



# Facility Accreditation Report

## Accreditation Report

This report includes the following hospital and its related terms:

Moruya Hospital

## Accreditation Report Details:

Date of Visit:	18 May 2023
Lead Surveyor:	Dr Cameron Maxwell
Surveyor Representing HETI:	Dr Matthew Chu
Surveyor:	Dr Christopher Dickie
Secretariat:	Adj Prof Emily Haesler

Date report endorsed by Canberra Region Medical Education Council:	28 June 2023
Expected date for next site visit:	May 2027
Accreditation expiry date:	30 September 2027

## Facility Accreditation Recommendation

4 years with 4 provisos

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## Introduction

Eurobodalla covers an area of 3,422 square kilometres and is located between 280 and 360km south of the Sydney CBD and between 150 and 220km north of the Canberra CBD. Eurobodalla is made up of several towns and villages, including Batemans Bay, Moruya and Narooma.

As at the 2021 Census, an estimated 40,593 people were residing in the Eurobodalla local government area (LGA). Around 32.8% of the Eurobodalla residents were over the age of 65 years, while 13.8% were under the age of 15 years. The median age was 38, which is slightly younger than the NSW median age of 39. In 2021, 2,466 Aboriginal and Torres Strait Islander people were living in the Eurobodalla LGA, comprising 6.1% of the overall LGA population. The Aboriginal and Torres Strait Islander population is younger, with the 0-24yrs age group making up 48.9% of the population and with 8.5% of the Aboriginal and Torres Strait Islander population in the LGA aged 65yrs and older.

Between 2016 and 2041, the population in the Eurobodalla LGA is projected to increase at an annual rate of 0.73%. The population is projected to increase by 7,530 from 37,741 in 2016 to 45,271 in 2041. Those aged 70 and over (2.64% per annum) are expected to have the highest increase, while persons aged 5-15yrs and 16-44yrs are expected to decline as a proportion of the total population (0.03% per annum).

Moruya Hospital is a 55-bed, level 3 hospital. It consists of a 4-bed emergency department, acute and sub-acute wards, day surgery, a renal unit, maternity ward, and community health services, as well as pathology and medical imaging departments. Moruya Hospital is closely associated with the nearby 31-bed, level 2 Batemans Bay Hospital that consists of a 4-bed emergency department, acute ward, community health services, as well as pathology and medical imaging departments. Inpatient activity at Moruya and Batemans Bay Hospitals shows variation year to year over the past six years, with a total overall trend of marginal increasing admissions of 0.49% per annum.

Plans have commenced for hospital services at the Moruya and Bateman's Bay sites to be consolidated to a single site at the new Eurobodalla Regional Hospital, located approximately 5 km from the current Moruya Hospital site. The new service is expected to open by 2025. The Executive has commenced planning at the leadership level for this upcoming service consolidation.

The PGY1/PGY2 prevocational education and training program (ETP) has been delivered at Moruya Hospital since term one, 2019. The facility delivers a rural medicine training term with two PGY2 places. The PGY2 junior doctors are seconded from the parent facility, Canberra Health Services, and spend 10-12 weeks embedded in the Moruya Hospital and local community.

## Executive Summary

1. The survey team received a well-prepared submission that indicated there is commitment at the Executive level for the ongoing delivery, and potential future expansion, of a prevocational (currently PGY2 level only) education and training program (ETP) at Moruya Hospital.
2. Plans for the consolidation of the Moruya and Bateman's Bay Hospitals to a single hospital site are progressing in the LGA, and the Executive has commenced planning. This creates exciting opportunities for the future training of prevocational junior doctors, with potential for increased training positions.
3. The hospital has a strong culture across all disciplines that provides a supportive workplace and learning experience for JMOs. The strong support for junior doctors provided by nursing staff was apparent. The JMOs feel welcomed within the facility and the Moruya community, and their welfare is a clear priority.
4. The hospital has a strong commitment to education and learning, and the Executive and senior medical staff outlined plans to commence a facility-wide program. The prevocational ETP is appropriate to support the PGY2 doctors and includes a weekly teaching session and web-based access to the Canberra Health Services teaching sessions. The weekly teaching has input from a range of disciplines, including sessions on palliative care. There is opportunity to further expand the input from Visiting Medical Officers (VMOs), other staff specialists and other disciplines into the teaching program, and a particular opportunity to increase focus on Indigenous health, given the region has a substantial Indigenous population.
5. The GCTC appears not to operate within the documented terms of reference and appears to have limited oversight of the ETP and DPET role. The GCTC appears not to have reviewed the strategic education plan, term description or undertaken any documented evaluation of the ETP. Conflicts of interest are present in the current assignment of responsibilities within the ETP and appointment of an independent GCTC Chair and increased engagement from VMOs is an imperative. However, junior doctors attend GCTC meetings and their opinions appear to be heard.
6. Clinical experience in the training term is primarily focussed on sub-acute medicine, with a high proportion of geriatric patients. The PGY2 doctors are supervised by VMOs who rotate on a weekly basis. While the arrangement reduces continuity in supervision, VMOs generally return more than once throughout the junior doctors' rotation. The term provides opportunity to embed organisational skills, confidence and competency in ward work and basic procedures. Junior doctors also gain some exposure to managing deteriorating patients and assisting in retrieval and air transfers.
7. The small nature of the facility means the term supervisor/DPET role is combined and performed by one senior clinician. Alternate support pathways, including the Director of medical Services, DPETs at South East Regional Hospital (SERH) and The Canberra Hospital, and an offsite general practitioner (GP) who is engaged within the Australian National University (ANU) Rural Clinical School, are documented and understood by the PGY2 doctors as support mechanisms in the unlikely event that the term supervisor/DPET is unable/an inappropriate resource to address any education, training or welfare issues.

## 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

<b>Standard 1: Governance and Program Management</b>		<b>No Concerns</b>	<b>Minor Concerns</b>	<b>Major Concerns</b>
<b>Executive Accountability</b>				
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.	N/A		
<b>1.2 Resources</b>				
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 workspaces.		X	
<b>1.3 ETP Committee</b>				
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		
<b>Overall Rating :</b>			<b>X</b>	

## Comments on Standard 1

The education and training program (ETP) appears to have support from the hospital Executive and appropriate resourcing. The program appears to be successful largely due to dedicated personnel undertaking the role of term supervisor/DPET and providing continuity throughout regular change at the Executive level. This leaves the ETP governance at risk should the term supervisor/DPET change, particularly in circumstances when there is limited-no opportunity for handover. Recommendation 1 has been raised as a suggestion to facilitate succession planning.

Standard 1.1.1 A strategic plan for JMO education and training for 2023-2025 has been developed but appears to have not been formally reviewed and endorsed by the GCTC. Proviso 1 addresses this minor concern.

Standard 1.1.6 The PGY2 doctors are allocated within the program by Canberra Health Services.

Standard 1.2.2 The DPET/term supervisor has appropriate space to use as an office.

Standards 1.2.3 The current staffing for the prevocational program appears to be appropriate. The DPET role is assigned 2 hours/week, which appears adequate to support two PGY2 doctors who rotate every 10-12 weeks.

Standard 1.2.5 The PGY2 ward office space is appropriate for administrative work. The survey team did not observe any space for the PGY2 doctors to use outside the clinical area. The ANU building would be appropriate for PGY2 study if it is accessible to the PGY2 doctors. Given there is no internet access in the PGY2 accommodation, access to study space onsite is important. Proviso 2 addresses this minor concern.

Standard 1.3 A General Clinical Training Committee (GCTC) is established and meets semi-regularly (the two previous meetings occurred in 2022). Despite being outdated (e.g., with respect to named personnel) the terms of reference outline appropriate activity and meeting schedule. However, the current function and schedule for the GCTC does not reflect the documented terms of reference.

The GCTC is chaired by the DPET, who also has the term supervisor role. This leaves the ETP without conflict-free oversight. There is no documented reporting line that demonstrates that the GCTC is empowered to advocate for JMO education and training. The meeting minutes suggest the GCTC has not reviewed the strategic education plan or term description and fail to indicate if actions from previous meetings are followed through, and how this might be conveyed to JMOs. However, the team acknowledges that with JMOs rotating every 10-12 weeks, conveying outcomes may be of lesser significance. Proviso 1 has been raised to support improved governance of the ETP.

<b>Standard 2: Monitoring, Evaluation and Continuous Improvement</b>	<b>No Concerns</b>	<b>Minor Concerns</b>	<b>Major Concerns</b>
<b>2.1 Evaluation JMO education and training</b>			
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		
<b>Overall Rating :</b>		<b>X</b>	
<b>Comments on Standard 2</b>			
<p>Standard 2 The GCTC minutes and reports from interviewees at all levels suggest that monitoring and evaluation of the ETP is largely informal. Junior doctors have opportunity to provide feedback and evaluation in the GCTC meeting and their comments are noted in the minutes. There is no indication that the GCTC undertakes any formal evaluation of the program or that the anonymised, written evaluations of the term and supervisor performance that junior doctors complete through the 145 system are accessed or used for continuous improvement. Proviso 1 addresses this minor concern.</p> <p>Standard 2.1.4. There is limited attendance by the general practitioner visiting medical officers (GP VMOs) at the GCTC meetings. Plans for increased engagement were discussed by the Executive and DPET, and this is encouraged. Recommendation 2 includes suggestions to ensure that this cohort is involved and provides feedback on the program.</p> <p>Standard 2.1.6 The Executive and DPET identified numerous constructive working relationships and collaborations, including multidisciplinary input to the teaching program and working with the DPET at South East Regional Hospital on collaborative teaching and learning. The positive culture and support from the nursing staff was identified by interviewees at all levels.</p>			



<b>Standard 3: Education, Training and Clinical Experience</b>		<b>No Concerns</b>	<b>Minor Concerns</b>	<b>Major Concerns</b>
<b>3.1 Education and Training</b>				
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		
<b>3.2 Clinical Experience</b>				
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"> <li>• Complexity and volume of the unit's workload,</li> <li>• The workload for junior doctors.</li> <li>• The experience a junior doctor can expect to gain,</li> <li>• How and by whom the junior doctor will be supervised, taught and assessed.</li> </ul>	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.	N/A		
3.2.10	All junior doctors receive an appropriate orientation at the commencement of each training term.	N/A		
<b>Overall Rating :</b>		<b>X</b>		

### Comments on Standard 3

The education program includes a range of topics, including multidisciplinary input. Junior doctors also continue to access the teaching program delivered from the parent facility, Canberra Health Services, via teleconferencing.

The clinical experience is broad and provides junior doctors with a strong exposure to rural general medicine and Indigenous health. The setting provides opportunity to experience medicine in a small community with coordination between hospital, community health and local general practices. Junior doctors gain experience in a range of procedures and in managing deteriorating patients in a rural setting, including participation under supervision in coordination of retrieval and rotary/fixed wing transfers. There is also opportunity to attend oncology, haematology and renal clinics.

Standard 3.1.5 The DPET has a conversation with junior doctors regarding their medical interests and career goals. The survey team encourage this conversation to be held early in the term rotation to enable targeted teaching and clinical experience within the scope of the term.

Standard 3.2.7 The term description is outdated. Proviso 3 addresses this minor concern.

Standard 3.2.8 The survey team received inconsistent feedback on the process for orientation that may relate to changes in oversight of the ETP over recent times. An orientation document providing an overview for junior doctors is available, but may not be consistently supplied to junior doctors, and it was unclear if the document is current. The process for orientation requires formalisation to ensure all junior doctors receive a face-face orientation to the facility, documentation systems and the role of the junior doctor on their first day, before commencing ward work.

<b>Standard 4: Supervision</b>		<b>No Concerns</b>	<b>Minor Concerns</b>	<b>Major Concerns</b>
<b>4.1 Clinical Supervision</b>				
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		
<b>Overall Rating:</b>		<b>X</b>		
<b>Comments on Standard 4</b>				
<p>Junior doctors are supervised at a level appropriate to their experience. Clinical supervision is delivered by VMOs who work blocks of 1-2 weeks at the hospital; however, the same VMOs return throughout the junior doctor's term, creating some continuity in supervision. The term supervisor communicates with the VMOs regularly regarding junior doctor supervisory needs.</p> <p>Standard 4.1.2 The Supervision Guideline is outdated and inaccurate. The guide refers to performing assessment using HETI forms and processes; however, as Canberra Health Service employees, assessment of junior doctors should be conducted through the CHS 145 system. Proviso 4 has been raised to address this minor concern.</p> <p>Standard 4.1.3 The Executive discussed plans to ensure that VMO contracts include a commitment to involvement in education. The survey team discussed the upcoming changes to the national prevocational framework, including the requirement for mandatory supervisor training commencing in 2024. The CRMEC's plans for assisting supervisors to complete this training were outlined in discussions with the Executive and DPET.</p> <p>Standard 4.1.4 The team was unable to establish if this process consistently occurs at the term commencement. The survey team encourage this conversation to be held early in the term rotation to enable targeted teaching and clinical experience within the scope of the term. This minor concern can be addressed in the Supervision Guideline update (Proviso 4).</p> <p>Standard 4.1.7 It was unclear if the Supervision Guideline is provided to all VMOs engaged in clinical supervision. The term supervisor accesses appropriate resources and networks through CRMEC and HETI, and also engages with an experienced DPET at South East Regional Hospital.</p> <p>Standard 4.1.8 Junior doctors reported receiving regular constructive feedback.</p> <p>Proviso 1 includes suggestions to ensure clinical supervisors are made aware of incoming changes (including mandatory supervisor training) and Recommendation 2 includes suggestions to further enhance VMO engagement.</p> <p>Recommendation 3 and Recommendation 4 includes suggestions to continue and enhance collaboration between DPETs within the Local Health District, and across the region.</p>				

<b>Standard 5: Assessment</b>	No Concerns	Minor Concerns	Major Concerns
<b>5.1 Assessment Processes for JMOs.</b>			
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"> <li>• The registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training.</li> <li>• The document Intern training: Assessing and certifying completion published by the Australian Medical Council</li> <li>• Interns achieving outcomes as stated in the Intern training: Intern outcome statements published by the Australian Medical Council.</li> </ul>	X		
<b>Overall Rating:</b>	<b>X</b>		
<b>Comments on Standard 5</b>			
Standard 5.1.6 No formal processes appear to be documented. Increasing the collaboration with the parent facility, Canberra Health Services, would provide an avenue of support in assisting with remediation and more support options for junior doctors in difficulty. Recommendation 4 addresses this minor concern.			

Standard 6: JMO Welfare		No Concerns	Minor Concerns	Major Concerns
<b>6.1 Welfare support for JMOs</b>				
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.	N/A		
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		
<b>Overall Rating:</b>			X	
<b>Comments on Standard 6</b>				
<p>Junior doctors appear to be well supported at Moruya Hospital. Nearby off-site accommodation is reported to be of a high standard; however, it is noted that the housing does not have internet access for after-hours study or accessing the Canberra Hospital teaching program.</p> <p>Standard 6.1.1 Junior doctors are not rostered for evening or night duty. This is an appropriate arrangement given the available supervision.</p> <p>Standard 6.1.2 The DPET outlined numerous resources that the junior doctors are provided with on arrival at Moruya, including the Moruya Hospital DPET, the Director of Medical Services, the DPETs at both South East Regional Hospital and Canberra Hospital and an appropriate community general practitioner. A peer support group is operational and facilitated by a local GP/ANU Rural Clinical School lecturer.</p> <p>Standards 6.1.4 and 6.1.5 There appears to be no documented process to identify underperforming junior doctors, or to work with the parent facility, Canberra Health Services, to discuss specific needs of junior doctors rotating to Moruya Hospital. Increased engagement with the ACT Network, including identifying supports required</p>				

for junior doctors prior to their arrival, would be beneficial for both junior doctors and for the DPET. Recommendation 4 addresses this minor concern. However, the community at Moruya Hospital is small collaborative and the DPET regularly communicates with VMO clinical supervisors; therefore, the survey team believe that the DPET would identify an underforming junior doctor at the earliest opportunity.

Standard 6.1.6 Training-related disputes have not occurred, but should they arise the parent facility should be informed and involved in dispute resolution.

## Accreditation Status

Term Name	Term Type	PGY1 Term Capacity	PGY2 Term Capacity	Accreditation Expires	Accreditation Status
Rural Medicine	Non-core	0	2	30-09-2027	A

## Commendations

### Commendation 1: Director of Prevocational Services

The DPET is newly appointed and has taken on the work of term supervisor/DPET admirably, with little opportunity for handover or orientation to the role. The support being provided to junior doctors and plans for improvements to education and training are encouraging.

### Commendation 2: Moruya Hospital nursing staff

The positive culture promulgated by the nursing staff is commendable. Medical staff at all levels identified the support provided by the nursing staff to junior doctors and their training.

# 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: GCTC (ETP Committee)

Relating standards:

Standard 1.1.1, Standard 1.3.1, Standard 1.3.2, Standard 1.3.3, Standard 1.3.4, Standard 2.1.1, Standard 2.1.3, Standard 2.1.4.

To assist in the oversight of the ETP, implement the following changes:

- Appoint an independent Chair of the GCTC.
- Document a line of reporting that indicates the GCTC has appropriate oversight to achieve monitoring and continuous quality improvement of the ETP.
- Review and update the GCTC terms of reference.
- Ensure the GCTC meets sufficiently regularly to achieve oversight of the program.
- Ensure the outcomes of GCTC meetings are formally communicated to clinical supervisors and junior doctors.
- Ensure that the GCTC reviews documentation related to the ETP including the strategic education plan, term description and Supervision Guideline.
- Ensure that the GCTC reviews junior doctor evaluations completed through the 145 system. This process has historically required the DPET to request evaluations be provided by Canberra Health Services on an annual basis to promote anonymity.
- Ensure the GCTC and supervisors are aware of changes associated with the new national prevocational framework that are communicated via CRMEC and HETI to enable planning at the governance level.
- Ensure actions required following a meeting are documented in the minutes, and outcomes are reported back to the GCTC and minuted in the next meeting.

1. Report Chair appointment, reporting line, updated terms of reference, communication strategy and meeting schedule to CRMEC by 31 August 2023.
2. Report GCTC meeting minutes to CRMEC by 30 November 2023 and with the next annual report in 2024.

## Proviso 2: Appropriate non-clinical space

Relating standards:

Standard 1.2.5

Ensure that junior doctors have appropriate access to non-clinical space with internet access to enable study and access to the online teaching program at the Canberra Hospital. This could be achieved through providing internet access in accommodation space, or through ensuring the junior doctors have access to an appropriate internet-enabled non-clinical space within the hospital, such as the ANU Rural Clinical School building.

**Report arrangements to the CRMEC by 31 August 2023.**

## Proviso 3: Term description

Relating standards:

Standard 3.2.7

The term description requires updating. This should be updated in collaboration with the CRMEC using the new template currently being developed that includes requirements for the revised national prevocational training framework.

**CRMEC will provide resources and timelines for completion of this proviso before 31 December 2023.**



## Proviso 4: Supervision Guideline

[Relating standards:](#)

Standard 4.1.2

The Supervision Guideline requires updating. This should be updated in collaboration with the CRMEC and Canberra Health Services. A new Supervision Guideline that includes requirements for the revised national prevocational training framework is being developed and will be provided to the Moruya Hospital DPET for further site-specific adaptation.

**CRMEC will provide resources and timelines for completion of this proviso before 31 December 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:

Consider developing an information package outlining the DPET's roles/responsibilities, processes and reporting requirements (e.g., CRMEC annual reporting) related to the ETP that could assist in succession planning and orienting incoming DPETs.

### Recommendation 2:

Continue to work towards increasing engagement of clinical supervisors in the GCTC and/or ETP through meeting attendance and/or delivery of formal education on the training calendar.

### Recommendation 3:

Continue plans to solidify an ongoing collaboration with the DPET at South East Regional Hospital, including plans for the DPET to undertake a day of shadowing. Consider strategies to work together on education initiatives to increase exposure of junior doctors at both sites to different educators and teaching on a wider range of clinical topics.

### Recommendation 4:

Strongly consider engaging in the ACT Network Committee to increase regional collaboration on education and training issues. Maintain and strengthen ties to the Canberra ETP team to assist in ensuring:

- Allocations of junior doctors to Moruya Hospital are appropriate.
- A handover is provided to enable the DPET to understand and provide resources that might be required to support junior doctors.
- The DPET access to assessments completed in the 145 system is facilitated.
- Network support is available should junior doctors located at Moruya Hospital requiring remediation.

### Recommendation 5:

The facility's submission noted approximately 6% of the catchment population are from Indigenous Australian background. Incorporating Indigenous health into the formal learning program would increase opportunities for junior medical staff to gain knowledge in this area and is relevant to new Standards that are included in the upcoming new prevocational training framework.