

Section 1: Executive Summary

1.1 Duration of accreditation for prevocational medical training program

At the meeting of the PMCV Accreditation Committee held on June 19th 2023 it was resolved that the Intern and PGY2 training programs at the Royal Melbourne Hospital, be reaccredited as follows:

- **Accreditation** will be granted for **12 months** to address conditions under the PMCV Conditions Monitoring Program (CMP). Upon successful completion of the CMP, accreditation will continue for the remainder of the 4 year cycle until the end of 2027 subject to satisfactory reviews on progress as required by PMCV during the period of accreditation.
 - A **Mid cycle review** will be conducted in 2025.
 - The next **Accreditation survey visit** will occur in 2027.

If new information is presented to PMCV during the accreditation period, PMCV may conduct a further review in collaboration with the health service.

During the accreditation period, the Royal Melbourne Hospital is expected to notify the PMCV Accreditation Committee of the following during the accreditation cycle:

- The planned introduction of new intern and PGY2 terms or posts so that they can be assessed against the accreditation standards and approved prior to junior doctors working in the new posts.
- Any changes to prevocational medical training programs or terms including changes in role of the junior doctor, clinical unit structure, changes in supervision arrangements, staffing changes (e.g., DMS, DCT, SIT) or any other changes which may affect the education and training of junior doctors.
- Any changes in the accreditation status with Australian Council on Healthcare Standards (ACHS) for health services or for general practices: Australian General Practice Accreditation Limited (AGPAL) or General Practices in Australia (GPA) accreditation or any other relevant accrediting body.

1.2 Summary of Intern accreditation and PGY2 quality review standards

See Appendix Item 5.2 *Rating scales* for details of the rating scale used in assessment.

Outcomes of the 59 Intern Standards	Health Service Self-assessment	PMCV Survey team assessment
Standards Met with Merit	0	3
Standards Met	59	50
Standards Substantially Met	0	6
Standards Not Met	0	2

Outcomes of the 55 PGY2 Standards	Health Service Self-assessment	PMCV Survey team assessment
Standards Met with Merit	0	3
Standards Met	55	44
Standards Substantially Met	1	7

Standards Not Met	0	3
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1.3 Commendations of accreditation

Number	Commendation	Standard/s
1	The organisational culture at the Royal Melbourne is outstanding with all levels of staff commenting on the supportive, welcoming, and inclusive workplace. This is evident with the high junior medical workforce retention rate.	2.1
2	The Royal Melbourne to be commended for their continued and improved use of the PHEEM feedback system that enables prompt and responsive improvements to be implemented through regular communications with the clinical units.	6.1
3	The Royal Melbourne to be commended for its proactive and robust approach to JMO welfare and support which is visible through Speak Up for Safety Program as well as the practical WE CARE feedback system.	6.3

1.4 Conditions of accreditation

Conditions are in breach of the Accreditation Standards, and as a result they will need to be reviewed utilising the PMCV Conditions Monitoring Program (CMP). The CMP provides a forum for PMCV to liaise with a health service on a regular basis to ensure swift rectification of accreditation concerns.

The PMCV CEO and/or the Chair of the Accreditation Committee (or their nominated representative) and the Accreditation Manager will meet with the Health Service CMO/DMS and DCT and formulate an Action Plan to address the conditions specified in the survey report, and in particular to address any outstanding conditions from the previous accreditation survey visit.

Evaluation of the conditions will be assessed as follows:

- Within 30 days of receipt of the final report, the health service must submit a report to PMCV outlining strategies to address the conditions as part of the response to the survey report.
- A meeting to establish a CMP Action Plan will be set up by PMCV, with ongoing progress monitored over a 3-month to 12-month period, as required.

Number	Condition	Standard/s
1	Ensure unit-based orientation is provided to all junior doctors at the commencement of all terms, including the distribution of a current term description. It is not sufficient to rely solely on junior doctor handover to each other. The Rovers available on the Learning portal need to be current at all times. (Survey 2019: Recommendation 5)	3.1.3b
2	The Royal Melbourne Hospital to develop standard operating procedures that ensure PMCV is notified of any new or proposed changes for the intern or PGY2s posts via the online application form on the PMCV website prior to commencement of each position.	1.2.2

3	<p>The Royal Melbourne Hospital to ensure that a term description exists for all Intern and PGY2 rotations.</p> <p>The term descriptions to be developed in collaboration with the clinical units utilising the PMCV Template Guideline for term descriptions under the National Framework for Prevocational Medical Training (NFPMT).</p> <p>The Intern Term Descriptions to be completed by December 2023.</p>	3.1.2
4	<p>The Women's Gynaecology Oncology Intern post to be urgently reviewed due to a range of issues including,</p> <ul style="list-style-type: none"> • Lack of Hospital or Unit orientation • No nominated Term Supervisor • Unclear escalation of care protocol • Access to teaching is problematic. • Workload levels are high with simultaneous responsibility for MDM preparation and ward patients. • Impaired access to claim unrostered Overtime due to Unit culture <p><i>Note the PHEEM data for this position not available to The Women's medical administration.</i></p>	3.1.3b 7.2.2 8.1.1
5	<p>The Royal Melbourne Hospital to establish an Assessment review panel to monitor and manage the progress of all prevocational medical trainees by October 2023.</p>	5.2.7
6	<p>The Royal Melbourne to address the current confusion over EPIC instant messaging (designed for non-urgent tasks) and the priority pagers for urgent messages through a communication campaign across the hospital.</p>	7.2.2

1.5 Recommendations for improvement

Recommendations are for the continuing improvement of junior doctor education and training. It is expected that they would be implemented as soon as practicable but no later than at the mid-cycle review.

Number	Recommendation	Standard/s
1	<p>The Royal Melbourne Hospital to ratify the draft reconsideration, review and appeals policy related to intern/PGY2 training and make it publicly accessible.</p>	1.5.1
2	<p>The Royal Melbourne Hospital to develop, implement and monitor the unit orientation program offered by all clinical units for PGY2 training. Term Supervisors to be nominated in all Units</p>	3.1.3b
3	<p>Develop and implement a robust supervision module for PGY2 training by commencement of the 2025 clinical year utilising the NFPMT term description guidelines.</p>	5.2.3
4	<p>Finalise, confirm, and publish the Guideline for managing clinical competence concerns in junior medical staff</p>	5.2.6
5	<p>Review the use of Clinical Support Time to recognise and remunerate supervisors for their important contribution to Prevocational medical training and education.</p>	8.1.2

6	The Intern Allocation process to be introduced for PGY2 rotation preferencing through a suitable algorithm model. The Intern General Surgery rotation to be split only once per term.	8.2.2
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