

Facility Accreditation Report

Accreditation Report

This report includes the following hospital and its related terms:

Moruya Hospital

Accreditation Report Details:

Date of Visit:	16 July 2019
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Expected date for next site visit:	July 2022
Accreditation expiry date:	30 September 2022

Facility Accreditation Recommendation

3 years with 4 provisos

13-01-2020 proviso updates added by CRMEC

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Introduction

Moruya Hospital sits on the banks of Moruya River and it is near to the beaches of the Eurobodalla. This is a small rural hospital with a relatively stable nursing and medical workforce. This provides a strongly collegiate, interdisciplinary environment in which the JMOS will experience excellent and functional working relationships with the local team.

Moruya Hospital is part of the Southern NSW Local Health District (LHD) which has had experience within other sites with JMO education requirements. However secondment to Moruya Hospital has not previously been on a sustained nor regular basis. The CRMEC visited the hospital in 2018 and provisionally accredited Moruya Hospital for two PGY2 positions in General Practice Medicine. This secondment arrangement with CHHS commenced in 2019.

Moruya Hospital has an emergency department, 27 open medical beds which includes a small number of surgical beds, 4 close observation unit beds within the medical ward, a small obstetric unit, a rehabilitation unit with 12 open beds, a dialysis unit, a day chemotherapy unit and Hospital in the Home service. There are busy outpatient clinics for oncology, haematology and renal medicine all with specialists visiting from Canberra. There is an anaesthetic and surgical clinic.

All inpatient medical care is provided by general practitioner (GP) visiting medical officers (VMOs). There are two GP teams with two GPs doing daily rounds. There are generally 8 to 15 patients admitted under each team. There are ten GPs on the roster, each on for their team for 5-7 days at a time. Some of these GPs do not have rooms.

There is a consultant rehabilitation physician two days a week, with the patients admitted under a third GP VMO. There is a consultant surgeon on call at all times with a registrar on rotation from Canberra.

The obstetric unit has a consultant obstetrician supported by three GP obstetricians. It is a teaching unit for GP obstetrics. The Emergency Department is located on the same floor as the inpatient wards and staffed 24/7 with senior medical staff which include FACEMs, GP VMOs, and Career Medical Officers. The doctor in the ED responds to emergencies on the ward as required.

The ANU Rural Clinical School has a strong presence at Moruya Hospital and the medical students attend ward rounds with the GP VMOs, surgeons and obstetric teams. The hospital also receives overseas trained doctors in their first clinical role in Australia, and locum junior medical officers (JMOs).

Executive Summary

1. The facility has commenced a new education and training program (ETP). Establishing a strong program foundation from which JMO education and training can expand and flourish is vital. The facility has the benefit of long term staff in the general manager and director of nursing positions, and a desire to provide an excellent education program and training experience for JMOs was enunciated by these executive staff members.
2. The facility's accreditation submission indicated a lack of understanding and potentially a lack of engagement by staff in the accreditation, self-evaluation and quality improvement process. The self-evaluation and the documentation relating to strategic planning, job responsibilities, committee functions and the overall ETP that was provided in the accreditation submission were not reflective of policies, procedures and practicalities at Moruya Hospital.
3. The facility has a strong culture across all disciplines that provides a supportive workplace and learning experience for JMOs. The JMOs feel welcomed within the facility and the Moruya community, and their welfare is a clear priority within the facility.
4. There is no formal, documented ETP and as a result, no mapping to the Australian Curriculum Framework (ACF) and no program evaluation. However, the JMOs report that the face-face education that is provided is of a high quality.
5. The GCTC does not operate within the documented terms of reference and appears to have limited oversight of the ETP and DPET role. The GCTC undertakes no evaluation of the ETP and is reported to be poorly attended by supervisors. JMO engagement in the GCTC appears to be minimal. Conflicts of interest are present in the current assignment of responsibilities within the ETP (e.g. the DPET and primary supervisor roles).

In smaller facilities, the role of the GCTC might be appropriately adopted by another committee with appropriate representation and similar interests. At Moruya Hospital, the Clinical Review Committee is an established committee that could adopt a role in overseeing the ETP, should formation of a new committee not be feasible.

6. Engagement of supervisors is an important consideration and a potential challenge in many teaching facilities. While the visiting medical officers (VMOs) at Moruya Hospital have taken a proactive role in supporting, teaching, training and supervision of JMOs, there appears to be minimal support for supervisors to appreciate and undertake their roles within the program. Plans outlined in December 2018 have not been seen to fruition.
7. The term descriptions do not fully outline the scope of practice for JMOs interfacing with other services. The JMOs take on roles interfacing with the rehabilitation unit, cancer centre and patient transport, among others. Additionally, the JMOs are undertaking roles for which specific training may be required that is not clearly outlined in the term descriptions, for example undertaking well-baby checks, and duties associated with palliative care (e.g. planning, communicating with family etc). Because these roles have not been well defined in the term description, informal handover notes are used by JMOs, some of which describe JMOs potentially working outside their scope of practice.
8. There is not a clear vision within the facility for the ongoing roles and development of JMO positions as part of any medical workforce planning or clinical services development.

Accreditation Rating Scale

The Visit Team uses the rating scale below to assess to what extent the criteria within the “**Accreditation Standards**” have been met by a facility. Facilities use the same rating scale when submitting documentation prior to the visit to assess their own performance against the Accreditation Standards. Each of the four rating points is identified below. A rating of ‘some major concerns’ or ‘extensive concerns’ should be justified within the body of the report, and will usually be accompanied by provisos and/or recommendations for improvement by the facility.

No concerns: There is good evidence to show compliance with the Accreditation Standards. There is evidence that systems and processes to support junior medical officer (JMO) education and training are integrated and observed uniformly across the health services. These systems and processes are effective and are monitored and evaluated, with outcomes fed back and acted upon in line with efforts to continuously improve training.

Minor concerns: There is good evidence of systems and processes in place to support JMO education and training but they are either not yet fully integrated or not observed uniformly across the health service. These systems and processes are generally effective and are monitored and evaluated.

Major concerns: There is some evidence of systems and processes in place to support JMO education and training, but this is inconsistent across the facility and/or is ineffective. There is little or no monitoring or evaluation of outcomes of processes to provide continuous improvement.

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

Summary of Accreditation Ratings

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

Comment Standard 1: Governance and Program Management

- 1.1.1 A strategic plan for South East Regional Hospital (SERH) was presented as having been adapted for Moruya Hospital. Neither the DMS, DPET nor supervisors appeared to be familiar with this plan and the foundation structures to achieve the goals aspired to in the plan did not appear to be in place.
- 1.1.2 The facility did not demonstrate that there is funding for the ETP. The DPET is funded for 50% of the documented face-face teaching time and is not funded to plan teaching, attend meetings or provide JMO support. Support for the ETP is referred to as being ad hoc.
- 1.1.3 There is an organisational structure that does not refer to the DPET or GCTC. There appears to be limited understanding and executive accountability for the program.
- 1.1.4 Roles in which the JMO interfaces with other services (e.g. rehabilitation unit, patient transport services, end-of-life care, baby checks and the cancer unit) are not delineated. Informal documentation indicates potential areas in which JMOs could be working out of their scope of practice.
- 1.1.5 An ETP from SERH was presented as having been adopted by Moruya Hospital. Neither the Acting DMS, DPET, educators, nor supervisors appeared to have knowledge of this plan. The functional ETP is undocumented.
- 1.2.3 There is no MEU. On-boarding of JMOs and accommodation arrangements are organised by a fulltime general administrator, but the DPET and educators report that they receive no specific administrative support.
- 1.2.4 There appears to be no budget for development of the ETP.
- 1.2.5 There is no JMO lounge or debrief space. All space is shared with supervisors.
- 1.3.1 Terms of reference for both a PETC and a GCTC were presented in the desktop audit. Neither terms of reference reflect practice in the facility.
- 1.3.2 There is no committee taking a functional oversight over the ETP. The DPET noted that a Clinical Review Committee meets but was reported to not take a role in overseeing the ETP.
- 1.3.3 The DPET and Acting DMS reported that there is no GCTC meeting regularly to formally review the ETP. The terms of reference provided in the desktop audit did not reflect practice in the facility.
- 1.3.4 There were no minutes available to suggest a GCTC functions and has any outcomes to communicate to JMOs.

Overall, there are significant concerns regarding the governance and program management. The strategic plan, education plan, and documentation provided for the desktop audit failed to reflect processes within Moruya Hospital. The desktop submission indicates that the plans for program development and improvement reported in December 2018 have not progressed, with many strategies reported in December 2018 still noted as being for future implementation. This was also evident during the site visit.

A clear conflict of interest is present with the primary supervisor also allocated to the role of DPET. There is currently no committee adequately taking the role of ETP oversight, and as such there is no oversight, evaluation or quality improvement, and minimal-no engagement of supervisors in this process. However, there is evidence that some evaluation has occurred on an informal level.

The current term descriptions do not adequately detail the role of JMOs in some aspects of the service, notably interface with other clinical services, and the informal handover notes present some potential risks regarding JMOs working within scope of practice.

Standard 2: Monitoring, Evaluation and Continuous Improvement		No Concerns	Minor Concerns	Major Concerns	Extensive Concerns
2.1 Evaluation JMO education and training					
2.1.1 Facilities have processes to monitor and evaluate the quality of JMO education and training			X		
2.1.2 JMOs have the opportunity and are encouraged to provide feedback on all aspects of their education and training. Feedback is addressed sensitively and anonymised as appropriate.			X		
2.1.3 Facilities use JMO evaluations of orientation, education sessions, supervision, terms and assessments to develop the ETP for JMOs			X		
2.1.4 Mechanisms are in place to access feedback from supervisors to inform program monitoring and continuous improvement.				X	
2.1.5 Facilities act on feedback and modify the ETP as necessary to improve the JMO experience, using innovative approaches where possible.				X	
2.1.6 Facilities support the delivery of JMO education and training by forming constructive working relationships with other agencies and facilities.		X			
Overall Rating :			X		
Comments Standard 2: Monitoring, Evaluation and Continuous Improvement <p>2.1.1 There is no formal process to evaluate the ETP. It was reported that the JMOs are able to talk with the DMS or DPET to provide feedback on an informal, face-face basis.</p> <p>2.1.2 There is no formal evaluation. The DPET and Acting DMS did not report receiving feedback from the parent facility, but given the small cohort of JMOs who have rotated to Moruya Hospital, the survey team did not expect any formal feedback would yet have been provided through this mechanism. It is reported in the desktop audit that a formal meeting will occur twice per term between DPET, DMS and JMOs, in addition to meetings of a GCTC; however the DMS reported that none of these formal meetings have not occurred.</p> <p>2.1.3 There was no evidence that informal feedback had been used to improve the ETP since commencement of the program.</p> <p>2.1.4 It was reported that the majority of supervisors, who are all VMOs, have very limited involvement in the program or any meetings at the hospital.</p> <p>2.1.5 No feedback has been formally collected to inform improvements and the facility was unable to report the process through which quality improvement related to education and training occurs.</p> <p>Overall, evaluation of the JMO program appears to have occurred on some informal levels. However, this is not documented and there is no formal process to ensure evaluation is regular, ongoing, receives input from all stakeholders and leads to program improvements.</p>					

Standard 3: Education, Training and Clinical Experience		No Concerns	Minor Concerns	Major Concerns	Extensive Concerns
3.1 Education and Training					
3.1.1	All JMOs are able to access the ETP provided and supplementary training activities offered on all terms.		X		
3.1.2	Formal ETP sessions are designated protected time and pager free.		X		
3.1.3	The ETP offered is mapped to the ACF and covers topics relevant to JMO training.		X		
3.1.4	The ETP is structured to reflect the requirements of the registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training.	N/A for PGY2 ETP			
3.1.5	Facilities provide career guidance to JMOs to help inform career choices and how to access these careers.	X			
3.1.6	JMOs complete a Basic Life Support course as part of the facility orientation program, and every two years thereafter.	X			
3.1.7	JMOs are encouraged to participate in hospital wide educational opportunities, for example Grand Rounds.	X			
3.2 Clinical Experience					
3.2.1	Facilities provide JMOs with a program of terms that enables the attainment of ACF competencies, including relevant skills and procedures. Intern terms should reflect the requirements of the registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training.	N/A for PGY2 ETP			
3.2.2	Facilities ensure JMOs are able to partake in learning opportunities appropriate to each term, including practical experience in each specialty undertaken with the opportunity to improve their practical skills. This includes exposure to theatre time during surgical terms. Intern terms should take into account the Australian Medical Council Guidelines for intern terms.	X			
3.2.3	In identifying terms for training, facilities consider the following: • complexity and volume of the unit's workload, • the JMO's workload, • the experience JMOs can expect to gain, • How the JMO will be supervised, and who will supervise them.	X			
3.2.4	All clinical settings for JMOs are able to demonstrate the education and learning opportunities available.	X			
3.2.5	JMOs have access to the tools and opportunities for an appropriate handover at the start and end of each shift, during shifts if required, and at the start of each term.	X			
3.2.6	Facilities provide information to JMOs regarding the experiences available on all terms, including those at secondary sites.	X			
3.2.7	All terms have an approved term description that has been developed by the term supervisor with input from JMOs who have undertaken the term. Term descriptions are monitored and updated regularly to ensure they reflect the current practice and experience available on each term.		X		
3.2.8	Facilities provide a comprehensive orientation to JMOs at the beginning of their employment with that facility.	X			
3.2.9	JMOs receive an orientation to all secondary training sites that they rotate through.	N/A			
3.2.10	JMOs complete a Basic Life Support course as part of the facility orientation program, and every two years thereafter.	X			
3.2.11	All JMOs receive an appropriate orientation to each term.	X			
Overall Rating :			X		

Comment Standard 3: Education, Training and Clinical Experience

3.1.1 At times the JMOs have been unable to attend teaching due to workload.

3.1.2 Teaching time appears to not be classified as protected and pager free.

3.1.3 There is no formal documentation of the ETP being delivered therefore ACF mapping is not evident. A mapped ETP from South East Regional Hospital was provided to the survey team, but the DPET, Acting DMS and educators indicated that this plan is not being delivered at Moruya Hospital.

3.2.7 There is a term description that generally reports the term experience. The term description does not clarify the interface between JMOs and other services (e.g. rehabilitation unit, patient transport services, end-of-life care, baby checks and the cancer unit). This gap is a risk for JMOs working out of scope of practice.

Overall, there appears to be a strong clinical experience for JMOs at Moruya Hospital. There are staff members who are enthusiastic about providing education, and opportunities exist for interdisciplinary learning and near-peer teaching with the medical school students. External education opportunities appear to have been offered. However, the ETP is not documented or mapped, and at times education has not been prioritised. Without an ongoing strong commitment to the education program, there is the risk that education will fall off the agenda. This appears to have occurred, as the quality improvement initiatives associated with the ETP reported in the desktop audit from December 2018 have failed to progress.

The current term descriptions do not adequately detail the role of JMOs in some aspects of the service, notably interface with other departments, and the informal JMO handover notes present some potential risks regarding JMOs working within scope of practice.

Standard 4: Supervision		No Concerns	Minor Concerns	Major Concerns	Extensive Concerns
4.1 Clinical Supervision					
4.1.1	JMOs are supervised at all times at a level appropriate to their experience and responsibilities.	X			
4.1.2	Facilities have a supervision guideline that is understood and adhered to by supervisors.			X	
4.1.3	Supervisors have appropriate competencies, skills, knowledge, authority, time and resources to supervise JMOs during all periods of duty.	X			
4.1.4	JMOs learning objectives are discussed with the Term Supervisor at the start of each term and a learning plan developed.		X		
4.1.5	Term Supervisors are known to and accessible by JMOs, understand their roles and responsibilities in assisting JMOs to meet learning objectives, and demonstrate a commitment to JMO training.	X			
4.1.6	Facilities provide appropriate support and professional development opportunities to supervisors for their roles.			X	
4.1.7	Supervisors are responsible for providing JMOs with regular constructive feedback.		X		
Overall Rating :			X		
<p>Comment Standard 4: Supervision</p> <p>4.1.2 The facility provided the CRMEC Supervisor Guide to the survey team. The document has not been adapted to the Moruya Hospital setting. There was no indication that the DPET or the supervisors are aware of this document.</p> <p>4.1.4. It appeared that supervisors were unaware of the term learning objectives.</p> <p>4.1.6 Despite the desk top audit identifying a range of training opportunities delivered outside the facility, the supervisors, DPET and Acting DMS were unable to identify any training opportunities related to their supervisory roles that had been promoted or offered to them.</p> <p>4.1.7 While feedback appears to happen, it reported to be ad hoc and there is no formal process. In practice there are two teams and the VMOs rotate into the hospital, meaning practical supervision changes regularly. The designated supervisor responsible for assessment may have limited contact with the JMOs over the full term, and there appeared to be no formal process through which JMO performance is discussed.</p> <p>Overall, supervision appears to be adequate and supervisors appear to be engaged in bedside teaching. However, few resources have been provided to assist supervisors in this role. Engagement of supervisors over the longer term is often a challenge in smaller facilities; therefore, commitment to providing support and resources should not be underestimated. A facility-specific supervisor guideline is not available, and supervisors appeared unaware of the opportunities outlined in the desktop audits.</p>					

Standard 5: Assessment	No Concerns	Minor Concerns	Major Concerns	Extensive Concerns
5.1 Assessment Processes for JMOs.				
5.1.1 JMOs are encouraged to take responsibility for their own performance, and to seek feedback from their supervisors in relation to their performance.	X			
5.1.2 Term supervisors outline unit-specific assessment processes at the start of each term, identifying team members involved in assessing JMOs.		X		
5.1.3 Interns undergo valid and reliable formative mid-term assessments for all terms exceeding five weeks. Ideally, this will also occur for all other JMOs.	N/A for PGY2 ETP			
5.1.4 JMOs undergo valid and reliable summative end-of-term assessments for all terms. The supervisor should consult with other team members to maximise reliability. These assessments are discussed with JMOs, who have the opportunity to comment on these.		X		
5.1.5 JMO assessments are confidential and are not released by a facility for any human resources purposes, including employment applications. A copy of all assessments should be provided to the JMO.	X			
5.1.6 Facilities have a process to assist with decisions on the remediation of JMOs who do not achieve satisfactory supervisor assessments.		X		
5.1.7 Facilities implement and document assessments of JMO performance consistent with the registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training.	N/A for PGY2 ETP			
5.1.8 Intern assessment is consistent with the guidelines in the AMC's <i>Intern training – Assessing and certifying completion</i> , and based on interns achieving outcomes stated in the AMC's <i>Intern training – Intern outcome statements</i> .	N/A for PGY2 ETP			
Overall Rating :		X		
Comment Standard 5: Assessment <p>5.1.2 Supervisors did not appear to outline assessment processes to JMOs.</p> <p>5.1.4 Only 50% (1/2) JMOs had a completed assessment in first term.</p> <p>5.1.6 Processes for remediation were untested; however, there is no formal process and the DPET had minimal knowledge of assessment requirements.</p> <p>Responsibility for PG2 assessment lies equally with the supervisors and JMOs. However, the process through which these occur in a term should be clear to the JMO and completed in a timely manner. Supervisors should be aware of the term objectives and the assessment process. Processes for remediation are untested, but the informal nature of the current ETP and the lack of oversight by a committee presents a risk to adequately managing training concerns should they arise.</p>				

Standard 6: JMO Welfare		No Concerns	Minor Concerns	Major Concerns	Extensive Concerns
6.1 Welfare support for JMOs					
6.1.1	The duties, working hours and supervision of JMOs are consistent with the delivery of high-quality, safe patient care and JMO welfare.	X			
6.1.2	Facilities provide access to and information regarding welfare support for JMOs, including information regarding external, independent organisations. This is articulated within facility orientation processes.	X			
6.1.3	Facilities have written policies and processes in place, with appropriate reference to local and national jurisdictional guidelines, to manage welfare, workload, safety and substandard performance of JMOs.		X		
6.1.4	Facilities identify underperforming JMOs in a timely fashion and have appropriate processes to support and manage these JMOs. JMOs are informed of concerns regarding their practice to enable this to be remedied before the end of the training year wherever possible.		X		
6.1.5	Handover of JMO performance across terms is managed by the MEU. Confidential written records are kept of any notifications and discussions of substandard performance with term supervisors.		X		
6.1.6	Facilities have published fair and practical policies for managing annual leave, sick leave and professional development leave.	X			
6.1.7	Facilities have clear impartial pathways for the timely resolution of training-related disputes between JMOs and supervisors, or JMOs and the facility.		X		
6.1.8	Facilities guide and support supervisors and JMOs in the implementation and review of flexible training arrangements. Available arrangements for interns are consistent with the registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training.	X			
6.1.9	Facilities have policies and procedures aimed at identifying, addressing and preventing bullying, harassment and discrimination. JMOs, their supervisors, and other team members are made aware of these policies and procedures	X			
6.1.10	Facilities have processes to identify and support JMOs who are experiencing personal and professional difficulties that may affect their training, as well as processes to provide career advice and confidential personal counselling. JMOs, their supervisors, and other team members are made aware of these policies and procedures.	X			
Overall Rating :			X		
<p>Comment Standard 6: JMO Welfare</p> <p>6.1.3 The facility provided written NSW Health policies. Working knowledge of these policies was lacking.</p> <p>6.1.4 Processes for supporting underperforming JMOs were untested; however, there is no formal process and the DPET had minimal knowledge of requirements for an ETP.</p> <p>6.1.5 There is no formal process to ensure JMO performance is managed across the full training program and reported to the parent facility. This may be apparent in one45 assessments, should they be completed.</p> <p>6.1.7 The DPET is also the primary supervisor for JMOs. This does not allow the proper distinction of these separate roles and can also create a potential conflict of interest and prevent impartial resolution of issues.</p> <p>6.1.10 The JMOs appear to be very well supported within this facility and community of medicine.</p> <p>Overall, the facility appears to have a strong culture and the JMOs are very well supported by both the medical, nursing and allied health teams. The current arrangement with the primary supervisor and DPET roles shared by one person presents a potential conflict of interest and a significant organisational risk in delivering, reviewing and improving a JMO program. The informal nature of the current program and the lack of an independent DPET presents potential risks for managing issues with JMO welfare should they arise.</p>					

Accreditation Status

Term Name	Term Type Core/non-core	PGY1 Term Capacity	PGY2 Term Capacity	Accreditation Status	Accreditation expiry
General Practice Medicine	Non-core	0	2	Accredited with provisos	30 Sept 2022

Commendations

Commendation 1:

The survey team commends the facility for the welcome reception provided to JMOs, the positive culture and the strong interdisciplinary support that is evident.

Commendation 2:

The survey team commends Dr Louise Tuckwell her delivery of education and support of the JMOs in the role of Medical Education Support Officer to the DPET.

Commendation 3:

The survey team commends Dr Neil Starmer for the leadership shown in establishing the education and training program in Moruya Hospital.

Provisos

Proviso 1: Governance and Strategic Planning the ETP

Relating standards:

- 1.1.1 Facilities have a strategic plan for JMO education and training, endorsed by the facility CEO or DG. The facility CEO or DG is responsible for providing adequate resources to meet this plan.
- 1.1.2 Facilities are funded as teaching and training organisations, and therefore give high priority to medical education and training.
- 1.1.3 An organisational structure is in place to support JMO education and training, including a delegated manager with executive accountability for meeting postgraduate education and training standards, for example a Director of Medical Services or equivalent position.
- 1.2.4 Facilities have a dedicated budget to support and develop JMO education and training.

The facility demonstrated minimal to no strategic planning for the ETP.

1. Develop an overarching strategic plan for the ETP that is endorsed by the facility and identifies appropriate resourcing
2. Outline the roles and responsibilities of positions associated with the ETP, and make appointments to those positions with consideration to perceived or real conflicts of interest across roles.
3. Clearly outline reporting lines within the ETP
4. Ensure that the strategic plan includes mechanisms to regularly evaluate and update the plan.

Complete by 15 February 2020

08-01-20 Due to State of Emergency and bushfires in the Moruya Hospital region, an extension was requested and granted to 18 March 2020

Proviso 2: Medical Education Unit

Relating standards:

- 1.2.3 Appropriate full time equivalent levels of qualified staff, including a DPET, MEO and administrative staff, are employed to manage, organise and support education and training.

The current allocation of resources does not appear to meet the program needs. Review the program needs and identify an appropriate source of administrative support for the DPET that will promote planning and documentation of the program.

Complete by 15 February 2020

08-01-20 Due to State of Emergency and bushfires in the Moruya Hospital region, an extension was requested and granted to 18 March 2020

Proviso 3: GCTC

Relating standards:

- 1.3.1 Facilities have an ETP Committee which is adequately resourced, empowered and supported to advocate for JMO education and training
- 1.3.2 The ETP Committee oversees and evaluates all aspects of JMO education and training and is responsible for determining and monitoring changes to education and training.
- 1.3.3 The ETP Committee has Terms of Reference that outline its functions, reporting lines, powers, and membership, which includes JMOs.
- 1.3.4 ETP Committee outcomes are communicated to JMOs in a timely fashion.
- 2.1.1 Facilities have processes to monitor and evaluate the quality of JMO education and training
- 2.1.2 JMOs have the opportunity and are encouraged to provide feedback on all aspects of their education and training. Feedback is addressed sensitively and anonymised as appropriate.
- 2.1.3 Facilities use JMO evaluations of orientation, education sessions, supervision, terms and assessments to develop the ETP for JMOs
- 2.1.4 Mechanisms are in place to access feedback from supervisors to inform program monitoring and continuous improvement.
- 2.1.5 Facilities act on feedback and modify the ETP as necessary to improve the JMO experience, using innovative approaches where possible.

The governance structure and role of the GCTC needs to be reviewed with consideration to sustainability of the Committee and its function. While it is ideal for the GCTC to be an independent committee, in a smaller facility with a small ETP, it is appropriate use of resources to delegate governance of the ETP to another functioning committee that has appropriate representation to the needs of the ETP. A review of the GCTC will include:

- a. Reviewing the Terms of Reference to cement the GCTC as a sustainable, overarching committee for education and training with clear reporting lines both above and below
- b. Recruiting appropriate membership to the GCTC and/or another committee undertaking the GCTC role (e.g. the Clinical Review Committee).
- c. Ensuring the GCTC has sustainable oversight of the entire training program
- d. Ensuring the GCTC has a substantial role in regularly reviewing term descriptions, the structure within training terms, JMO workload, and tasks being performed by JMOs
- e. Promoting JMO engagement with the GCTC, including communication with JMOs regarding the role of the GCTC and outcomes of GCTC meetings.
- f. Ensuring documentation accurately reflects the issues raised in GCTC meetings, and records the progress of issues to full resolution
- g. Ensuring meaningful feedback is provided to the DPET on a regular basis
- h. Ensuring meaningful feedback is provided to term supervisors by the DPET
- i. Developing an annual schedule of GCTC meetings that provides JMOs with a meaningful opportunity to contribute.
- j. Ensuring the GCTC have a role in evaluating the ETP, including receiving and reviewing annual anonymised feedback received by MOSCETU (parent facility)

Report terms of reference, reporting lines and meeting schedule by Complete by 15 February 2020
08-01-20 Due to State of Emergency and bushfires in the Moruya Hospital region, an extension was requested and granted to 18 March 2020

Report GCTC progress and minutes by 01 May 2020, with ongoing reporting requirements to be advised on receiving May progress report

Proviso 4: ETP development

Relating standards:

- 3.1.3 The ETP offered is mapped to the ACF and covers topics relevant to JMO training.
- 3.2.7 All terms have an approved term description that has been developed by the term supervisor with input from JMOs who have undertaken the term. Term descriptions are monitored and updated regularly to ensure they reflect the current practice and experience available on each term.
- 5.1.2 Term supervisors outline unit-specific assessment processes at the start of each term, identifying team members involved in assessing JMOs.

The current education plan is undocumented and not mapped to the ACF. Accurately documenting and promoting the ETP is a strategy through which an education ethos can be cemented within the facility.

1. Develop an education delivery plan that is provided to the JMOs during orientation.
2. Map the ETP to the ACF
3. Revise the term descriptions to more accurately describe the interface of the JMO with other services (e.g. patient retrieval and transport, cancer centre, rehabilitation unit etc).
4. Revise the term descriptions to provide details related to scope of practice (e.g. clarify education and supervision related to well-baby checks and palliative care planning and delivery).
5. Ensure that each JMO is allocated a supervisor with appropriate face-face contact and responsibility. This might best be facilitated by creating a term description for each JMO/general practice team. Having two terms each with its own Supervisor could assist with more appropriate feedback, supervisor and VMO engagement, and an ability to highlight specific clinical experiences and goals within each of the terms

Report the ETP, including ACF mapping by 15 February 2020

08-01-20 Due to State of Emergency and bushfires in the Moruya Hospital region, an extension was requested and granted to 18 March 2020

Report the revised term descriptions by 15 January 2020

08-01-20 Due to State of Emergency and bushfires in the Moruya Hospital region, an extension was requested and granted to 18 March 2020

Recommendations

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

Recommendation 1:

Development of a supervisor guideline is recommended. This would be a particularly useful resource for new supervisors and would assist in communicating responsibilities regarding assessment and remediation supports. A supervisor guideline template is available from the CRMEC but should be adapted to the facility.

Recommendation 2:

Supervisors should be supported to attend formal teaching skills training. Training options are available through ANU Medical School, relevant Colleges, conferences and a supervisors course is delivered annually by the CRMEC.

Recommendation 3:

Completion of paperwork associated with accreditation (e.g. desktop audit, provisos, and changes of circumstance) by key personnel engaged in the ETP is recommended to ensure documentation accurately reflects policies, procedures and practicalities of the program within the facility, and to promote ownership, self-evaluation and quality improvement of the program.