

Facility Accreditation Report

Accreditation Report

This report includes the following hospital and its related terms:

Cooma Hospital and Health Service

Accreditation Report Details:

Date of Visit:	08 September 2022
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Date report endorsed by Canberra Region Medical Education Council:	07 December 2022
Expected date for next site visit:	September 2026
Accreditation expiry date:	31 December 2026

Facility Accreditation Recommendation

4 years with 2 provisos

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Introduction

Cooma is a 40-bed rural hospital with an inpatient ward, a maternity ward, an operating theatre and an emergency department. Oncology and renal services are delivered on an outpatient basis.

The ED sees about 10,000 presentation per annum and the maternity unit has about 150 births per annum. Cooma Hospital's unique feature is its proximity to the snowy mountains ski fields. This means it sees a disproportionate amount of trauma for a hospital of its size. The medical staff are Visiting Medical Officer (VMO) general practitioners (GPs) who primarily also work in general practice in Cooma.

The office general practice component of prevocational training is delivered through the Bombala Street, Cooma General Practice. This is one of the two medical practices in Cooma. There are nine GPs who work at this practice, eight of whom are also VMO GPs at Cooma Hospital. The general practice sees about 60 patients per day.

Executive Summary

1. The prevocational education and training program (ETP) at Cooma Hospital is newly established with the assistance of a Federal Government grant. The ETP currently includes one training program at the PGY2 level offering a three-month rotation in Rural Medicine. The junior doctor, who rotates from the parent hospital Canberra Health Services, experiences general practice in a rural setting, as well as general medicine, emergency medicine and anaesthetics in a rural hospital setting. The setting, support and opportunities for junior doctors are unique, and expansion of the program in the future would benefit both the junior doctor cohort and Cooma Hospital.
2. The ETP has Executive support and appropriate staffing for the size of the program. There is a strong understanding of the requirements for a prevocational ETP at all levels, and appropriate resources appear to have been allocated.
3. Documentation for the prevocational ETP is developing. The program has a brief strategic plan that should be reviewed and further developed now the program has become established. The program has a developed curriculum and provides diverse education opportunities and career guidance that are individualised by the Director of Prevocational Education and Training (DPET) and Supervisor to meet the objectives and needs of the junior doctor. The term description is detailed, but currently reflects the term as it was envisioned on establishment of the ETP. Now the term is established, the term description requires updating.
4. A General Clinical Training Committee (GCTC) provides oversight of the program and receives input from all stakeholders. Documentation of the committee meetings occurs, but the limited detail fails to reflect the full extent to which issues are discussed and addressed. Now the ETP is established, documentation could be strengthened.
5. Junior doctors receive an individualised orientation to Cooma Hospital and the general practice setting. This process could be improved by providing robustly documenting an orientation program, providing information to incoming junior doctors prior to their commencement in Cooma, and including an orientation to housing arrangements and living in Cooma.
6. The DPET and Supervisors are aware of and perform their responsibilities, including clinical supervision, education and training, assessment, career guidance and welfare support. Junior doctors value this contribution and the experience that they receive working in the rural medicine setting.
7. There is currently no appropriate dedicated space for junior doctors at Cooma Hospital. Given the small size of the cohort and the availability of shared social spaces at the hospital and general practice, the current space is adequate. However, consideration should be given to providing a dedicated junior doctor area, particularly if the ETP should seek to expand its junior doctor training numbers.

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.

Accreditation Ratings

Standard 1: Governance and Program Management		No Concerns	Minor Concerns	Major 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 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.	N/A		
1.2.3	Appropriate full time equivalent levels of qualified staff, including a DPET, MEO and administrative staff, are employed to manage, organise and support education and training.	X		
1.2.4	Facilities have a dedicated budget to support and develop JMO education and training.		X	
1.2.5	JMOs are provided with a safe, secure and comfortable area away from clinical workspaces.		X	
1.3 ETP Committee/GCTC				
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 junior doctor 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/decisions 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 the CRMEC using the procedures outlined by the CRMEC. Any major proposed changes to accredited training terms are requested by the facility for approval by CRMEC prior to their implementation.	X		
Overall Rating :		X		

Comments on Standard 1

Standard 1.1.1 The strategic plan is immature and reflects the fledgling ETP. A more formal strategic plan is now appropriate and should be developed and reviewed by the ETP Committee/GCTC. Proviso 1 is raised to address this minor concern.

Standard 1.1.2 and 1.2.4 The accreditation survey team identified that supervisors are unaware if there is any funding provided to the general practice for its contribution to the ETP; however, it is acknowledged that this information may be exchanged by other parties. Funding arrangements should be formalised.

Standard 1.2.5. The facility currently has no space at the hospital for junior doctors. It is acknowledged that there is no dedicated space for any medical officers, and the junior doctors have access to space at the general practice. Dedicated space provides opportunities for study, breaks from work and play a strong role in collegiality. **Provision of an appropriate dedicated space is an imperative should this ETP expand.**

Standard 2: Monitoring, Evaluation and Continuous Improvement		No Concerns	Minor Concerns	Major Concerns
2.1 Evaluation JMO education and training				
2.1.1	Facilities have processes to monitor and evaluate the quality of education and training.		X	
2.1.2	Junior doctors have the opportunity and are encouraged to provide feedback in confidence on all aspects of their education and training.	X		
2.1.3	Facilities use junior doctor evaluations of orientation, education sessions, supervision, terms and assessments to continuously improve the ETP.		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 junior doctor experience, using innovative approaches where possible.	X		
2.1.6	Facilities support the delivery of junior doctor education and training by forming constructive working relationships with other agencies and facilities.	X		
Overall Rating :			X	
Comments on Standard 2 Standard 2.1.1 and 2.1.4 The DPET and supervisors receive feedback from junior doctors and adapt the ETP accordingly. This process and evaluation should be discussed and minuted by the Cooma ETP Committee/GCTC to formalise the process. Recommendation 1 is raised to address this minor concern.				

Standard 3: Education, Training and Clinical Experience		No Concerns	Minor Concerns	Major Concerns
3.1 Education and Training				
3.1.1	All junior doctors can access a formal ETP, and supplementary training activities offered on all training terms.	X		
3.1.2	Formal ETP sessions are designated protected time and pager free. This is a requirement for intern training, and strongly encouraged for other junior doctors.	X		
3.1.3	The ETP offered is mapped to the ACF and covers topics relevant to junior doctors.		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		
3.1.5	Facilities provide career guidance to junior doctors to help inform career choices and how to access these careers.	X		
3.1.6	Junior doctors complete a Basic Life Support course as part of the facility orientation program, and every two years thereafter.	X		
3.1.7	Junior doctors are encouraged to participate in hospital wide educational opportunities (e.g. Grand Rounds).	X		
3.2 Clinical Experience				
3.2.1	Facilities provide junior doctors with a program of terms that enables the attainment of ACF competencies, including relevant skills and procedures. For interns, this should reflect the requirements of the registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training.	X		
3.2.2	Facilities ensure junior doctors 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 training terms should be consistent with the guidelines produced by the Australian Medical Council.	X		
3.2.3	In identifying terms for training, facilities consider the following: <ul style="list-style-type: none"> • Complexity and volume of the unit's workload, • The workload for junior doctors. • The experience a junior doctor can expect to gain, • How and by whom the junior doctor will be supervised, taught and assessed. 	X		
3.2.4	All clinical settings where a junior doctor is assigned can 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, and when patients transfer between clinical settings (including the community).	X		
3.2.6	Facilities provide information to junior doctors regarding the experiences available on all terms, including those at secondary sites.	X		
3.2.7	All training terms have a term description that has been developed by the term supervisor with input from junior doctors who have undertaken the term. Term descriptions are monitored and updated regularly (at least once per accreditation cycle) by the supervisor and ETP Committee to ensure they reflect the current practice and experience available on each term and are submitted to the CRMEC for approval.		X	
3.2.8	Facilities provide a comprehensive orientation to junior doctors at the beginning of their employment with that facility.		X	
3.2.9	Junior doctors receive an orientation to all secondary training sites that they rotate through.	X		
3.2.10	All junior doctors receive an appropriate orientation at the commencement of each training term.	X		
Overall Rating :		X		

Comments on Standard 3

Standard 3.2.7. The training term has evolved since it was first developed and it is timely to review the description and ensure it accurately reflects opportunities, scheduling and scope of practice. Proviso 2 is raised to address this minor concern.

Standard 3.2.8. Orientation is improving as the facility gains more experience in delivering an ETP and junior doctor needs become clear. Formalising the process would assist in covering all aspects of working and living in Cooma. Recommendation 2 is raised to address this minor concern.

Standard 4: Supervision		No Concerns	Minor Concerns	Major Concerns
4.1 Clinical Supervision				
4.1.1	Junior doctors 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 junior doctors during all periods of duty.	X		
4.1.4	The term supervisor discusses the junior doctor's learning objectives at the start of each term and a learning plan developed.	X		
4.1.5	Term supervisors are known to and accessible by the junior doctor in a timely manner.	X		
4.1.6	Term supervisors understand their roles and responsibilities in assisting junior doctors to meet learning objectives and demonstrate a commitment to education and training.	X		
4.1.7	Facilities provide appropriate support and professional development opportunities for supervisors to undertake their role within the ETP.	X		
4.1.8	Supervisors are responsible for providing junior doctors with regular constructive feedback.	X		
Overall Rating:		X		
Comments on Standard 4 Standard 4.1.2. The survey team noted that supervisors have a strong understanding of their role and responsibilities. Ensuring there are documented processes can assist in providing resources should issues arise and/or as a part of succession planning. The CRMEC Supervisor Guideline could be adapted to the facility as appropriate and maintained in the ETP resource folder. Recommendation 1 has been raised to address this minor concern.				

Standard 5: Assessment	No Concerns	Minor Concerns	Major Concerns
5.1 Assessment Processes for JMOs.			
5.1.1 Junior doctors 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 the assessment.	X		
5.1.3 Interns undergo valid and reliable formative mid-term assessments for all terms exceeding five weeks. Ideally, formative mid-term assessments will also occur for all other junior doctors.	X		
5.1.4 All junior doctors receive a valid and reliable summative end-of-term assessments for all terms. The supervisor should consult with other team members when undertaking the end of term assessment. The assessment should be discussed with the junior doctor, who should have the opportunity to comment on the assessment.	X		
5.1.5 All assessments are confidential and are not released by a facility for human resources purposes, including employment applications. A copy of all assessments should be provided to the junior doctor.	X		
5.1.6 Facilities have a process to assist with decisions on the remediation of junior doctors who do not achieve satisfactory assessments.	X		
5.1.7 Facilities implement and document assessments of performance consistent with: <ul style="list-style-type: none"> • The registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training. • The document Intern training: Assessing and certifying completion published by the Australian Medical Council • Interns achieving outcomes as stated in the Intern training: Intern outcome statements published by the Australian Medical Council. 	N/A		
Overall Rating:	X		
Comments on Standard 5 The survey team noted that junior doctors have received career guidance, mid-term and end-of-term assessments. The supervisor personalises opportunities according to junior doctor needs and interests and provides meaningful feedback.			

Standard 6: JMO Welfare		No Concerns	Minor Concerns	Major Concerns
6.1 Welfare support for JMOs				
6.1.1	The duties, working hours and supervision of junior doctors are consistent with the delivery of high-quality, safe patient care and are consistent with the safety and welfare of junior doctors.	X		
6.1.2	Facilities provide access to and information regarding welfare support for junior doctors, 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 performance of junior doctors.	X		
6.1.4	Facilities identify underperforming junior doctors in a timely fashion and have appropriate processes to for support and manage. Junior doctors 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 junior doctor 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 junior doctors and supervisors, or junior doctors and the facility.	X		
6.1.8	Facilities guide and support supervisors and junior doctors 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. Junior doctors, their supervisors, and other team members are made aware of these policies and procedures	X		
6.1.10	Facilities actively work to promote and maintain a positive work culture, free from bullying, harassment and discrimination.	X		
6.1.11	Facilities have processes to identify and support junior doctors who are experiencing personal and professional difficulties that may affect their training. There are processes in place to provide career advice and confidential personal counselling. Junior doctors, their supervisors, and other team members are made aware of these policies and procedures.	X		
Overall Rating:		X		
Comments on Standard 6				
<p>Standard 6.1.4. The facility has a newly documented process for identifying underperforming junior doctors that should be operationalised. Developing a resource that includes all formal policies related to the education and training program would be of assistance to new VMO GPs who become involved in the program, or as a resource should there be a change in Executive, DPET or supervisors. Recommendation 1 is raised as a quality improvement suggestion.</p> <p>Standard 6.1.5. Handover of junior doctors across the network is generally discussed in ACT Region Network Committee. At this stage no representative from Cooma Hospital has attended this meeting. Improving communication of cross-facility collaboration would strengthen the ETP across the entire region. Recommendation 3 is raised as a quality improvement suggestion.</p>				

Standard 6.1.6. Leave is primarily managed by the parent hospital, Canberra Health Services. Junior doctors appear to have received rostered days off as appropriate.

Standard 6.1.7. Supervisors and junior doctors are aware that the parent hospital, Canberra Health Services, has processes and support people that could be accessed in the event of disputes.

Standard 6.1.8. Flexible training options are primarily organised by the parent hospital.

Accreditation Status

Term Name	Term Type	PGY1 Term Capacity	PGY2 Term Capacity	Accreditation Expires	Accreditation Status
Rural Medicine	Non-Core	0	1	31-12-2026	A

Commendations

Commendation 1: Term supervisor

The term supervisor, Dr Hamish Steiner, is commended for his approach to supporting, training and mentoring junior doctors. Junior doctors receive a personalised approach to education and training, adapted to their needs and interests, as well as meeting training requirements. He demonstrated an excellent awareness of the education, training, welfare and career guidance needs of junior doctors, and the requirements of a strong prevocational ETP.

Provisos

A proviso is a condition/qualification that is attached to accreditation. A proviso details actions that **MUST** be taken to maintain accreditation; failure to address a proviso adequately within the timeframe indicated may lead to withdrawal of accreditation from a term and/or the full ETP. More information on provisos is available in *CRMEC Policy 18: Proviso Reporting*.

Proviso 1: Strategic plan

Relating standards:

Standard 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.

Review and formalise the strategic education plan.

Provide revised strategic plan by 28 February 2023

Proviso 2: Term description

Relating standards:

Standard 3.2.7 All training terms have a term description that has been developed by the term supervisor with input from junior doctors who have undertaken the term. Term descriptions are monitored and updated regularly (at least once per accreditation cycle) by the supervisor and ETP Committee to ensure they reflect the current practice and experience available on each term and are submitted to the CRMEC for approval.

Review the term description and check it accurately reflects the term education and training opportunities now that the training term is established in the facility. Ensure any scope of practice requirements are included in the term description and/or orientation material. Ensure that there is input into the term description from junior doctors, supervisors and the Cooma ETP Committee/GCTC.

Provide revised term description by 28 February 2023

Recommendations

A recommendation is suggested action considered by the CRMEC to be important to improving the facility's ETP, but not required to achieve and maintain accreditation. Facilities will be asked to provide an update on the annual report on the way in which recommendations have been considered and plans for implementation. More information on recommendations is available in *CRMEC Policy 17: Annual Reporting*.

Recommendation 1:

Formalise the policies and procedures associated with the ETP, including administrative processes, dispute resolution, assessment requirements, roles/responsibilities, terms of reference, program evaluations, Cooma ETP Committee/GCTC meeting agendas/minutes and supervisor guidelines. Create a resource folder (in hard or soft copy) containing this information. Ensure that the Executive, DPET and supervisors are aware of the resource and that the Cooma ETP Committee/GCTC reviews the resource periodically. Documenting the function of the ETP can assist with succession planning.

Recommendation 2:

The orientation process could be strengthened, particularly orientation provided prior to the junior doctor attending the facility. Consider creating a helpful resource that provides information about the facility, the training opportunities, accommodation and living in Cooma that could be sent to junior doctors prior to their arrival. For example, receiving a list of items that the accommodation does not provide would be helpful prior to relocation. Consider preparing written or video material for junior doctors.

Recommendation 3:

Commence attending the ACT Region Network Committee meetings and report back outcomes/discussion from this meeting to the Cooma ETP Committee/GCTC. Strengthen collaboration with other DPETs in the region as additional supports and resources to further enhance the ETP.