

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 18 March 2024 it was resolved that the Intern and PGY2 training programs at Northeast Health Wangaratta, 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.

During the accreditation period, Northeast Health Wangaratta 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	1
Standards Met	47	35
Standards Substantially Met	12	12
Standards Not Met	0	11

Outcomes of the 56 PGY2 Standards	Health Service Self-assessment	PMCV Survey team assessment
Standards Met with Merit	0	1
Standards Met	43	33
Standards Substantially Met	13	11
Standards Not Met	0	11

1.3 Commendations of accreditation

Number	Commendation	Standard/s
1	The strength of the collegiate ward culture across all levels of medical and nursing staff is commendable. There is a real atmosphere of turning around the recent tumultuous years for the improvement of the health service across all facets.	1.1
2	The Medical Education Unit are very passionate and are working hard to progress the health service and its prevocational doctors. The strengthening of regional networks through extended Grand Rounds and Senior Medical Staff engagement is an asset to the facility.	1.1.3, 4.1
3	The combined Hospital in the Home and Infections Disease PGY2 rotation received high praise for the extended one-on-one consultant time and the clinical experience.	3.1.2
4	The ongoing work being completed by the Medical Education Unit towards the implementation of the National Framework for Prevocational Medical Training (NFPMT) has been of a high standard.	3.1.1, 3.1.2
5	The emphasis on the evaluation and utilisation of feedback gathered from the education and training program.	6.4
6	The facility-wide annual, orientation program incorporating shadow shifts are of a high calibre and the prevocational doctors noted that it delivered high value information and experiences.	3.1.3a

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	Risk Rating
1	Improve the supervision of prevocational doctors to ensure a consistent approach within the medical units by	8.1	High

	ensuring the appointment of a Term Supervisor to each trainee		
2	Review workload and workforce distribution within the medical units by creating an additional unit from the commencement of 2024 clinical year.	7.2.2	High
3	Enable and monitor regular Intern theatre exposure in the Orthopaedic Unit to ensure at least one theatre session per week is enabled.	3.1.1, 7.2.2, 8.2.1	Moderate
4	Enable and monitor that unit orientation is occurring at the commencement of every rotation for all Units at NEHW.	3.1.3b	High
5	Review and decrease the workload of PGY1s in the Rehabilitation Unit by ensuring that the current reliance on PGY1s in a perceived supervisory role with the more senior IMGs is discontinued	7.2.2	High
6	NEHW to reform and clarify the overall governance structure for prevocational medical education and training program by the appointment of key roles within the service.	1.1.1,1.1.2, 1.2.1, 7.3.1, 7.4.1	Moderate
7	Facilitate intern exposure to admissions experience including assessment and initial management of patients within medical rotations.	3.1.1, 7.2.2	Moderate
8	Review and retrain all key personnel in demonstrating cultural safety in practice – whilst there are policies and guidelines, they are not always effective in practice. With instances within the Emergency Department and the Orthopaedic Unit noted.	7.2.2	High
9	Northeast Health Wangaratta to ensure PMCV are notified of any new or proposed changes for the intern or PGY2s posts via the online application form on the PMCV website.	1.2.2	Moderate
10	Ensure the reconsideration, review, and appeals process documents available publicly online.	1.5.1	Low

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	Review the current practice for the completion and discussion components of the completion of the Term Assessments for Prevocational Doctors, ensuring that the right environments are available for these to be completed in.	5.2.1
2	Improve the facilities provided to the Prevocational doctors inclusive of creation of a new JMO lounge, medical library, and private meeting spaces.	5.2.1

3	Implement a process for the evaluation of term assessment data which is utilised to inform the units of any themes to align ward-based education and training to and contribute to the overall hospital education program.	5.1.4
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1.6 Risk Rating

PMCV applies a risk management framework to all conditions. Below are risk categories and consequences and the process to assign a risk rating.

Risk Matrix - Risk is recorded using a heat map (or risk matrix) illustrated below.

Risk Rating						
		Consequence				
		5	4	3	2	1
Likelihood	5	Extreme	Extreme	High	Medium	Medium
	4	Extreme	High	High	Medium	Low
	3	High	High	Medium	Medium	Low
	2	Medium	Medium	Medium	Low	Low
	1	Medium	Low	Low	Low	Low

Likelihood	
5	Almost Certain
4	Likely
3	Possible
2	Unlikely
1	Rare

Consequence	
5	Extreme
4	Major
3	Moderate
2	Low
1	Negligible

Risk Rating	Rectification Timeframe
Extreme	Within 3 months
High	3-6 months
Moderate	6-9 months
Low	6-9 months

For more information regarding risk, please refer to *PMCV CMP Guidelines*.