

## Section 1: Executive Summary

### 1.1 Duration of accreditation for prevocational medical training program

At the meeting of the PMCV Accreditation Committee held on Monday 17 July 2023, it was resolved that the Intern and PGY2 training programs at Mildura Base Public 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 2026 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, Mildura Base Public 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	4	1
Standards Met	55	46
Standards Substantially Met	0	6
Standards Not Met	0	6

Outcomes of the 55 PGY2 Standards	Health Service Self-assessment	PMCV Survey team assessment
Standards Met with Merit	0	1
Standards Met	56	41
Standards Substantially Met	0	8
Standards Not Met	0	6

### 1.3 Commendations of accreditation

Number	Commendation	Standard/s
1	Mildura Base Public Hospital is to be commended for the introduction of a protected PGY2 education training program which is unique in the State of Victoria.	4.1a
2	Mildura Base Public Hospital is to be commended for their leadership in the provision of a supervisor training program which is mandated for all Senior Consultants to attend.  This initiative is considered pioneering in the State of Victoria.	8.1.2

### 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 that core intern General Medicine rotation has exposure to admissions experience to meet core criteria.  (Survey 2018: Condition 5)	3.1.1
2	Ensure unit-based orientation is provided to all junior doctors at the commencement of all terms. There is inconsistency across units, with an urgent review into O&G required (See Condition 6) It is not sufficient to rely solely on junior doctor handover to each other.	3.1.3c
3	To ensure that assessments are completed for both mid and end of term coupled with a formal evaluation process to capture, review, and analyse the Intern and PGY2 assessment data completed by the Term Supervisors.  (Survey 2018: Recommendation 8)	5.1.4 5.2.1 6.1

	This must be embedded into the practice of the Medical Education Unit to enable continuous improvement of the prevocational medical training program.	
4	Establish a confidential closed loop feedback evaluation system to capture, review, and analyse the Intern and PGY2 training program to ensure continuous improvement of the training program.	6.1
5	<p><b>Medical Workforce Unit</b></p> <p>To centralise the roster management for all PGY1 and PGY2 rosters to ensure EBA compliance as well as streamline the use of locums across the health service.</p> <p>As part of the overall coordination, the following must be addressed immediately:</p> <ul style="list-style-type: none"> <li>• Ensure all published Intern Orthopaedic rosters include designated theatre time</li> <li>• The General Surgery PGY2 to cease the management of emergency general surgery admissions</li> </ul>	7.2.2
6	To review the duties of the PGY2's within O&G clinic setting to ensure that they are able to parallel consult to ensure clinical learning opportunities are obtained.	7.2.2
7	The John Flynn General Practice rotation at Mildura Private Hospital requires urgent review as the current structure and model of care do not meet the PMCV Guidelines.	7.2.2
8	As a matter of priority, a review of the PGY2 Paediatric cover of General Surgery ED admissions overnight, to ensure the shift is meeting standards around patient safety and supervision at a level appropriate to the experience.	7.2.2
9	Establish a formal process of obtaining and evaluating confidential feedback on intern and PGY2 supervision effectiveness.	8.1.4/5.3.1

### 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	Develop or update PGY2's term Descriptions for each units to ensure that relevant learning objectives and the skills and procedures required can be achieved in that rotation.	3.1.2
2	Actively obtain and evaluate confidential feedback regarding whole of hospital formal orientation programs at the beginning of the clinical year.	3.1.3a
3	Continue to develop and monitor site and unit orientation, especially for those Junior medical officers on secondment once they arrive onsite for each rotation.	3.1.3b
4	To establish an Assessment Review panel to monitor and manage the progress of all prevocational doctors	5.2.7