3)	N	Y	AT 1:3
General Medicine	N	Y	Y	1:4
Haematology	Y (ATs & BPTs)	Y	Y	1:6
Immunology	N	Y	N/A	N
Infectious diseases	N	Y	Y	Sat 1:4
Medical Oncology	Y (ATs & BPTs)	Y	Y	1:4-6
Neurology	Y (ATs Stroke 1:4)	N	Y	AT 1:3
Palliative care	Y (1:3)	Y	N	1:6
Renal	Y	Y	Y	AT 1:4
Respiratory medicine	N	Y	Y	N
Rheumatology	N	Y	N/A	N

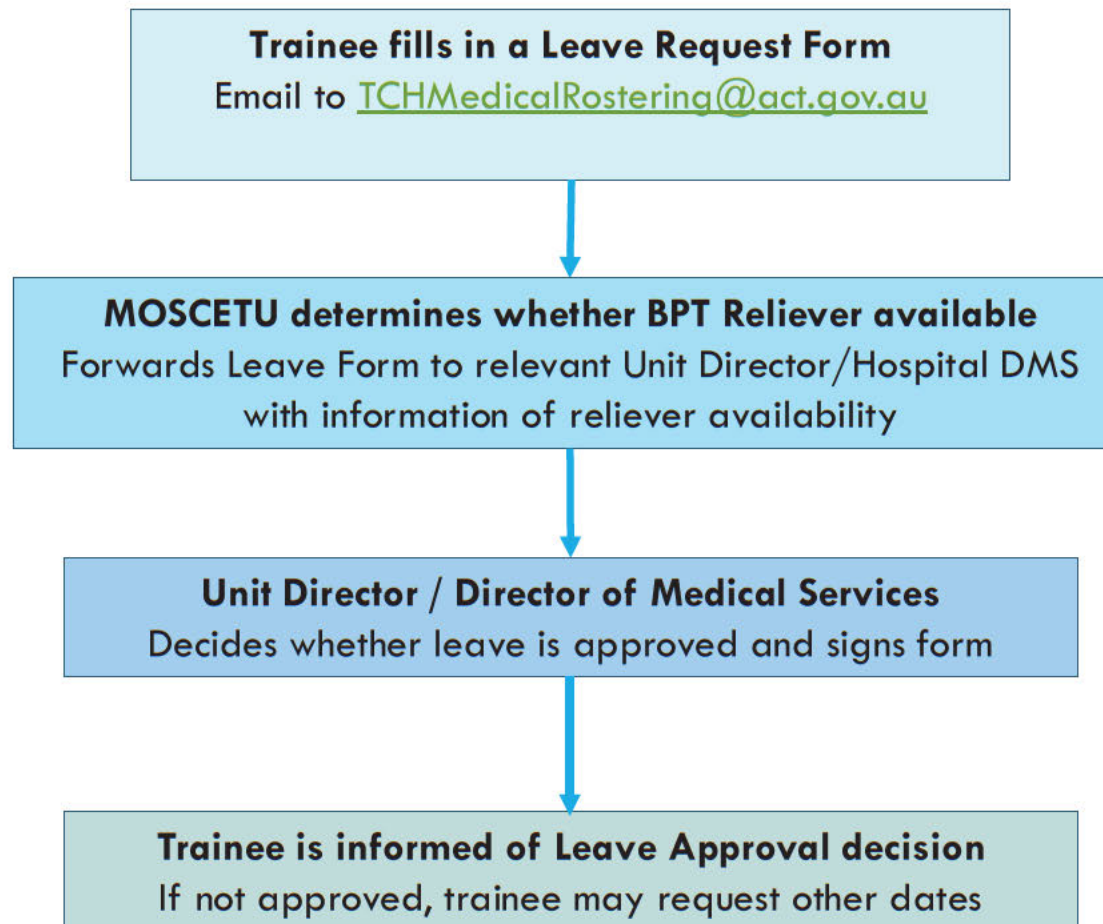
SECOND ON-CALL ROSTER

- A registrar is rostered for second on-call each day (e.g. sick relief, emergency absence)
- If a registrar does not attend their allocated shift without a valid reason, they will be asked to “pay back” the shift to the second on-call registrar.
- We do not have a cross territory relief roster
 - Calvary are disadvantaged BUT
 - Logistical issues (e.g. ATs are also on the second on call roster and may never have worked at CHB)

LEAVE ALLOCATION AND APPROVAL

- Registrars are entitled to:
 - 4 (+1) weeks annual leave
 - 2 weeks study leave
 - Accrued day off (ADO) every 4 weeks
- We do not have enough relief BPT registrars to cover all this leave every year
 - Units that can cover AT leave internally should do so
- Leave requests
 - Request to submit leave preferences at the end of the preceding year
 - Registrars notified of “restricted periods of leave” – eg. Around exam time, written exam preparation courses, change of term
 - Requests are loaded onto an **Annual Leave Planner** – attempting to match supply with demand

Process for Additional Leave Requests (for all Units and Networked hospitals)



NOTE: Leave can only be approved by an appropriate Line Manager = Needs a Signed Leave Form

ACCRUED DAYS OFF (ADOS)

- Accrued at a rate of 1 in 4 weeks
- Need to be taken as they are accrued (they can no longer be banked)
- Relievers will NOT cover ADOs – need to be internally covered
- Unit Directors can negotiate how an ADO is taken (either 1 day or 2 half days per month)
 - Need to let MOSCETU know that an ADO has been taken!

EXCEPTIONS

- Nights
- Relief terms – an ADO will be rostered by MOSCETU

2. PHYSICIAN TRAINEE FEEDBACK & SUPPORTS

Main stressors

- Workload and overtime
- Workplace **incivility** (especially related to ED Admissions)
- Work-life balance esp. children, relationships, training activities

→ Leading to significant mental health issues (burnout, fatigue, anxiety, stress)

Lack of Dedicated BPT Teaching Time

- Common to all of our networked hospitals
- Often get called away during Unit meetings, Grand Rounds

PHYSICIAN TRAINING SURVEY

- Inaugural survey conducted in November 2018
 - Adult and paediatrics trainees, AT and BPTs
- We received preliminary results in August 2019
 - Of 55 Questions, “concerning” responses to 4 questions

Trainee question (x1)

- “Have you witnessed bullying or harassment in this training centre over the past 12 months?”
62% said YES cf 57% nationally

Physician Educator questions (x3)

- The intensity of my daily workload in this setting is heavy or very heavy: [56% responded YES vs. 50% nationally]
- Work in this setting leaves me fatigued [72% responded YES vs. 69% nationally]
- Fatigue impacts on my performance at work [64% responded YES vs. 57% nationally]
- These results have been validated by the 2018/19 Workplace Culture Review, EBA negotiation data for SMO workload and JMO Workplace Experience Study (2019), End of Term Feedback Surveys
- Next survey in 2020

BPT TEACHING

- Dedicated BPT Teaching on Wednesday mornings (videoconferenced to other hospitals)
- 0715 – 0800 (outside of work hours for trainees and presenters)
- Conducted by Specialists and ATs
- ICU / ED / Surgery all have either protected in-hours or paid after-hours teaching time

RECOMMENDATION

- Establish protected teaching time for BPTs
 - As per RACP Accreditation standards (minimum 4 hours total teaching / 2 hours protected per week)
 - ? Friday 12 – 2pm
- Link in with BPT Curriculum and Clinical Skills training (e.g. clinical examinations, procedures)

JOINING HETI

(HEALTH EDUCATION TRAINING INSTITUTE)

- ACT Physician Training Network is not currently part of any larger training network
- Aiming to join the HETI NSW BPT Collaboration from 2020 as a full member
- Gives access to extensive education and training resources
 - We will need to contribute also
- Potential for:
 - Training rotations with quaternary centres
 - Joining centralised recruitment process with NSW post-2020

3. SUPERVISOR SUPPORT

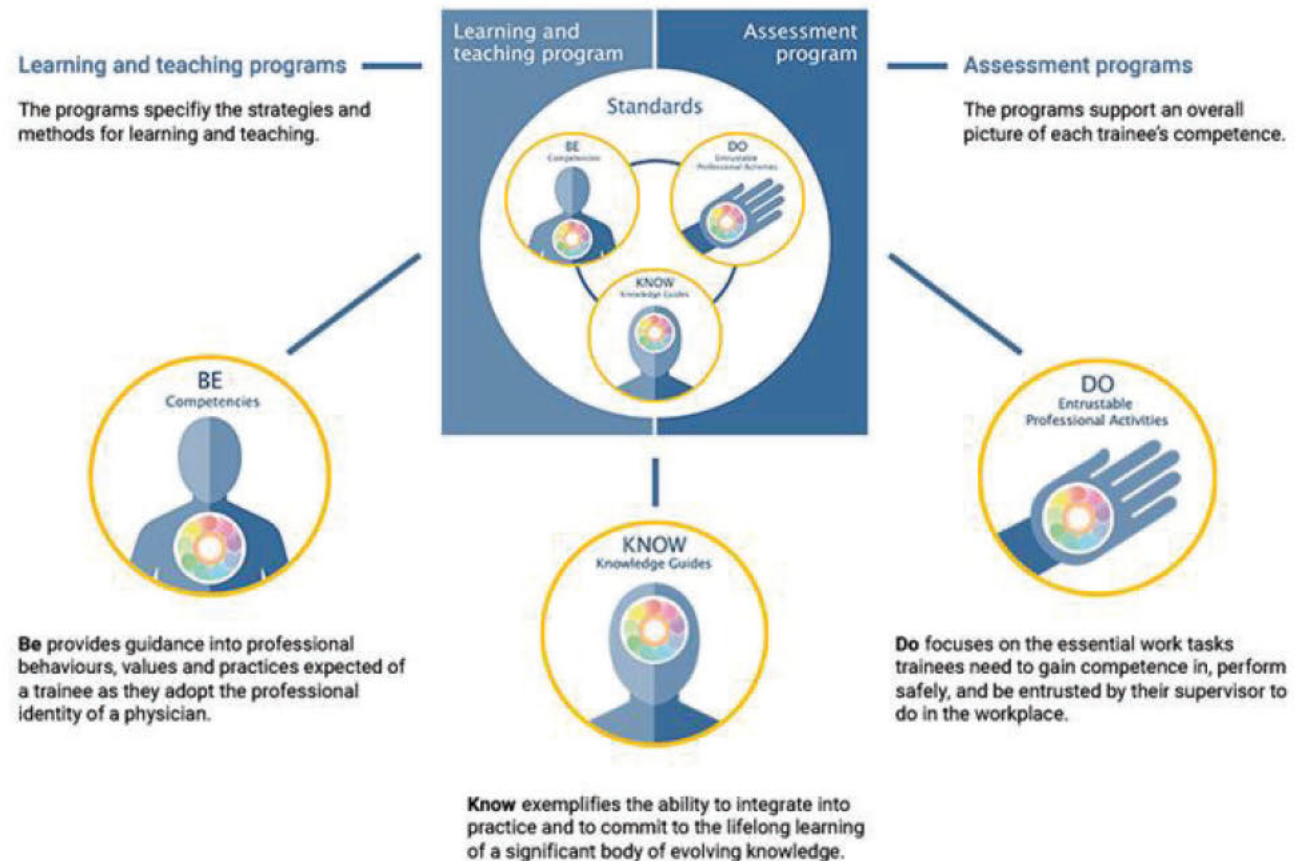
- **Significant issue raised in Physician Training Survey** – educators are overloaded
 - ANUMS + JMO + BPT + AT supervision
 - Often the same supervisors doing all these roles
 - Australia-wide issue – tension between clinical service delivery and obligations as a teaching hospital
- **Supervisor Professional Development Program**
 - All supervisors are expected to have done the 3 workshops by Dec 2020
 - They are excellent and will help supervision
 - Each workshop x 3 hours; Face to face or Online
- **How else can we support supervisors?**
 - CPD points?
 - Thank You dinner for supervisors (in discussion with RACP ACT/NSW)
 - Advocate to Executive for carving out time for teaching/training
 - Role allocation within Units?

4. REVIEW OF THE CLINICAL EXAMINATION PREPARATION PROGRAM

- **Terrible results for the past 2 years** (~35% pass rate)
 - National average and previous Canberra results ~ 70%
 - (Written exam results holding above national average past 2 years)
- **Cascading effects of poor results**
 - Extension of training for BPTs
 - Difficulty retaining or recruiting good candidates (esp. from metropolitan areas)
 - Not good for morale (trainees or educators)
- **External Review (Nov 27 – 28)**
 - 2 experienced national examiners and DPEs
 - Will survey and meet with trainees, educators, support staff at CHS and Calvary
 - What can we learn from other networks? All aspects of the program are on the table
 - **GOAL: to be a “top performing” network within 5 years (good for the whole physician community)**

Activity	Days	Dates	Site	Comments
Examiner Calibration session	Saturday	February	Canberra and Calvary Hosp	Calibration sessions for physicians and ATs run by NEPs/SEPs to familiarise mentors, examiners with new scoring matrix
Long case introduction	Tuesday	26 March	Canberra Hosp	Didactic lecture on "how to do a long case"
Assigned mentors		March	Canberra and Calvary Hospitals	Trainees assigned an experienced physician to present cases to. Encouraged to meet at least once/week
Practice Exams	Every Saturday 0800 - 1230	30 March – 6 July	Canberra and Calvary Hosp	4 trainees at each site are examined by 2 examiners for 1 long case and 2 short cases under Exam conditions. Bulldogs present. Marked as per scoring matrix
Short case sessions	Tuesdays and Thursdays 1730 - 1900	April 2 to 4 July	Canberra and Calvary Hosp	4 short case sessions per week taken by a physician + AT. Each group rotates between sites
Boot camp	Sat – Sun	18 – 19 May	Off campus (at a hotel in the winery district)	Led by ATs and supported by Consultants. 2 day retreat focussing on presentations, common long and short cases.
Canberra Clinical Course	Sat – Sun	4 – 5 May	Canberra Hospital	1.5 day preparation course (6 th edition – although not held in 2018) with NEP speakers from the ACT and NSW. 80+ registrars attended from across Australia
"Live Long cases"	Thursday	May - July	Canberra Hospital	Long cases presented to a examiners in front of other trainees.
Short case masterclasses	Various weekdays	May - June	Canberra Hospital	Half day sessions where Units organise for patients with good clinical signs to come in and be examined. Neurology, Cardiology (x3), Endocrinology and Rheumatology
ACT Territory-wide Trial exam	Saturday	June 1	Canberra and Calvary Hospitals	Half day mock exams at each site with NEPs (local and interstate). Formal feedback sessions
Sports psychologist	Saturday	July 6	Canberra Hosp	Sydney Clinical / Sports psychologist with expertise on post grad medical examinations brought in for a 2 hour session with trainees to improve presentation skills and confidence
Sessions at the National Gallery of Australia ("ArtMed")	Saturday	April – May	NGA	3 x 1.5 hr sessions on Saturday afternoon run as part of our "ArtMed" physician trainee program. Run by experienced art educators. Focussing on improving observation skills, presentation, "seeing the bigger picture" (and to promote camaraderie among the exam cohort)
Sharing of cases	Throughout		Canberra and Calvary Hospitals	Trainees and educators used WhatsApp to disseminate information about cases to see, inform regarding education sessions, etc

5. PROPOSED CHANGES TO BPT CURRICULUM AND ENTRY INTO TRAINING



Curriculum renewal

<https://youtu.be/qWxJUBAKA9s>

PROGRESS THROUGH BPT

MAIN CHANGES

Selection into Training

- Selection panels
- Accredited vs Non-accredited regs
- PGY 3 entry

Phases

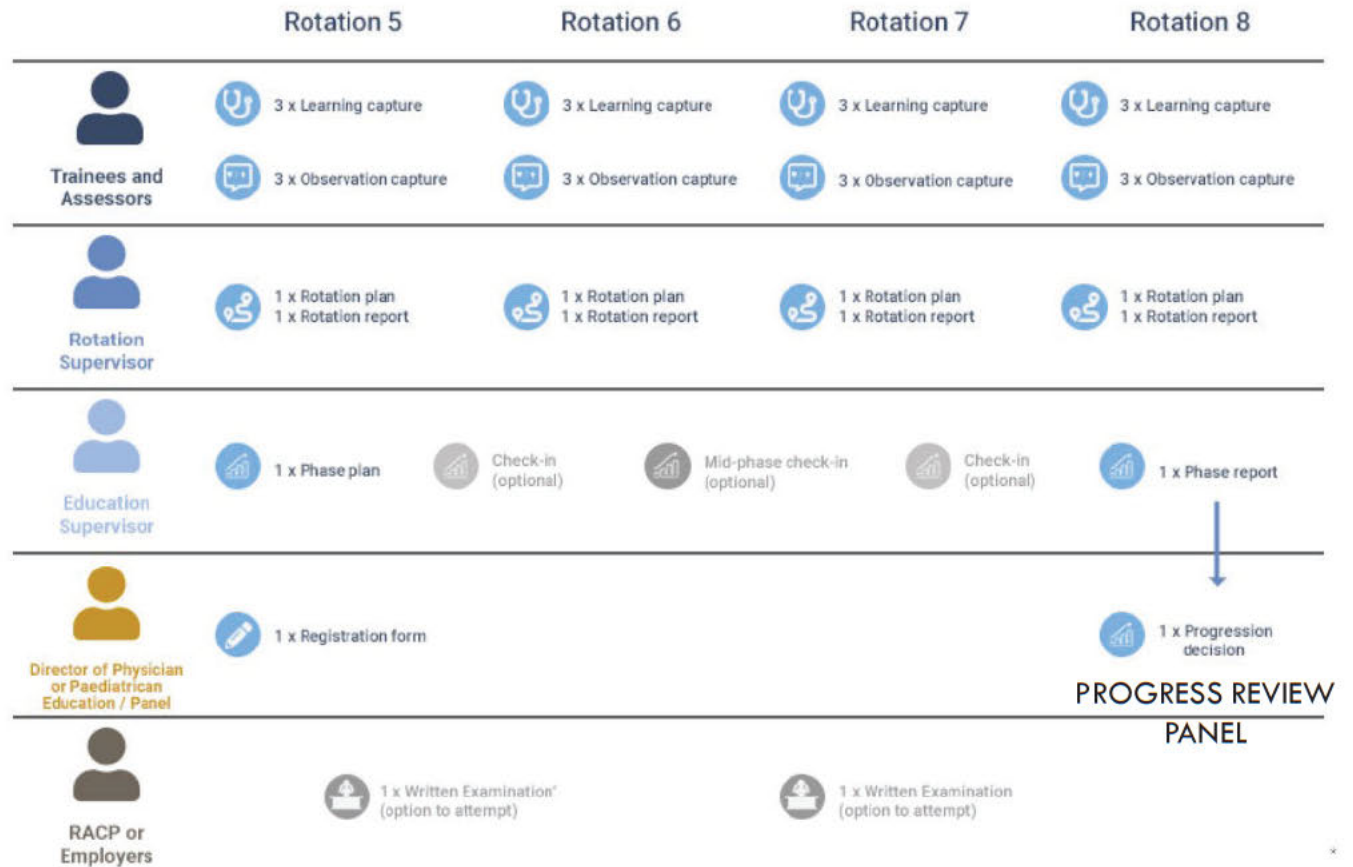
- Foundation phase: BPT 1
- Consolidation phase: BPT 2
- Completion phase: BPT 3

Progress Review Panels

- Certify progression
- De-linked to employment cycle

Exams:

- Twice yearly written exams
- Option to take in BPT2



**THANKS FOR LISTENING AND TIME FOR
QUESTIONS**



Meeting	Medical Services Group
Date	12 February 2020
Time	4 – 5pm
Venue	Building 24 Room 4

Name	Present	Apology
EDMS, Paul Dugdale (Chair) -		✓
Business Manager EDMS, Tonia Alexander (Chair for PD and Minutes) -	✓	
PA EDMS, Deborah Reynolds		✓
Director, MOSCETU, Janelle Corey	✓	
Director, DPET, Mike Hall		✓
Director, NPDE, Ashwin Swaminathan	✓	
Manager, ACT Blood Counts Program, Carolyn Duck	✓	
Director, Library and Multimedia, Tonia Alexander(A/G)	✓	
Director, GPLU, Anne-Marie Svoboda		✓
GPLU, Sharron Mills-Thom	✓	
Director of Pharmacy, Daniel Lalor	✓	
Executive Director of Pathology, Jane Dahlstrom		✓
Director of operations, Tracey Farrar, Pathology		✓
Director of Healthcare Technology Management (HTM), Kyril Belle	✓	
Director Operations Medical Imaging, Olasunbo Olalere	✓	
Director of Medical Imaging, Charles Ngu		✓
Deputy Senior Finance Manager, Craig Kellar		✓
Senior Officer Workplace Relations, Kerry CarMichael		✓

Item No.	Description



Item No.	Description
6	NDPE
	<p>Ashwin Swaminathan gave an update to the committee</p> <ul style="list-style-type: none">• Physician training review – Ashwin progressing actions and response via Paul and Bernadette• Gearing up for clinical exam



Item No.	Description
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Canberra Health Services

**Medical Services Group Meeting
Action Item Summary Sheet from 16 December 2019**

Action Item	Responsible Staff Member	Meeting Date	Status

Action Item	Responsible Staff Member	Meeting Date	Status



Running Summary from 2019

Action Item	Responsible Staff Member	Meeting Date	Status
[Redacted content]			



MINUTES

Title	Corporate Plan Review Committee		Theme	General		
Location	Canberra Hospital, Building 24, Meeting Room 1		Chair	Bernadette McDonald		
Date/Time	Tuesday 25 February 2020		Secretariat	Josephine Smith		
Attendees	Initials	Division / Service / Title			Present	Apology
Bernadette McDonald	BM	Chief Executive Officer			x	
Elizabeth Chatham	EC	A/g Chief Operating Officer			x	
Dave Pepper	DPe	Deputy CEO, Strategy, Policy & Planning			x	
Denise Lamb	DL	Executive Group Manager, Quality, Safety, Innovation and Improvement			x	
Cathie O'Neill	CO	Executive Director, Cancer and Ambulatory Support			x	
Lisa Gilmore	LG	Executive Director, Critical Care			x	
Jacqui Taylor	JT	Executive Director, Division of Medicine			x	
Karen Grace	KG	Executive Director, Mental Health, Justice Health, Alcohol & Drug Services			x	
Todd Kaye	TK	A/g Executive Director, Rehabilitation, Aged and Community Services			x	
Daniel Wood	DW	Executive Director, Surgery			x	
Linda Kohlhagen	LK	A/g Executive Director, Women Youth and Children			x	
Jane Dahlstrom	JD	Executive Director, ACT Pathology			x	
Ashwin Swaminathan for Paul Dugdale	AS	Executive Director, Medical Services			x	
Denise Patterson	DPa	Executive Director, Nursing Midwifery and Patient Support Services			x	
Catherine Shadbolt for Andrew Gay	CS	Chief Financial Officer			x	
Colm Mooney	CM	Executive Group Manager, Infrastructure and Health Support Services			x	
Janine Hammat	JH	Executive Group Manager, People and Culture			x	
Jo Morris	JM	Senior Director, Allied Health			x	
Observers	Initials	Division / Service / Title				
Mike Hall	MH	Clinical Director, Emergency Department				
Aref Jamali	AJ	Finance and Business Intelligence				
Sarah Mogford	SM	Cancer and Ambulatory Support				
Jeanne McLauchlan	JM	Infrastructure and Health Support Services				
John Ludvigson	JL	Infrastructure and Health Support Services				

Chris Tarbuck	CT	Infrastructure and Health Support Services	30
Andrew	A	Infrastructure and Health Support Services	
Kath Wakefield	KW	Quality, Safety, Innovation and Improvement	
Janelle Corey	JC	MOSCETU, Medical Services	

MINUTES

1. Welcome and apologies

[REDACTED]

2. Acceptance/review of previous minutes

[REDACTED]

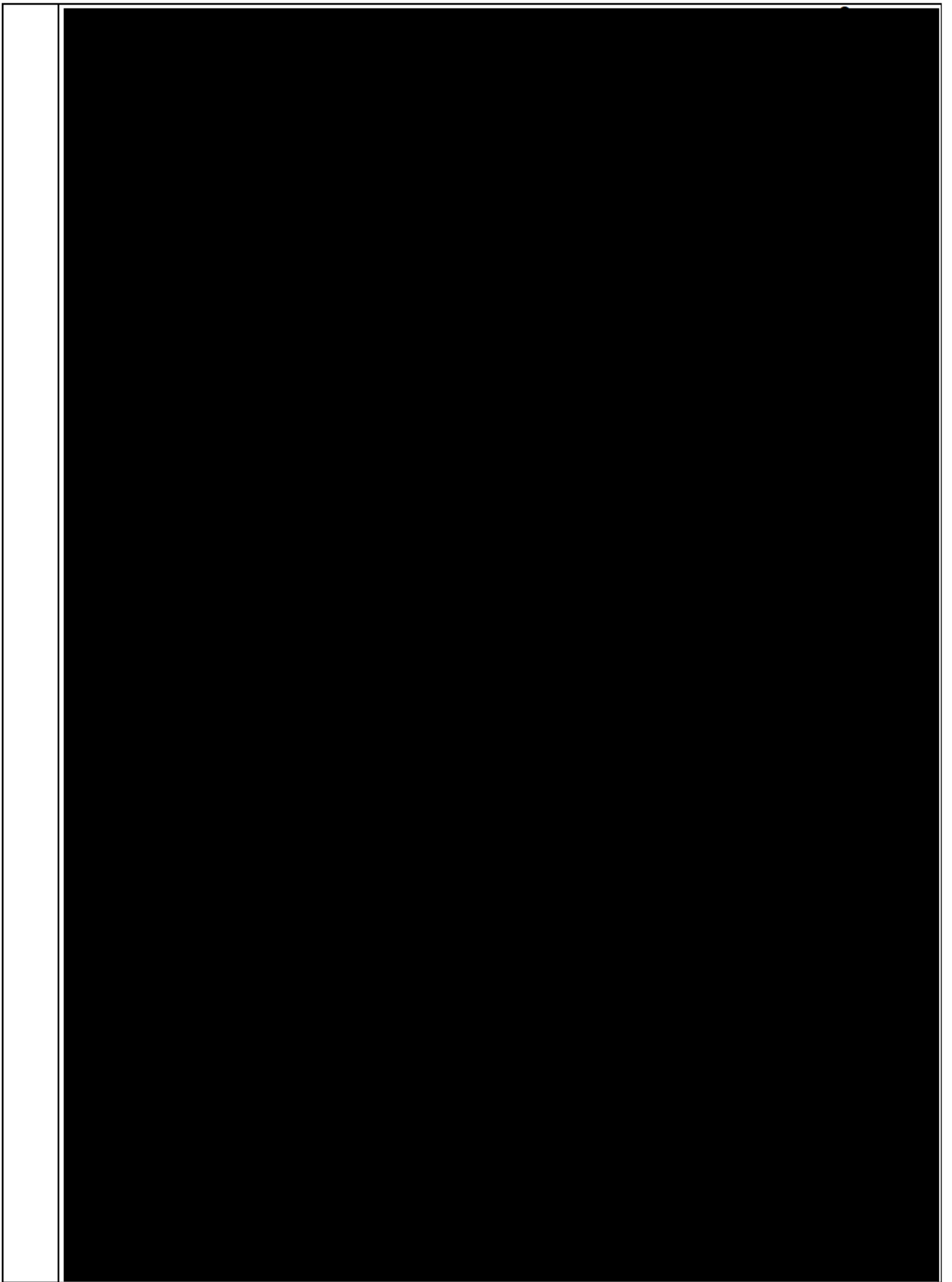
3. CPR updates



[REDACTED]

AS – Medical Services

- Focusing on reducing unnecessary overtime for medical staff – identifying what components are unnecessary, why occurring and where. Significant financial impost related to PGY3+ (registrars) overtime across divisions.
- Overtime data presented is for Monday. Need to map out each day of the week and weekends using trended data to identify speciality, doctor, day, ward, division, hour etc to inform focus area. FBI and Medical Services to progress.

[REDACTED]



	
4.	Other Business 
	Meeting Closed: 11:05 am

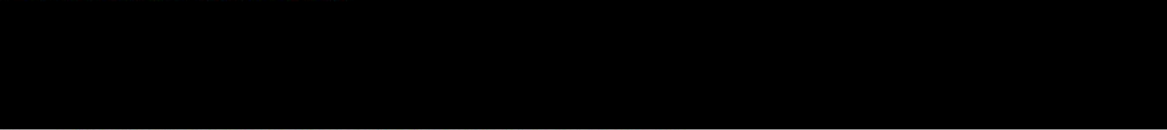
2020 Corporate Plan Review

Medical Services Group

25 February 2020

Budget recovery and repair

Divisional projects:



- MOSCETU project to reduce overtime has two components
 - Post Graduate Year 1-2 (in MOSCETU cost centre) and
 - PGY 3 and up in the divisional cost centres

CURRENT STATUS

X	On Track
□	Minor Delays
□	Major Delays

Average Overtime Hours for MOSCETU JMOs in 2019:

Average Annual Rostered Hours per JMO*	Average Annual Unrostered Hours per JMO*	Total Average Annual Overtime Hours (rostered & unrostered)	Average Weekly Overtime hours per JMO
79.8	32.9	112.7	2.2

- Based on 137 JMOs being located at Canberra Hospital each term of the clinical year
- JMOs in the MOSCETU cost centre are Post Graduate Year (PGY) 1 and 2
- JMOs (residents, registrars) at PGY 3 and higher are in the divisional cost centres

Overtime in the MOSCETU cost centre usually occurs where:

- The **number of PGY1-2 is very few**, or
- The **clinical workload is very high** (for example, orthopaedics)
- Rostered OT on Saturday and Sunday shifts – weekend after hours (not nights and evenings)



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Canberra Health
Services

Budget recovery and repair

Divisional PGY3+ Overtime Costs (2019)

Division	Total Cost – Registrar Overtime	Individual Units – Highest Utilisation
Surgery	\$5,040,966.64	Orthopaedics - \$951,377.67 General Surgery - \$726,994.80
Critical Care	\$1,207,681.29	Intensive Care Unit - \$870,752.60 Emergency Department - \$242,772.02
WY&C	\$1,028,762.03	Obstetrics & Gynaecology - \$393,703.08 Neonatology - \$353,122.59
Medicine	\$1,770,055.28	Registrar Relief Pool - \$762,369.89 Gastroenterology - \$147,170.46 Cardiology - \$143,203.94
RACS (TCH)	\$78,677.09	Geriatric Medicine - \$78,677.09
RACS (UCH)	\$413,441.47	Rehabilitation Medicine - \$404,991.96
CAS	\$223,206.02	Radiation Oncology - \$81,015.47 Medical Oncology - \$45,866.53
MHJHADS	\$325,558.64	Psychiatry - \$325,558.64

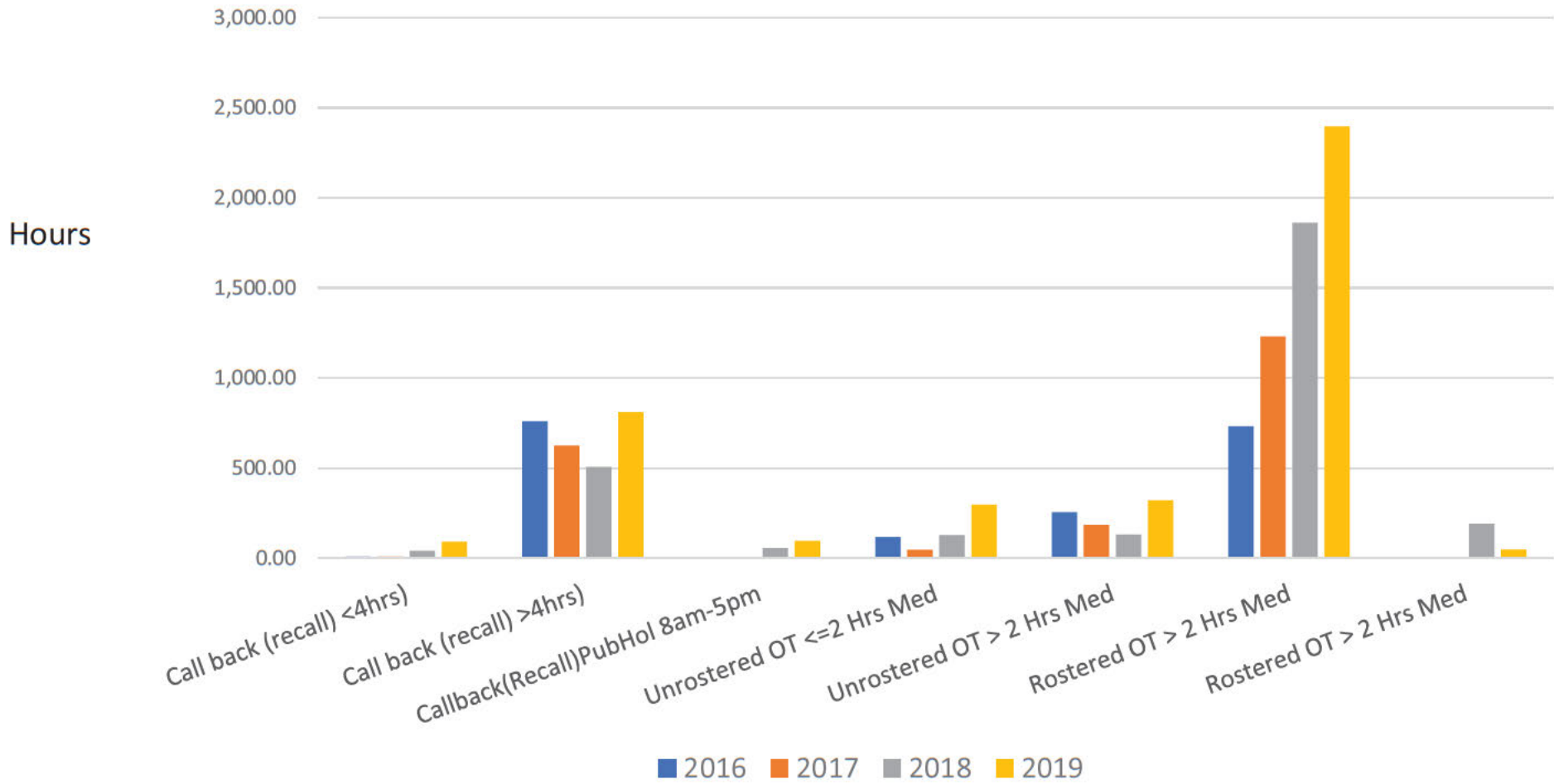


ACT
Government

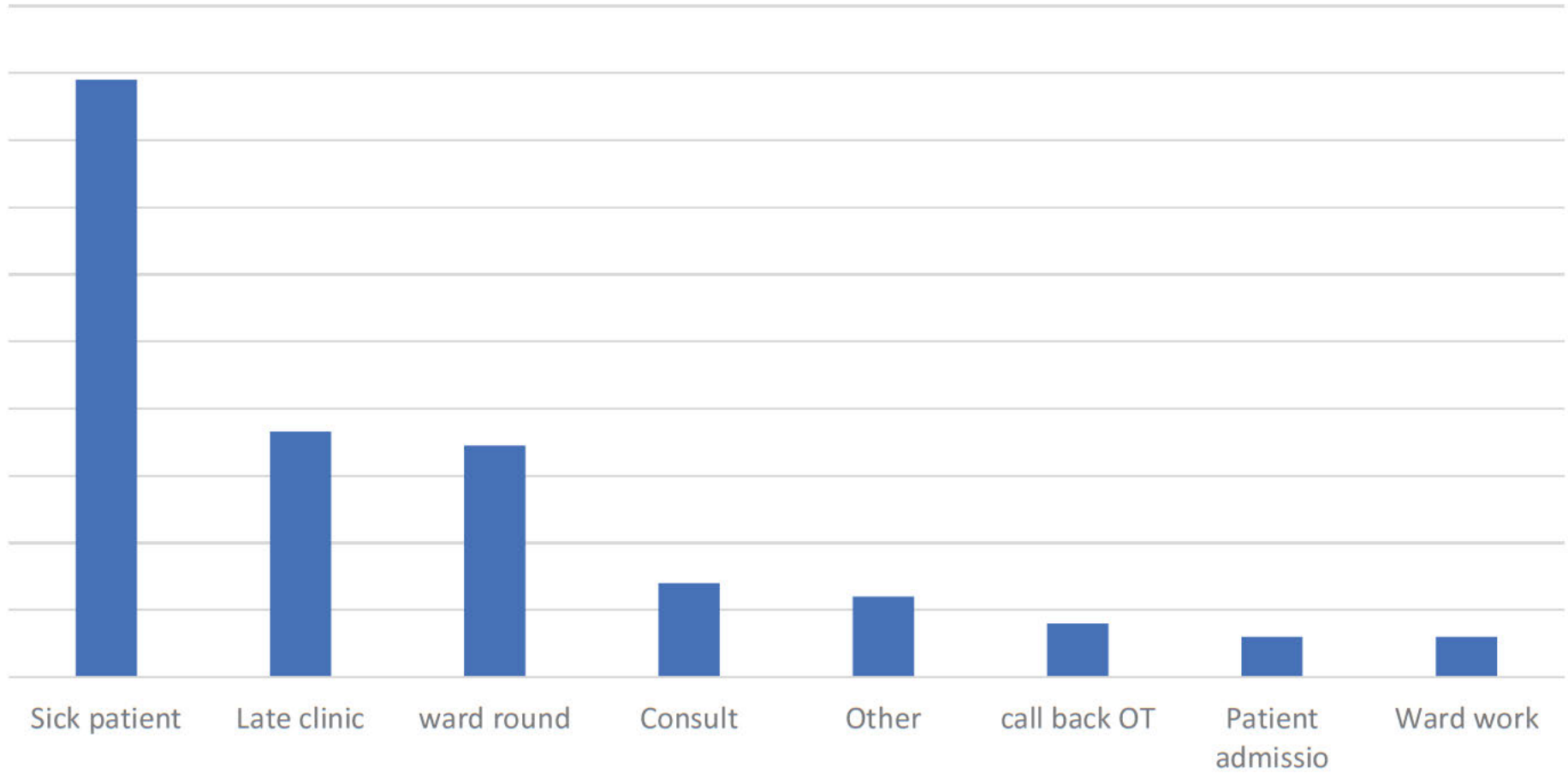
**Canberra Health
Services**

What type of overtime is being claimed?

2016 - 2019 Feb - Nov
Junior medical registrars



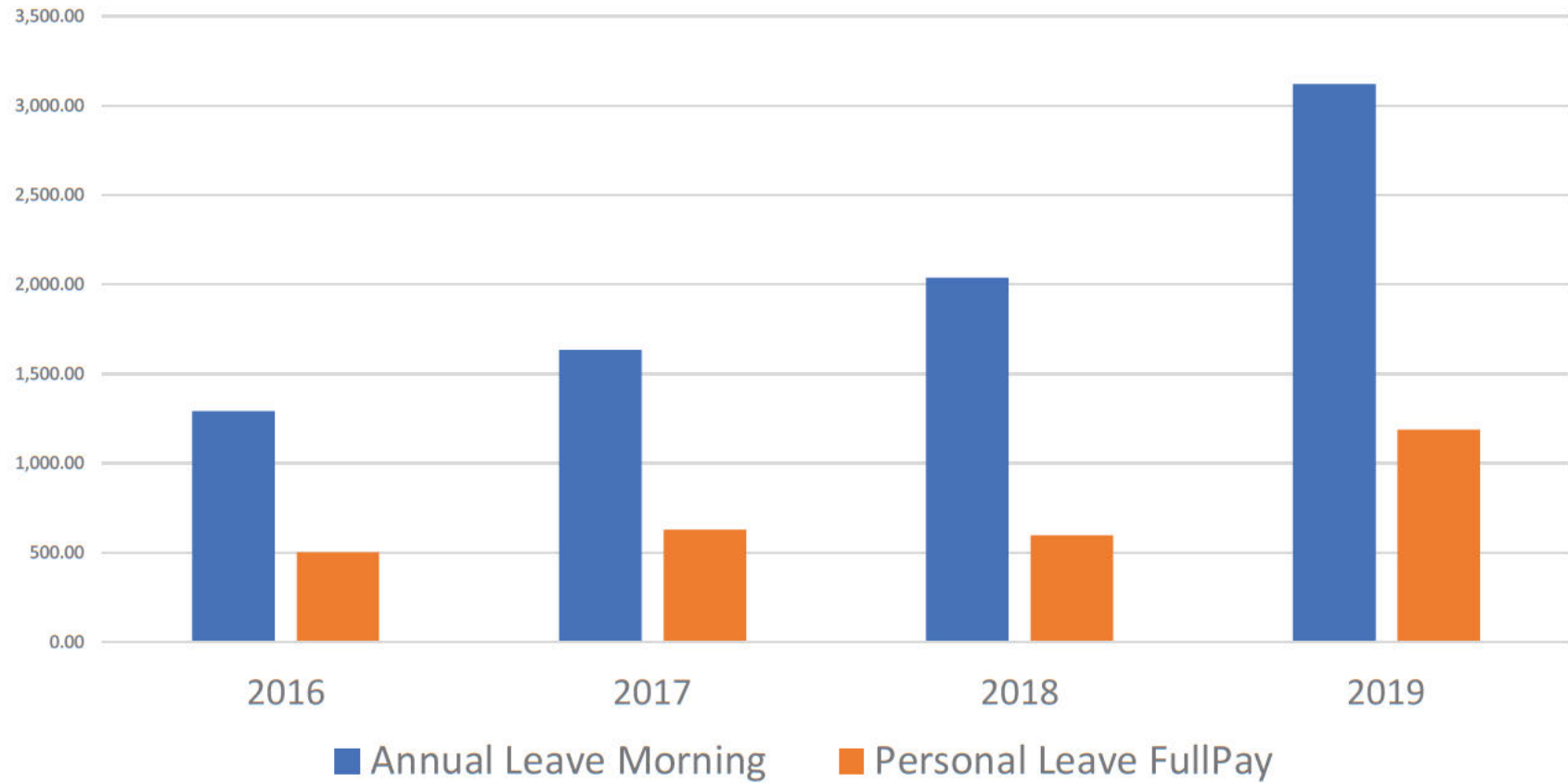
Why are Registrars working Unrostered Overtime? Medical specialties only



Data from Nov 19 – Jan 20 for
Mondays only; All medical registrars

What are the consequences of excess overtime for junior doctors?

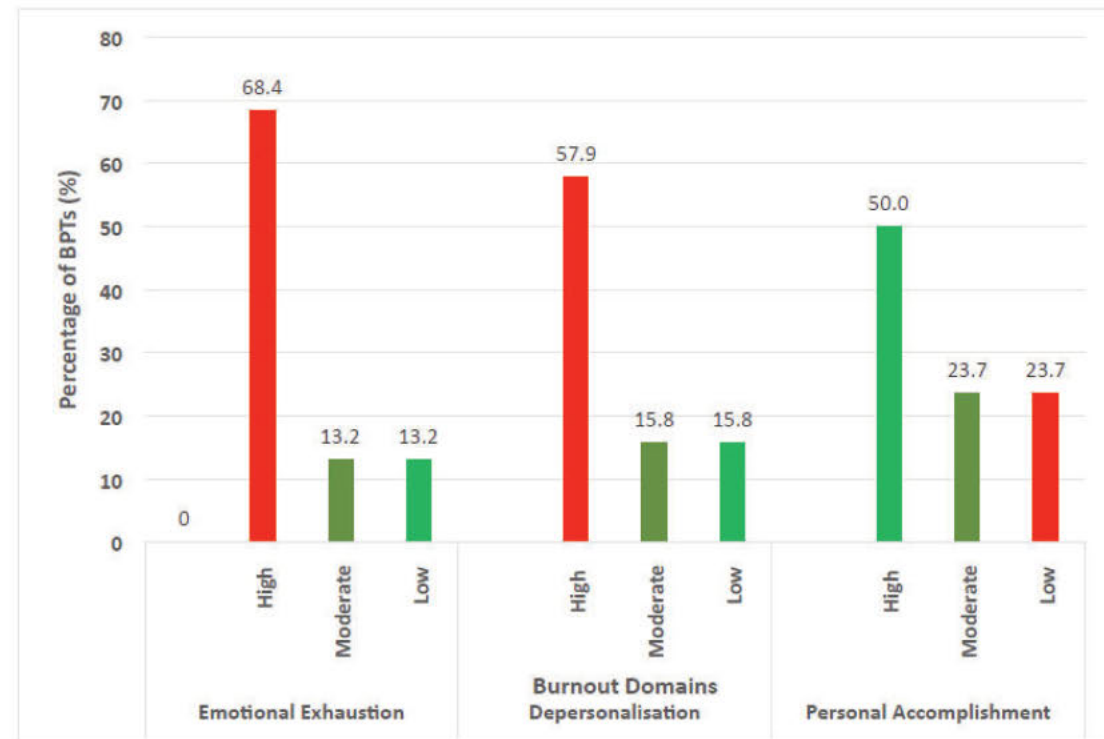
2016 - 2019 Feb - Nov



What are the consequences of excess overtime for junior doctors?

- Poor work-life balance
- No time to study
- Burn out
- Increased personal leave
- Resignations
- Reputational risk

Burn out Survey Among Medical Registrars – “Off the Scale”



Source: Physician Trainee
External Review, Jan 2020

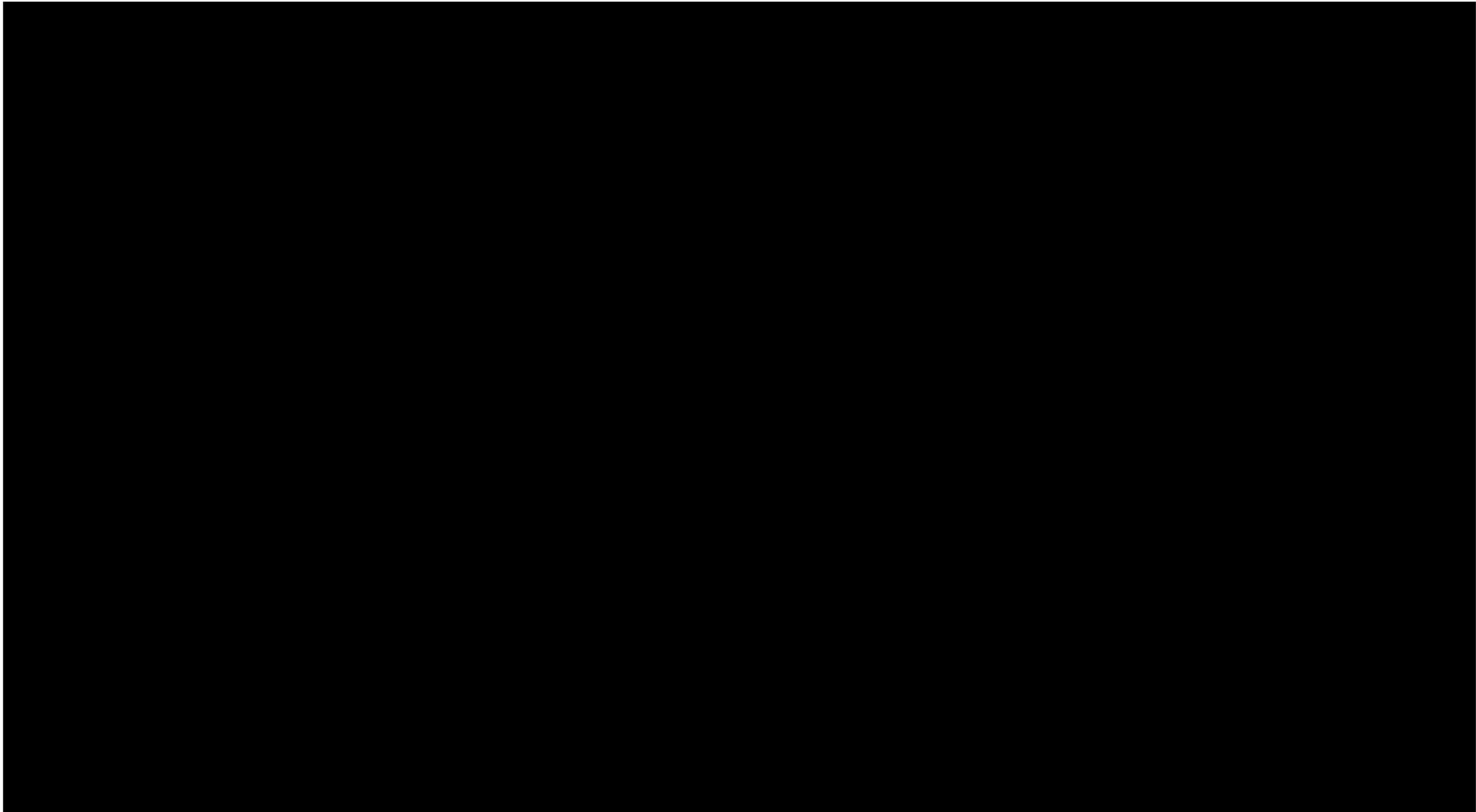
Budget recovery and repair

Actions this fortnight:

- [REDACTED]
- Division of Surgery published new overtime guidelines for registrars
- Registrar overtime data for 2017-19 Division of Medicine provided to Clinical Director for analysis

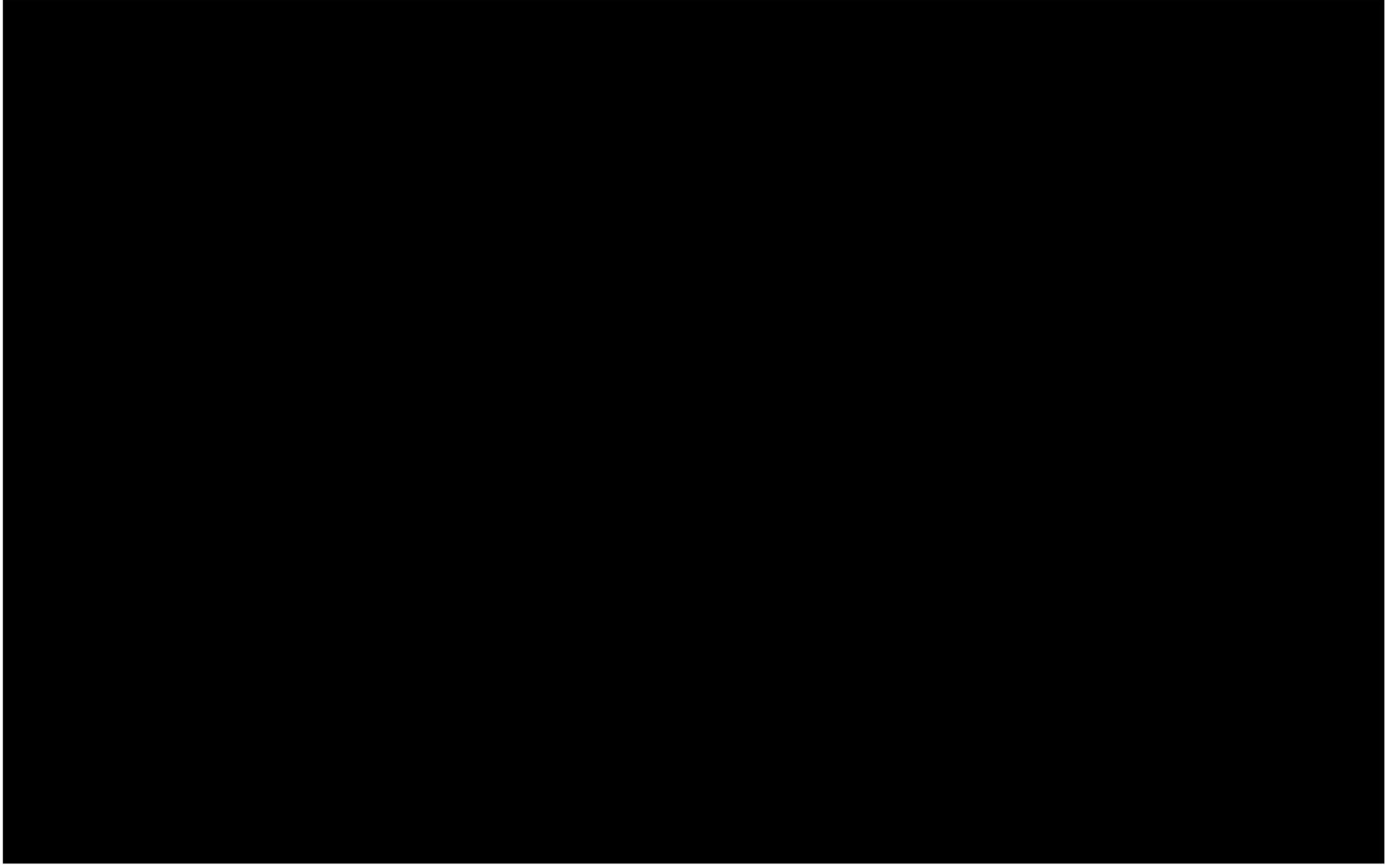
Actions next fortnight:

- [REDACTED]
- Ensure timesheet/overtime approval with individual Unit Directors

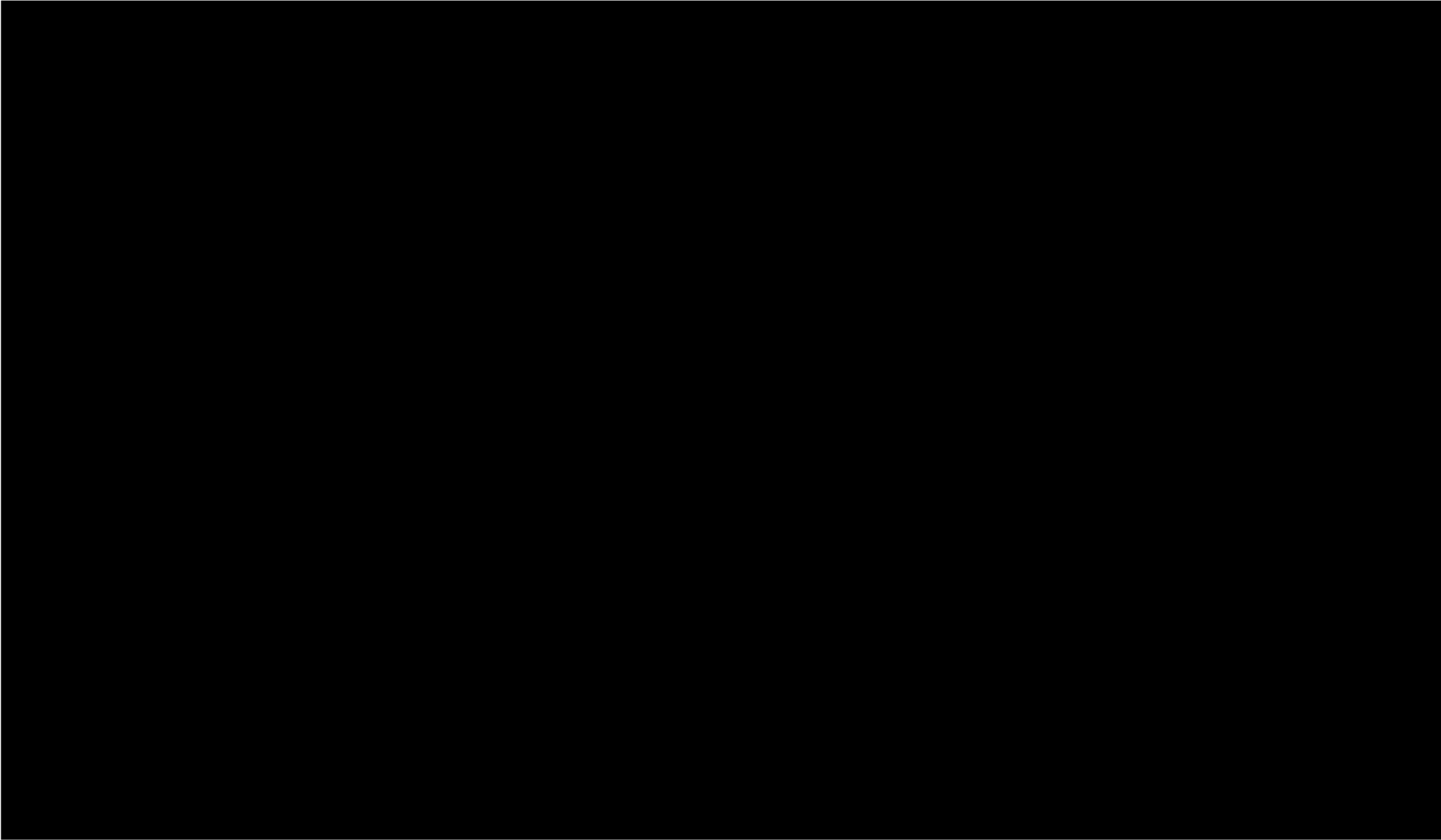












From: [Swaminathan, Ashwin \(Health\)](#)
To: [Chatham, Elizabeth \(Health\)](#); [Bracher, Katrina \(Health\)](#); [Dahlstrom, Jane \(Health\)](#); [Dugdale, Paul \(Health\)](#); [Gay, AndrewD \(Health\)](#); [Gilmore, Lisa \(Health\)](#); [Grace, Karen \(Health\)](#); [Hammat, Janine \(Health\)](#); [Kaye, Todd \(Health\)](#); [Kohlhagen, Linda \(Health\)](#); [Mooney, Colm \(Health\)](#); [O'Neill, Cathie \(Health\)](#); [Patterson, Denise \(Health\)](#); [Peffer, Dave \(Health\)](#); [Taylor, Jacqui \(Health\)](#); [Wood, Daniel \(Health\)](#); [Alexander, Tonia \(Health\)](#); [McDonald, Bernadette \(Health\)](#)
Subject: Guidance regarding JMO Unrostered Overtime
Date: Friday, 6 March 2020 1:28:06 PM
Attachments: [Unrostered Overtime FAQs for JMOs.pdf](#)
[Division of Surgery - Guidelines for Registrar overtime callbacks 2020.pdf](#)

Hi all,

As discussed at the Finance Meeting yesterday, I would appreciate your assistance in disseminating the information below to your respective Clinical and Unit Directors. There needs to be some follow up work regarding the specific clinical activities in each Division that constitute unrostered overtime that should be approved. I will hand this over to Paul next week.

Many thanks and also for your patience and support of me over the last few weeks covering for Paul. I have been impressed by all your dedication, critical thinking skills and empathy for the workforce. It has certainly been an enlightening experience all round!

Cheers

Ashwin

Dear Colleague,

I am writing to clarify issues revolving around **unrostered overtime** claims by junior medical officers (including resident and registrar staff).

Canberra Health Services is committed to ensuring that our junior medical workforce is paid appropriately for work they have undertaken in caring for our patients at the same time as supporting the wellbeing of our staff.

We understand that doctors working overtime – both rostered and un-rostered - is a necessary requirement for running a busy hospital safely. Additionally, managing sick patients independently in the after-hours period is an important training experience.

However, we also recognise that **working excessive hours** does not promote a healthy lifestyle and impacts on the time available to spend with family, friends or for study. Excessive overtime can also lead to fatigue, burn-out and can affect mental and physical health, and general wellbeing.

CHS is currently undertaking a body of work to better understand junior doctor overtime throughout the hospital and where **unnecessary** overtime can be reduced without compromising patient care or the training experience. In particular, we will be looking to make structural changes to the way we conduct our clinical activities so as to reduce the need to stay back late (e.g. discouraging late ward rounds; re-aligning rosters to ensure there is adequate staffing to hand sick patients over to at the end of the day).

This is a work in progress, and we need your input to design these reforms. At the heart of this work, is ensuring that our system is **fair, reasonable and respects the wellbeing of our staff**. In the meantime, if junior doctors have worked unrostered overtime, this will be indicated on the BOSS electronic rostering system with documentation of the patients seen and clinical activities undertaken. **This claim needs to be reviewed and approved as appropriate by you as their direct line manager.**

The attached documents gives guidance on what can be regarded as appropriate clinical activity warranting overtime payments - the JMO document can be used as the default unless you are working in the Division of Surgery. Further work needs to be done in each area to make this

guidance as relevant as possible.

Please do not hesitate to make contact (via EDMS@act.gov.au), or through your Clinical or Executive Director if you have any queries or suggestions.

Kind regards,

Ashwin

Dr Ashwin Swaminathan

A/g Executive Director Medical Services Group

Canberra Health Services

Frequently asked Questions

Un-rostered Overtime – Junior Medical Officers (PGY1 and PGY2)

From time to time, all JMOS may be requested to undertake un-rostered overtime, this document has been developed and authorised by the financial delegate to answer some commonly asked questions about unrostered overtime, including how to apply.

Why do I need to justify my un-rostered overtime?

The delegate is required to document their reasons for determining applications for unrostered overtime. This requires that you provide evidence justifying your claim for un-rostered overtime. Evidence of actions being taken in response to these situations also must be recorded for audit and accreditation purposes.

Overtime claims are monitored to:

- a- Assess team workloads;
- b- Engage work units in meaningfully assessing claims and assessing variances in usual patterns of patient flow;
- c- Engage JMO's and relevant groups in the modification of terms/rosters where consistently excessive workload exists in order to provide support to the incumbents.
- d- Provide appropriate support where the need is identified; and
- e- Involve term supervisors and Directors of Training in assessing performance and support needs of those who may be regularly unable to complete their work within normal hours;

How do I apply for un-rostered overtime?

All un-rostered overtime is to be applied for through the Browser Operated Self Service (BOSS) within five (5) business days of undertaking the un-rostered overtime shift.

All claims for un-rostered overtime must be itemised through electronic submission through BOSS. Please note that a detailed description as listed below must be entered otherwise the overtime claim will not be approved. Simply stating "ward round", for example, is not acceptable.

- Name of consultant who requested overtime to be undertaken;
- Patient URN that overtime relates to; and
- Brief explanation of reason for overtime.

As BOSS only allows a finite number of characters to be utilised, if more details is required to be sent, it is appropriate to send an email to the Medical Roster Team (TCHMedicalRostering@act.gov.au) providing further details of the overtime claim.

What type of un-rostered overtime will be approved?

Under the following circumstances, a JMO may undertake un-rostered overtime without prior approval:

- ***Medical Emergency***

In the event that a JMO is treating a critically ill patient, or a patient's condition has deteriorated at the end of a shift, until adequate medical attention or handover can be safely arranged. This also includes attendance at a MET call.

- ***Transfer of a patient***

In the event that a JMO is treating a patient that requires urgent transfer, until the transfer process is complete.

- ***Extended shift in Theatre***

In the event that a JMO is already working in the theatre and the procedure continues past the scheduled end of shift, until their responsibilities conclude.

- ***Patient Admission***

In the event that a JMO is responsible for the admission of a patient and they have not completed the admission by the end of their shift, until this responsibility concludes.

Other possible occasions where un rostered overtime will be approved include:

- Late clinic completions;
- Deceased patients – completion of associated administrative documentation (i.e. discharge summary, death certification, cremation certificate);
- Overtime requested by a consultant; and
- Mandatory Training sessions

What are some examples of what will not normally be approved?

- Completion of Discharge summaries;
- To undertake administrative tasks not completed throughout the course of the assigned shift;
- To undertake research of patient conditions;
- To prepare for meetings, presentations or Grand Rounds;
- To attend non-mandatory meetings;
- To write up letters for clinics
- Attendance earlier than usual ward round times

- To round with consultants when shift has ended;
- Review patient OT list with registrar/consultant; and
- To undertake non-mandatory learning opportunities.

Can I request un-rostered overtime if I feel the reasons are justified?

Yes, all submitted claims will be considered on a case-by-case basis. Where necessary, the delegate may require further clarification. Once further detail has been provided, the reasoning will be discussed with the relevant clinical area prior to a decision being made.

Who can I contact for further information?

Any staff member of the Medical Roster Team (TCHMedicalRostering@act.gov.au), Director of MOSCETU, DPET or your PMEO.

Overtime Guidelines – Division of Surgery

From time to time, registrars may be required to undertake un-rostered overtime or call backs associated with an on-call period. This document has been developed and authorised by the Executive Director of Surgery to address commonly asked questions about un-rostered overtime, and to emphasise the importance of safe working hours for the junior medical workforce.

All claims for un-rostered overtime must be lodged through BOSS. Detailed descriptions as listed below must be entered otherwise the overtime claim cannot be verified, and therefore will not be paid.

- Name of consultant who requested overtime to be undertaken;
- Patient URN that overtime relates to;
- Brief explanation of reason for overtime e.g. theatre over time, ED review, ward review.

When you are undertaking un-rostered overtime or call backs, this must be substantiated in the patient notes. You must write your name clearly, with date and time. If attending as a call back, you must also indicate who has asked you to see the patient.

What type of un-rostered overtime will be approved?

Under the following circumstances, un-rostered overtime may be undertaken without prior approval:

Medical Emergency

Treating a critically ill patient, or if a patient's condition has deteriorated at the end of a shift, until adequate medical attention or handover can be safely arranged. This also includes required attendance at a MET call.

Transfer of a patient

Treating a patient that requires urgent transfer, until the transfer process is complete.

Extended theatre case

If you are the primary surgeon or first assistant surgeon working in the theatre and the procedure continues past the scheduled end of shift.

Patient Admission

If you are responsible for the admission of a patient and have not completed the admission by the end of your shift, un-rostered overtime may be approved up to 30 minutes after your shift has ceased.

Other possible occasions where un-rostered overtime will be approved:

- Late outpatient clinic completions – supported with patient URNs;
- Deceased patients – completion of associated administrative documentation (i.e. discharge summary, death certification, cremation certificate);
- Mandatory Training sessions with prior approval.

Examples of what will not normally be approved:

- Completion of Discharge summaries;
- Observing/participating in a theatre case where you are not the primary/first assisting surgeon;
- To undertake administrative tasks not completed throughout the course of the assigned shift, such as handover or completion of patient paperwork;
- Preparation for meetings, presentations or Grand Rounds;
- Non-mandatory meetings;
- The write up letters for clinics
- Attendance earlier/later than usual ward round times
- To round with consultants when shift has ended
- Review patient OT list with registrar/consultant
- Non-mandatory learning opportunities.

What type of call backs will be approved?**Patient Review**

If you are called back to review a critically ill patient, or if a patient's condition has deteriorated, and you have been called to attend/review the patient.

Theatre case

If you are the on-call registrar and are required to attend for emergency surgery after hours or on the weekend.

Patient Admission

If you are called in to attend to a patient admission that cannot be undertaken by staff present at the hospital.

Patient Admission

Weekend ward rounds – where agreed by the Unit these may be undertaken as a call back by the on-call registrar.

Examples of what will not normally be supported:

Your request for a callback may not be supported under the following circumstances:

- If you were not requested to attend/review a patient;
- If you did not complete your duties in a preceding call back. For example, you undertake a morning ward round, and return outside the four-hour call back period to discharge a patient/undertake duties that should have been addressed in your morning ward round;
- If you have not reviewed a patient in a timely manner which has resulted in an additional call back;
- If you do not supply enough information (URN etc.) to support your claim.

Meal breaks and nine-hour breaks

Unless there are exceptional and unforeseen circumstances, you will not be required to work for more than 5 hours without a break for a meal. The standard meal break will be of 30 minutes duration. The term ‘meal break’ does not require you to partake of a meal during the meal break, you may choose to get coffee or similar.

In order to support safe working hours, you must have a minimum nine-hour break including travel time, between shifts. If recalled to duty with less than a nine-hour break between shifts, including travel time, overtime rates shall be paid at the commencement of recall until a nine hour break can be taken.

These guidelines have been drafted with the support of Unit Directors, Roster Managers and the ACT Public Sector Medical Practitioners Enterprise Agreement 2013-17. A copy of this agreement can be found here:

<https://www.health.act.gov.au/careers/applying-work-us/enterprise-agreements>

Divisional and Rostering Contacts	
Contacts	
Division of Surgery – Operations Manager	MOSCETU – Roster Managers
Melanie Applebee	Rostering
Melanie.applebee@act.gov.au	TCHMedicalRostering@act.gov.au



DRAFT

From: [Swaminathan, Ashwin \(Health\)](#)
To: [Peffer, Dave \(Health\)](#); [McDonald, Bernadette \(Health\)](#); [Chatham, Elizabeth \(Health\)](#); [Taylor, Jacqui \(Health\)](#); [Abhayaratna, Walter \(Health\)](#); [Dugdale, Paul \(Health\)](#); [Paramadhathil, Anil \(Health\)](#); [Craft, Paul \(Health\)](#)
Cc: [Burkolter, Nadia \(Health\)](#); [McPherson, Alex](#)
Subject: Re: Changes to the 2020 Divisional Clinical Examination
Date: Saturday, 14 March 2020 9:18:34 AM

Hi Dave,

Yes, all jurisdictions affected in terms of delayed timing of the Exam so the ACT is not disadvantaged in that way.

In terms of supports for trainees, there were several recommendations from the recent external review of ACT physician training that should be given priority consideration. I am preparing a Minute for Paul to present to Bernadette/Executive regarding the reports findings.

I can discuss this in more detail with you on Monday.

Cheers

Ashwin

From: Peffer, Dave (Health) <Dave.Peffer@act.gov.au>
Sent: Friday, 13 March 2020 22:16
To: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>; McDonald, Bernadette (Health) <Bernadette.McDonald@act.gov.au>; Chatham, Elizabeth (Health) <Elizabeth.Chatham@act.gov.au>; Taylor, Jacqui (Health) <Jacqui.H.Taylor@act.gov.au>; Abhayaratna, Walter (Health) <Walter.P.Abhayaratna@act.gov.au>; Dugdale, Paul (Health) <Paul.Dugdale@act.gov.au>; Paramadhathil, Anil (Health) <Anil.Paramadhathil@act.gov.au>; Craft, Paul (Health) <Paul.Craft@act.gov.au>
Cc: Burkolter, Nadia (Health) <Nadia.Burkolter@act.gov.au>; McPherson, Alex (Health) <Alex.McPherson@act.gov.au>
Subject: RE: Changes to the 2020 Divisional Clinical Examination

UNCLASSIFIED

Thanks Ashwin – I'll touch base with you Monday on this one. Do you have any suggestions for what we could do to support our trainees?

And, is the situation the same nationally? All jurisdictions impacted?

Thanks

Dave

From: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>
Sent: Friday, 13 March 2020 8:05 PM
To: McDonald, Bernadette (Health) <Bernadette.McDonald@act.gov.au>; Peffer, Dave (Health) <Dave.Peffer@act.gov.au>; Chatham, Elizabeth (Health) <Elizabeth.Chatham@act.gov.au>; Taylor, Jacqui (Health) <Jacqui.H.Taylor@act.gov.au>; Abhayaratna, Walter (Health) <Walter.P.Abhayaratna@act.gov.au>; Dugdale, Paul (Health) <Paul.Dugdale@act.gov.au>; Paramadhathil, Anil (Health) <Anil.Paramadhathil@act.gov.au>; Craft, Paul (Health) <Paul.Craft@act.gov.au>
Subject: Re: Changes to the 2020 Divisional Clinical Examination

*Sorry accidentally pressed send on last email before finishing!

Dear Bernadette et al,

To add to the list of challenges placed on CHS brought on by contingency planning for COVID, today we received news that the College of Physicians (RACP) will delay the Clinical Examination of physician trainees from late July/early August to October (at the earliest). The Clinical Exam is the last hurdle for basic physician trainees (usually PGY 4-5) before they can enter advanced training in the various medical specialties.

This will have the following flow on-effects:

- Severely impact recruitment for medical registrars for 2021 (both advanced trainees and basic trainees) as this usually takes place post the clinical exam as selection into programs is contingent on results.
- Affects term allocations and leave arrangements which have largely been allocated at the beginning of this year
- Affect preparation for trainees studying for the written examination in February 2021 (and ability for trainees to take leave to attend important preparation courses in October/November)
- Increase the mental stress and work-related anxiety in an already very stretched group
- Delay the running of the Canberra Clinical Course, Boot camp and other usual preparation activities (although this is not directly related to the College decision)

The physician training committee will convene next week to discuss our contingency plans and how we can mitigate the

deleterious effects on trainees and the physician group.

I felt it was important that you were aware of this development and the potential implications which can be far reaching. I understand there will be similar scenarios playing out in the other specialty areas also.

Regards,
Ashwin

From: RACP Assessment and Selection <memberservices@racp.edu.au>

Sent: Friday, 13 March 2020 16:12

To: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>

Subject: Changes to the 2020 Divisional Clinical Examination

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Top



Dear Dr Swaminathan,

The RACP Board has made the decision to postpone the 2020 Divisional Clinical Examinations for both Paediatrics & Child Health and Adult Medicine, in Australia and New Zealand until at least October 2020.

I assure you we did not make this decision lightly and apologise for the impact this may cause. I recognise that your trainees' plans for this year, and the next few years, may be disrupted by this postponement and we will seek to re-schedule the examinations as expediently as this pandemic allows.

We have carefully considered the impact of the current COVID-19 situation on our trainees along with advice from the College Education Committee and the COVID-19 Examinations Advisory Group comprised of Chairs of our Examination Committees and the two Basic Training Committees.

Central to this decision has been trainee concerns, the increased workload of our Directors of Physician/Paediatric Education, the pressure on our health services as a result of COVID-19, increasingly tighter restrictions on travel and the fact that the current environment will have a significant impact on your preparation for the clinical examination.

We know that all hospitals that host the Divisional Clinical Examination undertake a significant amount of preparation in the months leading up to the exams and we are aware of the additional workload this would place on staff who are already under pressure.

We also know that health services are currently setting up dedicated fever clinics which must take priority over space for examinations.

We are working with health services to look at options for holding the exams later in 2020, and the implications of this for Advanced Training job applications, training time and progression through training.

I understand that many of your trainees will have made plans for leave and other events throughout the year and acknowledge that the postponement of examinations as well as the workplace demands associated with COVID-19 may impact these.

I encourage you and your trainees to consider your own health and wellbeing during this stressful time and please access the [RACP support available](#).

We are continuing to work with our Expert Reference Group of specialists in infectious diseases, respiratory medicine, geriatrics and public health, together with our COVID-19 Examinations Advisory Group to determine alternate arrangements.

We will continue to keep you updated as more information becomes available.

Associate Professor Mark Lane
RACP President

From: [Swaminathan, Ashwin \(Health\)](#)
To: [Abhayaratna, Walter \(Health\)](#); [Aggarwal, Vipul \(Health\)](#); [Alasady, Muayad \(Health\)](#); [Allada, Christopher \(Health\)](#); [Andrew Thomson](#); [Blackburn, Miriam \(Health\)](#); [Boutlis, Craig \(Health\)](#); [Chapman, Michael \(Health\)](#); [Chitturi, Shiv \(Health\)](#); [Choi, Phil \(Health\)](#); [Chua, Yu Jo \(Health\)](#); [Coatsworth, Nicholas \(Health\)](#); [Cook, Matthew \(Health\)](#); [Craft, Paul \(Health\)](#); [Crispin, Philip \(Health\)](#); [da Silva, Elizabeth \(Health\)](#); [Das, Chandni \(Health\)](#); [Daverson, Kathryn \(Health\)](#); [Davis, Alison \(Health\)](#); [Dorai Raj, Anna \(Health\)](#); [dr.aj.hunter@gmail.com](#); [D'Rozario, James](#); [Dua, Divyanshu \(Health\)](#); [Dugdale, Paul \(Health\)](#); [Falk, Michael \(Health\)](#); [Farshid, Ahmad \(Health\)](#); [Fisher, Alex \(Health\)](#); [Geoff Farrell](#); [Gorrdard, Nicole \(Health\)](#); [Greenaway, Tim \(Health\)](#); [Gupta, Arun \(Health\)](#); [Hawkins, Carolyn \(Health\)](#); [Huang, Carol \(Health\)](#); [Hughes, Andrew \(Health\)](#); [Hunter, Arnagretta \(Health\)](#); [Hurwitz, Mark \(Health\)](#); [Inman, Deborah \(Health\)](#); [Jiang, Simon \(Health\)](#); [Jonathan Bromley](#); [Jones, Peter \(Health\)](#); [Karpe, Krishna \(Health\)](#); [Kennedy, Karina \(Health\)](#); [Lahoria, Rajat \(Health\)](#); [Latimer, Maya \(Health\)](#); [Leong, David \(Health\)](#); [Libby Anderson](#); [Lueck, Christian \(Health\)](#); [Lybbie Hillman](#); [Malhotra, Ram \(Health\)](#); [Malik, Laeeq \(Health\)](#); [Mike Corbett](#); [Narci Teoh](#); [Newsome, Sally \(Health\)](#); [Nicholls, John \(Health\)](#); [Nolan, Chris \(Health\)](#); [Nowakowski, Kris \(Health\)](#); [O'Connor, Simon \(Health\)](#); [Palfreyman, Emma \(Health\)](#); [Paramadhathil, Anil \(Health\)](#); [Pavli, Paul \(Health\)](#); [Perampalam, Sumathy \(Health\)](#); [Perera, Chandima \(Health\)](#); [Petersons, Carolyn \(Health\)](#); [Pidcock, Michael \(Health\)](#); [Pranavan, Ganes \(Health\)](#); [Rahman, Moyazur \(Health\)](#); [Randall, Katrina \(Health\)](#); [Robert Schmidli](#); [Saha, Sabari \(Health\)](#); [Senanayake, Sanjaya \(Health\)](#); [Singer, Richard \(Health\)](#); [Sullivan, Lisa \(Health\)](#); [Talaulikar, Dipti \(Health\)](#); [Talaulikar, Girish \(Health\)](#); [Tan, Ren \(Health\)](#); [Taupin, Doug \(Health\)](#); [Teoh, Narcissus \(Health\)](#); [Thomson, Andrew \(Health\)](#); [Tsai, Ted \(Health\)](#); [Tymms, Kathleen \(Health\)](#); [Varendran, Ramila \(Health\)](#); [Voon, Wai Meng \(Health\)](#); [Walker, SarahL \(Health\)](#); [Walters, Giles \(Health\)](#); [Watson, Ashley \(Health\)](#); [Wee, Rosianna \(Health\)](#); [Wigg, Sue \(Health\)](#); [Wilson, Heather \(Health\)](#); [Yip, Desmond \(Health\)](#); [arnagretta hunter](#)
Cc: [Monkivitch, Natalie \(Health\)](#); [Al Maqbali, Khoula \(Health\)](#); [Taylor, Jacqui \(Health\)](#)
Subject: 2020 Clinical Exam Preparation Update
Date: Tuesday, 17 March 2020 2:12:00 PM

UNOFFICIAL

Hi all,

Thank you very much for the many offers of help with preparing our trainees for the Clinical Examination.

The written exam results were released last week with 11 of 16 local trainees passing. Thank you to the many physicians and advanced trainees that helped in the written exam program along the way.

We will therefore have 21 trainees eligible to sit for the Clinical Exam (when combined with re-sitters), which is a manageable number.

However, due to the likely significant disruptions to clinical service delivery related to COVID-19, the RACP Examinations Committee has informed all sites that the **Clinical Exam will be postponed until at least October this year.**

This will likely have a number of knock-on effects, including:

- Impacts on 2021 recruitment for BPT and AT positions
- Change the clinical examination preparation program
- Add to the stress and anxiety of an already stretched cohort.
- Affect term allocation and leave planning (we will need to make significant changes)

We will still be putting on a Clinical Examination Preparation program this year and endeavour to provide our trainees with the best training experience despite the challenging circumstances (that all settings will have).

We will need to make some changes to the program including whether we have a Bootcamp, Canberra Clinical Course, Saturday morning sessions etc. Please bear with us as we make the necessary adjustments.

Please give me a call or send an email if any questions or queries.

Cheers

Ashwin

UNOFFICIAL

Dear Colleague,

We are about to embark on this year's Clinical Exam Preparation period... COVID-19 crises notwithstanding! The written exam results are out this Thursday.

We want to pull out all the stops to get a much better Exam Result this year– and **we need your**

help!!

This is a longish email, but please read through as it is has important context and information.

There is a request of you at the end.

Some background

Based on the external review of the program in late 2019 and feedback from trainees and physicians, there will be significant changes to this year's schedule of activities.

The principles underpinning the Exam Prep this year will be to:

- Ensure trainees have got the basics right from the beginning
- Plan activities that do not exacerbate trainee fatigue and burnout
- Provide training experiences that better approximate the exam patient cohort and conditions
- Ensure closer monitoring of trainee performance through the preparation period
- Ensure feedback to trainees is consistent and constructive

Proposed changes to the Program

To this end, the following changes will be made to the program:

- All clinical exam sitters will be based at TCH (to reduce travel time)
- Scheduled exam preparation activities will take place in-hours where possible (or at least not to continue after 6pm)
- Saturday morning sessions will consist of "demonstrate and explain" sessions for the first half then under mock exam conditions for the second half
- Trainees to be encouraged to see a greater proportion of long cases from clinics, medical day unit, dialysis (to better approximate patients brought to the real exam)
- Short case "coaching teams" (preferably a consultant + AT) in the areas of neurology, respiratory, cardiology, gastro and rheumatology to form and run regular sessions. Aiming to have a session on most of the days of the week on a rotating basis.
- Trainees will have mentors (as previous) but will also rotate among experienced local and NEPs for long case sessions
- Exploration of "exam trainee" swaps with other centres to give experience presenting in unfamiliar settings.
- Mentors/Examiners will be strongly encouraged to come to a "how to give feedback session for the long/short case" (different to calibration sessions)
- Trainees to have log books so they/we can track their progress

We will also have the following activities scheduled in:

- Boot camp to introduce the program and allow trainees and physicians to get to know each other. Will be held at the Carrington Hotel, Bungendore March 28-29 **You will receive an invite shortly to come to the dinner!**
- Live long cases (likely Friday lunchtimes)
- Canberra Clinical Course (May 9-10)
- Scorpios
- ACT Trial Exam – mid June

What we need from you!

1. We need to know your availability to hear long cases – ideally a regular time per week time to hear 1 (or max 2) long cases. We will ask the candidate to present a case that is relevant to your specialty. You should expect to see different candidates each week so that they get experience with new examiners and to varying questions.
 Able to assist? Yes / No / Ashwin – I need more info!
 Preferred day of week for presentation:
 Any dates you will be away from April to July:
2. Let us know if you would like to be part of one of the Short Case coaching teams

(resp/rheum/neuro/cardiology/gastro). The idea is to have regular sessions every second week in these areas with a subset of the candidates. This is to ensure they are getting the best technique advice from specialists in the area.

Able to assist? Yes / No / I need more info!

Preferred day of week for session:

Any dates you will be away from April to July:

3. We will also need assistance with Saturday morning sessions which will start from early April. Please indicate below (by hitting "reply" and answering in the table below)

Date	Session type	Available (Y/N)
March 28/29	Boot Camp	All welcome
April 4, Sat	Demonstrate/Explain	
April 11, Sat Easter	NO SESSION	N/A
April 18, Sat	Demonstrate/Explain	
April 25 Sat (Anzac weekend)	NO SESSION	N/A
May 2 Sat	Demonstrate/Explain	
May 9/10	Canberra Clinical Course	N/A
May 16 Sat	Demonstrate/Explain	
May 23 Sat	Trial Exam Conditions	
May 30 Sat	Trial Exam Conditions	
June 6 Sat	NO SESSION	N/A
June 13 Sat	ACT Wide Exam	
June 20 Sat	Trial Exam Conditions	
June 27 Sat	Trial Exam Conditions	
July 4 Sat	Trial Exam Conditions	
July 11 Sat	Trial Exam Conditions	

Thank you very much for your commitment to the cause! With the above changes, more hard work and COVID staying away, we can make this a very successful year! Please don't hesitate to get in touch if you would like to discuss further on [REDACTED]

Cheers

Ashwin

NDPE

From: [Swaminathan, Ashwin \(Health\)](#)
To: [Executive Director of Medical Services](#)
Cc: [Monkivitch, Natalie \(Health\)](#)
Subject: RE: For information: Letter from Mr Peter McIntyre - Postponement of clinical exams and some written exams
Date: Tuesday, 17 March 2020 5:23:00 PM

UNCLASSIFIED

Thanks Tonia,
 What is TRIM? Nat, do you have this or access to it?
 I will start on the document,
 Ashwin

From: Alexander, Tonia (Health) <Tonia.Alexander@act.gov.au> **On Behalf Of** Executive Director of Medical Services
Sent: Tuesday, 17 March 2020 2:46 PM
To: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>; Executive Director of Medical Services <edms@act.gov.au>
Cc: Monkivitch, Natalie (Health) <Natalie.Monkivitch@act.gov.au>
Subject: RE: For information: Letter from Mr Peter McIntyre - Postponement of clinical exams and some written exams

UNCLASSIFIED

Hi Ashwin

See template attached. Tips:

- 2-3 pages is usually a good length. Any longer is probably too long unless it's a particularly complex issue.
- Data is best presented as an attachment.
- If you refer to previous correspondence or briefs, attach them.
- Attachments are referred to as Attachment A, etc (underlined).
- If you send me a draft I'll review the formatting for you.

Once complete, it should be added to TRIM and sent to EDMS for us to process through Paul to Bernadette. If Nat doesn't have TRIM, let us know and we can arrange it for you (adding to TRIM and getting TRIM access for Nat).

Let me know how I can assist.

Kind regards

Tonia

-----Original Message-----

From: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>
Sent: Tuesday, 17 March 2020 1:49 PM
To: Executive Director of Medical Services <edms@act.gov.au>
Cc: Monkivitch, Natalie (Health) <Natalie.Monkivitch@act.gov.au>
Subject: RE: For information: Letter from Mr Peter McIntyre - Postponement of clinical exams and some written exams

UNCLASSIFIED

Thanks Tonia

We can pass on to relevant staff that don't already know.

On a related issue, could you assist us with the process of writing a Minute to pass on to Bernadette regarding the recent Physician training external review?

Is there a format to follow, suggested length or word count?

Ashwin

-----Original Message-----

From: Alexander, Tonia (Health) <Tonia.Alexander@act.gov.au> On Behalf Of Executive Director of Medical Services

Sent: Tuesday, 17 March 2020 11:46 AM

To: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>

Cc: Monkivitch, Natalie (Health) <Natalie.Monkivitch@act.gov.au>

Subject: FW: For information: Letter from Mr Peter McIntyre - Postponement of clinical exams and some written exams

UNCLASSIFIED

Ashwin do you need any assistance with comms or distribution of the attached?

Kind regards

Tonia

-----Original Message-----

From: CEOHealth <CEOHealth@act.gov.au>

Sent: Tuesday, 17 March 2020 11:45 AM

To: Executive Director of Medical Services <edms@act.gov.au>

Subject: FW: For information: Letter from Mr Peter McIntyre - Postponement of clinical exams and some written exams

UNCLASSIFIED

Good morning

Can you please ensure that all relevant staff are notified of the attached.

Thank you

Christine

-----Original Message-----

From: Webster, Elizabeth (Health) <Elizabeth.Webster@act.gov.au> On Behalf Of ACT Health, Clinical Leadership

Sent: Monday, 16 March 2020 4:15 PM

To: Dugdale, Paul (Health) <Paul.Dugdale@act.gov.au>; Frank Bowden (Calvary)

[REDACTED]
Cc: CEOHealth <CEOHealth@act.gov.au>; ACT Health, Chief Medical Officer

<ACTHealthCMO@act.gov.au>; Colette Peris (Calvary) [REDACTED]

Subject: For information: Letter from Mr Peter McIntyre - Postponement of clinical exams and some written exams

UNCLASSIFIED

Good Afternoon

Please find attached a copy of a letter received from Mr Peter McIntyre from RACP in which he advised that the RACP Board has made the decision to postpone the 2020 Divisional Clinical Examinations for Paediatrics and Child Health and Adult Medicine in Australia and New Zealand to at least October 2020.

The written and clinical examinations for the Australasian Faculty of Rehabilitation Medicine scheduled for May and June have also been postponed until at least October 2020.

Note that RACP has already informed all trainees and supervisors regarding this decision.

In the letter Mr McIntyre offers RACP's support to health services with plans and actions to manage the progress of COVID-19.

Please feel free to contact RACP directly if required.

Regards

Elizabeth Webster, Executive Officer

T: (02) 5124 9546 | E: Elizabeth.Webster@act.gov.au Office of Professional Leadership and

Education | ACT Health Directorate Level 3, 2-6 Bowes Street, Phillip | GPO Box 825 Canberra
ACT 2601
W: www.health.act.gov.au

From: [Swaminathan, Ashwin \(Health\)](#)
To: [Coatsworth, Nicholas \(Health\)](#)
Subject: FW: Canberra Hospital BPT Training Program Review-FinalFeb10Feb.pdf
Date: Tuesday, 20 October 2020 10:19:45 PM
Attachments: [Canberra Hospital BPT Training Program Review-FinalFeb10Feb.pdf](#)

UNOFFICIAL

Hi Nick

Here is the full physician training report which we'll be discussing tomorrow. I made some comments to Kathryn and Ken also about the need for us to go over the recommendations again and make sure we have an implementation strategy moving forward. It got cut short when COVID struck.

Ashwin

From: Swaminathan, Ashwin (Health)
Sent: Tuesday, October 20, 2020 10:17 PM
To: Ken Khoo (Calvary) [REDACTED] Daveson, Kathryn (Health)
 <Kathryn.Daveson@act.gov.au>
Subject: FW: Canberra Hospital BPT Training Program Review-FinalFeb10Feb.pdf

UNOFFICIAL

Hi all

As you know, there is a Freedom of Information request for the release of the ACT Physician Training Review undertaken last year. We are not sure who is behind the request, but it is likely a BPT via the AMA or ASMOF I suspect.

We have released the Exec Summary of the report at previous forums but not the full report.

It is a good time for us to review the report again (Kathryn – I don't think I have sent you the full report before? If not, my apologies). COVID threw a major spanner in the works at the beginning of the year, as we had planned to implement many of the reforms suggested here. There has been quite a few things that have changed, especially in relation to the clinical exam preparation (use of NEPs etc) and addition of a DPE at Canberra Hospital – but quite a few that are medium to longer term goals -eg increasing participation rates by physicians. One of my priorities in the CD Medicine and NDPE roles is to increase the prominence of teaching and training within each Unit and in the Division. But this will take time. We have had audiences with key Exec regarding wellbeing and have had some success in increasing staffing levels.

Could we make a time to discuss this report in the next couple of weeks?

I have not sent to Khoula or Lili at this stage. Given the current sensitivities, please do not pass on this report.

Cheers

Ashwin

From: [Swaminathan, Ashwin \(Health\)](#)
To: [Coatsworth, Nicholas \(Health\)](#); [Alexander, Tonia \(Health\)](#)
Subject: FW: Freedom of Information request - ACT Physician Training Program review
Date: Tuesday, 27 October 2020 1:49:09 PM

UNOFFICIAL

Hi Tonia and Nick

Here is the response from one of the Physician Training report authors. I will try and get on to the other one now.

Also waiting to hear back from the Bega DMS.

Ashwin

From: Powell, Anne [REDACTED]
Sent: Monday, October 26, 2020 12:59 PM
To: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>
Subject: Re: Freedom of Information request - ACT Physician Training Program review

UNOFFICIAL

CAUTION: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Dear Ashwin,

Apologies for the delay - busy times down south!

Yes, the pandemic was not the best time to implement changes. It's been a rough year.

I have no issue with how you wish to utilise the report and if you need to release it as part of a freedom of information request.

My only comment is that we did collect this data with the condition of anonymity - possibly some of the comments may effectively de-identify some people.

If this could be considered when redacting certain parts, that would be appreciated - however I'm happy to leave this in your hands to decide what is appropriate.

As you may have heard, I was headhunted back to the Alfred as the DPE again, but with an increased role running some commercial external programs.

We are in the middle of running our first course on the clinical exam integration of physical findings - I think I saw some trainees from ACT health enrolled.

I'm finding it quite interesting trying to incorporate more training away from the bedside.

Hope you are well and that you are enjoying your ACT freedoms (I'm jealous lol)

Cheers
Anne

Assoc Professor Anne Powell
MBBS, BMedSci, FRACP, MClined

Training Program Director, Physician Education
Rheumatologist & General Physician, Alfred Health
Central Clinical School, Monash University

E [REDACTED]

"So never lose an opportunity of urging a practical beginning, however small, for it is wonderful how often in such matters the mustard-seed germinates and roots itself." Florence Nightingale



We acknowledge the people of the Kulin Nation, the traditional custodians and pay our respects to their culture and their Elders past, present and emerging. We welcome all cultures, nationalities and religions. Being inclusive and providing equitable healthcare is our commitment.

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From: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>
Sent: Sunday, 25 October 2020 22:47
To: Anne Powell 1 [REDACTED]
Subject: Fw: Freedom of Information request - ACT Physician Training Program review

UNOFFICIAL

Hi Anne

Just a gentle prod regarding your thoughts on the FoI request that we have to respond to this week in relation to the Physician Training Review.

I have attached the final report that was delivered in February for your reference. Bethan has a copy too.

We are planning to release the report on Wednesday with some redactions of the individual survey responses after receiving comments from the various stakeholders.

Hope you're well!!

Ashwin

From: Swaminathan, Ashwin (Health)
Sent: Thursday, 22 October 2020 11:05 AM

To: Bethan Richards (Sydney LHD) [REDACTED] Anne Powell
[REDACTED]

Subject: Freedom of Information request - ACT Physician Training Program review

Importance: High

UNOFFICIAL

Hi Bethan and Anne

Hope this finds you well.

We have been making steps towards implementing the recommendations from your physician training report, although COVID interruptions haven't helped obviously.

We have received a Freedom of Information request for the release of the full report from an external party. We presume this is on behalf of a union type body (AMA/ASMOF) but am not certain.

We previously had released the Exec summary and recommendations to the BPTs and Physicians, but not the full report.

Our Information Office that is in charge of FOI requests has asked me to find out if either of you had objections to release of the report? It will also be made public on the ACT Health website. Sections will be redacted where individuals may be identified, including the individual comments in the appendices.

Please let me know your thoughts, by email or phone

Cheers

Ashwin
[REDACTED]

Dr Ashwin Swaminathan

General & Infectious Diseases Physician
Clinical Director, Division of Medicine
ACT Network Director of Physician Education
Canberra Health Services
PO Box 11 WODEN ACT 2606 | health.act.gov.au
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CHARTING OUR PATH TO SUCCESS

ACT PHYSICIAN TRAINING NETWORK

11 NOV 2020

REVIEW OF THE ACT PHYSICIAN TRAINING PROGRAM

- **External Review (Nov 27 – 28, 2019)**
 - 2 experienced national examiners and DPEs
 - Surveyed and met with trainees, educators, support staff at CHS and Calvary
 - What can we learn from other networks? All aspects of the program on the table
- **GOAL: to be a “top performing” network within 5 years (good for the whole physician community)**



ISSUES IDENTIFIED

- The greatest challenge for ACT health is in the management of competing service provision needs with the ongoing education requirements of its junior medical staff.
- There is currently an absence of a formalised structure to support the NDPE.
- Workload was also an issue common across all junior staff groups, with overtime (paid and unpaid) regularly being worked by the Hospital Medical Office (HMO) group.
- Key points where the program differs from that offered by other metropolitan hospitals with a successful RACP clinical examination program, as judged by a pass rate at or above the national average include the provision of a trial examination that mimics the RACP clinical exam and an extensive long case / short case roster within working hours.
- High rates of Basic Physician Trainee burnout were recorded (79%) which is well above the international average of 51%.





- **Governance and Strategic Planning.**
 - A review of the governance is required with increased resources considered towards increased FTE for teaching and supervisory staff.
- **Workplace Culture**
 - Strategies to improve the morale within the hospital are required. High rates of burnout in the network need to be addressed.
- **Medical Workforce – Staff Rosters and leave processes.**
 - There is a need for a review of safe working hours with a balance between training and service delivery.
- **The development of a structured training program for RACP clinical examination.**
- **Planning should address senior clinician disengagement.**
- **The planning should address improvement to the current junior staff mentoring program.**

WHAT PROGRESS HAS BEEN MADE?

Training Program

- Protected teaching time
- Start formal program from BPT 1
- DPE meetings with trainees to establish goals for each year
- Close feedback loops (e.g. surveys)
- Career and professional development program
- Joined HETI to collaborate with NSW networks

Clinical Examination Program

- Earlier Boot Camp
- Roster long cases with experienced NEPs/Local Examiners
- Trial Exam mimicked real exam
- Training sessions within hours where possible
- Exam sitters protected from nights (as much as possible)
- Clear distinction between mentors and long case examiners.

Medical Workforce Rosters and Leave Planning

- Regular review of rostering including by PTC reps
- Reduction of after hour shifts
- Coordinated rostering across Network
- Leave planning calendar in place
- Units directed to avoid late rounds, consults
- Units directed to allocate ADOs through the term
- Measurement of overtime by MESO based on timesheets

Workplace Culture

- Regular DPE-trainee meetings
- Development of a CHS Improving Medical Engagement and Culture program
- Regular Medical Officer Webinars
- Adoption of the "Speaking up for Safety" program
- Trainee recognition initiatives

Governance & Strategic Planning

- Recruitment of a CHS DPE and SMR
- Increased linkages between Divisional Executive and Training program
- Promotion of training as core elements of a teaching hospital



WHAT MORE NEEDS TO BE DONE?

- Complete the strategic plan involving all stakeholders
- Further develop BPT Wellbeing & Professional Development program
- Mentoring programs for trainees and physicians
- Medical workforce planning
 - Ensure we have the right number of trainees per clinical team
 - Adequate numbers of relief staff
- Increase engagement from physicians to contribute to training
- Further develop a contemporary education program learning from other networks and training programs
- Improve efficiencies that promote work-flow, reduce tensions (e.g. direct admissions policy)
- Further oversight mechanisms for overtime and leave provision



CLINICAL EXAMINATION TRAINING PROGRAM 2019

Activity	Days	Dates	Site	Comments
Examiner Calibration session	Saturday	February	Canberra and Calvary Hosp	Calibration sessions for physicians and ATs run by NEPs/SEPs to familiarise mentors, examiners with new scoring matrix
Long case introduction	Tuesday	26 March	Canberra Hosp	Didactic lecture on "how to do a long case"
Assigned mentors		March	Canberra and Calvary Hospitals	Trainees assigned an experienced physician to present cases to. Encouraged to meet at least once/week
Practice Exams	Every Saturday 0800 - 1230	30 March - 6 July	Canberra and Calvary Hosp	4 trainees at each site are examined by 2 examiners for 1 long case and 2 short cases under Exam conditions. Bulldogs present. Marked as per scoring matrix
Short case sessions	Tuesdays and Thursdays 1730 - 1900	April 2 to 4 July	Canberra and Calvary Hosp	4 short case sessions per week taken by a physician + AT. Each group rotates between sites
Boot camp	Sat - Sun	18 - 19 May	Off campus (at a hotel in the winery district)	Led by ATs and supported by Consultants. 2 day retreat focussing on presentations, common long and short cases.
Canberra Clinical Course	Sat - Sun	4 - 5 May	Canberra Hospital	1.5 day preparation course (6 th edition - although not held in 2018) with NEP speakers from the ACT and NSW. 80+ registrars attended from across Australia
"Live Long cases"	Thursday	May - July	Canberra Hospital	Long cases presented to a examiners in front of other trainees.
Short case masterclasses	Various weekdays	May - June	Canberra Hospital	Half day sessions where Units organise for patients with good clinical signs to come in and be examined. Neurology, Cardiology (x3), Endocrinology and Rheumatology
ACT Territory-wide Trial exam	Saturday	June 1	Canberra and Calvary Hospitals	Half day mock exams at each site with NEPs (local and interstate). Formal feedback sessions
Sports psychologist	Saturday	July 6	Canberra Hosp	Sydney Clinical / Sports psychologist with expertise on post grad medical examinations brought in for a 2 hour session with trainees to improve presentation skills and confidence
Sessions at the National Gallery of Australia ("ArtMed")	Saturday	April - May	NGA	3 x 1.5 hr sessions on Saturday afternoon run as part of our "ArtMed" physician trainee program. Run by experienced art educators. Focussing on improving observation skills, presentation, "seeing the bigger picture" (and to promote camaraderie among the exam cohort)
Sharing of cases	Throughout		Canberra and Calvary Hospitals	Trainees and educators used WhatsApp to disseminate information about cases to see, inform regarding education sessions, etc



From: [Alexander, Tonia \(Health\)](#) on behalf of [Executive Director of Medical Services](#)
To: [Daveson, Kathryn \(Health\)](#); [Executive Director of Medical Services](#); [Swaminathan, Ashwin \(Health\)](#)
Subject: RE: Due 19 November 2020 - QTB - December Sitting Period
Date: Wednesday, 18 November 2020 3:24:51 PM
Attachments: [NEW Physician Training Program - 2-3 December Sitting.DOTX](#)

OFFICIAL

Thanks Kathryn for your work on this. I agree it looks pretty good now. At Nick's request I coordinated some 'good news' examples of specialist training at CHS, in surgery, emergency medicine and radiology. I also went back through and changed a few references to 'CHS trainees' to 'ACT' network and/or trainees.

Ashwin and Kathryn, I have attached the combined new version of the brief for your final review. Can you let me know if you have any further changes, and then I'll have Nick clear it.

Kind regards

Tonia

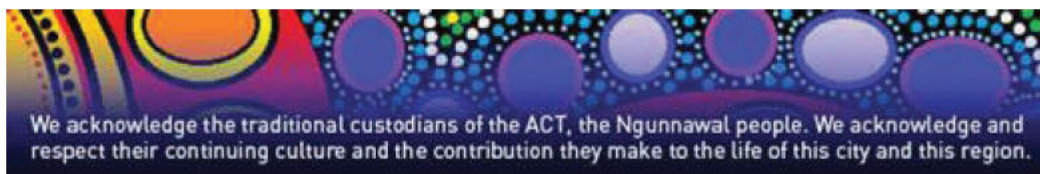
From: Daveson, Kathryn (Health) <Kathryn.Daveson@act.gov.au>
Sent: Wednesday, 18 November 2020 2:10 PM
To: Executive Director of Medical Services <edms@act.gov.au>; Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>
Subject: RE: Due 19 November 2020 - QTB - December Sitting Period

I think it is fairly robust – I have added a few points – Ashwin can you please double check the written exam pass rate sentence highlighted in the attached file.

Cheers,
 Kathryn

Director of Physician Education – Canberra Health Services (Acting)
 Staff Specialist Infectious Diseases – Antimicrobial Stewardship Lead
 Department of Infectious Diseases and Microbiology | Antimicrobial Stewardship | Health Directorate
 Building 10, Level 4 | The Canberra Hospital | Garran ACT 2605
 Phone: (02) 6244 2105 | Fax: (02) 6244 4646 | Email: kathryn.daveson@act.gov.au
 Please copy all AMS enquiries to email ACTHealthAMS@act.gov.au and all general infectious diseases queries to InfectiousDiseases@act.gov.au

Canberra work hours are: Monday, Tuesday and Friday 9-5pm. PLEASE NOTE I DO NOT WORK FOR ACT HEALTH ON WEDNESDAYS AND THURSDAYS



From: Alexander, Tonia (Health) <Tonia.Alexander@act.gov.au> **On Behalf Of** Executive Director

of Medical Services

Sent: Wednesday, 18 November 2020 1:45 PM

To: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>; Daveson, Kathryn (Health) <Kathryn.Daveson@act.gov.au>

Subject: RE: Due 19 November 2020 - QTB - December Sitting Period

OFFICIAL

Hi Ashwin and Kathryn

Just a reminder about this one – sorry to pressure you. Nick said there should be more detail we can offer in terms of actions already taken (in addition to what we already put forward in our response to the FOI/media contact since then).

Kind regards

Tonia

From: Alexander, Tonia (Health) **On Behalf Of** Executive Director of Medical Services

Sent: Monday, 16 November 2020 5:37 PM

To: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>; Daveson, Kathryn (Health) <Kathryn.Daveson@act.gov.au>

Cc: Coatsworth, Nicholas (Health) <Nicholas.Coatsworth@act.gov.au>

Subject: FW: Due 19 November 2020 - QTB - December Sitting Period

Importance: High

OFFICIAL

Hi Ashwin and Kathryn

The Minister's Office requested a Question Time Brief, which I prepared using already cleared information (attached).

See further request below for 'comprehensive detail' on actions to date.

Is there any further detail we can provide? If so can you please provide some additional dot points, which I can draw into an attachment to the QTB? I will need this as soon as possible and no later than COB Wednesday please. If any of the information is sensitive and not recommended for release under FOI, please flag that with me.

Kind regards

Tonia

From: Pearson, Karen (Health) <Karen.Pearson@act.gov.au> **On Behalf Of** Canberra Health Services Ministerial

Sent: Monday, 16 November 2020 11:14 AM

To: Executive Director of Medical Services <edms@act.gov.au>

Cc: Canberra Health Services Ministerial <CHS.Ministerial@act.gov.au>

Subject: Due 19 November 2020 - QTB - December Sitting Period

Importance: High

OFFICIAL

Dear Tonia

Further to the request on Friday for a new QTB in relation to *Physician Training Program*.

The Minister's Office has asked that this QTB be very comprehensive detailing what CHS has done to address the recommendations, this may be via an attachment.

Can you please advise if this is possible and can be releasable under FOI?

It would be appreciated if this could be provided by Thursday 19 November 2020.

Happy to discuss.

Many thanks

KP

Karen Pearson | Assistant Director | Assembly and Ministerial Liaison

Phone: 02 5124 9524 | Email: CHS.Ministerial@act.gov.au

Government Relations | Canberra Health Services | ACT Government

Level 1, Building 28 Canberra Hospital, Garran ACT 2605 | health.act.gov.au

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GBCHS20/300

Portfolio/s: Health**ISSUE: Physician Training Program****Talking points:**

- Canberra Health Services is committed to giving trainee physicians the best possible opportunity to learn and gain professional experience, which is why they took action in late 2019 by commissioning a review to examine a drop in the pass rate of ACT network trainees in the Royal Australasian College of Physicians exams.
- The review made 54 recommendations in relation to the physician training program and the workplace for ACT physician trainees. CHS has accepted all of the recommendations. To date they have addressed 38 of them and are working to address the remaining recommendations.
- This report came at a time when workplace cultural issues were being addressed through a system-wide review across ACT Health. CHS CEO Bernadette McDonald has led a major piece of work focused on organisational values, engagement and communication at CHS.
- More broadly, specialist training programs at CHS are very successful. For example, the pass rates in emergency medicine and general surgery are consistently at or very near 100%, among the highest in Australia. These programs are the preferred trainee programs in their specialities for our region. Emergency Medicine trainees at CHS have significant weekly amounts of protected teaching time, and appropriate access to study leave and reduced working hours, to ensure they are fully prepared for their exams.
- In another example, the CHS radiology training program, which received a number of recommendations for improvement from the College of Radiology in 2018, has made great strides in turning its culture around. CHS radiology trainees work a standard 40 hour week with no unrostered overtime, and trainees who work a week of nights follow this with a week off. The program has expanded to include a regional rotation to Orange, and is currently negotiating rotations to large hospitals in Sydney. 11 CHS radiology trainees sat their exams in October

Cleared as complete and accurate: 16/11/2020

Cleared by: EDMS

Ext: 43596

Contact Officer name:

Nicholas Coatsworth

Ext: 43596

Lead Directorate:

Canberra Health Services

Cleared for release

Yes

Information Officer name:

Nicholas Coatsworth

TRIM Ref:

COR20/31471

this year, and of these, all junior trainees and all first-time sitting senior trainees were given 3-4 weeks study leave in the lead-up to their exams.

- The Government and our community is proud of our healthcare workers especially during this very difficult year, given the impact of the bushfire season, and their tremendous effort to keep people safe during the COVID-19 pandemic. We thank them for everything they have done and continue to do, to care for each other, patients and families.

Key Information

- CHS has implemented several initiatives to improve the Physician Training Program including:
 - Ensuring dedicated teaching time during working hours for physician trainees;
 - Reviewing rostering and leave allocation processes, to ensure training programs are managed in line with leave arrangements;
 - Committing comprehensively to improving and implementing trainee wellbeing programs;
 - Establishing a junior trainee transition mentoring program due to roll out in December in time for the new intake of employees;
 - One on one meetings with trainees to explore professional development support, identify individual stressors and reflect on systems improvements;
 - Increased participation across the network in senior to medical handover, where teaching, clinical referencing and collegiality are fostered; and
 - Revising the practice clinical exam structure.
- Funding has also recently been approved to recruit additional medical registrars for 2021, which will help to reduce overtime and contribute to covering annual and study leave.
- The recent appointment of the ACT Network Director of Physician Education, Dr Ashwin Swaminathan, to the role of Clinical Director of the Division of Medicine at CHS creates a valuable link between physician trainees and the senior physician staff and has been well received by both groups.
- Dr Swaminathan will work with CHS's new Executive Director of Medical Services, Dr Nick Coatsworth. Dr Coatsworth is keen to support an ambitious program of quality training for ACT physician trainees to ensure the organisation's reputation is enhanced as a training centre for its future medical workforce.

Cleared as complete and accurate: 16/11/2020

Cleared by: EDMS

Ext: 43596

Contact Officer name:

Nicholas Coatsworth

Ext: 43596

Lead Directorate:

Canberra Health Services

Cleared for release

Yes

Information Officer name:

Nicholas Coatsworth

TRIM Ref:

COR20/31471

- Dr Coatsworth and Dr Swaminathan are working towards real change in the physician training program and are actively nurturing an improved relationship between CHS's trainee physicians and their senior clinical colleagues.
- CHS has also appointed Dr Kathryn Daveson to the position of Director of Physician Education at CHS, to support Dr Swaminathan and focus on the training issues specific to CHS. Dr Daveson has a proven track record of implementing quality and safety programs nationally.
- Despite the difficulties which the report identifies, the number of trainees in the ACT Physician Training Network has grown year on year, with 58 trainees in the 2020 intake.

Background Information

- The drop in pass rates (see table below) likely reflects a combination of factors in addition to those outlined in the report. The network written exam pass rates (the precursor to the clinical exams) remain commensurate with the national average.

	2018	2019
ACT rate:	36%	37%
Aust rate:	70.6%	69.6%

Cleared as complete and accurate: 16/11/2020

Cleared by: EDMS

Contact Officer name:

Nicholas Coatsworth

Ext: 43596

Ext: 43596

Lead Directorate:

Canberra Health Services

Cleared for release

Yes

Information Officer name:

Nicholas Coatsworth

TRIM Ref:

COR20/31471

From: [Alexander, Tonia \(Health\)](#) on behalf of [Executive Director of Medical Services](#)
To: [Coatsworth, Nicholas \(Health\)](#); [Swaminathan, Ashwin \(Health\)](#)
Subject: FW: For Input Due 12noon Tuesday 1 December 2020 - GBCHS20/313 - Assembly 2 December 2020 - Notice of Motion - Preventing Fatigue and Physician Training Program
Date: Monday, 30 November 2020 5:21:00 PM
Attachments: [Notice of Motion 2 December 2020 - ASMOF - Physician Training Program.docx](#)
[13. Physician Training Program December Sitting.DOCX](#)
Importance: High

UNOFFICIAL

FYI.

Nick I will work on this first thing tomorrow for your clearance. I have asked HR for information against points 3 and 4.

Tonia

From: Pearson, Karen (Health) <Karen.Pearson@act.gov.au> **On Behalf Of** Canberra Health Services Ministerial
Sent: Monday, 30 November 2020 5:14 PM
To: Executive Director of Medical Services <edms@act.gov.au>
Cc: Macpherson, Katherine (Health) <Katherine.Macpherson@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>; Stevenson, Nicole (Health) <Nicole.Stevenson@act.gov.au>
Subject: For Input Due 12noon Tuesday 1 December 2020 - GBCHS20/313 - Assembly 2 December 2020 - Notice of Motion - Preventing Fatigue and Physician Training Program
Importance: High

UNOFFICIAL

Dear Tonia

Please see attached Notice of Motion for Wednesday in relation preventing fatigue and physician training program.

You prepared the attached QTB which will be used for the base for additional dot points.

- CHS has accepted all of the recommendations, and to date has addressed 38 of them through initiatives rolled out during 2019 and 2020.
- Actions to address the remaining recommendations are part of a program in place for action as soon as practicable, overseen by the Physician Training Committee.
- Junior Doctors Pay Issue (Underpayment of JMOs)
- Any additional information in relation to the EBA.

It would be appreciated if dot points could be provided by 12noon Tuesday 1 December 2020.

Many thanks

KP

Karen Pearson | Assistant Director | Assembly and Ministerial Liaison

Phone: 02 5124 9524 | Email: CHS.Ministerial@act.gov.au

Government Relations | Canberra Health Services | ACT Government

Level 1, Building 28 Canberra Hospital, Garran ACT 2605 | health.act.gov.au

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NOTICE OF MOTION**2 December 2020****HEALTH MRS JONES:** To move—That this Assembly:

- (1) notes:
 - (a) the Australian Salaried Medical Officers Association (ASMOA) states that, ‘hospital management has a duty of care in preventing fatigue-related incidents, and a vicarious liability for actions by employees. The hospital also has a legal obligation to provide a safe working environment for its staff.’;
 - (b) ASMOA also states that, ‘the impact upon a doctor's professional and private life of receiving a complaint must not be underestimated. The enormity of an error, whether fatigue-related or not, can even lead to doctor suicide.’;
 - (c) the ACT Public Sector Medical Practitioners Enterprise Agreement 2017-2021 (the Enterprise Agreement) at section 19, governs how rostering, shifts, and days free from duty is managed to avoid burnout and exhaustion;
 - (d) the 2020 report prepared for ACT Health, ACT BPT Training Program Review, revealed that:
 - (i) 79 percent of junior doctors are suffering burnout and 68 percent are experiencing emotional exhaustion; and
 - (ii) as a result, just 37 percent of junior doctors passed their clinical exams, compared to a national average of 70 percent; and
 - (e) the prevalence of burnout and exhaustion experienced by junior doctors is unacceptable, and risks being in breach of the Enterprise Agreement; and
- (2) calls on the ACT Government to:
 - (a) adhere to the Enterprise Agreement and reduce burnout and exhaustion by implementing better systems to support and manage junior doctors; and
 - (b) report to the Assembly each year on the progress of reducing junior doctor burnout and exhaustion. (*Notice given 30 November 2020. Notice will be removed from the Notice Paper unless called on within 4 sitting weeks—standing order 125A*).

GBCHS20/300

Portfolio: Health**ISSUE: PHYSICIAN TRAINING PROGRAM****Talking points:**

- Canberra Health Services (CHS) is committed to providing its trainee physicians with the best possible opportunity to learn and gain professional experience, in late 2019 CHS commissioned a review to examine a drop in the pass rate of CHS trainees in the Royal Australasian College of Physicians Clinical Examination.
- The review made 54 recommendations in relation to the physician training program and the workplace for physician trainees at CHS. CHS has accepted all of the recommendations, and to date has addressed 38 of them through initiatives rolled out during 2019 and 2020.
- Actions to address the remaining recommendations are part of a program in place for action as soon as practicable, overseen by the Physician Training Committee. Where recommendations require extra resources, the ACT Network Director of Physician Education will undertake benchmarking with comparably sized hospitals to determine resource requirements.
- More broadly, specialist training programs at CHS are very successful:
 - The pass rates in **emergency medicine and general surgery** are consistently at or very near to 100 per cent and among the highest in Australia;
 - A 100 per cent pass rate of ACT trainees who sat various components of exams in the Royal College of **Pathologists** of Australasia this year. These exams are ongoing and CHS provides continuous support to the trainees. The pass rate is a reflection of the tremendous effort of the trainees, and the commitment of the staff who support them.
- **Emergency Medicine** trainees at CHS have significant weekly amounts of protected teaching time, and appropriate access to study leave and reduced working hours, to ensure they are fully prepared for their exams.

Cleared as complete and accurate:	16/11/2020	
Cleared by:	Chief Executive Officer	Ext: 43596
Contact Officer name:	Nicholas Coatsworth	Ext: 43596
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Nicholas Coatsworth	
TRIM Ref:	COR20/31471	

- The CHS **radiology** training program has made great strides in turning its culture around after receiving a number of recommendations for improvement from the College of Radiology in 2018. CHS radiology trainees work a standard 40 hour week with no unrostered overtime, and trainees who work a week of nights follow this with a week off.
- The Radiology program has expanded to include a regional rotation to Orange, and is currently negotiating rotations to large hospitals in Sydney. 11 CHS radiology trainees sat their exams in October this year, and of these, all junior trainees and all first-time sitting senior trainees were given three to four weeks study leave in the lead-up to their exams.
- This report came at a time in which workplace cultural issues had come to a head and those issues were being addressed through a system-wide review of culture across ACT Health.
- The Government and our community is proud of the way our healthcare workers have pulled together during this very difficult year, given the impact of the bushfires in our region and the great effort required to keep people safe during the COVID-19 pandemic. We thank them for everything they have done and continue to do, to care for each other, patients and families.

Key Information

- CHS has implemented several initiatives to improve the Physician Training Program including:
 - Ensuring dedicated teaching time during working hours for physician trainees;
 - Reviewing rostering and leave allocation processes, to ensure training programs are managed in line with leave arrangements;
 - Committing to improving and implementing trainee wellbeing programs;
 - Establishment of a junior trainee transition mentoring program due to roll out in December 2020 in time for the new intake of employees;
 - One on one meetings with each trainee to explore professional development support, identify individual stressors and reflect on systems improvements;
 - Increased participation across the network by senior medical practitioners in medical handover meetings, where teaching, clinical referencing and collegiality are fostered; and

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Contact Officer name:	Nicholas Coatsworth	Ext: 43596
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Nicholas Coatsworth	
TRIM Ref:	COR20/31471	

- Revision of the clinical exam preparation structure to be in line with comparable successful training networks
- Funding has also recently been approved to recruit additional medical registrars for 2021, which will help to reduce overtime and contribute to covering annual and study leave.
- The recent appointment of the ACT Network Director of Physician Education, Dr Ashwin Swaminathan, to the role of Clinical Director of the Division of Medicine at CHS creates a valuable link between physician trainees and the senior physician staff and has been well received by both groups.
- The appointment of a Senior Medical Registrar occurred in mid-2019 who has been a valuable resource assisting with pastoral care to trainees and examination preparation support.
- The appointment of Dr Kathryn Daveson, to the position of Director of Physician Education (acting DPE) at Canberra Health Services, provides support, in addition to the other network site DPEs, to Dr Swaminathan and renewed focus on the training issues specific to Canberra Health Services. Dr Daveson has a proven track record of implementing quality and safety programs nationally.
- Dr Swaminathan will work with CHS's new Executive Director of Medical Services, Dr Nick Coatsworth. Dr Coatsworth is keen to support an ambitious program of quality training for ACT physician trainees to ensure the organisation's reputation is enhanced as a training centre for its future medical workforce.
- Drs Coatsworth, Swaminathan and Daveson are working towards real change in the physician training program and are actively nurturing an improved relationship between CHS's trainee physicians and their senior clinical colleagues.
- Despite these difficulties, the number of trainees in the ACT Physician Training Network has grown year on year, with 58 trainees in the 2020 intake.
- The drop in local Clinical Exam pass rates likely reflects a combination of factors as outlined in the report. The ACT Network's written exam pass rates, the precursor to the clinical exams, remain commensurate with the national average.

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Contact Officer name:	Nicholas Coatsworth	Ext: 43596
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Cleared for release	Yes	
Information Officer name:	Nicholas Coatsworth	
TRIM Ref:	COR20/31471	

YEAR	2018	2019	2020
Written Examination			
ACT pass rate:	11 of 12 (92%)	11 of 15 (73%)	11 of 16 (69%)
National pass rate:	87%	71 %	78%
Clinical Examination			
ACT pass rate:	5 of 14 (36%)	7 of 17 (37%)	Delayed due to COVID-19
National pass rate:	71%	70%	

Background

- ACT physician trainees are currently sitting their RACP exams, in November and December 2020.
- Earlier this year during the upswing of the COVID-19 pandemic, the College deferred the exam to 2021.
- In June-July 2020, the College surveyed trainees, many of whom indicated an interest in seeing the exam brought forward or at least the option of sitting in 2020.
- In around August 2020 the RACP announced that there would be a staggered exam schedule starting in November 2020 for all states except Victoria. The decision to bring the exams forward was dissatisfying to some trainees, who by that time had made plans (for example, for leave) based on the deferral to 2021.

Cleared as complete and accurate: 16/11/2020
 Cleared by: Chief Executive Officer Ext: 43596
 Contact Officer name: Nicholas Coatsworth Ext: 43596
 Lead Directorate: Canberra Health Services
 Cleared for release: Yes
 Information Officer name: Nicholas Coatsworth
 TRIM Ref: COR20/31471

From: [Swaminathan, Ashwin \(Health\)](#)
To: [Alexander, Tonia \(Health\)](#); [Daveson, Kathryn \(Health\)](#); [Coatsworth, Nicholas \(Health\)](#)
Subject: 13. Physician Training Program December Sitting
Date: Tuesday, 1 December 2020 9:02:22 AM
Attachments: [13. Physician Training Program December Sitting.DOCX](#)

UNOFFICIAL

Hi Tonia

My minor edits and a couple of queries to the submission

Sorry the late reply

Ashwin

GBCHS20/300

Portfolio: Health**ISSUE: PHYSICIAN TRAINING PROGRAM****Talking points:**

- Canberra Health Services (CHS) is committed to providing its trainee physicians with the best possible opportunity to learn and gain professional experience, in late 2019 CHS commissioned a review to examine a drop in the pass rate of CHS trainees in the Royal Australasian College of Physicians Clinical Examination.
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Cleared by:	Chief Executive Officer	Ext: 43596
Contact Officer name:	Nicholas Coatsworth	Ext: 43596
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Nicholas Coatsworth	
TRIM Ref:	COR20/31471	

YEAR	2018	2019	2020
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Cleared as complete and accurate: 16/11/2020
 Cleared by: Chief Executive Officer Ext: 43596
 Contact Officer name: Nicholas Coatsworth Ext: 43596
 Lead Directorate: Canberra Health Services
 Cleared for release: Yes
 Information Officer name: Nicholas Coatsworth
 TRIM Ref: COR20/31471

From: [Swaminathan, Ashwin \(Health\)](#)
To: [Executive Director of Medical Services](#); [Coatsworth, Nicholas \(Health\)](#)
Subject: RE: For Input Due 12noon Tuesday 1 December 2020 - GBCHS20/313 - Assembly 2 December 2020 - Notice of Motion - Preventing Fatigue and Physician Training Program
Date: Tuesday, 1 December 2020 9:43:25 AM

UNOFFICIAL

Hi Nick and Tonia

Just putting my thoughts down on this.

I think this motion and the Govts response be seen as a real opportunity to put junior doctor teaching/training/wellbeing in focus for CHS, and a vehicle to argue for more resources and prioritisation of CHS being a leading educational institution.

It is my view that it would be a mistake to take a narrow view and concentrate on physician trainees only. Physician training is in the crosshairs at the moment, but every few years, it has been various other programs (think O&G, radiology in recent years). To put the spotlight on physician training in perpetuity (by annual reporting) will only add to the stress in that cohort (administrators and trainees) and not help other groups.

Ashwin

From: Alexander, Tonia (Health) <Tonia.Alexander@act.gov.au> **On Behalf Of** Executive Director of Medical Services
Sent: Monday, November 30, 2020 5:22 PM
To: Coatsworth, Nicholas (Health) <Nicholas.Coatsworth@act.gov.au>; Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>
Subject: FW: For Input Due 12noon Tuesday 1 December 2020 - GBCHS20/313 - Assembly 2 December 2020 - Notice of Motion - Preventing Fatigue and Physician Training Program
Importance: High

UNOFFICIAL

FYI.

Nick I will work on this first thing tomorrow for your clearance. I have asked HR for information against points 3 and 4.

Tonia

From: Pearson, Karen (Health) <Karen.Pearson@act.gov.au> **On Behalf Of** Canberra Health Services Ministerial
Sent: Monday, 30 November 2020 5:14 PM
To: Executive Director of Medical Services <edms@act.gov.au>
Cc: Macpherson, Katherine (Health) <Katherine.Macpherson@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>; Stevenson, Nicole (Health) <Nicole.Stevenson@act.gov.au>

Subject: For Input Due 12noon Tuesday 1 December 2020 - GBCHS20/313 - Assembly 2
December 2020 - Notice of Motion - Preventing Fatigue and Physician Training Program
Importance: High

UNOFFICIAL

Dear Tonia

Please see attached Notice of Motion for Wednesday in relation preventing fatigue and physician training program.

You prepared the attached QTB which will be used for the base for additional dot points.

- CHS has accepted all of the recommendations, and to date has addressed 38 of them through initiatives rolled out during 2019 and 2020.
- Actions to address the remaining recommendations are part of a program in place for action as soon as practicable, overseen by the Physician Training Committee.
- Junior Doctors Pay Issue (Underpayment of JMOs)
- Any additional information in relation to the EBA.

It would be appreciated if dot points could be provided by 12noon Tuesday 1 December 2020.

Many thanks

KP

Karen Pearson | Assistant Director | Assembly and Ministerial Liaison

Phone: 02 5124 9524 | Email: CHS.Ministerial@act.gov.au

Government Relations | Canberra Health Services | ACT Government

Level 1, Building 28 Canberra Hospital, Garran ACT 2605 | health.act.gov.au

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From: [Alexander, Tonia \(Health\)](#) on behalf of [Executive Director of Medical Services](#)
To: [Canberra Health Services Media](#); [Executive Director of Medical Services](#)
Cc: [Swaminathan, Ashwin \(Health\)](#)
Subject: RE: For info: Physicians training - media request
Date: Wednesday, 2 December 2020 11:45:19 AM

OFFICIAL

This is fine as discussed thanks Charlotte.

Tonia

From: Harper, Charlotte (Health) <Charlotte.Harper@act.gov.au> **On Behalf Of** Canberra Health Services Media
Sent: Wednesday, 2 December 2020 11:43 AM
To: Executive Director of Medical Services <edms@act.gov.au>
Cc: Swaminathan, Ashwin (Health) <Ashwin.Swaminathan@act.gov.au>; Canberra Health Services Media <CHSmedia@act.gov.au>
Subject: For info: Physicians training - media request

OFFICIAL

Hi Tonia,

We have a very urgent media request via Minister's office with info due by 12.20pm today. A journalist has put it to the Minister that the high fail rate in physician trainees is a longstanding issue. I've checked in with Ashwin and we propose providing this additional info to the Minister:

'In the years leading up to the two covered by the review (2018 and 2019), the pass rate for the RACP physician trainee exams at CHS was commensurate with the national average.'

The Minister already has this approved line: *'The drop in the pass rate of CHS trainees in the RACP exams looked very out of the ordinary given we have had excellent pass rates previously'*.

I'll call you about this now.

Kind regards,

Charlotte Harper | Director, Media

Canberra Health Services | ACT Government

Phone: [REDACTED] | Email: charlotte.harper@act.gov.au

Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | www.health.act.gov.au

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I acknowledge the Aboriginal and Torres Strait Islander peoples as the traditional custodians of the lands and waters of Australia, and the Ngunnawal and Ngambri people as the traditional custodians of the land in the ACT and surrounding NSW. I value the continuing contribution of their culture to this region and pay my respects to Elders past, present and emerging.

From: Cook, Caitlin <Caitlin.Cook@act.gov.au>
Sent: Wednesday, 2 December 2020 10:14 AM
To: Canberra Health Services Media <CHSmedia@act.gov.au>
Subject: Physicians training program - media request

Hi team,

We're fielding some requests on the Physicians Clinical Examination – this is coming off a motion in the Assembly today.

After two years of disappointing rates, we commissioned the report. Do you know how the previous years exams were going? One media outlet has called it a consistent ongoing issues so keen to point to previous years.

Can whoever picks this one up give me a call and I'll talk you through it.

Thank you!

Caitlin Cook

Senior Communications Adviser – Minister Rachel Stephen-Smith
Government Communications Unit
Office of the ACT Chief Minister

T: (02) 6207 8731 | M: [REDACTED] | E: caitlin.cook@act.gov.au

From: [Alexander, Tonia \(Health\)](#) on behalf of [Executive Director of Medical Services](#)
To: [Swaminathan, Ashwin \(Health\)](#); [Daveson, Kathryn \(Health\)](#)
Cc: [PhysicianTrainingEducation](#)
Subject: FW: VERY URGENT Due 12.30pm QTB Physician Training
Date: Wednesday, 2 December 2020 11:56:00 AM
Attachments: [13. Physician Training QTB.docx](#)
Importance: High

OFFICIAL

Hi Ashwin and Kathryn

See below question highlighted about pass rates prior to commissioning the report.

Do you have the pass rates for the years 2016 and 2017?

Tonia

From: Pearson, Karen (Health) <Karen.Pearson@act.gov.au> **On Behalf Of** Canberra Health Services Ministerial
Sent: Wednesday, 2 December 2020 11:52 AM
To: Executive Director of Medical Services <edms@act.gov.au>
Cc: Alexander, Tonia (Health) <Tonia.Alexander@act.gov.au>; Macpherson, Katherine (Health) <Katherine.Macpherson@act.gov.au>
Subject: VERY URGENT Due 12.30pm QTB Physician Training
Importance: High

OFFICIAL

Dear Tonia

Please see comment from the Minister's Office in relation to the attached QTB

- Separate out General Surgery and Emergency stats if possible
- **Add the stats for pass rates before the decline which necessitated action**

It would be appreciated if the updated QTB or advice be provided no later than 12.30pm today.

Many thanks

KP

Karen Pearson | Assistant Director | Assembly and Ministerial Liaison
 Phone: 02 5124 9524 | Email: CHS.Ministerial@act.gov.au
Government Relations | Canberra Health Services | ACT Government
 Level 1, Building 28 Canberra Hospital, Garran ACT 2605 | health.act.gov.au
RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

GBCHS20/300

Portfolio: Health**ISSUE: PHYSICIAN TRAINING PROGRAM****Talking points:**

- Canberra Health Services (CHS) is committed to providing its trainee physicians with the best possible opportunity to learn and gain professional experience.
- In late 2019 CHS commissioned a review to examine a drop in the pass rate of CHS trainees in the Royal Australasian College of Physicians Clinical Examination. The review made 54 recommendations in relation to the physician training program and the workplace for physician trainees at CHS.
- CHS has accepted all of the recommendations, and in the context of the COVID-19 pandemic, has moved as quickly as possible to address 38 recommendations since receiving the report in late 2019.
- Actions to address the remaining recommendations are part of a program in place for action as soon as practicable, overseen by the Physician Training Committee. A comprehensive strategy will undergo consultation and be endorsed by January 2021.
- Where recommendations require extra resources, the ACT Network Director of Physician Education will undertake benchmarking with comparably sized hospitals to determine resource requirements.
- More broadly, specialist training programs at CHS are very successful:
 - The pass rates in **emergency medicine and general surgery** are consistently at or very near to 100 per cent and among the highest in Australia;
 - 100 per cent of ACT trainees have passed various components of exams in the Royal College of **Pathologists** of Australasia so far this year. These exams are ongoing and CHS provides continuous support to the trainees. The pass rate is a reflection of the tremendous effort of the trainees, and the commitment of the staff who support them.

Cleared as complete and accurate:	01/12/2020	
Cleared by:	Chief Executive Officer	Ext: 43596
Contact Officer name:	Nicholas Coatsworth	Ext: 43596
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Nicholas Coatsworth	
TRIM Ref:	GBCHS20/300	

- **Emergency Medicine** trainees at CHS have significant weekly amounts of protected teaching time, and appropriate access to study leave and reduced working hours, to ensure they are fully prepared for their exams.
- The CHS **radiology** training program has made great strides in turning its culture around after receiving a number of recommendations for improvement from the College of Radiology in 2018. CHS radiology trainees work a standard 40 hour week with no unrostered overtime, and trainees who work a week of nights follow this with a week off.
- The radiology program has expanded to include a regional rotation to Orange, and is currently negotiating rotations to large hospitals in Sydney. 11 CHS radiology trainees sat their exams in October this year, and of these, all junior trainees and all first-time sitting senior trainees were given three to four weeks study leave in the lead-up to their exams.
- The review of physician training came at a time in which workplace cultural issues had come to a head and those issues were being addressed through a system-wide review of culture across ACT Health.
- The Government and our community is proud of the way our healthcare workers have pulled together during this very difficult year, given the impact of the bushfires in our region and the great effort required to keep people safe during the COVID-19 pandemic. We thank them for everything they have done and continue to do, to care for each other, patients and families.

Key Information

Physician Training Program

- CHS has already implemented several initiatives to improve the Physician Training Program including:
 - Ensuring dedicated teaching time during working hours for physician trainees;
 - Restructuring rosters to allow for better work-life balance;
 - Implementing a leave management plan that takes exam preparation into account and ensures trainees are able to take their leave as entitled;
 - Committing to improving and implementing trainee wellbeing programs, modelled on successful interstate examples, that includes individualised pastoral care, mentoring, and career development;

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Cleared by:	Chief Executive Officer	Ext: 43596
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Lead Directorate:	Canberra Health Services	
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- Establishing a junior trainee mentoring program, rolling out in December 2020 to coincide with the new intake of employees in February 2021;
 - One on one meetings with each trainee to explore professional development support, identify individual stressors and reflect on systems improvements;
 - Increased participation across the network by senior medical practitioners in medical handover meetings and other physician training activities (where teaching and fostering of workplace relationships occur);
 - Increasing accessibility to teaching activities for junior and senior medical staff by offering multi-modal technology options;
 - Revision of the clinical exam preparation structure to be in line with comparable successful training networks.
- CHS is also recruiting additional medical registrars for 2021, which will help to reduce overtime and contribute to covering annual and study leave.
 - Several appointments have been made to address structural issues identified in the report.
 - A Senior Medical Registrar was appointed in mid-2019 and has proven a valuable resource assisting with pastoral care to trainees and examination preparation support.
 - The recent appointment of the ACT Network Director of Physician Education to the role of Clinical Director of the Division of Medicine at CHS creates a valuable link between physician trainees and the senior physician staff and has been well received by both groups.
 - The appointment of a Director of Physician Education at CHS, provides support to Division of Medicine and renews focus on the training issues specific to Canberra Health Services. The Director of Physician Education has a proven track record of implementing quality and safety programs nationally.
 - The new Clinical Director of the Division of Medicine will work with CHS's new Executive Director of Medical Services (Dr Nick Coatsworth.)
 - Dr Coatsworth is himself a physician, and an RACP education supervisor and examiner. Dr Coatsworth is keen to support an ambitious program of quality training for ACT physician trainees to ensure the organisation's reputation is enhanced as a training centre for its future medical workforce.
 - The team are working towards real change in the physician training program and are actively nurturing an improved relationship between CHS's trainee physicians and their senior clinical colleagues.
 - Despite these difficulties, the number of trainees in the ACT Physician Training Network has grown year on year, with 58 trainees in the 2020 intake.

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- The drop in local Clinical Exam pass rates likely reflects a combination of factors as outlined in the report. The ACT Network's written exam pass rates, the precursor to the clinical exams, remain commensurate with the national average.

YEAR	2018	2019	2020
Written Examination			
ACT pass rate:	11 of 12 (92%)	11 of 15 (73%)	11 of 16 (69%)
National pass rate:	87%	71 %	78%
Clinical Examination			
ACT pass rate:	5 of 14 (36%)	7 of 17 (37%)	Delayed due to COVID-19
National pass rate:	71%	70%	

Background

Regarding a deferment in the clinical exam in 2020:

- ACT physician trainees are currently sitting their RACP exams, in November and December 2020.
- Earlier this year during the upswing of the COVID-19 pandemic, the College deferred the exam to 2021.
- In June-July 2020, the College surveyed trainees, many of whom indicated an interest in seeing the exam brought forward or at least the option of sitting in 2020.
- In around August 2020 the RACP announced that there would be a staggered exam schedule starting in November 2020 for all states except Victoria. The decision to bring the exams forward was dissatisfying to some trainees, who by that time had made plans (for example, for leave) based on the deferral to 2021.

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